APPLICATION FEE: \$500.00 Non-refundable



# **APPLICATION FOR**

# INTERNATIONAL ADOPTION HOME STUDY SERVICES

DATE OF ADDITIONAL	ON.			
	-			
SPONSORING AGENC	Y:			
COUNTRY ADOPTING	FROM:			
	<u>CONTACT</u>	INFORMATION		
Name:				
(Husband) Last	First	Middle		Social Security Number
(Wife) Last	First	Middle		Social Security Number
Address:				
Address:Street	City	State	Zip	County
Telephone: Home				
Home	Hus	sband's Work		Wife's Work
Cell Phone:	E-1	nail:		
Emergency Contact Info	0:	Talanhona #		Relationship
	Name	rerephone #		Relationship
	CHILDREN ANI	OTHERS IN HOM	<u> </u>	
<u>Name</u>	Birth Date	Relationship	<u>)</u>	<u>Health</u>

## FAMILY HISTORY - Husband

Date of Birth		Place of Birth	City/State
Religion:			
Education:			
Last	Year Completed	Name of Schoo	l Date
Degree	ee or Diploma	Major/Subject	
Other Formal Educati	on or Training:		
Present Employmen	<u>t</u> :		
	Occupation/Title		Employer
	Start Date:		-
<u><b>Health</b></u> : Describe Yo	ur General Health:		
Are You Now or Hav	e You Ever Received C	Counseling?	
Name of Counselor:		Dates Of Care:	
Reason:			
Husband's Family I	History:		
Father:		Address	
Name		Address	
Age	(	Occupation	Education
If Deceased, Please Stat	te Date And Cause:		
Mother:			
Name		Address	
Age		Occupation	Education
If Deceased, Please Stat	e Date And Cause:		

<u>Siblings</u> :					
Name	Age	Marital Status	Education	Occupation	# Children
Other Sign	nificant Family His	tory?			
	Step-Parents	Guardian	Foster Parents	Other	
Name		Addres	S	Age	
If Deceased	Please State Date an	d Cause:			
		n arrested for any reason		ic violations?	
4.	No Do you have a histo Do you have a histo Do you have a histo Have you ever been	ory of substance Abuse ory of sexual or child abory of domestic violence or rejected as a prospectivessment?	ace ?  puse? e?  ive adoptive parent or b	Reason  een the subject of a	n unfavorable

### **FAMILY HISTORY - Wife**

Date of Birth		Place of Birth	City/State
Religion:			
Education:			
Last Year	Completed	Name of School	Date
Degree or	Diploma	Major/Subject	
Other Formal Education of	or Training:		
Present Employment:			
(	Occupation/Title		Employer
\$	Start Date:		
Health: Describe Your C	General Health:		
Are You Now or Have Yo	ou Ever Received Co	ounseling?	
Name of Counselor:		Dates Of Care:	
Reason			
Wife's Family History:			
Father:			
Name		Address	
Age	0	ccupation	Education
f Deceased, Please State Da	nte And Cause:		
Mother:			
Name		Address	
Age	Occupation	on	Education
f Deceased, Please State Da	ate And Cause:		

Siblings:					
Name	Age	Marital Status	Education	Occupation	# Children
Other Si		istory?			
	Step-Parents	Guardian	Foster Pa	rents	Other
Name		Address		Age	
If Deceas	ed Please State Date	and Cause:			
	nswer The Followi  1. Have you ever be  Yes If ye	een arrested for any reason	other than minor tra	affic violations?	
3	<ol> <li>Do you have a hi</li> <li>Do you have a hi</li> <li>Do you have a hi</li> <li>Have you ever be</li> </ol>	Date story of substance Abuse? story of sexual or child abustory of domestic violence ten rejected as a prospective assessment?	use? ?		of an unfavorable

# MARITAL HISTORY

Date of Marriage	Place of Marr	iage	City	State
Have either of you been ma	arried before? Hu	sband	Wife	
•	-		ed, please state date and place.	
Were there any pregnancie	s?			
If yes, please expl				
<u>4</u>	ADOPTION MOT	<u> </u>	N & HISTORY	
Why do you wish to adopt a c	child?			
Husband:				
Wife:				
Do you have a previous home	e study or adoption exp	perience?		
Have you adopted before?	If yes, from who	om?		
Child's Name:	DOB:	Date of	f Placement:	
How did you learn about St. I	Elizabeth   Coleman Pr	egnancy & A	doption Services?	

### **SPONSORING AGENCY**

Please List Name And Address Of Agency We Will Be Sending Your Home Study To So That We May Obtain Its Requirements And Expectations.

Name of Agency:
Contact Person:
Address:
Telephone #: Fax #:
E-mail Address
1. Please Explain The Reason You Want To Adopt From This Country:
2. What Is Your Preference Regarding The Child You Want To Adopt?
Age: (Months/Years) Sex?
3. Are You Willing To Accept A Child With Minor Correctable Special Needs? Yes No
4. If You Are Willing To Accept A Child With A Minor Correctable Special Need, Please Identify From The Following, What Special Needs You Would Accept. (Please Check Any Special Needs You Are Willing To Accept).
CLEFT LIP CLEFT PALATE CLUB FOOT HEART MURMUR +HEPATITIS B
MISSING DIGITS MISSING HAND MISSING FOOT MISSING LIMBS HEART PROBLEM
CROSSED EYES DEAF BLIND CATARACT LARGE BIRTHMARK
Other:

#### **REFERENCES**

#### **Personal References**

PLEASE LIST 4 REFERENCES. <u>Do not list relatives</u>. References must be known to you at least two years. Please be sure to list complete address or e-mail address.

Name Ad		ddress or E-mail Address		
1.				
2.				
4.				
Employer References				
(Husband) Name of Supervisor	Name of Company	Address or E-mail Address		
(Wife) Name of Supervisor	Name of Company	Address or E-mail Address		
<u>Signatures</u> :				
Husband		Date		
Wife		Date		

#### Please return the following with your completed application:

- 1. \$500 Application Fee via on-line payment, check or money order (non-refundable)
- 2. A recent family photo
- 3. Copy of birth certificates for anyone living in home
- 4. Copy of marriage license/ divorce decree, if applicable
- 5. Copies of any previous Home Study completed
- 6. Copy of driver's license for anyone 18 years or older living in the home