

APPLICATION FOR CHINA ADOPTION

Family Last Name: _____
(If different or hyphenated last name, list both: Wife/Husband)

- ♥ Please do not leave any fields blank
- ♥ Use N/A or “None” as applicable

The information you provide in this application is very important in determining your qualifications as an adoptive family. All information provided will remain confidential and will be used only by CCAI personnel to assist you in the adoption process. This application will not go to China. Please do not omit items (e.g. number of marriages/divorces, arrest records, medical information, therapeutic issues, etc). Failure to provide accurate and complete information may prevent CCAI from processing your application and may result in the closure of your file. CCAI reserves the right to perform its own confidential investigation pertaining to the information provided by you should CCAI deem it necessary.

CCAI ♥ 6920 S. Holly Circle ♥ Centennial, CO 80112-1018 ♥ USA
♥ Phone: 303-850-9998 ♥ Fax: 303-850-9997 ♥ Email: application@ccaifamily.org ♥ Website: www.ccaifamily.org ♥



GENERAL INFORMATION

(Please do not leave any blanks)

WIFE

HUSBAND

FULL LEGAL NAME _____

NAME YOU GO BY _____

SOCIAL SECURITY NUMBER _____

BIRTHPLACE (City/State/Country) _____

DATE OF BIRTH/AGE

DOB _____ AGE _____

DOB _____ AGE _____

COUNTRY OF CITIZENSHIP* _____

ETHNICITY (Race) _____

EDUCATION (Highest Level Completed**) _____

OCCUPATION _____

PRIMARY EMPLOYER _____

HOBBIES/TALENTS _____

RELIGION _____

* Non-US citizens must submit a copy of their valid green card and current passport. Naturalized citizens must submit a copy of their Certificate of Citizenship or Certificate of Naturalization.

** If High School, please state if diploma or GED received.

HOME ADDRESS: _____
STREET ADDRESS CITY COUNTY STATE ZIP CODE

MAILING ADDRESS: _____ Have you resided outside of the US in the past 5 years? _____

(_____) _____
PRIMARY PHONE WIFE E-MAIL HUSBAND E-MAIL (Please star PRIMARY Email)

(_____) _____ (_____) _____ (_____) _____ (_____) _____
WIFE CELL WIFE WORK HUSBAND CELL HUSBAND WORK

Do we have your permission to contact you at work? Wife: **Yes** _____ **No** _____ Husband: **Yes** _____ **No** _____

DATE OF CURRENT MARRIAGE*: _____ **CITY/STATE/COUNTRY:** _____

If current date of marriage is less than 5 years, # of years lived together prior to marriage _____ **WIFE'S MAIDEN NAME:** _____

* Date must be verifiable by a government issued document (document not required with application)

HAVE EITHER OF YOU BEEN PREVIOUSLY MARRIED? Wife: Yes _____ No _____ Husband: Yes _____ No _____

	How Ended (i.e. annulment, divorce, death)	Date Ended (month/year)	Previous Spouse's Name
Wife	_____	_____	_____
	_____	_____	_____
Husband	_____	_____	_____
	_____	_____	_____

CHILDREN: Please list all children ever born to or adopted by either applicant. (If adopted, include date of adoption!) If you do not have any children, please put "N/A".

More children listed on additional page? _____

Name	Age	Gender	Date of Birth	Birth/Adopted**	Ethnicity/Country	Current Location/Custody
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Please note group number for children who have been adopted through CCAI.

OTHERS IN HOUSEHOLD (incl. anyone living in home, living on property, OR working in the home on a regular basis) Yes _____ No _____

Name	Age	Gender	Date of Birth	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ARREST HISTORY

HAVE YOU **EVER** been arrested, cited, charged, indicted, convicted, fined, imprisoned or detained for breaking or violating **ANY** law or ordinance, at **ANY** AGE? (Even if it was expunged, dismissed, dropped, sealed, or charged in another state OR as a minor.) Please be aware that failure to disclose **ANY** such history, even if acquitted, not convicted, sealed, not fingerprinted or not jailed, will result in immediate closure of your adoption file.

