

APPLICATION FOR COLOMBIA ADOPTION

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

- ♥ Please print clearly, initial & sign in ink
- ♥ Use additional paper if necessary
- ♥ 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 and your social worker to assist you in the adoption process. This application will not go to Colombia. Please do not omit items (i.e. number of divorces, arrest records, medical information and therapeutic issues). 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: hillary@ccaifamily.org ♥ Website: www.ccaifamily.org ♥

CCAI is a division of Chinese Children Charities

GENERAL INFORMATION

(Please do not leave any blanks)

WIFE/SELF

HUSBAND/SELF

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	_____	_____
EDUCATION	_____	_____
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.

HOME ADDRESS: _____
STREET ADDRESS CITY COUNTY STATE ZIP CODE

MAILING ADDRESS: _____

(_____) _____
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 3 years, # of years lived together prior to marriage _____ **WIFE'S MAIDEN NAME:** _____

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

If previously married, please list how the marriage ended (i.e. annulment, divorce, death), date and previous spouse's name(s).

	How Ended	Date	Previous Spouse's Name
Wife/Self	_____	_____	_____
	_____	_____	_____
Husband/Self	_____	_____	_____
	_____	_____	_____

CHILDREN: Please list all children – born to or adopted by applicants. (If you do not have any children, please put "N/A") Use **additional page if needed**

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

*Please note group number for families who have previously 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	Gender	Date of Birth / Age	Relationship
_____	_____	_____/_____	_____
_____	_____	_____/_____	_____

ARREST HISTORY

HAVE YOU **EVER** BEEN ARRESTED FOR **ANY** REASON AT **ANY** AGE? (Even if it was expunged, dismissed, dropped, charged in another state or as a minor.) Please be aware that failure to disclose **ANY** arrest history, even if acquitted, not convicted, or not fingerprinted, will result in immediate closure of your adoption file.

WIFE/SELF: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ Clearance Attached

HUSBAND/SELF: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ Clearance Attached

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

HEALTH INFORMATION

	Height	Weight	Eye Color	Hair Color
Wife/Self	_____	_____	_____	_____
Husband/Self	_____	_____	_____	_____

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	___	___	_____	Nervous Disorder	___	___	_____
Lupus	___	___	_____	Seizure Disorder/Epilepsy	___	___	_____
Procedures (1)	___	___	_____	Genetic Disease	___	___	_____
Operations (1)	___	___	_____	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?	___	___	_____
❖ Are you currently taking any medications? (1)	___	___	_____

If “YES” is checked in any category above, please attach 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.

(1) We **do not need** a doctor’s letter for the following operations, medical issues, or their related medications: tonsillectomy, appendectomy, minor joint surgery, laser eye surgery, dental surgery, fertility-related issues, C-section, hyper/hypo-thyroidism, cholecystectomy, high cholesterol, cosmetic surgeries and allergies.

Are you pregnant or could be pregnant? Yes/No

HEALTH INSURANCE

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

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 Colombian child. All families will be asked to provide this information during the adoption process.

EXTENDED FAMILY – Use additional paper 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/SELF

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

HUSBAND/SELF

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

EMPLOYER : CCAI will **NOT** contact your employer; however, we still need complete information in this application.

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

REFERENCES (Please print clearly)

Please list three personal references (must be non-family members)

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

FINANCIAL INFORMATION

Name of Employer

Employment Dates

Verifiable Gross Annual Income

WIFE/SELF (Present): _____

If less than 3 years (Previous): _____

HUSBAND/SELF (Present): _____

If less than 3 years (Previous): _____

OTHER CURRENT ANNUAL INCOME (Source): _____

(Rental / Employment / Interest / Other income)

TOTAL ANNUAL INCOME

PRIMARY RESIDENCE Rented Owned Date of Purchase _____ Monthly payment or rent \$ _____ # of Bedrooms _____
TYPE OF RESIDENCE Single family home Townhome Condo Apartment

ASSETS

Primary Residence (appraised 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? _____

Have you ever filed for bankruptcy? **NO / YES** (if yes, please list date(s)) _____

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

ADOPTION

WHY DO YOU WISH TO ADOPT A CHILD FROM COLOMBIA? _____

Why have you chosen CCAI for this adoption? _____

<p>CHILD or CHILDREN PREFERRED:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Either</p> <p>I/We are interested in adopting:</p> <p><input type="checkbox"/> One child</p> <p><input type="checkbox"/> More than one child (a sibling group of up to _____ children)</p> <p>I/We are open to the following medical conditions (if known): _____</p> <p>Age Range At the Time of Referral: _____ to _____ years</p>
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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 ever been denied for the placement of a child?
- 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 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, 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?
- Do you currently have a complete dossier sent to Colombia 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: _____ Domestic (or Name of Country) _____
Date of adoption finalization: _____ Age of child at time of referral: _____ Health status: _____ Domestic (or Name of Country) _____

Families not residing in Colorado, Florida, Georgia, Texas or Wyoming:

You will need to choose a **licensed non-profit home study or child placement agency** in your state to complete your home study. You must have an approved home study to adopt from Colombia. If you have not yet selected a home study agency, you will need to do so as soon as possible.

