

Adopt Abroad, Inc.

1424 North 2nd Street, Harrisburg, PA 17102
Ph: 1-888-526-4442 Fax: 1-888-344-6876

Background & General Information Form

(Please use additional paper, if needed)

Applicant 1: _____ Applicant 2: _____

MAILING:

Street Address: _____

City, State, Zip Code: _____

PHYSICAL:

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work phone: _____

Email: _____

Fax: _____ Mobile phone: _____

Email: _____

Adopt Abroad Social Worker (if known): _____

Country you are Adopting from (if known): _____

SERVICES

Home Study Only (\$100)

Child Placing (\$250)

Home Study and Child Placing (\$250)

HOME STUDY AGENCY OR CHILD PLACING AGENCY - IF NOT ADOPT ABROAD.

Note AAI must approve all home study agencies prior to beginning the home study.

Name of Agency: _____

Adoption Worker: _____

Phone Number & E-mail Address of Adoption Worker: _____

Mailing Address: _____

ADOPT ABROAD-----HOME STUDY SERVICES- ONLY

****Please provide the attached Interagency Networking Agreement Policy to your Child Placing Agency Adoption Worker. Your Home Study cannot be released until these documents have been received from your Child Placing Agency!**

Name & Ages of children (please indicate if adopted, from where)

Applicant 1 - _____ Applicant 2 - _____

_____ date & place of birth _____

_____ citizenship _____

_____ descent _____

_____ religion _____

_____ height/ weight _____

_____ hair/ eyes _____

_____ current marriage _____

_____ previous marriage _____

_____ termination dates _____

_____ education _____

_____ college/prof. degree _____

_____ occupation _____

_____ employer _____

_____ date employed _____

Social Security and Passport number will be requested when contacted by agency – please do not provide this via email for security reason

_____ annual salary _____

_____ savings/401K _____

_____ mortgage/rent _____

_____ debts (total) _____

_____ health ins. co. _____

_____ life ins. (amount) _____

*Please indicate if any arrest or incident, even if you were found to be not guilty:

1. Have you ever been arrested?

2. Have you ever been charged with child abuse or neglect

3. Have you ever been treated for a mental condition?

4. Do you have any history of drug or alcohol abuse?

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE; PLEASE EXPLAIN:

Please comment on the general condition of your health. Indicate any physical disabilities:

Applicant 1: _____
Applicant 2: _____

Have you ever applied to an agency to adopt? If so, please provide the name, address and telephone number of the agency:

Do you presently have an updated home study? If so, please provide the agency's contact information and your contact person there:

Have you applied with the Immigration and Naturalization Services by sending in the I600A form?

For U.S. military & diplomats, please supply us with the name and telephone number of a U.S. based contact from where you can be contacted at all times:

Please list every address you have resided within the past 10 years:

From what country do you wish to adopt and why:

Please provide the age, gender, race and number of children you are seeking to adopt:

How flexible are you regarding these parameters?

Would you consider adopting more than one child? _____

Would you consider adopting siblings? _____

If so, please list the maximum number of children you would consider: _____

What age ranges would you consider? _____

Would you consider adopting a special needs or handicapped child? _____

Special needs:

Correctable minor condition: _____

Correctable major condition: _____

Non-correctable minor condition: _____

Non-correctable, major condition: _____

Any child who needs us: _____

Is race an important consideration? _____

If yes, please describe your concerns:

Realizing that children who come from orphanages may have issues, are you comfortable adopting a child/ren that may have some minor physical, mental, emotional or developmental issues? Please be specific:

How have you prepared yourself for adoption? Please describe if you have you taken courses, attended seminars, read, etc:

At a minimum, we recommend families complete several online training courses through Adoption Learning Partners (ALP) www.adoptionlearningpartners.org. Families who are adopting from a **HAGUE** country, must complete **the ALP – HAGUE packet**

Are you financially prepared to adopt? _____

How long do you expect the adoption process to take? _____

How important is the time factor to you? _____

Are you willing to travel to adopt your child? _____

How many weeks can you spend in the child's country for adoption purposes? _____

Are you prepared to comply with the post-placement requirements? _____

Please tell us why you feel post-placement visits are important:

How did you learn about Adopt Abroad, Inc.?

- _____ Family that used our service. Please supply family name.
- _____ Agency/Social worker referral (please name referral source)
- _____ Advertisement (please name source)
- _____ Information meeting (name, location)
- _____ Internet
- _____ Other

Children legally available for adoption by American families may have some health or developmental delays. Under no circumstances can Adopt Abroad, Incorporated make any guarantees as to the child's health. We recommend that whenever possible no final decision be made regarding a particular child until after the child has been seen in person by you and examined by a physician of your choice. **Adopt Abroad, Inc. will supply you with all the medical records that we receive on a given child, but we cannot be held liable for any physical, mental, or emotional health of any child.**

Adoptive parents must remain flexible as regulations, laws, practices and customs in the country from which the child/ren come from are likely to differ significantly from those we are accustomed to in the United States. Be advised that Adopt Abroad, Inc. has no influence over the foreign governments and in country practices or dossier requirements may change at any time.

Fees paid to Adopt Abroad, Inc. are non-refundable.

The application fee is as follows:

\$100.00 -home study only clients

\$250.00 –adoption/child placing services

I/We have included a check or money order with this application.

I/We hereby certify by signing below that I/we give consent and agreement to the above and that all information given in this application is correct to the best of my/our knowledge and ability. I/we also agree to the terms specified in this application form.

Signature: _____ Date: _____

Signature: _____ Date: _____

Return to:
Adopt Abroad, Inc
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Harrisburg, PA 17102



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Child Placing Agency Interagency Networking Agreement Policy

Dear Child Placing Agency,

Thank you for partnering with us to provide quality Home Study and Adoption Services to families living worldwide. We are looking forward to working with you! In order to ensure that the Home Study can be released in a timely manner upon finalization, we ask that you please **mail two signed hard copies of your Interagency Networking Agreement along with a copy of your agency license to our Harrisburg Office as soon as possible. If you require any additional documents of us, we ask that you also provide the same to us at that time.**

We will then sign and return one copy of the Networking Agreement to you, and keep one for our records. We will provide you with a copy of our agency license and any other documents you request. However, please note that we reserve the right to charge the family an additional fee if your agency requires extensive Networking Paperwork.

Please note that in order to ensure our compliance with Hague regulations, we will not release the Home Study prior to receiving these documents from your agency. Additionally, we will not sign and return a Networking Agreement that has not already been signed by your agency.

Thank you for your cooperation in this matter. If you have any questions regarding this policy, feel free to contact me at susan_w@adopt-abroad.com or (717) 303-5716.

Sincerely,

Susan Weenink, MSW, LSW
Director of Social Work Services