WIFE: YES _____ NO _____ DATE: _____ REASON: _____ OUTCOME: _____ JAIL TIME? Yes _____ No _____

HUSBAND: YES _____ NO _____ DATE: _____ REASON: _____ OUTCOME: _____ JAIL TIME? Yes _____ No _____

If **YES**, please include the following with your application: 1) a detailed explanation of the arrest, written by you, and 2) a photocopy* of the disposition report obtained from the court in the jurisdiction **in which your arrest occurred**.

*Note: Request one certified dispositional report from the related court for each incident listed above; submit a photocopy with this application and keep the original for your USCIS filing.

HEALTH INFORMATION

Height **Weight** **BMI ***
 Wife _____
 Husband _____

* To calculate your BMI go to:
http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

HAVE YOU EVER HAD (W=Wife, H=Husband):

	NO	YES	DATE/EXPLAIN		NO	YES	DATE/EXPLAIN
Tuberculosis	_____	_____	_____	Cancer/Tumor	_____	_____	_____
Heart Disease	_____	_____	_____	Liver Disease	_____	_____	_____
Sexual Disease	_____	_____	_____	Kidney Disease	_____	_____	_____
Mental Illness (1)	_____	_____	_____	Nervous Disorder	_____	_____	_____
Lupus	_____	_____	_____	Seizure Disorder/Epilepsy	_____	_____	_____
Procedures (2)	_____	_____	_____	Genetic Disease	_____	_____	_____
Operations (2)	_____	_____	_____	Counseling or Therapy	_____	_____	_____
Illness/ Injury Requiring Hospitalization	_____	_____	_____	Alcohol Abuse	_____	_____	_____
				Drug Use/Experimentation (3)	_____	_____	_____
				Any Physical Impairment (e.g. blindness, deafness, paralysis, missing limbs, etc)	_____	_____	_____

	NO	YES	DATE/EXPLAIN
Have you ever been a victim of child or sexual abuse, or a victim of domestic violence?	_____	_____	_____
Have you ever tested positive for HIV and/or Hepatitis B?	_____	_____	_____
Are you currently taking any medications? (1) and (2)	_____	_____	_____
If YES, list name and purpose of medications: _____			

If "YES" is checked in any category above, you may be required to submit a copy of your doctor's letter to this application. A separate letter is required for each applicant. Each letter should state in layman's terms: a simple description of the medical issue, onset, treatment, outcome (recovered, "controlled with medication," etc) and recommendation for adoption (e.g., "This person is in good physical and mental condition necessary to provide responsible care for an adopted child"). Your current MD or DO can complete each letter. It does not need to be completed by the physician who treated the medical issue. Please see the footnotes below. Contact CCAI with any questions.

- (1) If either applicant is currently taking medication for a diagnosis of schizophrenia, the applicant is not eligible to apply. If either applicant is currently taking medications for the diagnosis of bi-polar, or have taken medications in the past for this diagnosis, please contact CCAI.
- (2) We **do not need** a doctor's letter for most procedures, operations, medical issues, or their related medications including but not limited to: acid reflux, allergies, appendectomy, C-section, chicken pox, cholecystectomy, benign cyst, fertility issues, GERD, hernia repair, high cholesterol, hypo/hyperthyroidism, Lasik eye surgery, minor surgeries (such as hand, knee, foot, shoulder), rhinoplasty, and tonsillectomy.
- (3) Applicants with a history of illegal drug use, including experimentation, are not eligible to apply.

Is infertility one of your reasons for pursuing adoption? Yes _____ No _____ **Are you pregnant?** Yes _____ No _____

HEALTH INSURANCE – CCAI recommends that adoptive families research their health insurance terms/limits to avoid delays in coverage. We also encourage you to begin thinking about guardianship for your adopted Chinese child. All families will be asked to provide this information to their social worker during the home study process.

HEALTH INSURANCE PROVIDER: _____
 Will they cover an adopted child? _____ Will they cover a child with a pre-existing condition? _____

EXTENDED FAMILY – Use additional page if necessary. Please list all immediate family members (living or deceased).

If we are unable to reach you (e.g., on match day or for post adoption) do we have permission to contact members of your extended family? Please indicate “Yes” or “No” below.

WIFE’S FAMILY

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

HUSBAND’S FAMILY

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

EMPLOYER : CCAI will **only** contact your employer if we deem it necessary; however, we still need complete information on this application.

