ALL ABOUT ADOPTION SERVICES, INC.

Confidential Adoption Application

Please Include 2 photos with the mailed copy of your Application. Please print clearly.

FULL LEGAL NAMES

Father _____

Mother _____

Current Address _____

City _____ State _____ Zip _____

County _____ Residing Within City Limits? Yes _____ No_____

Home Phone_____ Home/Work Fax _____

Emergency Contact Name _____ Relationship _____ Phone_____

I hereby give permission to AAA to contact this person in the event of an emergency. Please initial here _____

General Data	**Father**	**Mother**
Work Phone	_____	_____
Cell Phone	_____	_____
May we call you there?	Yes___ No___ Best time _____	Yes___ No___ Best time _____
Email	_____	_____
Date of Birth (Age)	_____ ( )	_____ ( )
Social Security Number	_____	_____
Birthplace	_____	_____
Citizenship	_____	_____
Race/Ethnicity	_____	_____
Religious Affiliations	_____	_____
Passport No.	_____	_____
(You can start your adoption without a Passport.)		*(if in maiden name, must apply for an amendment.)*
Passport Issue Date	_____	_____
Date Passport Expires	_____	_____
Place of Issue/Authority	_____	_____
Education/Degrees	_____	_____
Occupation	_____	_____
Military Service (branch, dates)	_____	_____
1. Current Employer	_____	_____
Employer Address	_____	_____
	City _____ State _____	City _____ State _____
Length Employed	_____	_____
Salary/Title	_____	_____
2. Previous Employer	_____	_____
Employer Address	_____	_____
	City _____ State _____	City _____ State _____
Length Employed	_____	_____
Salary/Title	_____	_____

Have you submitted an I-600A to USCIS? Yes ____ No____ If yes, what date submitted? _____

(You can start without USCIS approval.) Current Approval? Yes ____ No____ Expiration Date _____

Have you started or completed a Home Study? Yes ____ No____ If Yes, status or date completed _____

Home Study Social Worker _____ Phone _____

Agency _____ City _____ State _____

Financial Data

Employment Income $_____

Cash Reserves/Retirement funds $ _____

Other Income $_____

Approx. Monthly Gross Income $_____

Annual Gross Income $_____

Monthly Mortgage /Rent Amount $_____

Auto Loans $_____

Credit Cards, Other Loans $_____

Approx. Total Monthly Expenses $_____

Residence Data

Do you own your house? Yes ____ No ____

Year House was built _____ Sq. Ft._____

Number of bedrooms _____ Number of Baths _____

Mortgage Balance $_____

Market Value $_____

How many years at the present residence? _____

Previous Address(s) for last 2 years _____

Description of house and neighborhood/community you live in _____

Family Background	**Father**	**Mother**
Mother's Maiden Name		
Father's Name		
Year of parent's marriage		
Parent's current status/location		
(if remarried, include spouse's name and length of marriage)		
Father's Occupation		
Mother's Occupation		
Where were you raised?		
1. Sibling's Names		
Sibling's Age/Marital Status		
Sibling's Occupation/Education		
Sibling's # of Children and Ages		
Sibling's Residence: City/State		
2. Sibling's Names		
Sibling's Age/Marital Status		
Sibling's Occupation/Education		
Sibling's # of Children and Ages		

(use back side of application is needed for additional siblings)

Health Data

Weight & Height: FATHER: Weight _____ Height _____ MOTHER: Weight _____ Height _____

Hair & Eye Color: FATHER: Hair _____ Eye _____ MOTHER: Hair _____ Eye _____

Please indicate YES or NO in each blank

Do you have a history of:	Father	Mother	Diagnosis and Treatment
Arthritis, Bone or Joint Disease			
Cancer			
Congenital defects			
Convulsive disorders			
Diabetes			
Heart Disease			
Multiple Sclerosis			
Tuberculosis			
Venereal Disease or HIV/AIDS			
Diagnosed Mental Health Disorders			
Depression/Bi-polar			
Alcoholism or Chemical Dependency			
Infertility			
Other Medical Conditions			

List any prescription drugs used regularly and what they are for, other than any noted above

Father _____

Mother _____

Other health concerns? Yes ____ No ____ If yes, explain _____

Health Insurance Co. Father _____ Mother _____

Does your health insurance cover the needs of an adopted child immediately upon adoption? Yes ____ No ____

From Birth _____ From Placement _____ From Court's Decision on Adoption _____

Marital & Family History

If married, date of marriage _____ Place of marriage _____

Have you and your spouse ever filed for an annulment or separation of your current marriage? Yes ____ No ____

Have you and/or spouse attended individual or marriage therapy services, please give the dates, places, names of the therapists?

