



Karing Angels International Adoptions, Inc.

Application for Adoption

Please Read the Following Instructions Carefully Before Completing This Application

This application requests vital information necessary to assess your qualifications for doing an adoption. To help us assist you in adopting a child, please be thorough and honest in your responses. You might feel some information may seem trivial or unimportant, but your failure to disclose it could be cause for denial of adoption (i.e. you were given a traffic ticket when you were 18 years old for running a stop sign. Your argument with the State Trooper resulted in an arrest that was quickly cleared up. You have forgotten the incident). Every record of arrest is given to the FBI, even if the record has been expunged in your state. Since the FBI must clear you for the Citizenship and Immigration Services, every arrest will be reported and you could be denied adoption, not because of the incident, but due to the fact you failed to disclose it. All information given herein is strictly confidential. We comply with all Hague regulations and expectations and prohibit any practice of the abduction, exploitation, buying or trafficking of children as of Hague regulation 96.36 **Please print legibly.**

Information on Adoptive Father:

Name _____ Ethnic Background _____
 Birth Date & Place of Birth _____
 Social Security Number _____ Passport # & Expiration _____
 Employer _____ Length of Employment _____
 Occupation _____ Annual Salary \$ _____
 Highest level of Education _____ Military Service _____
 Religion _____ Prior Divorce _____ (Yes) _____ (No)
 U.S. Citizen _____ (yes) _____ (no) Citizen of what country _____
 Height _____ Weight _____ Complexion _____ Race _____

Information on Adoptive Mother:

Name _____ Ethnic Background _____
 Birth Date & Place of Birth _____
 Social Security Number _____ Passport # & Expiration _____
 Employer _____ Length of Employment _____
 Occupation _____ Annual Salary \$ _____
 Highest Level of Education _____ Maiden Name _____
 Religion _____ Prior Divorce _____ (Yes) _____ (No)
 U.S. Citizen _____ (yes) _____ (no) Do You Use Your Maiden Name _____
 Citizen of what country _____
 Height _____ Weight _____ Complexion _____ Race _____

General Information:

Home Address _____
 Street City (County) State Zip Code
 Home Telephone _____ Cell Phone/Pager _____
 (Area Code) Telephone Number
 Business Telephone _____ / _____
 (Adoptive Father) (Adoptive Mother)
 Email _____ / _____
 (Home) (Office)

Date of Marriage _____ Place of Marriage _____

Health Insurance Carrier _____

Life Insurance Carrier _____

Have you adopted before? Yes ____ No ____ If yes, how many times? _____

Other Children Living in Your Home

Name	Date of Birth	Adopted or Biological	Country

Do you have clearance from CIS to adopt? _____(Yes) _____(No)

Have you ever initiated a home study that was not completed? _____ (Yes) _____ (No)

IF yes, when and why? _____

Name of Agency _____

Do you have a completed home study? _____(Yes) _____ (No)

If no, have you commenced a home study? _____(Yes) _____ (No)

Anticipated completion date _____

Name of Certified Social Worker _____

Name of Home Study Agency _____

Address _____
Street City State Zip Code

Telephone _____ Fax _____

(We must have this information to send our Supervised or Inter-Agency Agreement to your Home Study Agency if not with KAIA)

Note: A home study is not a requirement for submitting an application.

For our NY families – check with us as we have Licensed Certified Social Workers who can do your home study....covering the following counties: NYC, Westchester, Kings county, Bronx, Orange, Richmond, Nassau and Suffolk.

TYPE OF CHILD YOU DESIRE:

Country _____ Desired Age of Child _____ Gender _____

Will you accept siblings? _____ If yes, how many? _____ Twins? _____

Will you accept a child with medical problems, i.e. Cleft Palate, Crossed eyes, Deafness, HIV, Heart Murmur, blindness, etc? _____

OTHER PERTINENT INFORMATION (If you answer **YES**, please explain, in detail, on a separate sheet of paper.

HUSBAND WIFE

Have you ever been arrested? _____

Are there any past incidents of drug/alcohol abuse? _____

What kind of children would you be uncomfortable adopting? _____

Have you ever gone for psychotherapy? _____

Have you ever taken medication or been hospitalized for emotional or psychiatric problems? _____

Have you ever sought marital counseling? _____

Have you ever been denied application, adoption processing or a home study by a social worker, adoption agency or CIS? _____

What is your reason for wanting to adopt? Please also share with us a little information about the child/children you hope to adopt. This information helps us to know more about you and enables us to be of greater assistance during the adoption process. _____

Are both parents willing to travel? YES NO. If no, explain _____

Have you had fertility issues that led you to adoption? If so, explain. _____

Have you tried IVF? How many times? _____

Are you aware because you are an inter-racial family you will probably be noticed and receive comments and/or questions? _____

Are you going to teach your child about his/her ethnic origin and celebrate being a multi-cultural family? _____

Are you aware that your child may have a previously undiagnosed learning disability, mental deficiency or medical problem? _____

How did you hear of Karing Angels? _____

I (We) understand that **KARING ANGELS INTERNATIONAL ADOPTIONS, INC.**, pledges to use all of its resources to provide its clients with as much information as possible about prospective adoptive children and to assist clients throughout the entire adoption process. I (We) also acknowledge that there is a possibility that some conditions could develop that are beyond **KARING ANGELS INTERNATIONAL ADOPTIONS** control, i.e. sudden change of adoption policies by foreign governments in the country I (we) have chosen for adoption, changes in international relations between the foreign country and the United States, or a change in the physical condition of an assigned child. I (We) further understand that an adopted child could arrive with medical problems, minor or major, that have been partially diagnosed or totally undiagnosed. I (We) have made an honest assessment of my (our) strengths and weaknesses in parenting. I (We) am/are willing to accept all responsibilities and risks associated with foreign adoption and the raising of an adopted child.

Please submit with **\$300.00** (non-refundable) Application Fee for preliminary review; your application will not be processed until the application fee is received in our office.

Enclose a photo of yourself for our files with this application.

We also need a photocopy of the **first page** of your Passport which includes your photo and signature.

Please remit to the address below. **Please do not fold.**



A 501(c) (3) non-profit agency
Authorized by the State of New York
Full Hague Accreditation
Established 26 July 2000

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Email: KaringAngelsIntl@aol.com

FINANCIAL STATEMENT

EMPLOYMENT INFORMATION

- Husband's annual salary \$ _____
- Wife's annual salary _____
- Other Income (Explain) _____
- **TOTAL INCOME** \$ _____

ASSETS

- Savings Account \$ _____
- Checking Account _____
- Home Equity _____
- Stocks and Bonds _____
- 401K _____
- Automobiles and Trucks _____
- Other Assets (Explain) _____

MONTHLY EXPENSES

- Rent or Mortgage payment \$ _____
- Food/Utilities _____
- Donations & Contributions _____
- Consumer Debt Payments _____
- School loan(s) _____
- **TOTAL MONTHLY EXPENSES** _____

☺ **Adoptive child will be covered by Medical and Hospital Insurance from:**

- ☺ _____ The date you arrive to pick up your child
- ☺ _____ The date the child arrives in your home
- ☺ _____ The date the adoption is finalized in Court

I (We) certify that all statements in this application are true and correct, and acknowledge that any misstatement of fact may be grounds for disqualification for adoption through Karing Angels International Adoptions, Inc.

Adoptive parent's signature

Date

Adoptive parent's signature

Date



