

## Home Study Services Application – New Jersey

Applicant(s) Legal Name: \_\_\_\_\_

Preferred/ Chosen Name(s): \_\_\_\_\_

There is a \$175 non-refundable fee due with submission of this application. Please complete the Method of Payment page which can be found at the end of this document. If you choose to pay online, please include your payment receipt with the submission of your application.

Applications are reviewed weekly at Spence-Chapin by our Adoption Team. Once your application has been reviewed, adoption workers will contact you with follow up questions, points of clarification, and to discuss next steps. The purpose of the application is for Spence-Chapin to gain a full view of your family and the child you intend to adopt.

Please be as thorough as possible when completing the application and attach additional pages as needed. Identifying information will be kept confidential and will not be released to anyone other than Spence-Chapin workers without prior consent.

Should you have questions, please visit the Spence-Chapin website ([www.spence-chapin.org](http://www.spence-chapin.org)) or call us at 212-400-8150 for information about our adoption services and the application process.

Spence-Chapin promotes equal opportunity for all clients by complying with local, state and federal laws and regulations. We do not exclude, deny applicants, or otherwise discriminate on the basis of race, ancestry, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, citizenship, military service obligation, veteran status or any other basis

We recommend submitting your application and proof of payment first by email to: [DAPregistration@spence-chapin.org](mailto:DAPregistration@spence-chapin.org). Incomplete applications cannot be accepted.

If you choose to submit your application via email for review, once confirmed complete, you will be asked to mail in the application with original ink signatures to:

Spence-Chapin, Attn: Domestic Adoption Programs, 120 East 16th Street, 11th Floor, New York, NY 10003

protected by federal, state or local laws. Our policies and practices are intended to ensure that all clients are treated equally.

Applicant Legal Residence: \_\_\_\_\_

Street

City

State

Zip

Marital Status:

Single

Couple: Married

Couple: Domestic Partnership

Couple: Unmarried

Please tell us about the child(ren) you intend to adopt. The home study process and training will be tailored to meet the unique needs of your family and this adoption process.

Age of child(ren)?	Are you considering adopting a child with special needs or of a different race than yourself?	Is this child a relative?

### Applicant 1

### Applicant 2 (if needed)

Name: Last, First, Middle (Prior Name, if applicable)	Name: Last, First, Middle (Prior Name, if applicable)
Email:	Email:
Phone:	Phone:
Date of Birth:                      Age:	Date of Birth:                      Age:
U.S. Citizenship:	U.S. Citizenship:
Non-US citizen, state resident status:	Non-US citizen, state resident status:
Ethnicity:                      Place of Birth:	Ethnicity:                      Place of Birth:
*Gender                      *Sexual Orientation:	*Gender                      *Sexual Orientation:
*Preferred Gender Pronoun:	*Preferred Gender Pronoun:
Occupation:	Occupation:
Salary:	Salary:
Religion:	Religion:
History of arrest, immigration violation or judicial Action even if the record has been dismissed, expunged or sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No	History of arrest, immigration violation or judicial Action even if the record has been dismissed, expunged or sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Year of arrest:                      Outcome:	If yes, Year of arrest:                      Outcome:
Nature of arrest:	Nature of arrest:
Current diagnosis or medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current diagnosis or medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
No If yes, please list:	No If yes, please list:
Any history of mental health treatments or hospitalizations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any history of mental health treatments or hospitalizations? <input type="checkbox"/> Yes <input type="checkbox"/> No
History of previous marriages? <input type="checkbox"/> Yes <input type="checkbox"/> No	History of previous marriages? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, number of previous marriages:	If yes, number of previous marriages:

*\*The Human Rights Campaign recognizes Spence-Chapin has fully inclusive policies and practices in working with the LGBTQ community. This question supports our work with HRC and our commitment to all families. Please contact us if you have any questions.*

# Spence Chapin

SERVICES TO FAMILIES & CHILDREN

Have you ever participated in a home study or adoption process with another agency, attorney or social worker?

Yes  No

If yes, please include a copy of the home study & post-placement reports.

Family Members: Please list all children including those who are over 18 years old, and all household members, even if unrelated (add additional people on a separate page).

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>If a child, biological or adopted</u>
-------------	----------------------	---------------------	--


If you are currently working with an additional agency or adoption attorney, please provide contact information. By providing this information, you hereby authorize Spence-Chapin to contact this agency or individual. Please add additional providers on a separate page.

Name of Agency/Attorney	Contact Person	Email and Phone	Status of Adoption

How were you referred to Spence-Chapin? Please check all that apply.

- Attorney, name \_\_\_\_\_
- Agency, name \_\_\_\_\_
- Internet, specify site \_\_\_\_\_
- Friend/family \_\_\_\_\_
- I am personally connected to Spence-Chapin \_\_\_\_\_
- Doctor/medical professional, name \_\_\_\_\_
- Other, please specify \_\_\_\_\_

*At no point in the adoption process is Spence-Chapin obligated to approve any applicant. All approval decisions are made in a child's best interests. If, in Spence-Chapin's sole judgment, placement would not be in a child's best interests, Spence-Chapin reserves the right to discontinue the home study process. Any documentation submitted in connection with the home study process, whether it be by the applicant(s) or by a third party, will NOT be returnable to the applicant regardless of whether or not the adoption process reaches finalization. Clients agree that corporal punishment, including hitting and shaking, as well as abusive language and ridicule are unacceptable means of discipline. By signing this application, I/we affirm that I/we am/are ready to move forward in pursuit of the home study process and this time and am/are committed to completing the required paperwork and interviews in a timely manner. I/we understand the expectation that I/we complete all homestudy documentation within two (2) months of receiving this packet. I/we understand that if I/we do not complete all homestudy documents within four (4) months of receiving the homestudy packet that my/our case will be closed and I/we will need to submit a new application and submit a \$200 re-start fee in order to resume the homestudy process within one (1) year of my/our case being closed. If I/we reinitiate the homestudy more than 12 months after my/our case being closed then I/we will be required to reapply and will be subject to the full homestudy fee at*

# Spence Chapin

SERVICES TO FAMILIES & CHILDREN

*that time.*

I/We certify that the information provided throughout this application is true and accurate to the best of my/our knowledge.

Name of Applicant 1:	Name of Applicant 2:
Signature:	Signature:
Date:	Date:

# Spence Chapin

SERVICES TO FAMILIES & CHILDREN

## METHOD OF PAYMENT

First and Last Names of Client(s): \_\_\_\_\_

I have mailed a **check** payable to Spence-Chapin in the amount of \$\_\_\_\_\_

Mail check to:

Spence-Chapin

ATTN: Domestic Adoption Programs

120 East 16th Street,

11th Floor New York, NY 10003

I have transmitted payment via **ACH Direct Deposit** on Date: \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

Name of Company: Spence-Chapin Services to Families and Children

Bank Account: #425-2700004

Routing ACH: #011103093

Bank Name & Address: TD Bank, N.A.  
1504 Third Avenue  
New York, NY 10028  
212-396-5740

Contact: Kalima Kazim  
kkazim@spence-chapin.org  
212-360-0221

I have transmitted payment via **Zelle Direct Deposit** on Date: \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

Direct Zelle to: accounting@spence-chapin.org

I have transmitted payment by **credit/debit card** through the link below on the Spence-Chapin website on DATE: \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

Online payment link: <https://spence-chapin.org/home-study-services/>

*check, \$ order, ACH or ZELLE with no processing fee*

*Any credit or debit card payments will be subject to a 2.9% processing fee; clients may always pay via*