	WIFE	HUSBAND
Company Name	_____	_____
Supervisor	_____	_____
Street Address	_____	_____
City/State/ZIP	_____	_____
Phone	_____	_____

REFERENCES: According to KY law, all references must be from non-family members.

Please list three personal references

	Name	E-mail Address	Mailing Address	Phone Number
1.	_____	_____	_____	(____) _____
2.	_____	_____	_____	(____) _____
3.	_____	_____	_____	(____) _____

FINANCIAL INFORMATION

Name of Employer

Employment Dates

Verifiable Gross Annual Income

WIFE (Present):

If less than 3 years (Previous):

HUSBAND (Present):

If less than 3 years (Previous):

OTHER CURRENT ANNUAL INCOME (List Source): _____
(e.g. Rental / Employment / Interest / Other income)

TOTAL ANNUAL INCOME

PRIMARY RESIDENCE Rented _____ Owned _____ Date of Purchase _____ Monthly payment or rent \$ _____ # of Bedrooms _____

ASSETS

Primary Residence (approx. value): \$ _____
 Real Estate (other than primary residence): \$ _____
 Vehicles: _____ \$ _____
 _____ \$ _____
 Savings Account(s): \$ _____
 Checking Account(s) (usual balance): \$ _____
 Bonds: _____ \$ _____
 Stocks: _____ \$ _____
 Contents of home based on insurance replacement value: \$ _____
 (Obtained from home/renters insurance policy)
 401K/Retirement: _____ \$ _____
 Other*: _____ \$ _____
 (*IRA, PERA, etc)

TOTAL ASSETS: \$ _____

LIABILITIES

	Owed	Monthly Payment
Mortgage Balance:	\$ _____	\$ _____
Credit Cards:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Bank Loans:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL LIABILITIES: \$ _____

NET WORTH: \$ _____

What significant changes do you anticipate in your financial situation, if any? _____

Please share with us how you are going to finance this adoption.

ADOPTION

Why do you wish to adopt a child from China? _____

How did you hear about CCAI? _____

If you attended a CCAI information meeting, please indicate: Date: _____ Location or Phone Conference: _____ Speaker: _____

CHILD PREFERRED FROM THE WAITING CHILD PROGRAM (Children with identified medical conditions):

_____ Female _____ Male _____ Either Age Range: _____ to _____ months / years (please circle one)

_____ We have submitted our Medical Conditions Checklist to the Waiting Child Program (via the CCAI website: <https://www.ccaifamily.org/WaitingChild/Med-Checklist/Default>)

_____ While we understand such placement is not guaranteed, we are attempting to pursue the adoption of a specific child: _____

We understand that we must submit a Medical Conditions Checklist to the Waiting Child Program as part of our initial application process.

*CCAI does not accept applications for the "Traditional Program" (children with no known medical conditions). A small percentage of children in the Waiting Child Program are older children (over the age of 10 years old) with no known physical conditions.

Initials: Wife _____ Husband _____

FAMILY ASSESSMENT

YES NO

_____ Are you presently pursuing adoption possibilities through another agency? Agency name: _____

If above answer is YES: Are you matched with a child? _____ Is your dossier complete? _____ Do you have "pre-approval" or letter of acceptance? _____

_____ Have you ever had a home study completed? Date: _____ Agency name: _____

_____ Have you completed an adoption domestically or from a country other than China? Date: _____ Country: _____

_____ Do you currently (or plan to) use any form of corporal/physical punishment (including spanking) on your biological or adopted child(ren)?

_____ Have you ever been denied for the placement of a child?

_____ Have you ever disrupted/dissolved an adoption or relinquished a child?

_____ Has a child ever been removed from your home?

_____ Have you ever been investigated for and/or charged with child abuse/neglect, sexual abuse, or domestic violence?

If you answered "YES" to any of the above, please provide a detailed explanation. Letter Attached? _____

CHINA ADOPTION(S) Through Another Agency

YES NO

_____ Have you ever completed a China adoption through another agency? Agency name: _____

_____ Have you ever applied and had your application denied for any China adoption program? Agency name: _____

_____ Have you ever refused a child, while in China (disrupted or dissolved adoption)?

_____ Have you ever relinquished an adoptive child from China?

_____ Do you currently have a complete dossier sent to China through another agency? Agency name: _____

If you answered "YES" to any of the above, please provide a detailed explanation. Letter Attached? _____