Name of agency: _____ Social worker's name: _____

Agency address: _____ City _____ State _____ Zip code _____

Phone: (_____) _____ Fax: (_____) _____ Email: _____

IMPORTANT ADOPTION INFORMATION

There are certain risks involved in international adoption. While CCAI will 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: adoption requirements or policies promulgated by the Colombian or United States governments, and/or in international relations between Colombia and the United States.

In addition, a child may be placed with you with physical and/or emotional problems, minor or major, that have remained partially or totally undiagnosed 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 and understand the information regarding CCAI and 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.

We understand that by signing this application we agree to notify CCAI immediately upon any changes in our personal or family situation including job change, change of address, separation, arrest, divorce, pregnancy, placement of foster or adopted child(ren), 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 a Colombia adoption.

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: _____ Date: _____
Signature

Husband: _____ Date: _____
Signature

Return with a non-refundable \$250 application fee (\$150 for families who have previously adopted through CCAI). Make checks payable to CCAI or complete and return the ACH authorization form.

Return by mail/email/fax to: CCAI Colombia Adoption Program
6920 S. Holly Circle
Centennial, CO 80112
hillary@ccaifamily.org or (fax) 844.421.9959

FOR CCAI OFFICE USE ONLY

APPLICATION RECEIVED: _____/_____/_____

FEE RECEIVED: _____/_____/_____ \$ _____

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

CCAI NOTES:

APPROVAL DATE: _____/_____/_____

CASE #: _____

**CCAI Adoption Statement of Acknowledgement
Regarding Confidentiality of Child Information -- COLOMBIA**

Please initial where indicated to affirm that you have read and understood this information; then sign this document. Make a copy for your records and return the signed original to CCAI.

This acknowledgement was created to ensure legal protection of an adoption, high-quality child placement services, and a mutual understanding between CCAI and _____, hereafter referred to as the Adoptive Family.

“Child information” includes all social and medical history and birth family history, including but not limited to: name and date of birth, birth records/certificate, physical growth and vital records/data, medical evaluations and results, diagnoses/treatment records, written/printed documents/reports, pictures/videos, etc. regarding/related to a particular child.

According to relevant laws of Colombia and practices of the Colombian Family Welfare Institute (ICBF), the Colombia adoption central authority, child information belongs first to the child and secondly to the Colombian authorities who have legal custody of the child(ren) while they remain under protective status. This information is private and confidential. As such, **it is prohibited to post photos or any identifying information about a child (or any child) on the internet**, including but not limited to any/all public and/or private social media groups during the adoption process. Information posted online is or may be accessible to those involved with the adoption process in Colombia and could adversely affect your adoption process and the adoption program in general.

Anything posted on a public blog or forum may be visible to ICBF and/or IAPA/orphanage staff and to others in the adoption community, including foster and birth families of the child(ren). Furthermore, information posted on private online forums of any kind are not always private and can be shared elsewhere without your consent and/or knowledge.

Social media and online forums include but are not limited to: Facebook, Twitter, Pinterest, Instagram, personal or corporate blogs, online adoption/foster care forums, and/or any format where information is shared using the internet and therefore can be viewed in part or in full by others.

With full understanding of the above, we/I commit to move forward with the adoption process with acknowledgement of the following:

- The information we/I receive on any child prior to adoption finalization (when the Sentencia is issued by a Colombian court)—whether or not it is our/my intent to adopt that child—belongs to ICBF as the Colombian governmental entity who has legal custody of the child while they remain under protective status. Therefore, any child information (including but not limited to photos, videos, and written documents) we/I may receive prior to adoption finalization in Colombia is private and confidential. With the exception of professionals we/I may contact to obtain consultations and other clinical support related to our/my adoption process (such as our/my social worker and/or medical or other professionals), it is not to be shared with or disseminated to anyone, in any form.

Adoptive Family Initials _____

- If for any reason we/I do not move forward with adopting the child whose information has been previously shared with us/me, we/I will delete and/or destroy said information immediately upon our/my decision to withdraw from that adoption process.

Adoptive Family Initials _____

- We/I have no right to share information which belongs to any other family/child. This includes posting names and/or photos, even if our/my child is included in the photo and we/I do not identify the other person(s) visible.

Adoptive Family Initials _____

By signing below, the Adoptive Family is evidencing full understanding of the above and will keep confidential and private all child information received by our family prior to adoption finalization when the Sentencia is issued by the court.

Applicant Name	Applicant Signature	Date
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Applicant Name	Applicant Signature	Date
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Note: This two-page document is not valid unless each item is initialed and the form is signed and returned to CCAI.

Any changes to this document will automatically void this agreement.