

INTERNATIONAL PRELIMINARY HOST PROGRAM APPLICATION

Date: _____

Please provide the following information and return this application to Adoption Associates, Inc. Upon its receipt, we will call you. This application may be faxed to 616.667.0920, Attn: Larissa Koedyker, or emailed to coordinator@hostsofhope.com.

In order to be eligible for the host program, one parent must be home full time during the duration of the host program.

I/we have spoken with an AAI consultant about the host program: Yes ___ No ___

If yes, name of consultant: _____

Countries of interest: Nepal ___ Russia ___ Ukraine ___

Name: _____ Birth Date: _____
(host father)

Address: _____ Birth Date: _____
(host mother)

City/State/Zip: _____ Marriage: _____
(date)

Telephone (home): () _____ (work): () _____

(cell): () _____ E-mail: _____
(to receive Adoption Awareness outline)

Children can be 4-14 years old (depends on country). Age range of child(ren) you are willing to host: _____

Number of children you are willing to host: _____ Are you interested in hosting siblings? _____

Are you open to adoption of a child from the host program? _____

FAMILY HISTORY

<u>Children</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Bio/Adopted</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What was the date of your last adoption? _____

Have you ever provided licensed foster care? _____

Date of most recent completed home study, if applicable: _____

Other Important Information:

FOR OFFICE USE ONLY

Meeting completed: ____/____/____
 Initials: _____
 Formal application given: Yes/No/Mailed
 Date IAA paid: ____/____/____
 IAA not paid, please invoice: _____
 Other: _____

ELIGIBILITY REQUIREMENTS

International Preliminary Host Program Application (cont.)

AAI seeks to advance the welfare of children throughout the adoptive placement process. Therefore, AAI employs specific adoptive parent eligibility criteria, as detailed in the **Agency Policies**. It is imperative that you read the **Adoption Eligibility** section of the **Agency Policies** before completing the Preliminary Application.

I have read the **Adoption Eligibility** section of the **Agency Policies**. Yes ___ No ___

I am eligible to submit this Preliminary Application under the **Adoption Eligibility** section of the **Agency Policies**.
Yes ___ No ___

HOUSEHOLD INFORMATION

Please list all other persons living in home (not including children listed on first page):

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Please list your total annual household income: _____

It is the policy of AAI to deny applications of persons who have been divorced more than two times.

Are you married? Yes ___ No ___

Please list previous divorces for each applicant: _____

CRIMINAL HISTORY

Application will be denied for any open criminal cases that are pending for any household member.

Have you or anyone in your household ever been convicted of a crime? _____

Have you or anyone in your household ever been charged with a crime? _____

Have you or anyone in your household ever been arrested for a crime? _____

Have you or anyone in your household ever been investigated for child abuse/neglect? _____

If so, please give explanation, including arrest date, type of arrest, conviction, and sentence.

MEDICAL HISTORY

There are certain medical conditions that may deem you ineligible to host internationally. This varies for each country.

Please disclose any medical conditions (physical and/or mental health) for which you are currently receiving treatment:

Please disclose any past medical conditions (physical and/or mental health) for which you received treatment, including dates:

Do you have any permanent disabilities? Yes ___ No ___

Please explain: _____

I understand that meeting initial eligibility requirements does not guarantee approval of formal application, home study, or approval by the foreign host country.

Signature of Host Father

Date

Signature of Host Mother

Date