

4. Does the child have any insurance coverage? Yes No
 If Yes, list below:

Type	Name of Company	Premium Paid By	Amount Paid	How Often
			\$	
			\$	
			\$	
			\$	
			\$	

5. Does the child receive any of the following for free or in exchange for work that he/she does? Yes No
 If Yes, list below:

Item	Received From	Value
a. Housing		\$
b. Utilities		\$
c. Food		\$
c. Clothes		\$

6. If the child is 16 years or older, is he/she presently attending school or a training program? Yes No
 If Yes, full time?

Is the child employed? Yes No
 If Yes, how many hours per month? _____
 List gross income and mandatory deductions below:

Gross Income	Federal Withholding	State Withholding	Social Security
\$	\$	\$	\$
\$	\$	\$	\$

7. Does the child hold any property in his/her name? Yes No
 If Yes, list below:

Type	Address or Location

8. Does the child own, or have exclusive use of any motor vehicle(s)? Yes No
 If Yes, complete the following:

Year, Make, and Model	License No. and State of Registration	Current License Fee	Amount Owed	Monthly Payments
			\$	\$
			\$	\$
			\$	\$

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

ADOPTION WORKER NAME	SIGNATURE	DATE
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