

APPLICATION FOR CHINA HOSTING

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 a hosting family. All information provided will remain confidential and will be used only by CCAI personnel to assist you in the hosting process. This application will not go to China. 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 ♥ 6920 S. Holly Circle ♥ Centennial, CO 80112-1018 ♥ USA
♥ Phone: 303-850-9998 ♥ Fax: 303-850-9997 ♥ Email: ccai@ccaifamily.org ♥ Website: 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) _____

RELIGION _____

EDUCATION (Highest Level Completed**) _____

OCCUPATION _____

PRIMARY EMPLOYER _____

* Non-US citizens must submit a copy of their valid green card with application please.

** 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 FAX PRIMARY E-MAIL

(_____) _____ (_____) _____ (_____) _____ (_____) _____
WIFE WORK HUSBAND WORK WIFE CELL HUSBAND CELL

Do we have your permission to contact you at work? Wife: Yes _____ No _____ Husband: Yes _____ No _____

DATE OF CURRENT MARRIAGE: _____ **CITY/STATE/COUNTRY:** _____

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 you do not have any children, please put "N/A")

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

OTHERS IN HOUSEHOLD (incl. others living in home, living on property, OR working in the home on a regular basis)

Name	Age	Gender	Date of Birth	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ARREST HISTORY
HAVE YOU *EVER* BEEN ARRESTED or CITED FOR ANY REASON AT ANY AGE? (Even if it was expunged, dismissed, dropped, sealed, or charged in another state OR as a minor, not including traffic tickets.) Please be aware that failure to disclose **ANY** arrest 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 provide 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 to CCAI and keep the original.

HEALTH INFORMATION

Father's General Health: _____
 Father's Physician: _____
 Physician Address: _____

Mother's General Health: _____
 Mother's Physician: _____
 Physician Address: _____

Please check if you currently have or ever have had any of the following: (provide additional information on a separate sheet of paper. Include your name, explanation, date of diagnosis, prognosis, and any medication or treatment prescribed.)

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/REASON
❖ Have you ever tested positive for HIV and/or Hepatitis B?	_____	_____	_____
❖ Are you currently taking any medications? (1) and (2)	_____	_____	_____
If YES, list name and purpose of medications: _____			

- (1) If either applicant is currently taking medication for a diagnosis of schizophrenia, the applicant is not eligible to apply. If either applicant is currently taking medications for the diagnosis of bi-polar, or have taken medications in the past for this diagnosis, please contact CCAI.
- (2) We **do not need** a doctor's letter for most 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) Applicants with a history of illegal drug use, including experimentation, are not eligible to apply.

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

[Empty box for Total Annual Income]

TOTAL ASSETS: \$ _____

TOTAL LIABILITIES: \$ _____

NET WORTH: \$ _____

HOSTING

Why do you wish host a child from China? _____

How did you hear about CCAI's China Hosting Program? _____

Please list the activities you plan to do during the hosting period (example: biking, trips, museums, etc.): _____

Please describe the host child's accommodations: (sharing a room, own individual room, etc.) ***Each host child MUST have his/her own bed.** _____

CHILD or CHILDREN YOU ARE INTERESTED IN HOSTING			
_____ Female	_____ Male	_____ Either	Age Range: _____ to _____ years
We are interested in hosting: _____ One child _____ More than one child			
We are hosting _____ (Child's name if known)			

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?
- Have you ever disrupted/dissolved or relinquished a child adopted from another country?
- Have you ever been investigated for abuse/neglect or any other reason and/or have you ever had a child ever been removed from your home?
- Have you ever been charged with child abuse, sexual abuse, neglect or domestic violence?
- Do you currently (or plan to) use any form of corporal/physical punishment (including spanking) on your biological or hosted child?

If you answered “YES” to any of the above, please provide a detailed explanation. Letter Attached? _____

CHINA ADOPTION(S) Through Another Agency

YES NO

- Have you ever completed a China adoption through another agency? Agency name: _____
- Have you ever applied and had your application denied for any China adoption program? Agency name: _____
- Have you ever refused a child, while in China (disrupted or dissolved adoption)?
- Have you ever relinquished an adoptive child from China?
- Do you currently have a complete dossier sent to China through another agency? Agency name: _____

If you answered “YES” to any of the above, please provide a detailed explanation. Letter Attached? _____

Families not residing in Colorado, Florida, Georgia or Kentucky:

You will need to choose a **licensed, non-profit, Hague or COA accredited home study or child placement agency** in your state to complete your home safety visit. You must have an approved home safety visit report to host an orphan from China.

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

Agency address: _____ City _____ State _____ Zip code _____

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

IMPORTANT HOSTING INFORMATION

There are certain risks involved in international hosting. While CCAI will attempt to provide you with all available information about the prospective host child and assist you with the entire hosting 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 hosting requirements or policies promulgated by the Chinese or U.S. governments and changes in international relations between China and the United States. Under extremely rare circumstances, a child may be pulled from the program due to illness or other unavoidable and unforeseeable cause in the child's country of origin. We will do everything in our power to offer an alternate host participant or transfer unspent money to the next hosting program for an affected family. However, many non-refundable program related expenses are made to cover airline tickets, passports, visas, train tickets, medical insurance policies, etc. throughout the 2 months prior to the arrival of the children which cannot be recouped, refunded, or used later.

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 hosting and an honest assessment of your strengths and weaknesses in hosting a child for four to five weeks are extremely important.

Please note, that while we will attempt to match your preferences as closely as possible, we cannot guarantee that your exact preferences regarding a host child can be met.

- I/We are interested in hosting and are aware that children may have issues that require time and attention.
- I/We understand that the hosting fee in the amount of \$3000 per child (and \$3000 for each additional child) covers each child's international travel costs, insurance, in-country transportation, document preparation, in-country-administrative expenses, visa, and passport expenses.
- I/We understand and agree to submit a \$250 deposit if we wish to place a child on hold. Your deposit is non-refundable.
- I/We understand and agree that if we are approved as a host family, we will submit payments according to the Host Program Donation Policy.
- I/We understand and agree that the final payment is due November 1st. Specific payment dates/deadlines will be provided in the Host Program Donation Policy.
- I/We understand that if chosen as a host family, we must make additional arrangements to meet, pick up, and return host child/ren to arrival airports (TBD) at our expense. In addition, we, as a host family, one parent must accompany the child for all domestic travel.
- I/We understand that all money given/paid by our family to Chinese Children Charities is considered a **tax-deductible donation**. Receipts for tax purposes will be provided.
- I/We understand we are not to discuss the topic of adoption with our host child under any circumstance.

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 hosting program, and understand the risks involved in international hosting. We understand that the approval of our application does not guarantee the placement of a host 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 hosting process. We understand that CCAI reserves the right to close our file should any of these changes disqualify us for China hosting.

Initials: Wife _____ Husband _____

Wife's Printed Name/Signature: _____

Date: _____

Husband's Printed Name/Signature: _____

Date: _____

To submit your hosting application to CCAI either:

- 1) Mail your entire application packet to CCAI's China Hosting Coordinator; or
- 2) Scan and email your application packet to the China Hosting Coordinator; or
- 3) Fax your application packet to the China Hosting Coordinator; or
- 4) Save your hosting application to your computer and then email it to the China Hosting Coordinator and then mail, email, or fax the remaining application documents.

CCAI

Attention: China Hosting Team

6920 S. Holly Circle, Centennial, CO 80112-1018

Email: hosting@ccaifamily.org

Fax: 303-850-9997