

APPLICATION FOR TAIWAN 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 Taiwan. 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: taiwan@ccaifamily.org ♥ Website: www.ccaifamily.org ♥

CCAI is a division of Chinese Children Charities

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 _____

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 5 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 | | | |
| Husband | | | |

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

| 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: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ Clearance Attached

HUSBAND: 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 | _____ | _____ | _____ | _____ |
| Husband | _____ | _____ | _____ | _____ |

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 | _____ | _____ | _____ |
| | | | | 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) and (2) | _____ | _____ | _____ |

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.

Is infertility one of your reasons for pursuing adoption? Yes/No

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 Taiwanese 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

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

HUSBAND

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

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

WIFE

HUSBAND

| | | |
|----------------|--|--|
| 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 (Present): _____
 If less than 3 years (Previous): _____
 HUSBAND (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 _____

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 TAIWAN? _____

Why have you chosen CCAI for this adoption? _____

CHILD or CHILDREN PREFERRED:

Female Male Either

I/We are interested in adopting:

- One child
 More than one child (a sibling group of up to _____ children)

I/We are open to the following medical conditions (if known): _____

Age Range **At the Time of Referral:** _____ to _____ years

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 in Taiwan 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 _____: Name of Country _____

Date of adoption finalization: _____ Age of child at time of referral: _____ Health status: _____ Domestic _____: Name of Country _____

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 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: changes in the birth parents' plan, adoption requirements or policies promulgated by the Taiwan or United States governments, and/or changes in international relations between Taiwan 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 Taiwan 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 credit card authorization form.

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

Medical Conditions Checklist--TAIWAN

Welcome! CCAI is delighted that you are interested in the Taiwan Adoption Program. The Medical Conditions Checklist will help us understand your family's openness in terms of a child's age, gender, and special need(s) and will allow us to consider your family as we receive information on Waiting Children from Cathwel Services in Taiwan. Please work together with your spouse to complete the Checklist. If available, your social worker or family doctor can serve as a wonderful resource to help you.

Adoptive Family Name(s):

Husband: _____

Wife: _____

Phone: _____

Alt Phone: _____

Email: _____

Desired gender: Female Male No Preference

Desired age (at time of match): _____ to _____ years

Please share with us which special needs your family is open to.

Checking YES does not commit you to a particular child, but a YES indicates a strong level of education and comfort with a particular special need. Before submitting your Checklist, you should have discussed any conditions marked YES with a medical specialist as well as your insurance company.

Checking MAYBE indicates that you have researched a particular condition and would be prepared to review the file of a child with this condition.

Yes No Maybe

FACIAL

- Cleft lip AND palate (Children with cleft lip only are NOT typically available) May be unilateral or bilateral, first to third degree
- Facial malformation (Including hemifacial microsomia)

HEART

- Congenital heart disease – minor (typically includes VSD, ASD, PFO, PDA, etc)
- Congenital heart disease – major (typically includes TOF, multiple or structural pathologies)

BLOOD

- Hepatitis B
- Thalassemia

SKELETAL

- Arthrogryposis/Joint disorders
- Club foot/feet
- Missing/malformed fingers/toes
- Missing/malformed hands/arms
- Missing/malformed feet/legs
 - One affected limb only and/or Multiple affected limbs
- Scoliosis
- Short stature/Dwarfism)
- Spina bifida (meningocele/myelomeningocele)

VISION/HEARING

- Ear malformation (microtia/atresia, may be unilateral/bilateral)
- Hearing loss (partial/moderate)
- Hearing loss (significant/deaf)
- Eye - nystagmus/strabismus/ptosis
- Eye - cataracts/glaucoma
- Vision loss (in one eye, partial/moderate)
- Vision loss (significant/blind)

Please indicate any other conditions, not listed here, that you may consider: _____

Yes No Maybe

SKIN

- Albinism AND low vision
- Birthmark/Nevus (moderate to significant/ facial)
- Hemangioma/Lymphangioma
- Scar/Burns (moderate to significant/ facial)
- Vitiligo

NERVOUS SYSTEM/DEVELOPMENTAL

- Cerebral anoxia/Brain damage or malformation
- Cerebral palsy
- Down Syndrome
- Hydrocephalus
- Delayed development (may be physical and/or mental, beyond typical expected institutional delays)
- ADD/ADHD

GENITAL

- Ambiguous genitalia
- Male genital malformations (including hypospadias/micropenis/undescended testicles/etc)

DIGESTIVE

- Anal atresia (imperforate anus)
- Gastroschisis

OTHER

- Epilepsy/Seizure disorder
- Paralysis
- Teratoma

HEALTHY CHILD

- Healthy older child (over 6 years)

Please indicate if your family will consider a child with multiple conditions:

Yes No



CCAI Credit Card Authorization Form

Print Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number(s) _____

Date _____

_____ Application Fee of \$ **250.00** _____ (First time CCAI families)

_____ Application Fee of \$ **150.00** _____ (Returning CCAI families)

An additional two percent (2.5%) will be automatically calculated and charged to cover credit card company's fees.

By printing my name below I/we authorize CCAI to immediately charge my credit card for the Application Fee (and applicable credit card company fees) indicated above.

MasterCard

Visa

Account Number: _____

Expiration Date: _____ CSV Code: _____
(from back of the card)

Cardholder's Name: _____
(Please print exactly as it appears on credit card)