

# INTERNATIONAL PRELIMINARY ADOPTION APPLICATION

Date: \_\_\_\_\_

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

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: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(husband)

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(wife or single applicant)

City/State/Zip: \_\_\_\_\_ Marriage: \_\_\_\_\_  
(date)

Telephone (home): (     ) \_\_\_\_\_ (work): (     ) \_\_\_\_\_  
 (cell): (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
(to receive Adoption Awareness outline)

**NOTE: Single women** may apply to Ethiopia, Kazakhstan, Nepal, and Russia.

## 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: \_\_\_\_\_

### TEMPORARILY ON HOLD FOR 2010:

Kazakhstan: \_\_\_ Nepal: \_\_\_ Ukraine Waiting Children: \_\_\_

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](http://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.

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**MEDICAL HISTORY**

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

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

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**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: \_\_\_\_\_

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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