

Adoption Application

Information on Adoptive Parent 1:
First, Middle, Last
Name:_____ Passport No.:_____
Maiden **or** Other Names since birth:_____
Age: _____ Birth date: _____ Social Security No.:_____
Driver's License No._____ State: _____Race: _____

Information on Adoptive Parent 2:
Name as in
Passport:_____ Passport No.:_____
Age: _____ Birth date: _____ Social Security No.:_____
Other names since birth: _____
Driver's License No._____ Race: _____

Home Address: _____
City, State, Zip: _____ County: _____
Home Phone: _____ Fax: _____
Work Phone: Parent 1 _____ Parent 2 _____
Cell Phone: Parent 1 _____ Parent 2 _____
E-Mail Address(es): _____

List all **countries** you have lived in since age 18, and the dates in which you lived there:
Parent 1:_____
Parent 2:_____

List all U.S. **states** you have lived in since age 18, and the dates in which you lived there:
Parent 1:_____
Parent 2:_____

How long have you lived in Texas? _____Parent 1 _____Parent 2
List all other **cities** in Texas where you have lived.
Parent 1:_____
Parent 2:_____

Have you served or are you currently serving in the military? Yes No
If so, list all locations at which you have served and the amount of time at each posting:
Parent 1:_____
Parent 2:_____

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) Parent 1: _____
Date(s) of previous marriage(s) Parent 2: _____

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 below. Please include all* dates, accusations, investigations, convictions, and dismissals, *even if you do not think it will show up in a background check.

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.)
   Parent 1: Yes No
   Parent 2: Yes No

2. Have you ever been convicted of a felony or misdemeanor?
   Parent 1: Yes No
   Parent 2: Yes No

3. Have you ever had your parental rights of a biological or adopted child terminated?
   Parent 1: Yes No
   Parent 2: Yes No

4. Have you ever been **investigated**, **accused** (even if unfounded) of, or charged with child abuse, sexual abuse or domestic violence?
   Parent 1: Yes No
   Parent 2: Yes No

5. Have you experienced any childhood physical, sexual or emotional abuse, neglect or trauma?
   Parent 1: Yes No
   Parent 2: Yes No

6. Do you now or have you ever had a problem with substance abuse or alcohol abuse?
   Parent 1: Yes No
   Parent 2: Yes No

7. Have you ever received **any** type of counseling or mental health treatment, including 12-Step or Celebrate Recovery programs?
   Parent 1: Yes No
   Parent 2: Yes No

8. Have you ever filed for bankruptcy?
   Parent 1: Yes No
   Parent 2: Yes No

Current Employment

	Employer(s)	Position	Annual Income
Parent 1:	_____	_____	_____
Parent 2:	_____	_____	_____

Education

Parent 1:_____
Parent 2:_____

Languages Spoken and level of proficiency:

Parent 1:_____
Parent 2:_____

Preferred language (written and spoken, if different):

Parent 1:_____
Parent 2:_____

Health

Parent 1's General Health:_____

Parent 2's General Health:_____

Weight and Height:

Parent 1: ____ lbs. ____ Ft. ____ In. Parent 2: _____ 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?

Parent 1:_____

Parent 2:_____

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

Parent 1:_____

Parent 2:_____

Have you taken any psychiatric medications in the last 5 years, such as for depression or anxiety? (Please list medications, reason, and dates taken.)

Parent 1:_____

Parent 2:_____

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

Parent 1:_____

Parent 2:_____

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

Parent 1: _____ Parent 2:_____ 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 identified a child you wish to adopt? Yes No

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

If you have an identified child, please list the following: Relation to you, Name, Date of birth (or age), gender and how they were identified:

_____

_____

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 consider:

_____

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.

_____

_____

[If you live outside Texas, **or** are working with another agency]

Are you working with an out-of-state agency to do your home study? Yes No
Have you contracted with another agency to serve as your primary agency? Yes No
If yes, name of Contact/Social Worker and Agency: _____
Address: _____
City: _____ State: _____ Zip: _____ E-Mail: _____
Fax: _____ Phone: _____
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):_____

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.

Parent 1 applicant's signature: _____ Date: _____

Parent 2 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