

ADOPTION INFORMATION

1. Are you currently working on another adoption besides this application? If yes, please provide agency and contact person information. _____
 2. Have you ever been turned down for adoption by another agency? If yes, please explain circumstances.

 3. Why do you want to adopt? _____
 4. If adopting trans-racially, please state any concerns you would like to discuss. _____

 5. Are you applying to adopt a child with special needs? If yes, what sort of special needs? _____

 6. Please make a brief statement describing the type of child you are looking for. Will you accept any handicaps? HIV positive status? Substance exposure? On a case-by-case basis?

 7. If you have been pre-approved for a waiting child, please provide:

Child's Name: _____ Age: _____
 8. Do you have a social worker connected with an agency to do your home study? If yes, name of worker and agency and anticipated completion date of home study.

 9. If applying with Chances by Choice, do you have a placement agency? If yes, name of agency and other contact information.

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HEALTH ISSUES

1. Parent #1's health: excellent good fair poor Parent #2's health: excellent good fair poor
2. Do you have a history of substance abuse? If yes, explain: _____
3. **IF YOU HAVE ANY MENTAL HEALTH ISSUES, PLEASE PROVIDE A LETTER FROM A DOCTOR.**
4. Do you have any communicable diseases? If yes, please explain. _____

5. Parent #1's Height _____ Weight _____ Parent #2's Height _____ Weight _____

6. Are you currently taking any medications? If yes, see below:

1. Medicine: _____	Reason: _____	Pt. #1 or Pt. #2
2. Medicine: _____	Reason: _____	Pt. #1 or Pt. #2
3. Medicine: _____	Reason: _____	Pt. #1 or Pt. #2
4. Medicine: _____	Reason: _____	Pt. #1 or Pt. #2

7. Does your health insurance cover an adopted child? YES NO

CRIMINAL VIOLATIONS

1. Have you ever been arrested or convicted of any crimes, including but not limited to, shoplifting, fraud, theft, prostitution, solicitation, DUI, DWI, domestic violence, child abuse, assault, or possession of a controlled substance? Please answer "yes" or "no."

Parent #1 _____ Parent #2 _____

2. Have you ever been accused of abuse or neglect of a child? Please answer "yes" or "no."

Parent #1 _____ Parent #2 _____

If you answered "yes" to either of the questions above, please provide additional information: **Also state whether it is a misdemeanor or felony.**

Charge	Arrest/Conviction 1		Arrest/Conviction 2		Arrest/Conviction 3	
	Parent #1	Parent #2	Parent #1	Parent #2	Parent #1	Parent #2
Year it occurred						
Dismissed/Guilty/Probation/Not Guilty, etc.						
Fine/Probation/Jail, etc.						
Time spent in jail, if any						
Type & length of probation						

EMPLOYMENT INFORMATION

Parent #1

Parent #2

Employer: _____

Position: _____

Annual Employment Income: \$ _____ Other Annual Income: \$ _____

1. Total Assets (vehicles, personal property, value of home, stocks/bonds, checking/savings, etc.)
\$ _____
2. Indebtedness (including mortgage, credit cards, auto payments, and other)
\$ _____
3. Do you own or rent your home/apartment? OWN RENT

AGENCY INFORMATION

1. Please tell us why you chose us: _____
2. How did you hear about our agency? (circle all that apply)
Word of mouth: A-Link adoptive family Other adoptive family Friend Relative Co-Worker
Internet search: Google Yahoo MSN Adoption.com Other _____
Newspaper: Ad Article **Magazine:** Ad Article **Television story** **Radio Story**
Other: Yellow Pages Flyer or Bulletin (where?) _____ Social Worker
Home Study Agency Infertility or Adoption Support Group Adoption Conference Other

	Emergency Contact 1	Emergency Contact 2
Name	_____	_____
Relationship	_____	_____
Phone Number	_____	_____
Email Address	_____	_____

I consent to Adoption-Link, releasing and receiving information from any entity involved in my adoption process which includes, but is not limited to, my home study agency, program coordinator, USCIS, foreign country officials, and representatives. This release remains in effect until such time that my Adoption-Link file has been closed.

Parent #1 _____ Date: _____

Parent #2 _____ Date: _____

I understand:

- That there are risks in adoption which include unforeseen difficulties and delays, and realize that a target country has the power and authority to close its doors to adoption if it should so decide; and that a birth mother may change her mind. Adoption-Link will not be held responsible for the financial loss that I may have incurred at that point.
- That information on health and all other matters related to the adoptive child received through Adoption-Link/Chances by Choice is limited and based on all available data provided by the birth mother, medical staff, and foreign countries.

- That once I am matched with a child, I agree not to pursue another adoption (other than the one for which I am receiving services) or plan a pregnancy. If an unplanned pregnancy should occur, I shall inform Adoption-Link immediately and Adoption-Link will determine how to proceed. If I am pursuing other adoption options during my wait I agree to share this information with Adoption-Link.

I HEREBY CERTIFY BY SIGNING BELOW, THAT I GIVE CONSENT AND AGREEMENT TO THE ABOVE. I CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY.

Parent #1 _____ Date _____

Parent #2 _____ Date _____

PLEASE RETURN THIS APPLICATION WITH A CHECK FOR THE FOLLOWING :

\$150 IF APPLYING FOR A HOME STUDY ONLY,

**\$150 IF APPLYING TO THE ADOPTION-LINK INFANT DOMESTIC PROGRAM
\$700 DUE UPON ACCEPTANCE AND COMMITMENT TO THE PROGRAM**

**\$2100 DUE UPON INITIATION OF DOMESTIC HOME STUDY
\$2400 DUE UPON INITIATION OF INTERNATIONAL HOME STUDY
\$800 DUE UPON INITIATION OF INTERNATIONAL MINI HOME STUDY FOR HOSTING PROGRAM**