

ADOPTION APPLICATION

Please type or print legibly in black or blue ink. If extra space is needed to complete any item, attach a continuation sheet. Indicate the item number, date, and sign each sheet. Answer all questions fully and accurately. State that an item is not applicable with "N/A". If the answer is none, write "none". Information provided in this application is confidential and only used for adoption purpose.

* For couple applicants, the Applicant 1 can be either husband or wife who will be listed as primary petitioner in application with the U.S. Citizenship and Immigration Service. Applicant 1 must be a U.S. citizen while Applicant 2 can be a citizen of other nation.

Part 1: Information About Applicants

	APPLICANT 1 * <i>(see above instruction)</i>	APPLICANT 2
Full Name	_____	_____
Other Names Used <i>(Including maiden name)</i>	_____	_____
Date of Birth <i>(mm/dd/yyyy)</i>	_____	_____
Place of Birth <i>(City, state, country)</i>	_____	_____
Country of Citizenship	_____	_____
Social Security Number	_____	_____
Passport Number	_____	_____
Passport Issuance Date	_____	_____
Passport Expiration Date	_____	_____
Passport Issuance Agency	_____	_____
E-mail Address	_____	_____
Cell Phone Number	_____	_____
Work Phone Number	_____	_____
Home Address	_____	
Mailing Address <i>(if different from home address)</i>	_____	
Home Phone Number	_____	Fax Number _____

Emergency Contact *(Family member or friend other than applicants)*

Name _____ Phone Number _____ Relationship _____

Part 2: Information About Adoption

Provide information on child/children that you desire to adopt for this time

What country do you want to adopt from? _____

How many children do you want adopt? _____

Gender *(Male/Female/Either)* _____

Age range of desired child/children _____

Health condition of desired child/children

Healthy *(normal)*

Healthy and consider minor special needs

Special Needs

Have you ever adopted any child before? No Yes *If "Yes", please provide information of all previous adoptions below.*

Country of Adoption	Year of Adoption (yyyy - yyyy)	Finalized (State and Date)	Adoption Agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been rejected by a homestudy/adoption agency before? No Yes

Have you ever received an unfavorable homestudy before? No Yes

Have you ever had a disrupted/unsuccessful adoption before? No Yes

If answer "YES" for any of the above three questions, please explain

Part 3: Children in Home Prior to This Adoption

Do you have any biological/adopted children prior to this adoption? No Yes *If "Yes", please provide information of all children.*

Full Name	Gender	Date of Birth (mm/dd/yyyy)	Adopted		Live in home	
			<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Part 4: Marital History

Date of current marriage (mm/dd/yyyy): _____

Place of current marriage: _____ (city/town, state/province, country)

If any of the applicants have previously married, please provide the following information on all previous marriages. Begin with the most recent termination.

Applicant 1	1. Date of marriage ended (mm/dd/yyyy): _____	How marriage ended?
	Name of Prior Spouse: _____	<input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Other
	2. Date of marriage ended (mm/dd/yyyy): _____	How marriage ended?
	Name of Prior Spouse: _____	<input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Other
Applicant 2	1. Date of marriage ended (mm/dd/yyyy): _____	How marriage ended?
	Name of Prior Spouse: _____	<input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Other
	2. Date of marriage ended (mm/dd/yyyy): _____	How marriage ended?
	Name of Prior Spouse: _____	<input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Other

Part 5: Education History

Provide information of all educational institutions attended. Begin with the highest achievement.

Applicant 1

School	Location	Year of Completion	Degree / Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant 2

School	Location	Year of Completion	Degree / Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part 6: Employment History

Provide information of all employments over the last ten years. Begin with the most recent employment

Applicant 1

Employer	Location	Job Title	Annual Income	From - To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant 2

Employer	Location	Job Title	Annual Income	From - To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Part 7: Criminal History

You are required to disclose any criminal incidents, although it did not result in arrest or conviction, including juvenile, arrest/expunged records. Failure to disclose will impact adoption process.

	Applicant 1		Applicant 2	
Have you ever been arrest or convicted or a crime?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been involved with substance abuse and/or a perpetrator of child, abuse or sexual or domestic violence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever had a child removed from your home?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Part 8: Health Condition and Medical History

Provide information of your current health condition and all medical diagnoses that you are aware of.

Applicant 1

Do you have any medical issues? No Yes, *please describe*: _____

Are you under any health treatment? No Yes, *please describe*: _____

Are you taking any medication? No Yes, *please describe*: _____

Are you infertile? No Yes, *please describe*: _____

Provide additional information on your health condition (*if necessary*)

Applicant 2

Do you have any medical issues? No Yes, *please describe*: _____

Are you under any health treatment? No Yes, *please describe*: _____

Are you taking any medication? No Yes, *please describe*: _____

Are you infertile? No Yes, *please describe*: _____

Provide additional information on your health condition (*if necessary*)

Part 9: Statement of Understanding

1. I/We understand that there are risks in international adoption and realize that any country has the power and authority to close its doors to adoption if they should so decide.
2. I/We understand that Faith International Adoptions provides an outline of current eligibility requirements and that any country can change the requirements or procedures during the adoption process.
3. I/We understand that information on health and all other matters received through Faith International Adoptions is based on all available data sent by adoption officials in the foreign country.
4. 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 developmental and/or speech and language delays often associated with institutionalism or orphanage care. Although this is a rarity in international adoption, it is reality. In addition, all children may have other minor to significant medical needs in association with institutionalism such as malnutrition, rickets, scabies, head lice, skin rashes, etc.
5. I/We understand that items such as fingerprints and the approval for I-800A/I-600A form do have expiration dates and 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.
6. I/We understand that there are certain documents for the dossier that are time sensitive in particular countries and must be submitted within a particular time frame. Faith International Adoptions will provide the time frame; 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 the dossier to the foreign country.
7. I/We understand that the above information is true and accurate to the best of my/our knowledge. It is understood that the \$350.00 application fee is non-refundable. Upon receipt of the application and \$350.00 fee, Faith International Adoptions will process the application to determine my/our initial acceptance to adopt internationally. Faith International Adoptions will notify me/us within two weeks by mail of their acceptance or rejection of the application. If I/we am accepted for international adoption, Faith International Adoptions will send a contract, waiver of liability and risk adoption statements for the applicant(s) review and sign. Upon receipt of the documents, the client(s) will be accepted to adopt internationally through Faith International Adoptions.
8. The signing of the applications, the client(s) understand and accept the following term and conditions of the international adoption.

Signature of Applicant 1: _____

Signature of Applicant 2: _____

Date (mm/dd/yyyy): _____

Date (mm/dd/yyyy): _____

Thank you for applying with Faith International Adoptions! Please send this complete application and \$350 application fee to:

Faith International Adoptions, 1105 Tacoma Ave S, Tacoma, WA 98402