Spence Chapin

SERVICES TO FAMILIES & CHILDREN

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

We recommend submitting your application and proof of payment first by email to: 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

Applicant Legal Residence: _____

Street City State Zip

Marital Status:

☐ Single ☐ Couple: Married ☐ Couple: Domestic Partnership ☐ Couple: Unmarried

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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:<br>Non-US citizen, state resident status: | U.S. Citizenship:<br>Non-US citizen, state resident status: |
| Ethnicity: Place of Birth: | Ethnicity: Place of Birth: |
| *Gender *Sexual Orientation:<br>*Preferred Gender Pronoun: | *Gender *Sexual Orientation:<br>*Preferred Gender Pronoun: |
| Occupation:<br>Salary: | Occupation:<br>Salary: |
| Religion: | Religion: |
| History of arrest, immigration violation or judicial Action even if the record has been dismissed, expunged or sealed? ☐ Yes ☐ No<br>If yes, Year of arrest: Outcome:<br>Nature of arrest: | History of arrest, immigration violation or judicial Action even if the record has been dismissed, expunged or sealed? ☐ Yes ☐ No<br>If yes, Year of arrest: Outcome:<br>Nature of arrest: |
| Current diagnosis or medication? ☐ Yes ☐ No<br>If yes, please list: | Current diagnosis or medication? ☐ Yes ☐ No<br>If yes, please list: |
| Any history of mental health treatments or hospitalizations? ☐ Yes ☐ No | Any history of mental health treatments or hospitalizations? ☐ Yes ☐ No |
| History of previous marriages? ☐ Yes ☐ No<br>If yes, number of previous marriages: | History of previous marriages? ☐ Yes ☐ No<br>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.*

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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).

| Name | Date of Birth | Relationship | If a child, biological or adopted |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

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 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: |

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# 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/

*Any credit or debit card payments will be subject to a 2.9% processing fee; clients may always pay via check, $ order, ACH or ZELLE with no processing fee*