



### CHI Agency Application

**Service(s) Requested:**  Adoption Placement Only  Adoption Placement & Home Study Services  Home Study/PAR Only  
 Hosting through Frontier Horizon  Home Safety Visit – for hosting purposes only

**CHI Country Program:**  Bulgaria  China  Colombia  Georgia  Hungary  
 Honduras  India  Jamaica  Moldova  
 Romania (only open to Romanian/US citizens)  Ukraine  N/A, HS/PAR Only  Hosting

**If you are pursuing an adoption through an agency that IS NOT CHI for placement services, please fill out the following**

<b>PLACEMENT AGENCY NAME:</b>		<b>Agency Phone:</b>	
<b>Country Program:</b>		<b>Number of Required Social Worker Written Post Adoption Reports</b>	<input type="checkbox"/>

**If CHI is your placing agency and you are a resident in the State of Florida, Idaho, Louisiana, Texas, Utah, or Washington and you DO NOT have a home study provider prior to the application you must use CHI for home study services.**

CHI WILL  CHI WILL NOT be my/our home study/post adoption agency or home safety visit provider.

**CHI Licensed State:**  Florida  Louisiana  Texas  Utah  Washington  
 Idaho  N/A, Placement Only

**CHI Social Worker:**

**If you are using an agency that IS NOT CHI for home study services (must have prior CHI permission), please fill out the following**  
**Home Study Agency must be Hague accredited or have experience writing International adoption home studies**

<b>HOME STUDY AGENCY NAME:</b>		<b>Agency Phone:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Agency Fax:</b>
<b>Social Worker Name:</b>		<b>Social Worker Phone:</b>	
<b>Social Worker E-mail:</b>		<b>Alternate Phone (If any):</b>	

**Please fill in the following information regarding the characteristics the of child(ren) you would be interested in adopting:**

**Age range:** \_\_\_\_\_ to \_\_\_\_\_ Years **Gender:**  Male  Female  Either  
**Number of children:**  Single child  Siblings  More than one; non-related  Twins  
**Have you adopted internationally before?** YES NO **If so, who was the placing agency:** \_\_\_\_\_  
**Country you adopted from:** \_\_\_\_\_ **Date adoption was finalized (mm/dd/yy):** \_\_\_\_\_  
**Are you currently pregnant?** YES NO  
**Are you planning to move in the next 6-9 months?** YES NO **If Yes, please give details to your Case Manager** \_\_\_\_\_

**PLEASE FILL IN EACH SECTION. IF A SECTION DOES NOT APPLY TO YOU, PLEASE WRITE NOT APPLICABLE (N/A)**

**PAP = Potential Adoptive Parent**

<b>Parent 1 Name: Last, First:</b>		<b>Parent 2 Name: Last, First:</b>	
<b>Address:</b>			<b>Home Phone:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Fax:</b>
<b>Are you currently married?</b>	YES NO	<b>Date (mm/dd/yy):</b>	<b>Place:</b>
<b>PAP 1 E-mail:</b>		<b>PAP 2 E-mail:</b>	
<b>PAP 1 cell phone:</b>		<b>PAP 2 cell phone:</b>	

**PAP #1 BACKGROUND**

First Name:		Middle/Maiden:	
Birth Place:		Birth Date:	Age:
Current Employer:		Occupation:	
Address:		Work phone:	
Annual salary:		Length of present job:	
Other Income Sources (If any):		Amount:	
Social Security #:		Citizenship or naturalization #:	Country:
School or University:		Last year completed:	
RELIGION (Optional)			

Have You Ever Been Arrested or Convicted?	YES	NO	If yes, please state below when, what for, and outcome:

Physician:		Phone #:	
Overall Health:		Weight:	Height:
Serious medical conditions?	YES	NO	If Yes, what?
Current Prescriptions?	YES	NO	If Yes, what?

Have you been previously married?	YES	NO
Previous Spouses Name:		Terminated
Date of Marriage (mm/dd/yy):		Date of Divorce (mm/dd/yy):
Place:		Place:
Previous Spouses Name:		Terminated
Date of Marriage (mm/dd/yy):		Date of Divorce (mm/dd/yy):
Place:		Place:

Do you have children from your previous marriage?	YES	NO	If Yes, Please fill out the table below:
Name	Date of birth	School grade	Relationship: Biological or Adopted?