Please share with us some details about your previous China adoption(s), if any:

Date of adoption finalization in China: _____ Age of child at time of referral: _____ Health status: _____ Orphanage/Province: _____

Date of adoption finalization in China: _____ Age of child at time of referral: _____ Health status: _____ Orphanage/Province: _____

Families residing in Kentucky:

CCAI has a branch office in Louisville that will provide your **home study and post adoption services**. Please submit this Application for Adoption to the CCAI headquarters in Centennial, CO (address listed at the bottom of this page). Then, contact the CCAI-Kentucky office below to discuss home study and post adoption services, as well as learn the name of your assigned CCAI social worker.

Name of agency: CCAI-Kentucky Social worker's name: _____

Agency address: 173 Sears Ave #267 Louisville KY 40207 City Louisville State KY Zip code 40207

Phone: (502) 253-5578 Fax: (502) 254-2420 Email: ccaiky@ccaifamily.org

IMPORTANT ADOPTION INFORMATION

While CCAI will provide you with all information about the prospective adoptive child made available by the orphanage/CCCWA and assist you with the entire adoption process, some unpredictable problems and/or events which are beyond CCAI's control may nevertheless occur. These unpredictable problems and/or events include but are not limited to: sudden changes in the adoption requirements or policies promulgated by the Chinese or U.S. governments and changes in international relations between China and the U.S.

In addition, a child may be placed with you with physical, mental, social and/or emotional problems, minor or major, and/or a history of trauma or abuse, that have remained partially or totally undiagnosed/undisclosed and which were unknown to CCAI.

SIGNATURES

We attest that the information we have provided in this application is true, complete, and accurate to the best of our knowledge, and we understand that any and all responses are subject to verification. We have read the complete information provided by CCAI regarding this adoption program, and understand the risks involved in international adoption. We understand that the approval of our application does not guarantee the placement of a child. We understand that CCAI reserves the right to close our file at any time if we fail to disclose requested information fully and accurately. Initials: Wife _____ Husband _____

We understand that by signing this application we agree to notify CCAI immediately upon any changes in our personal or family situation including but not limited to: job change, change of address, separation, divorce, arrest, pregnancy, placement of foster or adopted child(ren), change in number of or identity of person's living in our home, significant changes in physical or mental health status, significant changes in financial status, or any other significant event at any time during the adoption process. We understand that CCAI reserves the right to close our file should any of these changes disqualify us for China adoption. Initials: Wife _____ Husband _____

Wife's Printed Name: _____ Date: _____

Husband's Printed Name: _____ Date: _____

Upon submission please include:

KENTUCKY FAMILIES CHECKLIST
____ Application
____ Fee \$ _____
____ Applicable
Attachments (e.g. doctor's letter, explanation of arrest, disposition report, etc)
____ Make a copy of this application for your records

To submit your application to CCAI with a non-refundable application fee of \$250 (\$150 for families who have previously adopted through CCAI) either:

- 1) Mail your application and non-refundable application fee of \$250 payable to CCAI (\$150 for families who have previously adopted through CCAI); or
- 2) Scan and email your application with appropriate application fee (submitted via credit card authorization form – Visa or MasterCard only); or
- 3) Fax your application with appropriate application fee (submitted via credit card authorization form – Visa or MasterCard only); or
- 4) Upload your application to the CCAI website (www.ccaifamily.org/application/App-Upload.aspx) with appropriate application fee.

CCAI, Attention: Application Dept
6920 S. Holly Circle, Centennial, CO 80112-1018
Email: application@ccaifamily.org
Fax: 303-850-9997



CCAI ACH Authorization Form

Print Name(s) _____

US Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number(s) _____

By the signature below I/we authorize CCAI to immediately charge our account for the applicable fees indicated below.

_____ 1st time CCAI Family Application Fee of \$250

_____ Returning CCAI Family Application Fee of \$150

Account Holder Signature: _____ **Date:** _____
Printing in lieu of signature will be considered authorization to process the above fees.)

Account Holder Name: _____

Account Number: _____

Bank Routing Number: _____

Bank Name: _____

***** Copy of Voided Check or Deposit slip Mandatory *****