

APPLICATION FOR BULGARIA 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 Bulgaria. 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 ♥ USA
Phone: 303-850-9998 ♥ Fax: 303-850-997 ♥ Email: bulgaria@ccaifamily.org ♥ Website: www.ccaifamily.org



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 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:** _____

* 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 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 children who have been adopted through CCAI.

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, 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.

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 (1)	_____	_____	_____	Cancer/Tumor (4)	_____	_____	_____
Heart Disease	_____	_____	_____	Liver Disease	_____	_____	_____
Sexual Disease	_____	_____	_____	Kidney Disease	_____	_____	_____
Mental Illness (2)	_____	_____	_____	Nervous Disorder	_____	_____	_____
Lupus	_____	_____	_____	Seizure Disorder/Epilepsy	_____	_____	_____
Other Communicable Diseases (1)	_____	_____	_____	Any Physical Impairment (e.g. blindness, deafness, paralysis, missing limbs, etc)	_____	_____	_____
Procedures (3)	_____	_____	_____	Genetic Disease	_____	_____	_____
Operations (3)	_____	_____	_____	Counseling or Therapy	_____	_____	_____
Illness/ Injury Requiring Hospitalization	_____	_____	_____	Alcohol Abuse	_____	_____	_____
	_____	_____	_____	Drug Use/Experimentation	_____	_____	_____

	NO	YES	DATE/REASON
❖ 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. Please see the footnotes below. 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? _____

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 or for post adoption) 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.

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

REFERENCES: (Please print clearly) Your application cannot be approved until all three reference forms have been received.

Please list three personal references (no relatives please)

	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 (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)

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? _____

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

ADOPTION

WHY DO YOU WISH TO ADOPT A CHILD FROM BULGARIA?

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

❖ Comments: _____

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?
____ Has a child ever been removed from your home?
____ Have you ever been 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?
____ Have you ever relinquished an adoptive child?
____ Do you currently have a complete dossier sent to Bulgaria 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: _____

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

Wife's Printed Name: _____

Date: _____

Upon submission please include:

Husband's Printed Name: _____

Date: _____

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)

COLORADO FAMILIES CHECKLIST

- _____ Application
- _____ Fee \$ _____
- _____ Applicable Attachments e.g. doctor's letter, explanation of arrest, disposition report, etc)
- _____ Make a copy of this application for your records

CCAI

Attn: Bulgaria Adoption
6920 South Holly Circle
Centennial, Colorado 80112

Email: bulgaria@ccaifamily.org



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 \$ _____

_____ 1st In-Country Fee of \$ _____

_____ 2nd 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.)

Account Holder Name: _____

Account Number: _____

Bank Routing Number: _____

Bank Name: _____

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