



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

Country Program: Brazil Bulgaria Colombia Ecuador Georgia Ghana Honduras
 Hong Kong Hungary India Jamaica Mexico Portugal Romania (only open to Romanian/US citizens)
 N/A – Home Study or PAR services only

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

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

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** (pending CHI Social Worker availability).

My/Our home study/post adoption agency or home safety visit provider will be:

CHI Alternative Home Study Agency (NOT CHI) To Be Determined (Pending CHI Social Worker Availability)

CHI Licensed State: Florida Louisiana Texas Utah Washington Idaho N/A

CHI Social Worker:

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

To Be Determined I/We have chosen a Home Study Agency (please provide the details below) N/A (CHI providing Home Study)

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

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

Age range: to Years **Gender:** Male Female Either **Relative adoption?** YES NO

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 or plan to become pregnant? YES NO **Are you currently a foster family?** 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

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

PAP #1 BACKGROUND

First Name:		Middle/Maiden:	
Birthplace:		Birth Date:	Age:
Gender:	____ Male ____ Female	Occupation:	
Current Employer:		Work phone:	
Employer Address:			
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:		Do you identify as LGBTQ?	

Have you had <u>any</u> arrest, conviction, criminal history, or child abuse allegation (even if the record has been expunged, sealed, pardoned, unsubstantiated or otherwise cleared)	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	Gender	School grade	Relationship: Biological or Adopted?

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

PAP #2 BACKGROUND

First Name:		Middle/Maiden:	
Birthplace:		Birth Date:	Age:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation:	
Current Employer:		Work phone:	
Employer Address:			
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:		Do you identify as LGBTQ?	

Have you had <u>any</u> arrest, conviction, criminal history, or child abuse allegation (even if the record has been expunged, sealed, pardoned, unsubstantiated or otherwise cleared)	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	Gender	School grade	Relationship: Biological or Adopted?

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

PAP GENERAL INFORMATION

Do you have any children from your current marriage?		YES	NO	N/A
Name	Date of birth	Gender	School grade	Relationship: Biological or Adopted

Besides the PAPs, are there any other adults or children living in the home? (i.e. Adult Children, Foster Children, Relatives, Roommates, etc.). If Yes, click the link below to complete our Additional Residents in Home form:

___ YES ___ NO

All additional residents in home will be subject to background checks, be required to complete medical examinations, and be subject to interviews during the home study process. If you indicate that there are additional residents in the home, your application will not be accepted until you complete the Additional Residents in Home form.

Financial Obligations of Adoptive Parent(s) (type on separate sheet and send to your case manager if additional space is needed)	Kind (i.e. Utilities, student loan, credit card debt, car loans, medical debt.)	Monthly 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?	
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Savings or other assets	Kind (describe as bank accounts, etc.)	Total

Please explain how you intend to pay for your adoption.
 (Feel free to use this space to provide any additional information that could not fit above. i.e.: Children or other family members in the household.)

Please provide contact information for four Emergency Contacts for your Adoption Process:

Name:		Relationship:	
Email Address:		Phone:	City/State:
Name:		Relationship:	
Email Address:		Phone:	City/State:
Name:		Relationship:	
Email Address:		Phone:	City/State:
Name:		Relationship:	
Email Address:		Phone:	City/State:

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.

Initials: _____

IF CHI WILL BE YOUR PLACING AGENCY

Payment of the \$800 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.

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, fees paid are non-refundable as outlined in the CHI FEE POLICIES section of the Financial Agreement.

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 one year 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. A draft of the completed home study must be received by CHI for review within 6 months of the application acceptance date. If after 6 months a draft is not received, CHI will bill the PAPs \$250 per month monitoring fee until a draft is received by CHI for review. The home study will not be reviewed until the full late fee is paid. If after 6 months the draft and all fees have not been paid the case will be closed. See CHI FEE POLICIES section of the Financial Agreement. I/We understand that the other adoption costs may fluctuate without notice due to government and foreign changes, cost of gas or transportation in the country or to the country.

Initials: _____

IF YOU WILL BE HOSTING A CHILD OR RECEIVING A HOME SAFETY VISIT FOR HOSTING

Home Safety Visits for the 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 6 months of the signing of this agreement. If the adoption application is received after 6 months, full home study fees will apply.

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 qualifications to adopt from that specific foreign country (speak to a Case Manager to learn more).
3. **Submission of a hosting application DOES NOT mean that you meet the minimum qualification to adopt a child from any foreign country.**

Initials: _____

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 Complaint 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: _____

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 any way, it will be considered invalid.

Prospective Adoptive Parent

Date

Printed Name

Prospective Adoptive Parent

Date

Printed Name