

APPLICATION FOR CHINA 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 China. 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 80112-1018 ♥ USA
♥ Phone: 303-850-9998 ♥ Fax: 303-850-9997 ♥ Email: china@ccaifamily.org ♥ Website: 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 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:** _____

* Date must be verifiable by a government issued document (document not required with application)

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".
 More children listed on additional page? _____

| Name | Age | Gender | Date of Birth | Birth/Adopted** | Ethnicity/Country | Current Location/Custody |
|-------|-------|--------|---------------|-----------------|-------------------|--------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

**Please note group number for children who have been 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 | 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** **BMI ***
 Wife _____
 Husband _____

* To calculate your BMI go to:
http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

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) | _____ | _____ | _____ |

Have you ever been a victim of child or sexual abuse, or a victim of domestic violence? **NO** _____ **YES** _____ **DATE/EXPLAIN** _____
 Have you ever tested positive for HIV and/or Hepatitis B? _____
 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 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. Contact CCAI with any questions.

- (1) If either applicant is currently taking medication for a diagnosis of schizophrenia, the applicant is not eligible to apply. If either applicant is currently taking medications for the diagnosis of bi-polar, or have taken medications in the past for this diagnosis, please contact CCAI.
- (2) We **do not need** a doctor's letter for most 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) Applicants with a history of illegal drug use, including experimentation, are not eligible to apply.

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 Chinese 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: CCAI will not request forms/letters from your references, but your home study agency will. However, these reference forms/letters will become a part of your completed dossier.

Please list three personal references

| | 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 China? _____

How did you hear about CCAI? _____

If you attended a CCAI information meeting, please indicate: Date: _____ Location or Phone Conference: _____ Speaker: _____

CHILD PREFERRED FROM THE WAITING CHILD PROGRAM (Children with identified medical conditions):

____ Female ____ Male ____ Either Age Range: ____ to ____ months / years (please circle one)

____ We have submitted our Medical Conditions Checklist to the Waiting Child Program (via the CCAI website: <https://www.ccaifamily.org/WaitingChild/Med-Checklist/Default>)

____ While we understand such placement is not guaranteed, we are attempting to pursue the adoption of a specific child: _____

We understand that we must submit a Medical Conditions Checklist to the Waiting Child Program as part of our initial application process.

*CCAI does not accept applications for the "Traditional Program" (children with no known medical conditions). A small percentage of children in the Waiting Child Program are older children (over the age of 10 years old) with no known physical conditions.

Initials: Wife _____ Husband _____

FAMILY ASSESSMENT

YES NO

- ____ Are you presently pursuing adoption possibilities through another agency? Agency name: _____
____ If above answer is YES: Are you matched with a child? ____ Is your dossier complete? ____ Do you have "pre-approval" or letter of acceptance? ____
____ Have you ever had a home study completed? Date: _____ Agency name: _____
____ Have you completed an adoption domestically or from a country other than China? 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? ____

CHINA ADOPTION(S) Through Another Agency

YES NO

- ____ Have you ever completed a China adoption through another agency? Agency name: _____
____ Have you ever applied and had your application denied for any China adoption program? Agency name: _____
____ Have you ever refused a child, while in China (disrupted or dissolved adoption)?
____ Have you ever relinquished an adoptive child from China?
____ Do you currently have a complete dossier sent to China 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 China adoption(s), if any:

Date of adoption finalization in China: _____ Age of child at time of referral: _____ Health status: _____ Orphanage/Province: _____

Date of adoption finalization in China: _____ Age of child at time of referral: _____ Health status: _____ Orphanage/Province: _____

Families not residing in Colorado, Florida, Georgia, Kentucky or Wyoming:

You will need to choose a **licensed, non-profit, Hague or COA accredited home study or child placement agency that is within the CCAI exempt provider network** in your state to complete your home study. You must have an approved home study to adopt from China. Your home study agency MUST be either Hague accredited or COA accredited. If you have not yet selected a home study agency, you will need to do so before you are provided access to the secure portion of the CCAI website and the Dossier Guide.

Name of agency: _____ Social worker's name: _____

Agency address: _____ City _____ State _____ Zip code _____

Phone: (_____) _____ Fax: (_____) _____ Email: _____

IMPORTANT ADOPTION INFORMATION

While CCAI will provide you with all information about the prospective adoptive child made available by the orphanage/CCCWA 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 Chinese or U.S. governments and changes in international relations between China and the U.S.

In addition, a child may be placed with you with physical, mental, social and/or emotional problems, minor or major, and/or a history of trauma or abuse, that have remained partially or totally undiagnosed/undisclosed 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 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 China adoption.

Initials: Wife _____ Husband _____

Wife's Printed Name: _____ Date: _____

Husband's Printed Name: _____ Date: _____

Upon submission please include:

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 credit card authorization form – Visa or MasterCard only); or
- 3) Fax your application with appropriate application fee (submitted via credit card authorization form – Visa or MasterCard only); or
- 4) Upload your application to the CCAI website (https://public.ccaifamily.org/App/Upload_App) with appropriate application fee.

**CCAI, Attention: Application Dept
6920 S. Holly Circle, Centennial, CO 80112-1018**

Email: china@ccaifamily.org

Fax: 303-850-9997

FOR CCAI OFFICE USE ONLY

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

MCC SUBMITTED: Yes: _____ **Date:** _____

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

RISK STMT REQUIRED? _____ **AGE RANGE PREFERRED?** ____ to ____ **Months/Years**

OLDER CHILD SUPPORT STAFF: _____ **OLDER CHILD TOOLKIT SENT:** ____/____/____

APPROVAL DATE: ____/____/____



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)