



### Marital Status

Married  Single  
If married, what is the date of your marriage? \_\_\_\_\_ Where did your marriage take place? \_\_\_\_\_  
Did you have previous marriages?  Yes  No  
Dad: Date(s) of previous marriage(s) \_\_\_\_\_ Date(s) of Divorce(s) \_\_\_\_\_  
Mom: Date(s) of previous marriage(s) \_\_\_\_\_ Date(s) of Divorce(s) \_\_\_\_\_

**Pregnancy:** Are you currently pregnant?  Yes  No  
We are aware that a pregnancy now or during any stage of the adoption process will affect the continuation of *this* adoption. **Initial** \_\_\_\_\_

**Adoption:** Are you currently in the process to adopt or foster another child, either domestically or internationally?  Yes  No  
We are aware that pursuing another adoption now or at any stage of this adoption will affect the continuation of *this* adoption. **Initial** \_\_\_\_\_

### Your Child(ren)

Do you have any children?  Yes  No If so, how many? \_\_\_\_\_

**Please list their names and dates of birth**

|       |                        |                              |
|-------|------------------------|------------------------------|
| _____ | <b>Circle One</b>      | <b>Circle One</b>            |
| _____ | Biological/Adopted/AHH | In Home/On own/Joint Custody |
| _____ | Biological/Adopted/AHH | In Home/On own/Joint Custody |
| _____ | Biological/Adopted/AHH | In Home/On own/Joint Custody |
| _____ | Biological/Adopted/AHH | In Home/On own/Joint Custody |

Briefly describe any custody arrangements: \_\_\_\_\_  
Do any other people over the age of 18 live in your home?  Yes  No

### Child(ren) Requested

I/We desire to be considered to adopt a child from:  China  Guatemala  Ukraine  Kazakhstan  Kyrgyzstan  
Please explain your decision to adopt from this country: \_\_\_\_\_

**For China Applicants Only:** Dad's age: \_\_\_\_\_ Mom's age: \_\_\_\_\_

|  |               |                |                 |
|--|---------------|----------------|-----------------|
| For parents in this age range:                 | 30 - 45 yrs   | 46 - 49 yrs    | 49-54 yrs       |
| The CCAA will refer a child in this age range: | 6 - 18 months | 14 - 36 months | SN Program only |

Note: Families adopting from China must be willing to accept a child, or children, from the age range dictated by the adoptive parents' age. If the parents fall into two different age categories, the CCAA will likely weigh more heavily the mother's age if it is the lower of the two. However, such parents must be willing to accept a child from both age ranges.

**What is your preference regarding the child for which you would like to be considered:**

Male  Female ~ Between the ages of \_\_\_ and \_\_\_ ~  As healthy as possible ~  Special Needs  
If you selected Special Needs, what special needs are you willing to consider?

- Cleft lip  Missing limbs  Club foot  Crossed eyes  Epilepsy  Blind
- Cleft palate  Missing digits  Operable tumors  Cataracts  Deaf  Albinism
- Heart condition  Missing hand  Minor deformities  Large birthmark  Blind in one eye  Ambiguous genitalia
- Scars/burns  Missing foot  Lazy eye  Hepatitis B  Bow-legged

*If you are interested in a Special Needs adoption, please review the Special Needs section of our website for information about the program and process.*

## Adoptive Parents' Health:

**Dad's General Health:** \_\_\_\_\_ **Mom's General Health:** \_\_\_\_\_  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**For China Applicants:** Calculate your Body Mass Index (BMI) using the following formula: weight (lb) / [height (in)]<sup>2</sup> x 703 . If the quotient is equal or greater than 40, please comment on a separate sheet of paper how your weight affects your blood pressure, cholesterol, mobility or other aspects of daily living.

BMI Calculator can also be found online at <http://www.nhlbisupport.com/bmi/>

Note: If you answer "Yes" to any condition, please provide additional information on a separate sheet of paper. Include your name, an explanation, date of the diagnosis, treatment received, prognosis, and medication(s) prescribed.

|                    |  |  |                                      |  |  |
|--------------------|--|--|--------------------------------------|--|--|
|                    | <b>Dad</b>   | <b>Mom</b>   |                                      | <b>Dad</b>   | <b>Mom</b>   |
| Tuberculosis       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>STD's / Communicable Diseases</b> |  |  |
| Tumor (non-cancer) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Herpes                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cancer             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | HIV                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart Disease      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hepatitis A                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Seizures           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hepatitis B                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Operations     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hepatitis C                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes Type I    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other _____                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes Type II   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Mental Illness</b>                |  |  |
| Alcoholism         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bipolar Disorder                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Substance Abuse    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Depressive Disorder                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other _____        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Childhood Trauma                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Impairments        |  |  | Anxiety                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vision             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other _____                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hearing            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                      |  |  |
| Mobility           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                      |  |  |

Are you taking any medications? **Dad:**  Yes  No **Mom:**  Yes  No

Please state dosage and reason you are currently taking these medications.

