## **Adoptee Application**

## RPM Outside

## Restoration Plan Ministry Adoption Information Sheet - to Print and Mail

I. PERSONAL INFORMATION: Only fill out what is applicable to you.

Please Note: This Information Sheet is an opportunity for you to share information about you and your family. This information will enable us to determine if one of our programs may meet your needs. Please print this form, complete all information, and send to

RPM Outside 1575 Fairway Drive Sedalia, MO 65301

Name:	
Social Security #:	
DOC #:	
DOC Address:	
Home Street Address:	
City, State, Zip:	
Home Phone Number:	
Cell Phone Number:	
Contact Phone Number:	

Emergency Contact name and phone:		
Emergency Contact Address:		
Email Address:		
	MALE	FEMALE
Date of Birth:		
Race/Ethnicity:		
Citizenship:		
Educational Background:		
Occupation:		
Current or last Employer:		
Office Phone:	-	
Usual Gross Annual Income:	-	
Religious Affiliation:		
Previous Marriages:		
Number of Previous Marriages:		
Ages of Children by Previous Marriages:		
Who has custody?		

Present Marriage:	
Month/Day/Year	
(If less than 3 yrs. indicate length of relationship)	
Ages of Children by Present Marriage:	, <del></del>
ls your Child/ren Adopted or Biological?	
II. MEDICAL INFORMATION	
List all past and present significant medical conditions.	
Have you had treatment for emotional, psychiatr	ric, or substance abuse problems?
If yes, please explain, including dates. If nece	ssary, attach a separate page.
Have you had individual or marriage counseling	?
If yes, please explain, including dates. If necessary, attach a separate page.	
III. PLACEMENT PREFERENCES:	
What area/county do you prefer or need to be lo	cated/relocated to?

## IV. OTHER INFORMATION

Have you been accused, charged, arrested, detained or convicted of a felony or misdemeanor?

If yes, you must include a detailed explanation, including dates. If necessary, attach a separate page.
Have you ever been found guilty of a crime or pled guilty or nolo contendre to a criminal charge, in order to qualify for deferred adjudication?
Have you ever had an incident expunged or attempted to have an incident expunged from your record?
If in DOC is your crime considered a violent offense?
If in DOC is your crime considered a sexually related offense?
If yes to any question, you must include a detailed explanation, including dates. If necessary, attach a separate page
.If in DOC or on probation please provide name and contact information for your PO and/or case worker?
Are there any special conditions to your probation or parole, if so describe.
Describe your community, church, group and recovery involvement: (include list of programs, groups, classes and organizations you are or have been recently involved in. Include dates.)
Spirituality: Are you willing to commit your life to the plan God has for you personally, explain thoroughly. (Use separate page if necessary.)

List a personal reference:	
How did you hear about RPM?	
Signed:	Date:
Signed:	Date: