

INTERNATIONAL PRELIMINARY ADOPTION APPLICATION

NOTICE: Home studies must be completed by a state licensed home study or placement agency.

Date: _____

Please provide the following information and return this application to the agency. Upon its receipt, we will call you to discuss the next step.

I/we have spoken with an agency consultant about the programs in which I/we are interested: Yes ___ No ___

If yes, name of program consultant: _____

Name(s): _____ Birth Date: _____

(husband)

Address: _____ Birth Date: _____

(wife or single applicant)

City/State/Zip: _____ Marriage: _____

(date)

Telephone (wife's cell): _____ (home): _____

(husband's cell): _____ E-mail: _____

(to receive Adoption Awareness Education)

FAMILY HISTORY

<u>Children</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Bio/Adopted/Step/Foster</u>	<u>In Home?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What was the date of your last adoption? _____

Indicate most recent home study agency: _____ Placing agency: _____

ADOPTION INTEREST *(check all that apply):*

China: ___ China Waiting Children: ___ Ethiopia: ___ Russia: ___ Russia Waiting Children: ___

Undecided: ___ Other: _____

Are you linked to a specific child? Yes ___ No ___ If yes, please provide the child's birth date: _____

Are you requesting a home study only? Yes ___ No ___ If yes, please provide the name of your placing agency: _____

Comments: _____

FOR OFFICE USE ONLY:

ELIGIBILITY REQUIREMENTS

The agency seeks to advance the welfare of children throughout the adoptive placement process. Therefore, we employ specific adoptive parent eligibility criteria, as detailed in the **Agency Policies** (for a copy go to www.AdoptionAssociates.net/about or see our information packet). 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: _____

Are you married? Yes ___ No ___

Please list previous divorces for each applicant: _____

Single female applicants: Are you heterosexual? Yes ___ No ___

Are you living with a man to whom you are not legally married? Yes ___ No ___

CRIMINAL HISTORY

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

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:

Mother's: height _____ weight _____ Father's: height _____ weight _____

Do you or anyone in your household have any permanent disabilities? Yes ___ No ___

If so, please explain: _____

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

Signature of Adoptive Father

Date

Signature of Adoptive Mother

Date