If this information is not disclosed, we cannot approve your application.

## Health Insurance

Please provide the name(s) of your insurance carrier(s): \_\_\_\_\_

Dad \_\_\_\_\_ Mom \_\_\_\_\_

Will your insurance cover the adopted child?  Yes  No

Will it cover a child with pre-existing conditions?  Yes  No

## Criminal Record

Have you ever been arrested, charged and/or convicted of any crime including, but not limited to, shoplifting, fraud, theft, prostitution, solicitation, DUI, DWI, domestic violence, child abuse, assault, or possession of a controlled substance?

**Dad:**  Yes  No **Mom:**  Yes  No **Other Resident (over age 18):**  Yes  No

Type of charge(s):  Misdemeanor  Felony

Please disclose all criminal history—no matter how insignificant or how long ago. Failure to disclose material information could make you ineligible to complete the adoption process. If you checked "yes" above, provide additional information, including the nature of any charges, date of occurrence, the verdict, and type/length of penalty, sentence, etc.

| Charge(s) | Date  | Verdict | Type/Length of penalty | Sentence Served |
|-----------|-------|---------|------------------------|-----------------|
| _____     | _____ | _____   | _____                  | _____           |
| _____     | _____ | _____   | _____                  | _____           |
| _____     | _____ | _____   | _____                  | _____           |

# Financial Assessment

It is important that you answer each of these questions truthfully. For adoptions from China, you must have a positive net worth in order to be accepted into the program.

**1. Real Estate** Value \$ \_\_\_\_\_ — Remaining on mortgage \$ \_\_\_\_\_ =  
**Home Equity \$ \_\_\_\_\_ (A)**

**2. Assets** (i.e. savings, investments, retirement accounts, etc.)  
Savings Balance \$ \_\_\_\_\_  
Investments Balance \$ \_\_\_\_\_  
Retirement Accounts Balance \$ \_\_\_\_\_  
Vehicle(s) Value Balance \$ \_\_\_\_\_  
Household/Personal Balance \$ \_\_\_\_\_  
**Total Assets \$ \_\_\_\_\_ (B)**

**3. Debts** (i.e. credit cards, auto, education, etc.)  
Auto 1 Balance \$ \_\_\_\_\_  
Auto 2 Balance \$ \_\_\_\_\_  
Credit Cards Balance \$ \_\_\_\_\_  
Other Loan(s) Balance \$ \_\_\_\_\_  
**Total Debts \$ \_\_\_\_\_ (C)**

**Total Net Worth (A) + (B) — (C) = \$ \_\_\_\_\_.**

- 1. Is life insurance in place to provide for the needs of the adopted child and family if the family breadwinner dies?  Yes  No If not, are you willing to secure such insurance?  Yes  No
- 2. Do you have a will in place that names a guardian for your children?  Yes  No  
If not, are you willing to execute one?  Yes  No

3. Have you been in Bankruptcy? **Dad**  Yes  No **Mom**  Yes  No  
If "Yes" provide date(s) \_\_\_\_\_

# Release of Information

I/We authorize A Helping Hand Adoption Agency, Inc to exchange and release information with/to the following organization(s) as it relates to the process of my/our adoption:

- \_\_\_\_\_ USCIS (United States Citizenship & Immigration Services)
- \_\_\_\_\_ State, County, and Local Police
- \_\_\_\_\_ Home Study Agency - (Please provide agency name and contact information.)  
\_\_\_\_\_
- \_\_\_\_\_ China Center for Adoption Affairs
- \_\_\_\_\_ Guatemala Adoption Affairs Offices
- \_\_\_\_\_ Medical Doctor/Mental Health Counselor - (Please provide Doctor's name and contact information.)  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Risks Associated with International Adoptions

Note: Please carefully read the following information concerning international adoptions, initialing each paragraph in the spaces provided and signing and dating at the bottom.

