

INTERNATIONAL ADOPTION APPLICATION

Today's Date: _____

Name(s): _____

Address: _____
 Street/Apt. # _____ City _____ State _____ Zip Code _____

Number of years at this Address: _____ If less than 2 years, please provide previous address below.

_____ Street/Apt. # _____ City _____ State _____ Zip Code _____

Home Phone #: _____ Fax #: _____ Cell #: _____

Date of marriage (if applicable): _____

Email Address: _____

If you have children from current or previous marriage(s), please complete the following:

Childs Name	Sex	Birth Date/Birth Place	In Home	Not in Home
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If there are other people living in the home, please complete the following:

Persons Name	Sex	Birth Date	Relationship to Applicant(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there are pets living in the home, please list what type and how many:

Have you ever applied to another agency to adopt a child? YES: _____ NO: _____

If yes, please provide the name of the agency, date of application and outcome: _____

If ACW is not completing your home study, please provide the agency name, address, contact person and phone number. We will need to be in contact with the home study agency during the placement process.

Agency Name: _____

Address: _____
 Street/Suite # _____ City _____ State _____ Zip Code _____

Contact Person: _____ Phone #: _____ Fax #: _____

APPLICANT INFORMATION

Name: _____ Social Security #: _____
 Date and Place of Birth: _____ Religious Denomination: _____
 Date of Previous Marriage(s): _____ Date/How Terminated: _____
 Age: _____ U.S. Citizen? _____
 Height: _____ Weight: _____
 Eye Color: _____ Hair Color: _____
 List any medical or mental health issues for which you have needed treatment: _____

EDUCATION	Name of School, City and State	Graduation Date	Degree Received
High School	_____	_____	_____
College	_____	_____	_____
Graduate School	_____	_____	_____
Vocational School	_____	_____	_____

MILITARY SERVICE From: _____ To: _____ Type of Discharge: _____

PRESENT EMPLOYMENT

Occupation: _____ Annual Income: _____
 Employer: _____ Phone Number: _____
 Address: _____
 Street/Suite # _____ City _____ State _____ Zip Code _____
 How long employed here: _____ Additional benefits: _____
 Life Insurance: _____ Medical Insurance: _____

RELATIVES	Name	Age	Sex	Marital Status	City & State	Occupation or Date/Cause of Death
Mother	_____	_____	_____	_____	_____	_____
Father	_____	_____	_____	_____	_____	_____
Sibling	_____	_____	_____	_____	_____	_____
Sibling	_____	_____	_____	_____	_____	_____
Sibling	_____	_____	_____	_____	_____	_____
Sibling	_____	_____	_____	_____	_____	_____

Answering yes to the following questions does not automatically mean that you are not eligible to adopt a child. Answering these questions falsely or incompletely could affect your application. Please be truthful when answering all questions.
 Have you ever been arrested? _____ Have you ever been convicted of a crime? _____
 Have you ever been investigated for child abuse? _____ Do you have a history of substance abuse? _____
 Do you have a history of sexual or child abuse or domestic violence, even if it did not result in an arrest or conviction? _____
 Have you ever been rejected as a prospective adoptive parent or had an unfavorable home study? _____ If yes to any, please explain. _____

JOINT APPLICANT INFORMATION (if applicable)

Name: _____ Social Security #: _____
 Date and Place of Birth: _____ Religious Denomination: _____
 Date of Previous Marriage(s): _____ Date/How Terminated: _____
 Age: _____ U.S. Citizen? _____
 Height: _____ Weight: _____
 Eye Color: _____ Hair Color: _____
 List any medical or mental health issues for which you have needed treatment: _____

EDUCATION	Name of School, City and State	Graduation Date	Degree Received
High School	_____	_____	_____
College	_____	_____	_____
Graduate School	_____	_____	_____
Vocational School	_____	_____	_____

MILITARY SERVICE From: _____ To: _____ Type of Discharge: _____

PRESENT EMPLOYMENT

Occupation: _____ Annual Income: _____
 Employer: _____ Phone Number: _____
 Address: _____
 Street/Suite # _____ City _____ State _____ Zip Code _____
 How long employed here: _____ Additional Benefits: _____
 Life Insurance: _____ Medical Insurance: _____

RELATIVES	Name	Age	Sex	Marital Status	City & State	Occupation or Date/Cause of Death
Mother	_____	_____	_____	_____	_____	_____
Father	_____	_____	_____	_____	_____	_____
Sibling	_____	_____	_____	_____	_____	_____
Sibling	_____	_____	_____	_____	_____	_____
Sibling	_____	_____	_____	_____	_____	_____
Sibling	_____	_____	_____	_____	_____	_____

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Have you ever been arrested? _____ Have you ever been convicted of a crime? _____

Have you ever been investigated for child abuse? _____ Do you have a history of substance abuse? _____

Do you have a history of sexual or child abuse or domestic violence, even if it did not result in an arrest or conviction? _____

Have you ever been rejected as a prospective adoptive parent or had an unfavorable home study? _____ If yes to any, please explain. _____

YOUR HOME Please describe your home: _____

Do you own or rent this home? _____ What is its value? _____

FINANCIAL INFORMATION Checking account balance: _____ Savings account balance: _____

Stocks: _____ Bonds: _____ Value of other property: _____

List outstanding debts and payment plans: _____

INFERTILITY Describe any infertility treatment: _____

ADOPTION PREPARATION Describe how you have prepared for adoption including participation in groups, books you have read, etc. _____

REFERENCES List 4 people (1 that is a relative) who have known you for several years and that we may contact as a reference.

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about our agency? _____

Please indicate the country in which you are interest in:

China: _____ Guatemala: _____ Russia: _____ Ukraine: _____ Vietnam: _____

Specify sex and age range of child/ren in which you are interested:

Male: _____ Age Range: _____

Female: _____

Either: _____

Interested in a sibling group? YES: _____ NO: _____

Please discuss your motivation to adopt: _____

Have you ever traveled internationally? YES: _____ NO: _____

In the event that you have completed any of the following prior to applying to the program, please indicated the approximate date(s) that they were completed.

I600A Filed: _____ Home Study Started: _____ Home Study Completed: _____

Immigration Approval Received: _____ Passport Current: _____

Please write your FedEx # _____ If you do not have one, please call 1-800-GO-FEDEX and you will be issued a personal number within minutes. We will not process applications without this number.

I/We have carefully and honestly answered the above questions and herewith present the application for your consideration. My/our signature(s) are evidence of the fact that I have agreed/both of us have agreed with the information contained in this application. I/we understand that the \$300 application fee is non-refundable.

Print Name: _____ Date: _____

Signature: _____

Print Name: _____ Date: _____

Signature: _____

****Please submit a photograph of you along with this application and the \$300 application fee.****