

**CCAI ADOPTION ORIENTATION INFORMATION
ACKNOWLEDGEMENT**

Prior to the submission of our Adoption Application, we have carefully read the following adoption orientation information provided by CCAI:

- ❖ The CCAI Adoption Information Packet, which contains information on the following items:
 - CCAI adoption services
 - Eligibility and qualifications to adopt from Bulgaria
 - Adoption procedures and legal process
 - Fee schedule and fee explanation
 - Home study timeline, requirements and procedure
 - Children available for adoption
 - Risks associated with international adoption
 - Placement process
- ❖ The CCAI refund policy, and
- ❖ The CCAI grievance policy.

Print name: _____

Signature: _____

Date: _____

PLEASE SIGN, DATE AND RETURN THIS FORM WITH YOUR APPLICATION TO THE GEORGIA
ADDRESS LISTED BELOW. THANK YOU.

CCAI Georgia Office
5825 Glenridge Drive, Building 1,
Suite 126
Atlanta, GA 30328

Headquarters:
6920 South Holly Circle
Centennial, CO 80112
303-850-9998
mail@ccaifamily.org

Georgia Office:
5825 Glenridge Drive, Bldg. 1, Suite 126
Atlanta, GA 30328
404-250-0055
ccaiga@ccaifamily.org

Florida Office:
2651 Narnia Way, Suite 102
Land O Lakes, FL 34638
813-949-5559
ccaifl@ccaifamily.org

Kentucky Office:
3173 Sears Ave, Suite 267
Louisville, KY 40207
502-253-5578
ccaiky@ccaifamily.org



**Georgia Department of Human Services
Division of Family and Children Services
Child Protective Services History Request**

TO BE COMPLETED BY THE REQUESTING AGENCY/STATE OR TRIBAL DEPARTMENT

Agency/Department Name:	Contact Name and Title :
Phone #:	Email:
Agency Type: <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> State or Tribal Agency <input type="checkbox"/> Child Placing Agency <input type="checkbox"/> Court Investigator <input type="checkbox"/> Other _____	

PURPOSE OF REQUEST

Is this request pursuant to the placement of a child in the temporary or permanent custody of Georgia DFCS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this request pursuant to the placement of a child in the temporary or permanent custody of another state or tribal child welfare agency? If yes, name the agency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this request pursuant to an Adam Walsh Central Registry Check requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I affirm that the above information is true and accurate and that providing inaccurate information may subject me to penalty under Georgia law.

Signature

Date

TO BE COMPLETED BY THE CAREGIVER

Are you applying to be a foster or adoptive parent? Yes No
 If no, are you an adult household member of a prospective foster or adoptive parent? N/A No Yes, Prospective Parent Name: _____

Have you or anyone in your current or previous households **ever** been offered or provided with Child Protective Services from GA DFCS? Yes No
 Have you or anyone in your current or previous households **ever** fostered or adopted with GA DFCS or a private agency? Yes No
 If yes, list all counties or agencies: _____

Full Name (First, Middle, Last): _____

Social Security Number:	Date of Birth	Age	
Street Address	City	State	Zip Code

Previous Names Used: _____ List All Georgia Counties You've Lived in _____

HOUSEHOLD MEMBERS: List everyone who lives in your household AND anyone who has lived with you at any time during the last 5 years. Attach an additional page if necessary.

Full Name	Relationship	Current or Past Household Member	Date of Birth or Age	Social Security Number (If unknown, write "UNK")	Gender
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female

I affirm that the above information is true and accurate and that providing inaccurate information may subject me to penalty under Georgia law.

Signature

Date



Current or Prior Work with Children Acknowledgement and Reference

As part of the home study process, the State of Georgia requires a reference for any prospective adoptive parent who is working with or has worked with children in the past five (5) years. Please initial the statement that describes you then fill in any required information if husband or wife is working with or has worked with children in the last five (5) years. Please sign and date this form.

_____ Husband is not currently working with and has not worked with children in the last five (5) years.

_____ Husband is working with or has worked with children in the last five (5) years.

_____ Wife is not currently working with and has not worked with children in the last five (5) years

_____ Wife is working with or has worked with children in the last five (5) years.

Husband

Business/ School & Supervisor Name _____

Address _____

E-mail address and phone number _____

Business/ School & Supervisor Name _____

Address _____

E-mail address and phone number _____

Wife

Business/ School & Supervisor Name _____

Address _____

E-mail address and phone number _____

Business/ School & Supervisor Name _____

Address _____

E-mail address and phone number _____

Husband Signature

Wife Signature

Date

Date