I/We, \_\_\_\_\_, acknowledge that there are risks involved with international adoption. A Helping Hand Adoption Agency, Inc. (A Helping Hand) will assist you with the legal and social work aspects involved with applying to adopt a child from China or Guatemala. The assistance provided by A Helping Hand occurs at the state, federal, and international level. A Helping Hand does not obtain custody of the children nor does it conduct physical or mental health examinations on the children. By initialing and signing below, you indicate that you understand the following risks and that you release A Helping Hand, its directors, officers, employees, and agents from liability in the following areas:

\_\_\_\_\_ The foreign adoption authorities retain the right to approve your application or deny it according to their admission criteria. The foreign authorities retain the right to change the criteria at any point in the process, and in all respects have sole authority to process your application or deny it. Foreign adoption programs may even close, which may result in no financial recourse. A Helping Hand is not responsible for nor does it have any control over an adoption program when foreign authorities close programs, change the adoption time frame, change or add requirements, add additional fees, and/or change any other factors that are at their discretion.

\_\_\_\_\_ Medical problems, known or unknown, may exist in internationally adopted children. Medical reports may be brief and are generally less sophisticated than medical reports prepared in the United States. A Helping Hand does not prepare the medical reports and does not guarantee their accuracy and reliability. Some information on the reports may even be incorrect. For example, the report may show a negative test for Hepatitis B when in fact the child is positive for Hepatitis B. A Helping Hand is not responsible for inaccurate or incomplete medical reports or for disclosed, or undisclosed medical conditions in the child.

\_\_\_\_\_ Institutionalized children have different experiences due to the environment in which they spend the early part of their life. Generally speaking, orphanages are under-staffed and under-funded decreasing the likelihood that these children are held, nurtured and stimulated. Due to the lack of healthy stimulation, institutionalized children may experience developmental delays which range from mild to serious. Different types of therapeutic interventions may be required (e.g. speech, occupational, and/or physical therapy). Similarly, the child may exhibit symptoms of and/or may have developed attachment issues/disorder. Attachment issues/disorder can range from mild to severe and therapeutic interventions may be required as treatment. Emotional and behavioral problems may result from developmental delays or attachment issues/disorder. A Helping Hand is not responsible for nor can it be held liable for any developmental delays, attachment issues/disorder, emotional problems or behavioral problems associated therewith which adopted children may experience.

**I/We have considered the above-mentioned risks. I/We release A Helping Hand Adoption Agency, Inc., its directors, officers, employees, and agents from liability for the above-mentioned risks.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Home Study

**Non-Kentucky Residents:** Do you have an agency to complete your home study?  Yes  No

If so, who will be your Home Study agency?

Agency Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

If you are applying for a Home Study only, who will be your Placing Agency?

Agency Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Are you currently going through an adoption?  Yes  No

Have you ever had an unfavorable home study?  Yes  No

**Parent Training:** I/We understand that as a client of AHH, I/we are required to accumulate 10 Family Credits of adoption related training. I/We also understand that, in addition, three specific classes are required for all Kentucky residents in order to be permitted to adopt: **Initial** \_\_\_\_\_

**Post-Adoption Reports:** I/We agree to cooperate completely with all post-adoption requirements established by the sending country and/or the agency from which I/we are adopting: **Initial** \_\_\_\_\_

**Release of information:** I/We give my consent for AHH to release my name and email address to other adoptive families in my log-in or travel group. **Initial** \_\_\_\_\_

**Note: All initials except Release of Information are required in order to process each application for adoption.**

## Statement of Agreement and Signature

I/We hereby certify by signing below that the information provided in this application is true and accurate to the best of my/our knowledge and is subject to verification. I/we also understand that withholding information may lead to disqualification of our adoption process. I/we understand that, due to potential changes in international policy, AHH can not guarantee the placement of a child and as such release AHH, its officers, directors, and employees from responsibility for risks discussed herein.

Adoptive Dad's Signature \_\_\_\_\_

Date \_\_\_\_\_

Adoptive Mom's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Next Steps

Return application to: **A Helping Hand Adoption Agency, 1510 Newtown Pike, Ste. 146 Lexington, KY 40511**

**Please include:**  One picture of your family with your family name on the back.

\$250.00 *non-refundable* Application Fee\*, payable to A Helping Hand Adoption Agency, Inc.

Method of payment:  Check,  Money Order,  Online\*\*

\* For AHH repeat adoptive parents, the \$250 Application Fee will be waived.

\*\* You can pay online at [www.worldadoptions.org](http://www.worldadoptions.org) using your Visa, MasterCard, AMEX, or Discover card.

## How Did You Find Us?

Referred by a Friend - Friend's Name \_\_\_\_\_

Internet:  Banner Ad  Search Engine/Web Site \_\_\_\_\_

Advertisement:  Radio \_\_\_\_\_  Television \_\_\_\_\_  Magazine \_\_\_\_\_

Seminar - Location \_\_\_\_\_ Location \_\_\_\_\_

Shaohannah's Hope  Philip Hayden Foundation  James Robinson  Other \_\_\_\_\_