

Relative/Kinship Adoption Questionnaire

Applicant Information

Full Name

Date of Birth

Relationship to Child

Address

Phone Number

Email

Spouse/Partner Information (if applicable)

Full Name

Date of Birth

Relationship to Child

Child's Information

Full Name

Date of Birth

Current Living Arrangements

Household Members

List all persons living in your household, their age, and relationship to you

Motivation for Adoption

Why do you want to adopt this child?

Relationship with Child

How long have you known the child? What is your relationship like?

Support System

What kind of support do you have (family, friends, community)?

Financial Information

Current Occupation and Employer

Annual Household Income

Other Sources of Support (if any)

Health Information

Any physical or mental health issues in the household?

Other Information

Is there anything else you would like to share?

