

ADOPTION FACILITATOR REGISTRY APPLICATION

SUBMIT TO:

California Department of Social Services
Policy and Support Unit
744 P Street, M.S. 8-12-31
Sacramento, CA 95814

Please complete Sections 1 – 7

Section 1. Applicant Information						
Name: (please print)		Date of Birth:		Government-Issued Identification Number: (e.g. driver's license or passport)		
Residence Address:			Business Name and Address:			
City:	State:	Zip Code:	City:	State:	Zip Code:	
Telephone: ()			Telephone: ()		Email Address:	
Section 2. Education						
University or College Name and Location		Course of Study		Units Completed		Diploma, Degree or Certificate Obtained
				Semester	Quarter	Date Completed
Section 3. Employment History						
From (M/D/Y)	To (M/D/Y)	Job Title or Classification (Include Range or Level, if applicable):				
Hours per Week	Total Time (Years/Months)	Company/State Agency Name & Address:			Supervisor: Telephone: ()	
From (M/D/Y)	To (M/D/Y)	Job Title or Classification (Include Range or Level, if applicable):				
Hours per Week	Total Time (Years/Months)	Company/State Agency Name & Address:			Supervisor: Telephone: ()	
Section 4. Business License – Attach Copy						
Business License Number:			County of Issue:			
Section 5. Surety Bond – Attach Copy						
Surety Bond Policy Number:			Insurance Company Name:			
Contact:			Address:			
Telephone: ()						
Section 6. Number of Adoptions Facilitated for the Previous Year: _____ Domestic _____ Inter-country						

Section 7. Applicant Certification:

- a) I have read and understand California Family Code Sections 8623 through 8639, inclusive, governing Adoption Facilitators.
- b) I understand that if I am not approved to be included in the Adoption Facilitator Registry, I am prohibited from doing business as an Adoption Facilitator in California.
- c) I understand I have the right to appeal any decision regarding the disposition of this application to the Department.
- d) I declare under penalty of perjury that the statements on this application and on the accompanying attachments are true and correct.

_____ SIGNATURE

_____ DATE

Section 8. FOR DEPARTMENTAL USE ONLY

Date received: _____ Reviewed by: _____

Check if submitted:

- Proof of Education (Transcripts)
- Proof of Employment History
- Copy of Surety Bond
- Copy of Business License
- Government-Issued Identification
- LIC 508A – Criminal Record Statement
- Registration Fee

If requesting waiver of education/experience requirements:

- Proof of five years work experience
- Three letters of support

- Conditional Approval
- Disapproved
- Date of Conditional Approval/Disapproval Letter: _____

Reason for Disapproval:

- Insufficient Education
- Insufficient Employment Experience
- Incomplete Application (see comments)
- Other (see comments)

Comments: