

ADOPTION APPLICATION

Please type or print clearly in ink. Return the application with a \$300 non-refundable application fee to **Agape Adoptions**. The application fee is reduced to \$200 for returning Agape Adoption families. Please submit a recent **family photo** of the adoptive parents and all children under age 18 who are in the home. This application is confidential and used for internal purposes only.

- China Program
 Uganda Program
 Bulgaria Program
 Romania Program
 Home Study/Post-Placement Only (Country: _____)

| | FATHER | MOTHER |
|--|------------------------|--------|
| Full Legal Name | | |
| Date of Birth | | |
| Place of Birth | | |
| Home Address | | |
| Home Phone | | |
| Cell Phone | | |
| Work Phone | | |
| Email | | |
| Primary Contact Person | | |
| Social Security Number | | |
| Citizenship | | |
| Ethnicity | | |
| P a s s p o r t | Number | |
| | Issuance Date | |
| | Expiration Date | |
| | Issuing Agency | |

MARITAL INFORMATION:

| | FATHER | MOTHER |
|--|--|--|
| Marital Status | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single |
| Date of Marriage | | |
| Place of Marriage | | |
| Previous Marriage (Date/Length) | | |
| Previous Marriage (Date/Length) | | |

HEALTH INFORMATION:

| | FATHER | MOTHER |
|--|---|---|
| Do you have any medical issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Condition | | |
| Age at the time of diagnoses | | |
| Treatment | | |
| Prognosis / Outcome | | |
| Ongoing Treatment | | |
| Medication (if any) | | |
| Have you ever received counseling?* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mental Health Medications (past and present) | | |
| Are you infertile? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *If you checked "Yes", include a written statement regarding the reason(s) and dates of counseling with your application. Additional letters from the Counselor/Therapist may be required. | | |

CURRENT EMPLOYER:

| | FATHER | MOTHER |
|-------------------------------|--------|--------|
| Occupation | | |
| Employer | | |
| Address | | |
| Length of time at current job | | |
| Annual Income | | |

EDUCATION BACKGROUND:

| | | FATHER | MOTHER |
|---------------------------------|----------|--------|--------|
| C o l l e g e | Name | | |
| | Location | | |
| | Date | | |
| | Degree | | |
| High School Name | | | |
| Other Degree(s) | | | |

CRIMINAL HISTORY: *It is required that you or anyone living in your home disclose any criminal or child abuse incident, even if it did not result in arrest or conviction, including juvenile arrest/expunged records. Failure to disclose will impact your adoption process.*

| | FATHER | MOTHER | Adult Household Members <small>If you check "yes" indicate name of family member(s)</small> |
|---|---|---|--|
| Have you ever been arrested or convicted of a crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes Name: <input type="checkbox"/> No |
| Have you ever been involved with substance abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes Name: <input type="checkbox"/> No |
| Have you ever been involved in child abuse, sexual abuse or domestic violence? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes Name: <input type="checkbox"/> No |
| Have you ever had a child removed from your home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes Name: <input type="checkbox"/> No |
| Have you ever been involved with CPS? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes Name: <input type="checkbox"/> No |
| <i>If you checked "Yes" to any of the above items, provide a written statement explaining the incident(s) or situation on a separate page. All statements should be submitted to Agape Adoptions with this application.</i> | | | |

HOME STUDY/PLACING AGENCY INFORMATION:

| HOME STUDY OR PLACING AGENCY (Other than Agape Adoptions) | |
|---|--|
| Name of Agency | |
| Phone Number | |
| Person of Contact/Email | |
| Mailing Address | |

ADDITIONAL ADULTS IN THE HOME (list all adults* over age 17 – use additional paper if necessary):

| | ADULT #1 | ADULT #2 | ADULT #3 |
|---|----------|----------|----------|
| Name | | | |
| Date of Birth | | | |
| Relation | | | |
| <small>*Adults include: adult children, tenants/renters, in-laws, (on property or in home), etc.</small> | | | |
| Name | Phone | Address | Email |
| | | | |
| | | | |
| | | | |
| Please include grandparents in Agape Adoptions news and events <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

GRANDPARENTS' CONTACT INFORMATION:

Agape Adoptions dba Americans Adopting Orphans
 1410 Main Street • Sumner, Washington 98390
 Phone: 253.987.5804 • FAX: 253.987.7657 • www.agapeadoptions.org

ADDITIONAL INFORMATION:

1. Do we have your permission to share your name and phone number with other Agape Adoptions families who might travel at the same time as you? **(Only Agape Adoptions staff and other families adopting through our agency will have access to you name and number if you agree to the above.)**

Yes No Initials: _____

2. Please briefly describe how you have become interested in adoption:

3. Please explain why you want to adopt from this country:

4. Have you ever been rejected by a home study agency or received an unfavorable home study?

Yes No If yes, please explain:

5. Have you ever previously adopted?

Yes No

Year of Adoption:

Country:

Agency:

6. Are you currently in the process of adopting?

Yes No

Country:

Agency:

7. How did you hear about us?

FOR OFFICE USE ONLY

| | |
|-----------------------------|--|
| Received by Agape Adoptions | |
| Social Worker Assigned | |
| Intake Meeting Date | |
| Intake Meeting Length | |
| Case Note Sent | |

STATEMENT OF UNDERSTANDING:

[I/We understand that there are inherent risks in international adoption and realize that any country has the authority to close adoptions, if they should so decide.

