

OTHER FAMILY MEMBERS IN THE HOUSE

| Name | Relationship | Birth Date | School, Grade or Employer |
|------|--------------|------------|---------------------------|
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LIST THE NAMES OF OTHER AGENCIES TO WHICH YOU HAVE APPLIED TO ADOPT OR PROVIDE FOSTER CARE:

REFERENCES:

Please list five (5) personal references that may be contacted (Must have known for at least five years): Only one relative, please.

| Name | Street | City | State | Zip Code | Tel. No. |
|------|--------|------|-------|----------|----------|
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Have you been convicted or charged with any criminal offense other than a minor traffic violation?
 No. _____ Yes _____ (Please Explain)

CERTIFICATION

I/We fully certify that, to the best of my/our knowledge and belief, statements given truly represent my background and experience. I understand that failure to give complete and accurate information may prohibit my participation in the Foster/Adoption Program. Misrepresentation at any point in the process may be grounds for termination of Foster/Adoption Services through Another Choice.

I/We further understand that completion of this inquiry form does not ensure the placement of a child in my home or the approval of my family as a Foster/Adopt Family.

I/We fully understand that at the point of application, all references will be checked, as well as criminal records check, fingerprints, social services, mental health, and medical information. All information submitted to ANOTHER CHOICE FOR BALCK CHILDREN, Adoption Agency will be handled in a confidential manner.

Male/Husbands Signature _____ Date _____

Female/Wife's Signature _____ Date _____

ANOTHER CHOICE does not discriminate on the basis of age, race, religion, sex or national origin.

** The primary focus of Another Choice is the placement of children five and above or those who have brothers and sisters.*

Contact Information
Another Choice For Black Children, Inc.
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