



Project Family Registration Form

OFFICE USE ONLY			
Date Received	Family Number	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
Restrictions/Comments:			

	APPLICANT #1	APPLICANT #2
Full Name		
Date of birth		
Gender		
Mailing Address		
Telephone - home		
Telephone - work		
E-mail		

MARITAL STATUS				
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Civil Union	<input type="checkbox"/> Living with Partner	<input type="checkbox"/> Other _____

CHILDREN LIVING AT HOME	
List each child's age, gender and whether they are your adopted, biological, or foster child.	
1. 2. 3.	4. 5. 6.

ADOPTION PREFERENCES	
Are you willing to adopt a sibling group?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the maximum number? ____
Age range of child you would adopt.	____ Minimum age ____ Maximum age
Gender of child you would adopt.	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Either
Race of child you would adopt.	<input type="checkbox"/> Any <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American

RISK FACTORS/DISABILITIES/BEHAVIORS YOU ARE WILLING TO CONSIDER

- | | | |
|---|---|--|
| <input type="checkbox"/> Alcohol exposed | <input type="checkbox"/> Anxiety/ Depression | <input type="checkbox"/> Attention deficit disorder |
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> Behavioral problems | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> History of abuse or neglect | <input type="checkbox"/> Emotional disabilities | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> History of multiple placements | <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Oppositional defiant disorder |
| <input type="checkbox"/> History of sexual abuse | <input type="checkbox"/> Mental disabilities | <input type="checkbox"/> Reactive attachment disorder |
| <input type="checkbox"/> Mental illness in birth family | <input type="checkbox"/> Physical disabilities | <input type="checkbox"/> Sleep disorder |

Any Comments:

HOMESTUDY/FOSTER CARE LICENSE

To register with Project Family you **MUST** attach either:

- A copy of your current, approved adoption homestudy; OR
- A letter from the licensing agency confirming the status of your Vermont foster care license.

SOCIAL WORKER/ LICENSOR YOU ARE WORKING WITH

Name	Agency
Phone Number	Email

HOW DID YOU HEAR ABOUT PROJECT FAMILY?

- Newspaper Radio Television Internet Direct Mail Brochure Friend
- Other (please specify) _____

I/we certify that all information on this registration form is correct and complete to the best of my/our knowledge. I understand that Project Family may verify information, and that untruthful or misleading answers are cause for rejection of this registration.

Applicant #1: _____
Signature Date

Applicant #2: _____
Signature Date

Send Form To: Project Family at DCF, 103 S. Main Street, Waterbury, VT 05671-2401.