

Americans Adopting Orphans Family Application Form

Name _____ Name _____
first middle last first middle last

Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Marriage _____ # of Adults
in Household _____

Fax Number _____ Email _____

Do you have children (adopted or birth) from this relationship (Y/N)? _____ Ages _____

Are there any children (even if they are not yours) living in your home? _____ Ages _____

Program Requested: Name the country of your choice, or
Double Adoption, or Home Study Only _____

Please estimate your family net worth (savings, retirement plans, home, etc) \$ _____

Male Applicant

Female Applicant

Birth Date _____

Birth Date _____

Height _____ Weight _____

Height _____ Weight _____

Cellular # _____

Cellular # _____

Occupation _____

Occupation _____

Annual Income _____

Annual Income _____

Employer _____

Employer _____

Education _____

Education _____

Citizenship _____

Citizenship _____

of Previous Marriages _____

of Previous Marriages _____

of Children from prior relationships _____

of Children from prior relationships _____

▪ Over ▪

For Agency Use Only

Burundi – Male Age – Female Age – Length of Marriage

China - Male Age – Female Age – Children in Home – Divorces - Length of Marriage – Net Worth –
Income – Health History – BMI – Depression

Kazakhstan – Net Worth – Divorces

Ukraine – Male Age - Female Age

The following questions will help us determine your eligibility to adopt from different countries. It is very important that each spouse (for married couples) answer these questions on their own. Don't worry if you need to answer yes to one of these questions. We *want* to help you complete an adoption. Even having a criminal conviction may not disqualify you from adopting, but will require that you gather additional paperwork. These answers will help us help you find the right country for your adoption, and help determine what paperwork you will need for your adoption. If you are not sure whether to answer yes or no, answer yes and explain why you are not sure.

	Male		Female	
	Yes	No	Yes	No
Background Questions				
Have you ever been a substance abuser? (drugs or alcohol)				
Have you been the subject of/committed domestic violence (either with or as a child, or with or as a partner)?				
Have you ever been arrested (even if record expunged)?				
Have you ever been jailed (even if record expunged)?				
Have you ever had a criminal record in any state or country?				
Have you been investigated by a child protective agency (even if it was determined to be an unfounded accusation)?				
Health Questions				
Have you ever been diagnosed with a serious or life threatening illness; have a medical, emotional, mental, or physical condition (even if you no longer have the condition, including being significantly overweight)?				
Have you ever been diagnosed with cancer?				
Do you currently have an infectious disease?				
Are you currently taking any prescription medication?				
Have you taken any prescription medication in the last 2 years?				
Do you have a disability (including blindness or deafness)?				
Family Questions				
Have you ever declared bankruptcy?				
Have you ever worked with another adoption service provider?				
Have you ever had a home study?				
Have you ever used another name (not including maiden names)?				
Do you have any other concerns about your ability to parent (or be approved to parent) an adopted child?				
Have you ever been divorced? (If yes, please note number of times and circumstances of each divorce)				

If you answer yes to any question please attach an explanation of your answer.

To the best of my knowledge and belief this form and the accompanying information is true and complete. I/We understand that failure to provide true and complete information may affect approval of a home study or placement of a child. I/We understand that all fees are non-refundable and subject to change. We have enclosed a check of \$195 as an application fee.

Signature

Date

Signature

Date

You may pay by check, credit card, or paypal.

Type of card _____

Expiration date _____

Credit Card number _____

Zip Code where card is billed _____

You may mail, fax, or e-mail, this form to:

Americans Adopting Orphans

12345 Lake City Way NE, #2001

Seattle, WA 98125-5401

1-206-527-2001 (fax), aao@orphans.com