

# The Tesfa Alliance

## Adoption Counseling Application

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Your Adoption

Describe your desire and reason to adopt, where you are in the process, and what your experience has been thus far.

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### Your Need

Describe your need for adoption counseling below.

How many members are there in your immediate family (give ages)?	

### **Tell us about you**

Describe your home life, activities, and marriage.

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### **Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted for counseling, any false statements, omissions, or other misrepresentations made by me on this application may result in removal from the counseling program.

Name (printed)	
Signature	
Date	

### **How to Submit**

Upon completion of this form, please mail it the following address:

The Tesfa Alliance  
4540 Southern Parkway  
Louisville, KY 40214-1415

Thank you for completing this application form!