

APPLICATION FOR AN INTERNATIONAL ADOPTION

Please complete and return this with an application fee of \$250, which covers the workbook or CD for "With Eyes Wide Open" and the evaluation of your completing this program. Also include two photographs of you and your child(ren) if any. Complete the form using your full legal name(s).

(Male)

First	Middle	Last
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(Female)

First	Middle	Last
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Street	City	State	Zip
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Telephone () _____ () _____ () _____
Home Business (his) Business (hers)

() _____ Email address _____
Fax line

Names and ages of children and if adopted:

Do you have a home study that has been completed in the last six months or less? _____

From which country do you wish to adopt? _____

Are there any other adults living in the home and what is their relation to you? _____

(All adults must have fingerprints taken and be included in the home study.)

MALE APPLICANT

FEMALE APPLICANT

_____ Date and Place of Birth _____

_____ Nationality _____

_____ Citizenship _____

_____ Religion _____

_____ Height and Weight _____

_____ Hair and Eye Coloring _____

_____ Marriage (Date and Place) _____

_____ Previous Marriage(s) number _____

_____ Termination Date(s) of Previous Marriage(s) _____

_____ Last Grade/Degree Completed _____

_____ Other Degrees _____

_____ Occupation _____

_____ Date Employed _____

_____ Social Security Number _____

_____ Passport Number _____

_____ Annual Salary _____

_____ Other Sources of Income _____

_____ Mortgage/Rent Payments _____

_____ Debts over \$1,000 _____

_____ Health Insurance Company _____

_____ Amount of Life Insurance _____

1. State your preferences for a child(ren) in following categories:

- A. Sex: Male ___ Female ___
- B. Age: Minimum _____ Maximum _____
- C. Siblings ___ More than one child: ___ How many? _____
- D. What race child are you interested in adopting? (Select all that apply) Hispanic ___
African American? _____ Bi-racial? _____ Caucasian? _____ Asian? _____
- E. Color of Skin: Light ___ Medium ___ Dark ___ Does not matter ___

2. If you are interested in adopting a child with special needs, please explain what conditions or medical problems you are willing to accept. _____

3. Are you comfortable in adopting a child who may have some minor physical, mental, emotional, or developmental problems? Please explain. (Note: Many of these problems self-correct with proper care and nutrition.) _____

4. Please share what books or other literature you have read or workshops you have attended to learn more about adoption. _____

5. If you are adopting a child who does not match your coloring or races, please discuss what literature or other information that you have read or heard on this issues: _____

6. Please answer yes or no to the following. Explain any **yes** answers below.

Male Applicant

Female Applicant

_____ Have you ever been arrested/charged/indicted? _____

_____ Do you have any health problems/conditions that would interfere with parenting a child? _____

_____ Have you ever been charged/accused with child abuse/neglect? _____

_____ Have you received treatment for a mental condition? _____

_____ Have you ever been treated for drug/alcohol abuse? _____

_____ Have you ever been denied a home study? _____

IF YOU ARE APPROVED FOR ADOPTION:

1. How soon do you hope to complete an adoption? _____ Is there any time of year that you would prefer to travel? _____ (Note: It is not always possible to choose the time of year that you receive your child.)

2. Do you want to travel to receive your child or do you prefer the child to be escorted? _____ (Escorting available for Guatemalan and Romanian programs only.)

3. Why should CAROLINA HOPE Christian Adoption Agency consider you for adoption? _____

How did you hear about us and why have you chosen to work with our agency?

Fees paid to CAROLINA HOPE Christian Adoption Agency are non-refundable. In the event that an adoption cannot go through, the agency will apply your administrative fee toward the next adoption and will charge you no further administrative fees. You, as adoptive parents, must assume all costs and risks associated with an international adoption. Such risks include delays, extra, unforeseen expenses, medical problems with the child assigned to you, and a country closing its doors to adoption. Your understanding of these risks is a requirement established also by Immigration and Naturalization Services and are/will be addressed in your international home study.

Children adopted internationally may have some minor health concerns or developmental delays. These problems are usually corrected by proper care. The agency suggests that when you receive a medical report and video/picture of your child, you send the video and report to a physician who specializes in the evaluation of international children. The fees, which are usually very reasonable, are paid directly to the medical organization. CAROLINA HOPE Christian Adoption Agency will provide a list of these physicians.

As discussed, there can be delays in the process, and CAROLINA HOPE Christian Adoption Agency will do all that it can to expedite the process for you. Also, the agency seeks to keep its fees reasonable and your expenses as low as possible.

I/WE CERTIFY BY SIGNING BELOW THAT I/WE GIVE CONSENT AND AGREEMENT TO THE ABOVE AND THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND ABILITY. I/WE ALSO AGREE TO THE TERMS SPECIFIED IN THIS APPLICATION FORM.

Male Applicant

Date: _____

Female Applicant

Date: _____

Please Note: This application is not valid without signed Risk, Refund, and Special Factors statements. (Also required for single applicants is the signed Statement of Heterosexuality.)