



Adoption Application

Information on Male Adoptive Parent:

Name as in

Passport: _____ Passport No.: _____

Other Names since birth: _____

Age: _____ Birth date: _____ Social Security No.: _____

Driver's License No. _____ Race: _____

Information on Female Adoptive Parent:

Name as in

Passport: _____ Passport No.: _____

Age: _____ Birth date: _____ Social Security No.: _____

Maiden/other names since birth: _____

Driver's License No. _____ Race: _____

Home Address: _____

City, State, Zip: _____ County: _____

Home Phone: () _____ Fax: () _____

Work Phone: Male () _____ Female () _____

Cell Phone: Male () _____ Female () _____

E-Mail Address(es): _____

Directions for reaching home by car: _____

List all **countries** you have lived in since age 18, and the years in which you lived there:

Male: _____

Female: _____

List all **US states** you have lived in since age 18, and the years in which you lived there:

Male: _____

Female: _____

How long have you lived in Texas? _____ Male _____ Female

List all other **cities** in Texas where you have lived.

Male: _____

Female: _____

Have you served or are you currently serving in the military? If so, list all locations at which you have served and the amount of time at each posting:

Male: _____

Female: _____

Marital Status (*Please Circle*):

Married Divorced Single (Never Married) Widowed

If married, date of marriage: _____

Do you have children? (*Please Circle*) Yes No

If yes, please list their names and ages. Include if they are biological (B) or adopted (A), and whether they live in your home.

Are there previous marriages? (*Please Circle*) Yes No

Date(s) of previous marriage(s) Male: _____

Date(s) of previous marriage(s) Female: _____

Does anyone live in your home other than your spouse and the above listed children?

(*Please Circle*) Yes No

If yes, what is his or her name and relationship to you?: _____

On a separate sheet of paper, please provide detailed explanations to any “yes” answers on questions 1 through 8. Include all dates, investigations, convictions, and dismissals.

The only automatic disqualification from the adoption process for criminal history is if a person has a felony conviction against a person or had a sustained child abuse allegation made against them. Other criminal history can be assessed on an individual basis.

1. Have you ever been arrested? (Even if record was subsequently expunged.)

Male: Yes No

Female: Yes No

2. Have you ever been convicted of a felony or misdemeanor?

Male: Yes No

Female: Yes No

3. Have you ever had your parental rights of a biological or adopted child terminated?

Male:	Yes	No
Female:	Yes	No
4. Have you ever been **accused** (even if unfounded) of or charged with child abuse, sexual abuse or domestic violence?

Male:	Yes	No
Female:	Yes	No
5. Have you experienced any childhood physical, sexual or emotional abuse, neglect or trauma?

Male:	Yes	No
Female:	Yes	No
6. Do you now or have you ever had a problem with substance abuse or alcohol abuse?

Male:	Yes	No
Female:	Yes	No
7. Have you ever received **any** type of counseling or mental health treatment, including 12-Step or Celebrate Recovery programs?

Male:	Yes	No
Female:	Yes	No
8. Have you ever filed for bankruptcy?

Male:	Yes	No
Female:	Yes	No

Current Employment

	Employer(s)	Position	Annual Income
Male:	_____	_____	_____
Female:	_____	_____	_____

Education

Male: _____

Female: _____

Languages

Languages Spoken and level of proficiency:

Male: _____

Female: _____

Preferred language (written and spoken, if different):

Male: _____

Female: _____

Health

Male's General Health: _____

Female's General Health: _____

Weight and Height:

Male: ____ lbs. ____ Ft. ____ In. Female: ____ lbs. ____ Ft. ____ In.

Are you infertile or incapable of bearing a child? Please, provide basic details.

Do you have any medical conditions or physical disabilities?

Male: _____

Female: _____

Are you taking any medications? (Please list medications and reason prescribed.)

Male: _____

Female: _____

List any past hospitalizations or surgeries? (Date, outcome, and prognosis)

Male: _____

Female: _____

Do you have a medical insurance plan that will include an adopted child? Yes No

Some countries are less willing to work with individuals that have certain physical or mental health conditions.

Religion

Male: _____ Female: _____ Do you attend regularly? _____

Finances

Income other than employment already mentioned: _____

Real Estate value: _____ Remaining on mortgage: _____

Indebtedness: _____

Preferences/ General Adoption Questions

Country you are interested in adopting from or have adopted from: _____

Have you already adopted a child who you wish to bring to the United States? Yes No

If yes, please explain the situation and including information on the child's age and relationship to you.

Have you identified a child you wish to adopt, but have not yet completed the adoption?

Yes No

If yes, please explain.

If you have not yet identified a child you wish to adopt, please fill out the following

information regarding the child you would consider adopting.

Age range: _____ to _____ Gender: _____ Health: _____

Special needs? Yes No Number of children: _____ A sibling group? Yes No

Please specify which kinds of medical conditions you would be willing to deal with:

Hope asks adoptive parents to sign a policy stating they will not use physical punishment of any form when disciplining their adoptive children. Are you willing to comply with this policy? Yes No Undecided

Have you ever applied to be a foster or adoptive parent with another agency? Yes No
Are you currently working on another adoption besides the one you are applying for through this application? Yes No

If yes, please provide details, including name of other adoption agency.

If applicable, have you identified a placing agency (Primary Provider) that has a program in the country you want to adopt from? Please provide name of agency and main agency contact. _____

Home study completed or, In-progress Expected completion date: _____

Have you already filed an I-600A or I-800A with USCIS? _____ Date filed: _____

How did you learn about Hope International? (*Please Circle*):

Web page Personal referral (specify): _____

Yellow Pages Other (specify): _____

Out-of-state

If out of state, do you have a social worker employed by an agency to do your home study? Yes No

If yes, name of Social Worker and Agency: _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Fax: () _____ Phone: () _____

I/We understand:

That there are risks in adoption and realize that a foreign country has the power and authority to close its doors to adoption if they should so decide.

That information on health and all other matters received through Hope International is limited, and based on all available data sent by adoption officials in the

foreign country.

Should I/We travel to the foreign country and decide not to continue with the adoption after making final agreement to do so, Hope International will not be held responsible for the ultimate decision of the officials in the adoptive country or for financial loss that may have incurred to that point.

I/We hereby testify that the above information is correct and accurate as of the time we completed this application. I/we know that any willful misrepresentation and/or omission related to the above information could result in termination of our application and the loss of our application fee. I further understand that if any significant personal information has been withheld or misrepresented and this information is learned by Hope International at a date beyond the application, the Agency withholds the right to terminate the contract, discontinue my/our adoption process, revoke all approvals (including, but not limited to, homestudy and USCIS (immigration) approvals, if applicable, and that there will be no fee refunds of any kind, for any reason.

Male applicant's signature: _____ Date: _____

Female applicant's signature: _____ Date: _____

Please attach a photograph and the non-refundable Application fee and mail to:

Hope International 5944 Luther Lane, Ste. 875 Dallas, Texas 75225

Phone: (214) 672-9399

Fax: (214) 939-3001

E-mail: dford@hopeadoption.org

Website: <http://www.hopeadoption.org>