Please use this space for any additional information that was requested above but space was not allowed, ie: Children or other family members in the house hold.

**PAP #2 BACKGROUND**

First Name:		Middle/Maiden:	
Birth Place:		Birth Date:	Age:
Current Employer:		Occupation:	
Address:		Work phone:	
Annual salary:		Length of present job:	
Other Income Sources (If any):		Amount:	
Social Security #:		Citizenship or naturalization #:	Country:
School or University:		Last year completed:	
RELIGION (Optional)			

Have You Ever Been Arrested or Convicted?	YES	NO	If yes, please state below when, what for, and outcome:

Physician:		Phone #:	
Overall Health:		Weight:	Height:
Serious medical conditions?	YES	NO	If Yes, what?
Current Prescriptions?	YES	NO	If Yes, what?

Have you been previously married?	YES	NO
Previous Spouses Name:		Terminated
Date of Marriage (mm/dd/yy):		Date of Divorce (mm/dd/yy):
Place:		Place:
Previous Spouses Name:		Terminated
Date of Marriage (mm/dd/yy):		Date of Divorce (mm/dd/yy):
Place:		Place:

Do you have children from your previous marriage?	YES	NO	If Yes, Please fill out the table below:
Name	Date of birth	School grade	Relationship: Biological or Adopted?

Please use this space for any additional information that was requested above but space was not allowed, ie: Children or other family members in the house hold.

**PAP GENERAL INFORMATION**

Do you have any children from your current marriage?      YES      NO

Name	Date of birth	School grade	Relationship: Biological or Adopted

Besides the PAP's, are there any other adults living in the home?      YES      NO

Name	Relationship	Phone

Financial Obligations of Adoptive Parent(s)	Kind	Total

Apartment \_\_\_\_      House \_\_\_\_      No. of bedrooms \_\_\_\_      Renting \_\_\_\_      Owned \_\_\_\_

Monthly payment \$      Value \$      Mortgage \$

Other real property	Description	Value	Amount owed

Insurance	Kind	Amount	Beneficiary

Does your Family have a will?      YES      NO      Have you ever declared bankruptcy?      YES      NO      If so, when?     

Savings or other assets	Kind (describe as bank accounts, etc.)	Total

**Please provide contact information for one family reference and three non-family references:**

Name:	Relationship:
Address:	Phone:
Name:	Relationship:
Address:	Phone:
Name:	Relationship:
Address:	Phone:
Name:	Relationship:
Address:	Phone:

## Permission to Release Information

I/We give permission to Children's House International to obtain information which it deems necessary to complete our adoption. I/We understand that the purpose of such information is to comply with state and country requirements to conduct a thorough and professional study of my/our family for international adoption purposes and to follow my/our child placement with all required post-placement reports.

**Initials:** \_\_\_\_\_

I/We give permission to Children's House International to disclose to third parties such information provided by me/us as the agency deems necessary to facilitate the adoption process and throughout the entire post-placement phase. These third parties include, but are not limited to, United States Citizenship and Immigration Services, the Home Study and/or Placement Agency, and Children's House International staff and workers in the chosen program's country.

**Initials:** \_\_\_\_\_

I/We understand that all information sent to us by mail or email from CHI regarding, but not limited to, the dossier preparation and travel information, is the sole property of CHI. I/We agree to not share this information with anyone, including other adoptive families or agencies unless we have written permission to do so or are required by applicable laws or by order of a court of competent jurisdiction.

**Initials:** \_\_\_\_\_

The information you provide is confidential, does not discriminate nor deny services based on race, color, gender, religion, disability, age, national origin or marital status. However, CHI follows the guidelines and policies which are determined by each country we represent.

If you withdraw your application from Children's House International (CHI) during the adoption or home study process, fees paid are non-refundable unless otherwise stated in the CHI FEE POLICIES section of the Financial Agreement.

### IF CHI WILL BE YOUR PLACING AGENCY

Payment of a \$1,000.00 non-refundable application fee is due with this application if you are applying to adopt a child through CHI. A family photograph will be required once CHI has received your completed application.

In the unlikely event that the adopting country or the United States deems an adoption impossible due to political regulations or other reasons, you may apply a portion of the agency fee and the application fee to any other CHI program. CHI will not refund agency fees or any funds sent inter-country on your behalf unless otherwise stated in the CHI FEE POLICIES section of the Financial Agreement.

