

APPLICATION FOR BELIZE 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: belize@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.

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 3 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 (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".

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/SELF: **YES** _____ **NO** _____ **DATE:** _____ **REASON:** _____ **OUTCOME:** _____ **JAIL TIME?** **Yes** _____ **No** _____

HUSBAND/SELF: **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**.

HEALTH INFORMATION

	Height	Weight	Eye Color	Hair Color
Wife/Self	_____	_____	_____	_____
Husband/Self	_____	_____	_____	_____

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 a victim of domestic violence?	_____	_____	_____
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.

(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? 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/SELF

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

HUSBAND/SELF

	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 on this application.

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

REFERENCES: Please list three personal references (must be non-family members).

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/SELF (Present): _____

If less than 3 years (Previous): _____

HUSBAND/SELF (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? _____

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 Belize? _____

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

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 Belize 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: adoption requirements or policies promulgated by the Belizean or United States governments, and/or changes in international relations between Belize 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 previously 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 a Belizean 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/Self: _____ Date: _____
Signature

Husband/Self: _____ Date: _____
Signature

Return with a non-refundable \$300 application fee (\$200 for families who have previously adopted through CCAI). Make checks payable to CCAI **or** complete and return the ACH authorization form.

Return by mail/email to:
CCAI Belize Adoption Program
6920 S. Holly Circle Centennial, CO 80112
belize@ccaifamily.org

FOR CCAI OFFICE USE ONLY

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

REFERENCES SENT: ____/____/____

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: ____/____/____

CASE#_____

Revised 1/2024



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.

_____ 1st time CCAI Family Application Fee of \$300

_____ Returning CCAI Family Application Fee of \$200

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 Mandatory (Or letter from your bank showing Routing and Account Number) *****