

CarolinaHope

CHRISTIAN ADOPTION AGENCY



SC License SR-4500-CPA • A Non-Profit 501(c)(3) Agency

1527 Wade Hampton Boulevard • Greenville, SC 29609

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Website: www.CarolinaHopeAdoption.org • E-mail: office@CarolinaHopeAdoption.org

Application for an International Adoption

Please complete and return this with an application fee of \$250. Include two photographs of you and your child(ren) (if any). Complete the form using your full legal name(s).

Husband: _____
First Middle Last

Wife: _____
First Middle Last

Address: _____
Street City State Zip

Other Contact Information:

() _____ *Home* () _____ *mobile (his)* () _____ *mobile (hers)*

() _____ *business (his)* () _____ *business (hers)*

() _____ *Fax* _____ *Preferred Email*

Names and birth dates of children and whether adopted:

Do you have a home study that was completed in the last 6 months or less? Y N If yes, when was it issued?

_____ What home study agency have you chosen, if any? _____

From which country or countries do you wish to adopt? _____

Are there any other adults (age 18 or older) living in the home? Y N What is their relation to you?

(All adults must have fingerprints taken to be included in the home study.)

Have you and all the adults in your home lived in your current state of residence all of the last 5 years? Y N

If no, please list all the states you have resided in over the last 5 years. _____

MALE APPLICANT

FEMALE APPLICANT

_____ Date and Place of Birth _____
_____ Nationality _____
_____ Citizenship _____
_____ Religion _____
_____ Height and Weight _____
_____ Hair and Eye Coloring _____
_____ Marriage (Date and Place) _____
_____ Number of Previous Marriage(s) _____
_____ Termination Date(s) of Previous Marriage(s) _____
_____ Last Grade/Degree Completed _____
_____ Other Degrees _____
_____ Occupation _____
_____ Date Employed _____
_____ Social Security Number _____
_____ Passport Number _____
_____ Annual Salary _____
_____ Other Sources of Income _____
_____ Mortgage/Rent Payments _____
_____ Debts over \$1000 _____
_____ Health Insurance Company _____
_____ Amount of Life Insurance _____

Have you ever declared bankruptcy? Y / N If so, when? _____
(Please explain on a separate sheet.)

1. State your preferences for a child(ren) in following categories:
 - A. Sex: Male Female
 - B. Age: Minimum: _____ Maximum: _____
 - C. More than one child? Y / N How many? _____ If yes, do you prefer siblings? Y / N
 - D. What race child are you interested in adopting? (Select all that apply)
Hispanic African American Bi-racial Caucasian Asian
2. Are you comfortable in adopting a child who may have some minor physical, mental, emotional, or developmental problems? Y / N (Note: Many of these problems self-correct with proper care.)
3. If you answered yes to the above question, what conditions or medical problems you are willing to accept?

4. Please share what literature you have read or workshops you have attended to learn more about adoption.

5. If you are adopting a child who does not match your coloring or races, please discuss what literature or other information that you have read or heard on these issues. _____

6. Please answer *yes* or *no* to the following. Explain any *yes* answers below. Remember, a *yes* answer does not necessarily disqualify you from adopting. Feel free to call if you have questions about this.

MALE APPLICANT

FEMALE APPLICANT

- _____ Have you ever been arrested/charged/indicted? _____
- _____ Do you have any health problems or conditions that would interfere with parenting a child? _____
- _____ Have you ever been charged with or accused of child abuse or neglect? _____
- _____ Have you ever received treatment for a mental condition? _____
- _____ Have you ever used illicit drugs? _____
- _____ Have you ever been treated for drug or alcohol abuse? _____
- _____ Have you worked with another adoption agency within the past 24 months? _____
- _____ Are you in the process of adopting any other children at this time? _____
- _____ Have you ever been denied a home study? _____
- _____ Have you ever been given an *unfavorable* home study? _____
- _____ Have you ever begun but not completed the home study process? _____
- _____ Have you ever been a foster parent? _____
- _____ Have you ever had a child removed from your home? _____

Explain: _____

7. How soon do you hope to complete an adoption? _____
8. Do you want to travel to receive your child or do you prefer your child to be escorted? _____
(*Escorting available for Guatemalan program only.*)
9. If you adopt a child, do you plan to work outside the home after the adoption? _____
10. If you adopt a child, who will be the primary caretaker for the child? _____
11. Why do you want to adopt a child? _____

12. How did you hear about Carolina Hope, and why have you chosen to work with our agency?

Fees paid to Carolina Hope Christian Adoption Agency are non-refundable. In the event that an adoption cannot go through, the agency will apply your administrative fee toward the next adoption and will charge you no further administrative fees. You, as the adoptive parent(s), must assume all costs and risks associated with an international adoption. Such risks include delays; extra, unforeseen expenses; medical problems with the child assigned to you; and a country's closing its doors to adoption. Your understanding of these risks is a requirement that is also established by Citizenship and Immigration Services and is/will be addressed in your international home study.

Children adopted internationally may have some minor health concerns or developmental delays. These problems are usually corrected by proper care. In some cases, a major medical problem develops after the assignment of the child to an adoptive couple or parent, or after the finalization of the adoption. The agency suggests that when you receive a medical report and video/picture of your child, you send the video and report to a physician who specializes in the evaluation of international children. The fees, which are usually very reasonable, are paid directly to the medical organization. Carolina Hope Christian Adoption Agency will provide a list of these physicians. Carolina Hope acts only as a referral source for adoptive parents and is not responsible for medical problems or health issues/concerns involving a child available for adoption.

As discussed, there can be delays in the process, and Carolina Hope Christian Adoption Agency will do all that it can to expedite the process for you. Also, the agency seeks to keep its fees reasonable and your expenses as low as possible.

I/WE 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.

Male Applicant

Date

Female Applicant

Date

Please Note: *This application is not valid without signed **Risk, Refund, Special Considerations, Consent to Release of Confidential Information and Communications Guidelines** statements. (Also required for single applicants is the signed **Statement of Marital Status**.) These forms are available at our Web site on the "Application" page. You will also be expected to sign and return a **fee schedule**, which will be provided to you when your application is accepted. If you have not received a fee schedule and would like to do so before signing the application, please contact Carolina Hope.*

Agency Representative

Date