



Where Families Grow and Dreams Come True!

A Hague accredited adoption service provider

Dear Prospective CCAI Family,

Thank you for your interest in adopting a child and for considering CCAI in your research of agencies.

As part of the approval process in Georgia, we are required to receive three references with one of them being a family reference. Please forward the enclosed cover letter as well as the reference form to your selected references. They can either return the completed form to you in a sealed envelope for you to submit with your application or return the form directly to our Georgia office via:

Mail: 5825 Glenridge Drive, Bldg.1- Ste.126, Atlanta, Georgia 30328

Fax: 404-250-0099

Email: eeadoption@ccaifamily.org

On the cover letter, please insert the date and the name of the person you are giving the reference form to in the "Dear" Section and your name(s) in the sentence below that. On the Reference form, please put your name on the "Applicants" line and their name on the "Reference" line.

We will also need the completed Acknowledgement form, Residential History form and the Prior Work with Other Children form submitted with your application. Georgia families are required to attend an orientation meeting after their application is approved and before their home study can be started.

We look forward to receiving your application and helping you begin your adoption journey. Please feel free to call me if you have questions or need additional clarifications.

Sincerely yours,

Chaunda Brooks
Assistant Director,
EE Applications Manager

Georgia CCAI Office
404-250-0055/ext.201
eeadoption@ccaifamily.org



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Re: Reference Inquiry for Potential Adoptive Family

Date _____

Dear _____,

Your name has been given as a reference for _____. This family has applied to adopt a child. Before our agency can approve them as adoptive parents, we would appreciate your candid opinions of the applicants' character, qualifications and suitability to care for and raise children.

The purpose of this inquiry is to safeguard children; it is an important part of our evaluation process. Your comments and opinions will remain confidential.

Please note that we will be unable to approve this family to adopt until we receive this reference from you. Should you feel unable to complete this reference, please contact me so I can help this family make alternate arrangements. Should you require further information or wish to discuss this inquiry please feel free to call me.

Thank you for your time and consideration in supporting this family as they continue their adoption planning. I would appreciate your prompt reply. **Please note - Signatures are needed on the form in order for it to be considered complete.** At your earliest convenience please return your complete reference by mail, fax, or scan/email to my attention at:

Mail: CCAI, 5825 Glenridge Drive, 1-126, Atlanta, Georgia 30328

Fax: 404-250-0099

Email: eeadoption@ccaifamily.org

Thank you!

Sincerely yours,

Chaunda Brooks, Assistant Director, EE Application Manager

404-250-0055/ext.201

eeadoption@ccaifamily.org



Applicants: _____

Reference Name: _____

Phone/Email Address: _____

1) How long have you known the applicants? _____

2) How would you describe your relationship with the applicants? (please circle one)

A) Close friends

D) Business associate

B) Casual friends

E) Family Member (please specify relation)

C) Casual acquaintances _____

3) About the Husband

A) What adjectives describe his personality? _____

B) What are his stronger characteristics? _____

C) What are his weaker characteristics? _____

D) Describe his relationship with his wife and his children (if any). _____

E) How has he handled children in your presence? _____

F) How does he show warmth and affection to others? _____

4) About the Wife

A) What adjectives describe her personality? _____

B) What are her stronger characteristics? _____

C) What are her weaker characteristics? _____

D) Describe her relationship with her husband and her children (if any). _____

- E) How has she handled children in your presence? _____

- F) How does she show warmth and affection to others? _____

- 5) Do you consider this family well adjusted? ____ Please explain: _____

- 6) How would you describe their marriage? _____

- 7) What, if anything, do you feel could be improved in their marriage? _____

- 8) Do you believe they are both committed to adopting a child? _____ Please explain: _____

- 9) What factors would you change in this family's home prior to their adopting a child? _____

- 10) Would you entrust the care of your child(ren) into this family? _____ Please explain: _____

- 11) CCAI welcomes any other comments you would like to make. _____

Signed: _____

Date: _____

Please return this completed form to Chaunda Brooks:

Mail: 5825 Glenridge Drive, 1-126, Atlanta, GA 30328

Fax: 404-250-0099

Email: eeadoption@ccaifamily.org



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

**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 Latvia
 - 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