

# *Adopt Abroad, Inc.*

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*319 South Front Street  
Harrisburg, PA 17104-1621  
Ph: 1- 888-687- 3644  
Fax: 1-888-344-6876*

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## **Background & General Information Form**

(Please use additional paper, if needed)

Name: \_\_\_\_\_  
Spouse/Partner: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work  
phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
Email : \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Husband

Wife

_____	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 #	_____
_____	passport	_____

\_\_\_\_\_ 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:

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

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:

\_\_\_\_\_

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From what country do you wish to adopt and why:

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

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How flexible are you regarding these parameters?

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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:

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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:

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How have you prepared yourself for adoption? Have you taken course, attended seminars, read, etc:

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At a minimum, we recommend families complete several online training courses through Adoption Learning Partners [www.adoptionlearningpartners.org](http://www.adoptionlearningpartners.org)

Are you financially prepared to adopt?: \_\_\_\_\_

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How long do you expect the adoption process to take? \_\_\_\_\_

How important is the time factor to you?: \_\_\_\_\_

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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 or not:

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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 \$250.00.** 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**  
**319 South Front Street**  
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