



A Helping Hand

ADOPTION AGENCY

For AHH Use Only

Date Received: _____

Date Approved: _____

Approved By: _____

FA / SW: _____

Application Last Revised: 02/09/2011

Adoption/Foster Application

Prospective Adoptive Father:

Legal First Name	Legal Middle Name	Legal Last Name	Casual Name
Home Phone: () -	Work: () -	Mobile: () -	
E-mail: _____			

Prospective Adoptive Mother:

Legal First Name	Legal Middle Name	Legal Last Name	Casual Name
Home Phone: () -	Work: () -	Mobile: () -	
E-mail: _____			

Address: _____

Street	Apartment/Unit Number		
City	State	Zip	Country

General Information

Prospective Adoptive Father	Prospective Adoptive Mother
Birth Date: _____	_____
Birth Place: _____	_____
Citizenship: _____	_____
Education: _____	_____
Employer: _____	_____
Occupation: _____	_____
Annual Income: _____	_____
Maiden Name: _____	_____

NOTE: This application is confidential and used for internal purposes only, including assisting in the potential approval of applicants to begin the adoption process. This information is not forwarded to a foreign country. Also, if you need to provide additional information, please include your name and the date on any and all attachments. Full and complete disclosure of all information prompted by the application's questions is required in order for AHH to accurately determine your eligibility to adopt. Any material information not disclosed in this application of providing false information could render you ineligible to complete the adoption/ Home Study.

A Helping Hand Adoption Agency Adoption Application | Last Name: _____ Date: _____

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

Prospective Adoptive Father: Date(s) of previous marriage(s) _____ Date(s) of Divorce(s) _____

Prospective Adoptive Mother: Date(s) of previous marriage(s) _____ Date(s) of Divorce(s) _____

Your Child(ren)

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

Please list their names and dates of birth

Circle One

Circle One

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
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

If yes, please list their name(s), age(s), and relationship to you: _____

Concurrent 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 **this** adoption.

Initial _____

Pregnancy: Are you currently pregnant? Yes No

We are aware that a pregnancy now or during any stage of the adoption process will affect **this** adoption.

Initial _____

Program Preference

I/We desire to be considered to adopt a child through the following adoption program: China China Waiting Children Russia Kazakhstan Nicaragua Ukraine Peru Panama Domestic Program Home Study Only Interim Foster Care

Please explain your choice of our adoption program: _____

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?

Prospective Adoptive Parents' Health:

Father's General Health: _____ **Mother's General Health:** _____
Height: _____ **Weight:** _____ **Height:** _____ **Weight:** _____

Let us know your medical history. 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.

	Father	Mother		Father	Mother
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	STD's / Communicable Diseases		
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	Mental / Emotional Disorder		
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? **Prospective Adoptive Father:** Yes No **Prospective Adoptive Mother:** Yes No
 Please state dosage and reason you are currently taking these medications.

Health Insurance

Please provide the name(s) of your insurance carrier(s): _____
Prospective Adoptive Father Prospective Adoptive Mother

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?
Prospective Adoptive Father: Yes No **Prospective Adoptive Mother:** Yes No
Other Resident (over the age of 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Home Study

Non-Kentucky Residents only: 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: _____
 Country you are adopting from: _____

Have you ever had an unfavorable home study? Yes No

If you checked Yes, please explain: _____

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 my/our adoption/home study process without any refund. I/we understand the requirements for prospective adoptive parents and that I/we may not be approved if I/we do not meet the requirements of AHH, State, US Federal or foreign government.

 Prospective Adoptive Father's Signature Date Prospective Adoptive Mom's Signature Date

Next Steps

Return application to: **A Helping Hand Adoption Agency, 1510 Newtown Pike, Ste. 152 Lexington, KY 40511**

Please include: One picture of your family with your family name on the back.
 Child Desired form (Domestic Adoption Only).
 \$250.00 *non-refundable* Application Fee, payable to A Helping Hand Adoption Agency, Inc.
 Method of payment: Check, Money Order, Online

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 _____
 Show Hope Philip Hayden Foundation Other _____