_____

Children of this Marriage

Name	Sex	Age	Adopted?	Lives at home?	Health Issues?	Remarks
			Yes___ No ___	Yes ___ No ___	Yes ___ No ___	
			Yes___ No ___	Yes ___ No ___	Yes ___ No ___	
			Yes___ No ___	Yes ___ No ___	Yes ___ No ___	

Previous marriages: Have either spouse been married before? Attach documentation of death/divorce. Indicate dates:

Father _____ Mother _____

Children of Previous Marriage (include name, sex, age, adopted/biological? Lives at home/with other parent? Health issues? Support payments? Your relationship with the children?)

Father _____ Mother _____

Others living in household: Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Have you ever lost a child to death? Yes ____ No ____ If yes, when? _____

Have you ever placed a child for adoption? Yes ____ No ____ If yes, when? _____

Have you ever experienced a disruption in a previous adoption ? Yes ____ No ____ N/A____If yes,when? _____

If yes to any of the above 3 questions, please share any related information _____

Socio-Legal History

Have you or your spouse or any adult in your household:

Ever been reported for child abuse? Yes ____ No ____ Ever been involved in domestic violence? Yes ____ No ____

Ever been arrested or convicted of a crime other than minor traffic offenses? Yes ____ No ____

Ever been arrested? Father: Yes ____ No ____ INITIALS _____; Mother: Yes ____ No ____ INITIALS_____

If Yes, please describe (include dates, location, original charge, disposition, deferred judgments and/or prosecutions.) If you have reason to believe that an infraction will be noted on your Police or FBI clearance, you will be required to provide 1) a document from the court or a legal authority attesting to the disposition of the case and 2) an addendum to your Home Study referencing the event. Answering, "Yes" does not automatically disqualify you from our program.

_____

_____

_____

Adoption Information

Have you worked with another adoption agency in the past or currently? Yes ____ No ____

Have you or your spouse ever had a negative home study for adoption? Yes ____ No ____

Have you or your spouse been turned down by an adoption agency, facilitator or attorney? Yes ____ No ____

If Yes, what were the circumstances?_____

How did you hear about AAA?_____

Personal Recommendation by (Name) _____

Social Worker (Name) _____ Adoption Agency_____

Did you attend a Seminar? Yes ____ No ____ (if Yes, date: _____City _____Presenter's Name _____

What influenced you to choose All About Adoption Services Inc? _____

_____

You would like to adopt from _____

Currently undecided, would like to talk with you more about _____

Please indicate your preferences for adoptive child/ren: Boy(s) ____ Age ____ Girl(s) ____ Age _____

Sibling Group: Yes ____ No ____Age range _____Two unrelated children: Yes ____ No ____Age range _____

Is there a special reason this age child/ren is important to you? _____

_____

Race and ethnic preferences; we would consider adopting a child who is:

Caucasian _____ Asian ____ Asian/Caucasian ____ Occidental (Middle-Eastern) ____ Gypsy ____ Hispanic ____

South American Indian ____ Hispanic/Indian ____ East Indian____ African American ____ Mixed Race ____

Would you consider a child with special needs or disabilities (beyond orphanage-related developmental delays)?

Yes ____ No ____If yes, what is acceptable to you _____

Guardianship for Adopted Children

Full names and ages of Guardians: _____

Guardian's children's names and ages: _____

Guardian's profession, annual income, and health status: _____

Have guardians agreed to assume this responsibility? _____

Please provide three (3) references from individuals, UNRELATED to you, who have knowledge of your character and suitability to parent a child (please include name, address, zip code, phone number, years known)

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone _____ Years known _____ Phone _____ Years known _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Years known _____

Personal Remarks

Why would you like to adopt internationally? _____

_____

Please share any other information, expectations, ideas or questions you have that would help us get to know you. _____

_____

_____

I/We are enclosing a $200 non-refundable application fee and 2 photos of myself/ourselves.

I/We understand that there are risks in adoption and that foreign governments have power and authority to suspend, investigate or terminate international adoption, if they should so decide.

I/We understand that information on children's health and all other matters received from foreign countries is limited and that neither the accuracy nor completeness of information can be guaranteed. I/We understand that all children adopted from overseas may present developmental delays or health issues.

I/WE HEREBY CERTIFY BY SIGNING BELOW, GIVE CONSENT AND AGREEMENT TO THE ABOVE AND THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND ABILITY. I UNDERSTAND THAT WITHHOLDING INFORMATION OR PROVIDING INFORMATION THAT IS NOT ACCURATE MAY RESULT IN THE DENIAL OF AN APPROVED HOME STUDY.

"Any Applicant who knowingly or willfully makes a false Statement of any material facts or thing in the application guilty of Perjury in the second degree as defined 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly."

_____ _____

Signature Date Signature Date

We appreciate your choosing All About Adoptions Services Inc.. On behalf of the children, THANK YOU!!!

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