

**ANOTHER CHOICE FOR BLACK CHILDREN, INC.
FOSTER/ADOPTION FAMILY SURVEY**

Date: _____

REFERRED BY: _____

I/WE Desire to _____ Adopt Foster _____

* Age Range, Sex, Race of Child Desired _____

MALE/HUSBAND

_____	_____	_____	_____	_____	_____
First	Middle	Last	Home Telephone		
_____	_____	_____	_____	_____	_____
Birth Date	Birth City,	State,	County	Social Security No.	Race

CURRENT ADDRESS / MAILING ADDRESS

_____	_____	_____	_____	_____
Street	City	State	Zip	County

PREVIOUS ADDRESS:

_____	_____	_____	_____	_____
Street	City	State	Zip	County

FEMALE/WIFE

_____	_____	_____	_____	_____	
First	Middle	Maiden	Last		
_____	_____	_____	_____	_____	
Birth Date	Birth City,	State,	County	Social Security No.	Race

CURRENT ADDRESS/ MAILING ADDRESS

_____	_____	_____	_____	_____	_____
Street	City	State	Zip	County	Home Telephone

PREVIOUS ADDRESS:

_____	_____	_____	_____	_____
Street	City	State	Zip	County

MARITAL STATUS: _____ **IF MARRIED** _____

_____	_____	_____
Date	City	State

NUMBER OF PREVIOUS MARRIAGES: **Husband:** _____ **Wife:** _____

DATE OF DIVORCE: **Husband:** _____ **Wife:** _____

PRESENT EMPLOYMENT

_____	_____	_____
Employer	Address	Telephone No.
_____	_____	
Occupation	Number of Years Employed	

EDUCATION/GRADE COMPLETED: **Husband:** _____ **Wife:** _____

PRESENT EMPLOYMENT FEMALE/WIFE

_____	_____	_____
Employer	Address	Telephone No.
_____	_____	
Occupation	Number of Years Employed	