

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 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 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:** _____

* 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.

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 (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/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 (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? _____

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.

	WIFE	HUSBAND
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 2 non relative references (known applicants for at least 2 years) , and 2 relative references.

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 ____ Special Needs

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 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: _____

APPLICATION 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

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)

CCAI

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

Email: bulgaria@ccaifamily.org

GEORGIA FAMILIES CHECKLIST	
_____	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



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: chaunda@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

Director

CCAI Georgia Office

404-250-0055/ext.201

chaunda@ccaifamily.org



Where Families Grow and Dreams Come True!

A Hague accredited adoption service provider

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: chaunda@ccaifamily.org

Thank you!

Sincerely yours,

Chaunda Brooks, Director
404-250-0055/ext.201
chaunda@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: chaunda@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 Bulgaria
 - 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

FOR CCAI OFFICE USE ONLY

APPLICATION RECEIVED: ___/___/___ FEE REC'D: ___/___/___ \$ _____ PYMT TYPE: _____

REFERENCES SENT: ___/___/___ NUMBER: _____

Non U.S. Citizen? ____ Green Card Expiration Date: _____ Naturalized Citizen? ____ A #: _____

OLDER CHILD SUPPORT STAFF: _____ OLDER CHILD TOOLKIT SENT: ___/___/___

CCAI NOTES

RISK STMT REQUIRED? _____

APPROVAL DATE: ___/___/___



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 *****