

Adoptions International, Inc.

A LICENSED, 501(c) 3 NON-PROFIT AGENCY

WALNUT ABRAMS PLAZA
 1219 Abrams Rd @ Walnut Street, Suite 109
 Richardson, Texas 75081
Phone (214) 549-1148
 Fax (214) 919-4028
 email – info@adoptmeinternational.org
www.adoptmeinternational.org



Program Applying for:

DR CONGO _____

DOMESTIC _____

Non-US citizens only _____

HOME STUDY _____ OTHER COUNTRY _____

APPLICATION

PLEASE TYPE OR PRINT!

<u>APPLICANT #1</u>		<u>APPLICANT #2</u>	
LAST NAME		LAST NAME	
FIRST NAME	MIDDLE NAME	FIRST NAME	MIDDLE NAME
S.S.N.	DRIVER'S LICENSE #	S.S.N.	DRIVER'S LICENSE #
PASSPORT #	PLACE PASSPORT ISSUED	PASSPORT #	PLACE PASSPORT ISSUED
DATE PASSPORT ISSUED	DATE PASPORT EXPIRES	DATE PASSPORT ISSUED	DATE PASPORT EXPIRES
DATE OF BIRTH	AGE	DATE OF BIRTH	AGE
PLACE OF BIRTH (CITY/STATE)	CITIZENSHIP	PLACE OF BIRTH (CITY/STATE)	CITIZENSHIP
OTHER NAMES EVER USED:	DATE OF THIS MARRIAGE:	OTHER NAMES EVER USED:	MAIDEN NAME:

CONTACT INFORMATION			
HOME STREET ADDRESS			CITY/TOWN
STATE	ZIP CODE	COUNTY	COUNTRY
TYPE OF DWELLING # Rent # Own		HOW LONG	
HOME PHONE #	WORK PHONE # HIS: HERS: CELL PHONE # HIS: HERS:	E-mails: Home: Office:	
FAX #	FAX LOCATION	CALL BEFORE FAXING? # Yes # No	

CURRENT EMPLOYMENT			
HUSBAND/APPLICANT		WIFE	
PLACE OF WORK/STUDY		PLACE OF WORK/STUDY	
ADDRESS		ADDRESS	
PHONE #	POSITION	PHONE #	POSITION
TITLE – (be specific)		TITLE – (be specific)	
HOW LONG	ANNUAL INCOME	HOW LONG	ANNUAL INCOME
E-MAIL:		E-MAIL:	

EDUCATION			
HIGHEST LEVEL	INSTITUTION	HIGHEST LEVEL	INSTITUTION
MAJOR	CURRENTLY ENROLLED? # Yes # No	MAJOR	CURRENTLY ENROLLED? # Yes # No

PERSONAL INFORMATION			
HEIGHT/WEIGHT	RELIGION	HEIGHT/WEIGHT	RELIGION

CURRENT MARRIGE INFORMATION	
DATE OF MARRIGE	PLACE OF MARRIGE

CHILDREN IN FAMILY			
SEX # M # F	NAME (Last, First, Middle)	DATE OF BIRTH	ADOPTED? # Yes # No
# M # F			# Yes # No
# M # F			# Yes # No

PREVIOUS MARRIGE INFORMATION			
DATE OF MARRIGE(S)	DATES OF DIVORCE(S)	DATES OF MARRIAGE(S)	DATES OF DIVORCE(S)

OTHERS LIVING IN HOUSEHOLD		
NAME (Last, First, Middle)	DATE OF BIRTH	RELATIONSHIP TO FAMILY

HEALTH

DO YOU HAVE ANY CHRONIC OR DISABLING CONDITIONS? (If "YES" please explain separately)

Yes # No

DO YOU HAVE A HISTORY OF NERVOUS AND/OR MENTAL DISORDER? (If "YES" please explain separately)

Yes # No

DO YOU NOW OR HAVE YOU EVER HAD A PROBLEM WITH SUBSTANCE ABUSE? (If "YES" please explain separately)

Yes # No

DO YOU HAVE A MEDICAL INSURANCE PLAN THAT WILL ALSO INCLUDE THE ADOPTED CHILD?

Yes # No

FINANCES

INCOME FROM OTHER SOURCES (OTHER THAN EMPLOYMENT)

EMPLOYMENT INCOME

REAL ESTATE VALUE

REMAINING MORTGAGE BALANCE

OTHER TOTAL INDEBTEDNESS

APPROXIMATE SAVINGS

WHERE WILL THE FUNDS COME FROM FOR THIS ADOPTION?