[I/We understand that Agape Adoptions provides an outline of current eligibility requirements and that any country can change the requirements or procedures during the adoption process.

[I/We understand that information on health and all other matters received through Agape Adoptions is based on all available information sent by adoption officials in the foreign country. Agape Adoptions will provide all information they have received to me/us.

[I/We understand that although foreign countries will classify children as healthy, ALL children adopted through international adoption possess the risk of having minor to significant development and/or speech and language delays often associated with institutionalism or orphanage care. Additionally, children may have other minor to significant medical needs in association with institutionalism such as malnutrition, rickets, scabies, head lice, skin rashes, etc.

[I/We understand that items such as fingerprints and immigration statuses have expiration dates and adoptive parents are ultimately responsible for any lapses in these documents. Expiration of the above stated documents can significantly increase both the in-country costs and the length of the adoption process; if allowed to expire before travel to the foreign country. Further, I/we understand that the US Consulates cannot issue a child's visa unless all immigration information is current.

[I/We understand that there are certain documents for the dossier which are time sensitive and must be submitted within a particular time frame. Agape Adoptions will provide these time frames (listed in the dossier checklist). However, parents are ultimately responsible for all paperwork submitted and ensuring all documents are filled out completely and dates are within the range given. Failure to do so can cause serious delays in the adoption process after submittal of the dossier to the foreign country.

[I/We understand that the above information is true and accurate to the best of my/our knowledge. It is understood that the \$300.00 application fee is non-refundable. Upon receipt of the application fee and \$300.00 fee, Agape Adoptions will process the application to determine my/our initial acceptance to adopt domestically, or internationally. Agape Adoptions will send agreements, grievance information, waiver of liability, and adoption risk statement for the applicant(s) review and signature. Upon receipt of the documents, the applicant(s) will be accepted to adopt through Agape Adoptions.

[The signing of this application, the applicant(s) understand and accept these terms and conditions of domestic and international adoption.

| | FATHER | MOTHER |
|-----------|--------|--------|
| Signature | | |
| Date | | |

RELEASE OF INFORMATION:

Agape Adoptions dba Americans Adopting Orphans has my/our permission to obtain information in which the agency deems necessary for my/our application for adoption services. I/We understand that the purpose of such information is to comply with adoption practice standards required to conduct a thorough and professional study of my/our family for domestic or international adoption purposes.

I/We authorize each of the following agencies and individuals to disclose any and all records, reports, or other information that the agency or individual may have regarding me/us and I/we grant permission to Agape Adoptions dba Americans Adopting Orphans' Executive Director to discuss any necessary information with the below named agencies and individuals.

- State police/criminal authority
- Child Protective Services
- Employer
- Physician
- Mental Health Therapist / Counselor
- Designated References
- Prior adoption agencies or social workers involve in all prior adoptions
- United States Citizenship and Immigration Services
- Foreign Embassy
- Department of Homeland Security
- Other _____

RELEASE OF INFORMATION

I/We hereby authorize Agape Adoptions dba Americans Adopting Orphans to release my/our Home Study Report and supporting documentation to any of the following applicable entities: USCIS, FBI, any states involved in ICPC, and my/our placing agency or attorney.

| | FATHER | MOTHER |
|-----------|--------|--------|
| Signature | | |
| Date | | |

Name of Agency Representative

Date

INTERNATIONAL ADOPTION PILOT PROGRAM RISK STATEMENT

(Applicants to complete and sign if adopting from Romania):

I/We have been informed of the _____ pilot program specific risks, as known to Agape Adoptions, as of the date of the signing of this agreement.

- a. That as a pilot program, pursuing an adoption from _____ through Agape Adoptions, has increased uncertainties and unpredictable timeframes;
- b. That due to circumstance beyond the control of Agape Adoptions, standards of practice, including but not limited to: eligibility requirements, content of dossier, US visa processing, and in country travel, could possibly be changed in the _____ pilot program;
- c. That Agape Adoptions has no control over the length of time of the legal process for an adoption in the _____ court systems.

I/We understand that the immigration fees are non-refundable. If I/we change the country we plan to adopt from after filing the appropriate immigration forms, we are obligated to file the appropriate form with the appropriate immigration fee.

I/We understand that the expenses involved in completing a dossier are the actual costs of mailing, certifying and authenticating documents; and that these costs are non-refundable. I/we know that different countries require different dossiers and so I/we need to create a new dossier in the event that I/we change countries.

I/We understand that sending the dossier to _____ does not guarantee a referral and that this pilot program could be suspended if unfavorable conditions develop.

I/We understand that there can be changes in any international adoption program and I/we do not hold Agape Adoptions responsible for the status of adoptions with any country.

I/We understand that due to factors beyond the control of this pilot program, Agape Adoptions may incur unforeseen fees associated with the _____ program which may need to be passed on to me/us. Agape Adoptions agrees to inform us within a reasonable amount of time of any fee changes within the _____ program, so I/we can make an informed decision on how to proceed.

I/We understand that Agape Adoptions intends that all information provided to the applicant(s) will be accurate and complete and in its original form whenever possible. However, Agape Adoptions cannot guarantee the accuracy or completeness of information provided.

| | FATHER | MOTHER |
|-----------|--------|--------|
| Signature | | |
| Date | | |