

Living Hope

ADOPTION AGENCY

美国生活的希望领养机构

APPLICATION FOR CHINA ADOPTION

Please mail your completed application to Living Hope Adoption Agency, P.O. Box 579, Fort Washington, PA 19034. The application must include the following items: one photograph featuring all applicants (no larger than wallet size) and \$200.00 check made payable to: Living Hope Adoption Agency, Inc.

Please type or print

Note: Omission of data may extend the approval process.

General Information

Father's Full Name: _____

Mother's Full Name: _____

Address: _____ Apartment # _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Mobile: _____ Work Phone: _____

E-mail Addresses: _____

How did you hear about Living Hope? _____

Prospective Father

Full Legal Name: _____ DOB: _____ SS#: _____

Nationality: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Birth Place: _____ U.S. Citizen? Yes No

Education (Highest level of education achieved): _____

Degree or Diploma: _____ Year Graduated: _____

Current Employer: _____ Position: _____

Gross Annual Income: _____ Date(s) of Employment: _____

Previous Employer: _____ Position: _____

Gross Annual Income: _____ Date(s) of Employment: _____

Hobbies, Special Interests: _____
Present Marriage Date: _____ City/State: _____ # of previous marriages: _____
Previous Marriage: Former Wife: _____ Date Married: _____
Date Terminated: _____ Reason for Termination: _____

Prospective Mother

Full Legal Name: _____ DOB: _____ SS#: _____
Nationality: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Birth Place: _____ U.S. Citizen? Yes No
Education (Highest level of education achieved): _____
Degree or Diploma: _____ Year Graduated: _____

Current Employer: _____ Position: _____
Gross Annual Income: _____ Date(s) of Employment: _____

Previous Employer: _____ Position: _____
Gross Annual Income: _____ Date(s) of Employment: _____

Hobbies, Special Interests: _____
Present Marriage Date: _____ City/State: _____ # of previous marriages: _____
Previous Marriage: Former Husband: _____ Date Married: _____
Date Terminated: _____ Reason for Termination: _____

Family – List all other persons living in your home; include children, relatives, boarders, roommates, and employees.
Use a separate sheet of paper if necessary.

Name: _____ Birth date: _____ Relationship: _____

Name: _____ Birth date: _____ Relationship: _____

Other Children (not living in the home):

Name: _____ Birth date: _____ Relationship: _____

Name: _____ Birth date: _____ Relationship: _____

General Health & Other Information

If you have questions regarding your eligibility please contact our agency.

Describe your general health (Good, Poor, etc...) Husband: _____ Wife: _____

	Father	Mother
Have either of you been treated by a mental health professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have either of you been prescribed anxiety or depression medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have either of you been treated for substance abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have either of you had major surgeries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have either of you been diagnosed with a significant disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do either of you suffer from any physical limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have either of you been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have either of you had a history of alcohol or substance abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have either of you been a perpetrator of child abuse, sexual or domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a complaint ever been filed against either of you for child abuse or neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any special communication needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- If you answered yes to any of the above questions please explain circumstances in a letter, including date(s), city/state of the incident, details of the incident, and the outcome, as well as your name at the time of the incident.

Do you have a medical health insurance plan that will also include your child by adoption upon placement?
 Yes No

Do you have a net-worth of at least \$80,000? Yes No

Adoption History

Please list any adoption agency/lawyer/resources you are presently working with:

Have you (or both of you) ever been rejected as an applicant for adoption? Yes No

If yes, please state the reason(s) why:

If you have previously completed an adoption(s), please list the agency/lawyer involved:

Agreement

We are interested in: Healthy Child Special Needs

To the best of our knowledge and belief, the above information is true and complete. We understand that failure to provide true and complete information may result in contract termination. We the applicants, agree to comply with the requirements of the Application Process. We will submit all requested documents. We have enclosed a check of \$200.00 as a non-refundable application fee.

Signature of Prospective Mother

Signature of Prospective Father

Date: _____

Date: _____