**Initials:** \_\_\_\_\_

If your referral is withdrawn because of false or misleading information on your application or at any time during the adoption process; unauthorized contact between yourself or someone on your behalf with the adopting country; conduct that leads CHI to question your ability to parent; or by your decision to travel before you are authorized to do so, all fees are non-refundable as per the CHI FEE POLICIES section of the Financial Agreement.

I/We understand that should the adoption disrupt or be dissolved, all adoption, post placement and post adoption report fees paid are non-refundable

If you become pregnant or adopt elsewhere domestically or internationally CHI must be contacted immediately, the application and agency fees are non-refundable but may be applied to future adoptions if used within two years as per the CHI FEE POLICIES section of the Financial Agreement and the On Hold Agreement. PAPs that become pregnant during the process will be asked to postpone their adoption until the birth of their new child. At that time their Social Worker will meet with the family to decide the best time to continue their international adoption.

The family agrees to provide ALL documents for CHI as requested or the home study and/or placement will be placed on hold until those documents are received. If the completed dossier is not received by CHI within 9 months from the date of application, application fees stated are subject to change. I/We understand that the other adoption costs may fluctuate without notice.

#### **HOME SAFETY VISITS FOR PURPOSES OF HOSTING A CHILD**

Fee for home safety visit can be applied towards full international adoption home study fee if the family applies for adoption within 12 months of the signing of this agreement. If the adoption application is received after 12 months, full home study fees will apply.

#### **IF HOSTING A CHILD THROUGH OUR PARTNER FRONTIER HORIZON**

##### **Services to be provided**

Payment of \$25.00 non-refundable fee is due with submission of this hosting application. The following services will be provided if accepted to host a child from Colombia

1. Coordination of hosting services with Frontier Horizon including collection of hosting documents (ie. application, intent to return etc.)
2. Processing child abuse check for the hosting applicants and every adult in the home, in the state where the hosting applicants reside.

**Initials:** \_\_\_\_\_

## Hosting a Child and International Adoption

1. Submission of an application for hosting **does not** guarantee approval to host or adopt a child from any country.
2. Although all children eligible for hosting are also available for international adoption, this does not guarantee approval to adopt any child from a foreign country. If you are interested in pursuing international adoption after hosting a child, you must meet the minimum parent qualifications to adopt from that specific foreign country (Please speak to a Case Manager to learn more). A separate application and fees may be required in order to pursue an international adoption, these agreements, as well as the financial, can be found on CHI's website at <https://childrenshouseinternational.com/international-adoption-documents/>.
3. **Submission of a hosting application DOES NOT mean that you meet the minimum qualification to adopt a child from any foreign country.**

I/We have received, read and understand the policies stated above as a hosting program client of Children's House International.

### CLIENT POLICY

All clients are entitled to the following:

1. To be treated in a fair and equitable manner, without favoritism.
2. To review their file.
3. To easy accessibility to their social worker and other CHI staff.
4. To amend errors in home study or post-placement reports.
5. To terminate services under agreed upon stipulations.
6. To make decisions free from fraud, duress or undue influence.
7. To request the transfer of original documentation to another child welfare agency should services be terminated.
8. To request additional referral information.
9. To seek professional medical evaluation of referral information before acceptance of referral.
10. To be given an adequate amount of time to review referral information before acceptance or denial of referral.
11. To turn down a referral without reprisal.
12. To receive respectful treatment with regard to cultural differences and/or needs.
13. To post-placement services and referral information.
14. To bring complaints before CHI staff and board members according to the Client Grievance Procedure.

I/We have received, read and understand the policies stated above as a client of Children's House International.

How did you hear about us?

Referred by SW     Referred by Adoptive Family     Repeat Family     Internet  
 Adoption Fair     Other: \_\_\_\_\_

Initials: \_\_\_\_\_

I/We hereby testify that the above information is correct and current as of the date we completed this application. I/We understand that any willful misrepresentation of the above information now or in the future could result in termination of our application and forfeiture of fees. I/We understand that, as per Children's House International's written refund policy, the application fee is non-refundable. **Failure to inform the agency or misinforming the agency regarding changes to any information on this application throughout the adoption process can be grounds for the agency to terminate services.**

**If this document is altered in anyway it will be considered invalid.**

\_\_\_\_\_  
Prospective Adoptive Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Prospective Adoptive Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

REVIEW ONLY