ADOPTION PREFERENCES

CAN YOU HAVE BIOLOGICAL CHILDREN ? #Yes #No

PLEASE EXPLAIN WHY YOU WANT TO ADOPT DOMESTICALLY OR INTERNATIONALLY:

TOTAL NUMBER OF CHILDREN REQUESTING TO ADOPT: ____ 1 Child ____ 2 Children ____ # of Children

DESCRIPTION OF CHILD/CHILDREN TO BE REFERRED

AGE RANGE	SEX	HEALTH	SIBLINGS	OTHER CRITERIA

PAPERWORK UPDATE

DO YOU HAVE A CURRENT HOMESTUDY?

Yes # No # In Progress

IF "YES", DATE COMPLETED

IF "IN PROGRESS", COMPLETION DATE

NAME OF HOMESTUDY AGENCY

NAME OF CASEWORKER

HAVE YOU EVER HAD A H.S. NOT APPROVED? (If "YES" please explain)

Yes # No

PHONE NUMBER

ADDRESS

I-600A SUBMITTED TO INS?

Yes # No

IF "YES", DATE APPLIED FOR

INS APPROVAL RECEIVED?

Yes # No

DO YOU PRESENTLY HAVE AN ACTIVE APPLICATION WITH ANY OTHER ADOPTION AGENCY WHERE THERE IS THE POSSIBILITY OF A CHILD BEING PLACED WITH YOU? (If "YES" please explain)

Yes # No

ADDITIONAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (If "YES" please explain separately)

Yes # No

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? (If "YES" please explain separately)

Yes # No

HAVE YOU EVER TERMINATED YOUR PARENTAL RIGHTS TO A BIOLOGICAL OR ADOPTED CHILD? (If "YES" please explain separately)

Yes # No

HAVE YOU EVER FILED A COMPLAINT AGAINST ANY ADOPTION AGENCY, WHETHER FORMAL OR INFORMAL OR HAD A BAD EXPERIENCE WITH ANY OTHER AGENCY? (If "YES", please explain.

LIST 2 EMERGENCY CONTACTS HERE IN THE UNITED STATES:

NAME: _____ PHONE # WITH AREA CODE: _____

NAME: _____ PHONE # WITH AREA CODE: _____

List every address for both spouses for the Past 10 years:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

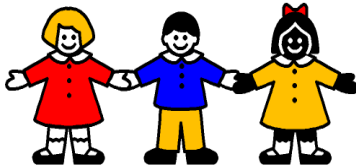
13. _____

14. _____

If you need extra room, please use additional sheets.

By signing this document, you affirm that you have answered all questions, and that the answers are true and correct. You understand that giving false or incomplete answers to any question can cause your adoption to be terminated at any time.

SIGNATURE _____	SIGNATURE _____
-----------------	-----------------



Release of Information

I/We consent to Adoptions International, Inc. and any agency affiliated with Adoptions International, Inc., releasing to and receiving information from any entity involved in our adoption process which includes, but not inclusive of, my/our home study agency, program coordinator, INS, foreign country officials, and representatives. This release remains in effect until such time that my/ our records herein have been closed.

Date: _____

Signature: _____

Date: _____

Signature: _____

Acknowledgement of Receipt of Information

I/We acknowledge that I/we have read Adoptions International, Inc. orientation packet and are familiar with its:

- Adoption Process and Programs
- Approximate time frame for adoption
- Fee schedules
- Post Placement Requirements
- Eligibility standards

By signing below, I/we affirm that I/we have never been turned down by any adoption agency, and I/we have never had a negative home study. My/Our answers are true and correct.

DATE _____

NAME _____

SIGNATURE _____

DATE _____

NAME _____

SIGNATURE _____

Please send this application, \$500 application fee and a new photo of your family, along with the following documents:

- **Copy of last year's Tax Return – first 2 pages only**
- **Photocopy of birth certificates**
- **Photocopy of marriage license, if applicable**
- **Good quality Photocopy of Drivers License or Passport**

to:

Ms. Jody Hall, Director
Adoptions International, Inc.
Walnut Abrams Plaza
1219 Abrams Rd, Suite 109
Richardson, TX 75081
214-549-1148 phone
214-919-4028 fax
jody@adoptmeinternational.org
<http://www.adoptmeinternational.org>