

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

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

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: _____

Child(ren) Requested

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

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?

- | | | | | | |
|--|---|--|--|---|--|
| <input type="checkbox"/> Cleft lip | <input type="checkbox"/> Missing limbs | <input type="checkbox"/> Club foot | <input type="checkbox"/> Crossed eyes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Cleft palate | <input type="checkbox"/> Missing digits | <input type="checkbox"/> Operable tumors | <input type="checkbox"/> Cataracts | <input type="checkbox"/> Deaf | <input type="checkbox"/> Albinism |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Missing hand | <input type="checkbox"/> Minor deformities | <input type="checkbox"/> Large birthmark | <input type="checkbox"/> Blind in one eye | <input type="checkbox"/> Ambiguous genitalia |
| <input type="checkbox"/> Scars/burns | <input type="checkbox"/> Missing foot | <input type="checkbox"/> Lazy eye | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> 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:** _____

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.

	Dad	Mom		Dad	Mom		
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	STD's / Communicable Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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
					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)
- _____ Kentucky Cabinet for Health and Family Services
- _____ State, County, and Local Police
- _____ Interstate Compact (ICPC)
- _____ Other state adoption agencies (for out-of-state adoption)
- _____ Home Study Agency - (Please provide agency name and contact information.)

- _____ Adoption Services Providers/ Central Authorities in a foreign country (International Adoption only)
- _____ Medical Doctor/Mental Health Counselor - (Please provide Doctor's name and contact information.)

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-Placement Reports: I/We agree to cooperate completely with all post-placement requirements established by the sending country, state 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/Home Study process without any refund. I/we understand that, due to potential changes in adoption policies, 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.

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*

*You can pay online at 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 _____