

# APPLICATION FOR LATVIA 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 Latvia. 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: [Latvia@ccaifamily.org](mailto:Latvia@ccaifamily.org) ♥ Website: [www.ccaifamily.org](http://www.ccaifamily.org) ♥



[www.ccaifamily.org](http://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 \_\_\_

Applicants' Initials \_\_\_\_\_

**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.

Applicants' Initials \_\_\_\_\_

**HEALTH INFORMATION**

	<b>Height</b>	<b>Weight</b>	<b>Eye Color</b>	<b>Hair Color</b>
Wife	_____	_____	_____	_____
Husband	_____	_____	_____	_____

**HAVE YOU EVER HAD** (W=Wife, H=Husband):

	<b>NO</b>	<b>YES</b>	<b>DATE/EXPLAIN</b>		<b>NO</b>	<b>YES</b>	<b>DATE/EXPLAIN</b>
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)	_____	_____	_____

	<b>NO</b>	<b>YES</b>	<b>DATE/EXPLAIN</b>
❖ 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? \_\_\_\_\_

Applicants’ Initials \_\_\_\_\_

**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.

	<b>WIFE</b>	<b>HUSBAND</b>
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.

Applicants’ Initials \_\_\_\_\_

**FINANCIAL INFORMATION**

	Name of Employer	Employment Dates	Verifiable Gross Annual Income
<b>WIFE (Present):</b>	_____	_____	_____
If less than 3 years (Previous):	_____	_____	_____
<b>HUSBAND (Present):</b>	_____	_____	_____
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)	
<b>TOTAL ASSETS:</b>	<b>\$ _____</b>

**LIABILITIES**

	Owed	Monthly Payment
Mortgage Balance:	\$ _____	\$ _____
Credit Cards:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Bank Loans:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL LIABILITIES:</b>	<b>\$ _____</b>	

**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 LATVIA?

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

\_\_\_\_ We have previously hosted the child(ren) we wish to adopt – Host Organization \_\_\_\_\_

Name/Age/DOB of child(ren) \_\_\_\_\_

### 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 Latvia 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: \_\_\_\_\_

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

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 Latvia or U.S. governments and changes in international relations between Latvia 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 Latvia 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.

Initials: Wife \_\_\_\_\_ Husband \_\_\_\_\_

Wife's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Husband's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Upon submission please include:

<b>FLORIDA FAMILIES CHECKLIST</b>
____ 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 ACH authorization form ); or
- 3) Mail your application with appropriate application fee (submitted via check )

**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

<b>GEORGIA FAMILIES CHECKLIST</b>
____ 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







**CCAI ACH Authorization Form**

Print Name(s) \_\_\_\_\_

US Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

By the signature below I/we authorize CCAI to immediately charge our account for the applicable fees indicated below.

\_\_\_\_\_ Application Fee of \$ \_\_\_\_\_

\_\_\_\_\_ First Program Fee of \$ \_\_\_\_\_

\_\_\_\_\_ IAAME Fee of \$ \_\_\_\_\_

\_\_\_\_\_ Second Program Fee of \$ \_\_\_\_\_

\_\_\_\_\_ 1<sup>st</sup> In-Country Fee of \$ \_\_\_\_\_

\_\_\_\_\_ 2<sup>nd</sup> In-Country Fee of \$ \_\_\_\_\_

\_\_\_\_\_ Translation Fee of \$ \_\_\_\_\_

\_\_\_\_\_ Post Adoption Deposit of \$ \_\_\_\_\_

\_\_\_\_\_ Post Adoption Fee of \$ \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

**Account Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Printing in lieu of signature will be considered authorization to process the above fees.)

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Account Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

**\*\*\* Copy of Voided Check or Deposit slip Mandatory \*\*\***