

APPLICATION FOR BULGARIA 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 Bulgaria. 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 ♥ 5825 Glenridge Drive, 1-126 ♥ Atlanta, GA 30328-5393 ♥ USA
♥ Phone: 404-250-0055 ♥ Fax: 404-250-0099 ♥ Email: Bulgaria@ccaifamily.org ♥ Website: www.ccaifamily.org



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 EMAIL HUSBANDE-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:** _____

* Date must be verifiable by a government issued document (document not required with application) **WIFE'S MAIDEN NAME:** _____

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".

Name(first, middle, last)	Age	Gender	Date of Birth	Birth/Adopted**	Ethnicity/Country	Current Location/Custody
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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	Eye Color	Hair Color
Wife	_____	_____	_____	_____
Husband	_____	_____	_____	_____

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 domestic violence?	_____	_____	_____
❖ Have you ever tested positive for HIV and/or Hepatitis B (1)?	_____	_____	_____
❖ 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 with 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.. Contact CCAI with any questions.

- (1) Applicants with active TB, HIV or other serious communicable diseases may not qualify and should contact CCAI prior to completing this application.
- (2) We **do not need** a doctor’s letter for many 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) Applicant’s with a cancer history (regardless of type, size or diagnosis) should be at least 5 years cancer-free: Please contact CCAI to discuss.

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 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) 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: (Please print clearly): Your application cannot be approved until a minimum of three reference forms have been received.

Please list personal references

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

- **For FL applicants,** FL law requires a minimum of 5 references be provided before your application can be approved.
- **For GA applicants,** GA law requires “at least one reference must be from an extended family member not residing with the prospective adoptive family.”
- **For WY applicants,** WY law requires 3 non relative references (known applicants for at least 2 years) , and 2 relative references.

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.

Applicants' Initials _____

ADOPTION

WHY DO YOU WISH TO ADOPT A CHILD FROM BULGARIA?

Why have you chosen CCAI for this adoption? _____

CHILD or CHILDREN PREFERRED:

____ Female ____ Male ____ Either Age Range: _____ to _____ years

We are interested in adopting: _____ One Child _____ More than one child _____ Sibling Group ____ Special Needs

FAMILY ASSESSMENT

YES NO

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

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

____ Have you completed an adoption domestically or from another country 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?** _____

ADOPTION(S) Through Another Agency

YES NO

____ Have you ever completed an adoption through another agency? Agency name: _____

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

____ Have you ever refused a child referral?

____ Have you ever relinquished an adoptive child?

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

____ Do you currently have a complete dossier sent to another country 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 adoption(s), if any:

Date of adoption finalization: _____ Age of child at time of referral: _____ Health status: _____ Orphanage/Region: _____

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Applicants' Initials _____

Your home study will be completed by a CCAI social worker who will be assigned to your family.

IMPORTANT ADOPTION INFORMATION

There are certain risks involved in international adoption. While CCAI will attempt to provide you with all available information about the prospective adoptive child 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 Bulgaria or U.S. governments and changes in international relations between Bulgaria and the United States.

In addition, a child may be placed with you who may have physical and/or emotional problems, minor or major, that have remained partially or totally undiagnosed and which were unknown to CCAI. Therefore, your motivation for adoption and an honest assessment of your strengths and weaknesses in parenting are extremely important.

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 Bulgaria adoption.

Initials: Wife _____ Husband _____

Any applicant who knowingly and willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly.

Wife’s Printed Name: _____ Date: _____

Husband’s Printed Name: _____ Date: _____

Upon submission please include:

FLORIDA FAMILIES CHECKLIST

- ____ Application
- ____ Fee \$ _____
- ____ Applicable Attachments
- ____ Affidavit of Good Moral Character (for each adult household member)
- ____ Addendum for Affidavit of Good Moral Character (for each adult household member)
- ____ 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)

Mail to the CCAI office located in your state:

CCAI FLORIDA

3632 Land O’Lakes Blvd Ste 105 Off 5
Land O Lakes, FL 34639
Phone: 813-949-5559
Fax: 813-948-9757
Email: ccaifl@ccaifamily.org

CCAI GEORGIA (Georgia, Wyoming and Texas applicants)

5825 Glenridge Drive, 1-126
Atlanta, GA 30328-5393
Phone: 404-250-0055
Fax:404-250-0099

GEORGIA FAMILIES CHECKLIST

- ____ Application
- ____ Fee \$ _____
- ____ Applicable Attachments
- ____ CCAI Adoption Orientation Acknowledgement
- ____ Prior Work with Children Form
- ____ DHS Release Form
- ____ Make a copy of this application for your records

FOR CCAI OFFICE USE ONLY

APPLICATION RECEIVED: ____/____/____ **FEE REC'D:** ____/____/____ \$____ **PYMT TYPE:** _____

REFERENCES SENT: ____/____/____ **NUMBER:** _____

Non U.S. Citizen? ____ **Green Card Expiration Date:** _____ **Naturalized Citizen?** ____ **A # :** _____

OLDER CHILD SUPPORT STAFF: _____ **OLDER CHILD TOOLKIT SENT:** ____/____/____

CCAI NOTES

RISK STMT REQUIRED? _____

APPROVAL DATE: ____/____/____



CCAI Credit Card Authorization Form

Print Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number(s) _____

Date _____

_____ Application Fee of \$ **250.00** _____ (First time CCAI families)

_____ Application Fee of \$ **150.00** _____ (Returning CCAI families)

An additional two percent (2.5%) will be automatically calculated and charged to cover credit card company's fees.

By printing my name below I/we authorize CCAI to immediately charge my credit card for the Application Fee (and applicable credit card company fees) indicated above.

MasterCard

Visa

Account Number: _____

Expiration Date: _____ CSV Code: _____
(from back of the card)

Cardholder's Name: _____
(Please print exactly as it appears on credit card)