Catholic Charities of Southwest Kansas

PRELIMINARY ADOPTION APPLICATION FORM

Thank you for taking time to complete the preliminary application for infant adoption through Catholic Charities of Southwest Kansas. Our vision is to find safe and loving homes for infants who need them.* The information that we gather on this preliminary application will help us guide you through the next steps of your journey. After you submit the application, one of our staff members will follow up with you by phone. We look forward to exploring this opportunity with you!

Adoption Interest/Needs: ☐ Domestic ☐ International ☐ Private Homestudy ☐ Uncertain

Husband's Information

First Name _____

Last Name _____

Cell Phone Number _____

Email Address _____

Age _____ Date of Birth _____

Place of Birth _____

Occupation _____

Present Employer _____

Are you in good physical health? ◯ Yes ◯ No

Have you received psychiatric care? ◯ Yes ◯ No

Do you have children? ◯ Yes ◯ No

If yes, please list children's names and dates of birth:

Wife's Information

First Name _____

Last Name _____

Cell Phone Number _____

Email Address _____

Age _____ Date of Birth _____

Place of Birth _____

Occupation _____

Present Employer _____

Are you in good physical health? ◯ Yes ◯ No

Have you received psychiatric care? ◯ Yes ◯ No

Do you have children? ◯ Yes ◯ No

If yes, please list children's names and dates of birth:

Family Information

Street Address _____

Street Address Line 2 _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Church Affiliation _____

Date of Marriage _____ Place of Marriage _____

Do you live in the Diocese of Dodge City? ◯ Yes ◯ No If yes, which county? Select _____

If no, may we assist you in locating a local Catholic Charities Adoption program? ◯ Yes ◯ No

Do you have adequate finances and housing to support a child? ◯ Yes ◯ No

Are you relatively infertile, or do you have a condition that recommends against pregnancy? ◯ Yes ◯ No

When do you feel that you would be ready to adopt? ☐ Now ☐ Six Months ☐ One Year ☐ Uncertain

Would you consider adopting a child whose background is:

☐ Caucasian ☐ African American ☐ Hispanic ☐ Native American ☐ Asian ☐ Bi-Racial

Where did you hear about Catholic Charities? _____

**Persons who have been convicted of criminal wrong doing or child abuse need not apply.*

Please submit application to Lori Titsworth: ltitsworth@CatholicCharitiesSWKS.org or 2201 16th Street, Great Bend KS 67530.