



707 Broadway NE Suite 103
Albuquerque, New Mexico 87102
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Adoption Services

LICENSING AGREEMENT FOR ADOPTIVE HOMES

Date : _____

Applicant: _____

Address: _____

of bedrooms ____ **# of bathrooms** ____ **square footage** ____

Type of Construction:

- Adobe
- Block
- Frame
- Other

Door and Locks:

- OK
- Concerns exist

HEATING AND VENTILATION

	YES	NO
Water Heater (100% cut-off)		
Furnace (100% cut-off)		
Pop-Off Valve		
Heating Combustion Equipment Vented		
Adequate Fresh Air		
Adequate Temperature		

Utilities: Fuel/what type? _____ OK Not Adequate

Lighting: OK Concern Exist

Telephone Access: Yes No

If applicant does not have a telephone in the residence, explain telephone contingency: _____

Drinking water: Source? City Water Well Water Other

If other than city water, give the date supply source was last tested: _____

ELECTRICAL:

	YES	NO
Safe Appliances		
Furnace (100% cut-off)		
Pop-Off Valve		
Heating Combustion Equipment Vented		
Adequate Fresh Air		
Adequate Temperature		

KITCHEN FOOD STORAGE:

	YES	NO
Food and poisons stored separately		
Refrigeration appropriate		
Kitchen is sanitary		
Dining space adequate		

CHILDREN'S ROOM (S):

	YES	NO
Adequate space (50 sq. feet per child)		
Adequate storage space for clothes		
Adequate storage space for toys		
Adequate storage space for linen		
Adequate storage space for bedding		
Adequate storage space for child's personal possessions		

NATURAL LIGHTING:

	YES	NO
Appropriate ventilation		
Bedroom contiguous with main residence		
Separate beds (where applicable)		

WASTE AND SANITATION:

	YES	NO
Toilets in working order		
Plumbing		
Sewage		
Garbage storage and removal		

PETS:

	YES	NO
Do all pets have current, appropriate immunizations?		
Do any pets have any history of biting, attacking people?		
Temperament of pet(s) is/are appropriate		

FIRE SAFETY:

	YES	NO
Smoke Alarms		
Fire extinguisher		

I understand that my home has been evaluated by La Familia, Inc. personnel for safety and suitability for residence by a child. I agree to maintain the current safety precautions and continue to keep all pets up to date on immunizations and preserve the current level of all other safety requirements.

Signature of Adoptive Parent

Signature of Adoptive Parent

I certify that I have observed all of the above documented safety requirements. This home DOES or DOES NOT meet safety requirements as of this date.

Adoption Coordinator