

Special Needs Adoption Request Form

Applicant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Occupation

Family Information

Spouse/Partner Name

Number of Children in Household

Other Household Members / Details

Adoption Preferences

Preferred Age Range of Child

Types of Special Needs Considered

Experience Caring for Children with Special Needs

Motivation and Support

Please describe your motivation for adopting a child with special needs

Support System Available (family, community, etc.)

Any Additional Information