

CATHOLIC CHARITIES OF BALTIMORE
2601 N. Howard Street Suite 200
Baltimore, Maryland 21218
(410) 659-4050

INTERNATIONAL CHILDREN'S SERVICES
RELATIVE ADOPTION--PRELIMINARY APPLICATION FORM
Please enclose a **non-refundable** check for \$400.00 with this Application

I. FAMILY DATA:

Husband's name: _____ Date of Application: _____ 20__

Wife's name: _____

Street Address: _____

County: _____ City: _____ State: _____ Zipcode: _____

Home Telephone: (____) _____ Work: Husband (____) _____ Wife (____) _____

Cell Phone: Husband (____) _____ Cell Phone: Wife: (____) _____

Husband's e-mail address: _____

Wife's e-mail address: _____

Total Number of Persons Living in Home: _____ How many adults currently reside in your household? _____
Please note: adults may not share bedrooms with children. Additionally, children of different genders may not share the same bedroom if they are over 2 years old. Does your home have adequate bedroom space for the number and gender of children you plan to adopt? _____ Yes _____ No

Names of other adults & relationship to you: _____

Please Note: All persons 17 or older, relatives or non-relatives, residing in the home must provide the same clearances as the prospective adoptive parents (medical, child abuse, motor vehicle, criminal)

Please Note: Catholic Charities will contact each child over the age of 17, either living with you or independently, to request a reference letter.

II. MARRIAGE:

Date: _____ Place: _____

NUMBER OF PREVIOUS MARRIAGE(S): Wife: _____ Husband: _____

Husband: _____

Date/Place of Marriage

Date/Place of Divorce

Wife: _____

Date/Place of Marriage

Date/Place of Divorce

III. CHILDREN:

Name _____ Date of Birth _____ Sex _____ Biological/Adopted _____ Place of Birth: _____ If adopted
give Finalization Date _____

Children of Previous Relationship(s): list name(s), age(s), person who has custody, with whom they reside and details of child support, if any.

IV. PERSONAL DATA: HUSBAND

Full Name: _____
First _____ Middle _____ Last _____

Social Security _____

#: _____ Age: _____ Birthdate: _____
Birthplace: _____ American Citizen: Yes ___ No ___
If No, Immigration Status: _____

Citizenship Granted: _____

Education: High School Graduate: Yes ___ No ___ Place _____ Date _____
If no, last grade completed _____

Did you attend college? Yes ___ No ___ If so, for how many years? _____

Did you graduate from college? Yes ___ No ___ If so, what was your major and
degree _____ (for example, B.A. in history) Graduation year _____

Name(s)/cities/state(s) of college(s): _____

Did you attend graduate school? Yes ___ No ___ If so, what was your degree _____ Grad year? _____

Name(s)/cities/state(s) of graduate school: _____

Employment:

Occupation/Title: _____ Annual Salary: \$ _____

Employer: _____
Name _____ Address _____

Employed: Part-time ___ Full-time ___ Date began: _____

Religion, if any: _____ Church Attending: _____

Race/Ethnicity: _____

Physical Description: Hair _____ Eyes _____

Height _____ Weight _____ BMI _____

Husband's General State of

Health: _____ Date of Last Physical

Exam: _____

List any history of or current and/or chronic diseases, surgeries, conditions, or cancer history and give details, include any mental health diagnoses: _____

List all current medications and why prescribed: _____

Have you ever experienced problems with alcohol or chemical dependency and/or abuse? No ___ Yes ___ If yes, please give time period and details, including treatment: _____

Have you ever and/or are you currently attending a 12-step meeting for alcohol, drug, gambling, sexual, eating or any other compulsive behaviors? No ___ Yes ___

Have you ever been charged with DUI or DWI (even if you were not convicted)? No ___ Yes ___ If yes, please give date(s), location/jurisdiction, and other details: *(You will need to provide us with court documentation showing disposition of your case.)*

Have you ever received individual and/or marital counseling or therapy? No ___ Yes ___

Have you ever been arrested (even if the arrest was later expunged)? No ___ Yes ___ If yes, please give date(s), location(s)/jurisdiction(s), and other details: *(You will need to provide us with court documentation showing disposition of your case.)*

Have you ever been accused, charged, or convicted of domestic violence, child abuse/neglect? No ___ Yes ___ Please give date(s) and details: _____

Please be aware that, upon receipt of all applications, Catholic Charities will conduct a Maryland Judicial Case Search, as part of our background checks of all applicants. The Maryland JCS will provide us with information about any civil or criminal cases in your name.

V. PERSONAL DATA: WIFE

Full Name: _____

First Middle (Maiden)

Last Social Security

#: _____ Age: _____ Birthdate: _____

Birthplace: _____ American Citizen: Yes ___ No ___
If No, Immigration Status: _____

Citizenship Granted: _____

Education: High School Graduate: Yes ___ No ___ Place _____ Date _____
If no, last grade completed _____

Did you attend college? Yes ___ No ___ If so, for how many years? _____

Did you graduate from college? Yes ___ No ___ If so, what was your major and
degree _____ (for example, B.A. in history) Graduation year _____

Name(s)/cities/state(s) of college(s): _____

Did you attend graduate school? Yes ___ No ___ If so, what was your degree _____ Grad year? _____

Name(s)/cities/state(s) of graduate school: _____

Employment:

Occupation/Title: _____ Annual Salary: \$ _____

Employer: _____

Name Address

Employed: Part-time ___ Full-time ___ Date began: _____

Religion, if any: _____ Church Attending: _____

Race/Ethnicity: _____

Physical Description: Hair _____ Eyes _____

Height _____ Weight _____

Wife's General State of Health: _____ Date of Last Physical Exam: _____

List any history of or current and/or chronic diseases, surgeries, conditions, or cancer history and give details.
Include any mental health diagnoses:

List all current medications and why prescribed:

Have you ever experienced problems with alcohol or chemical dependency and/or abuse? No ___ Yes ___ If yes,
please give time period and details, including treatment:

Have you ever and/or are you currently attending a 12-step meeting for alcohol, drug, gambling, sexual, or any

other compulsive behaviors? No ___ Yes ___

Have you ever been charged with DUI or DWI (even if you were not convicted)? No___ Yes___ If yes, please give date(s), location/jurisdiction, and other details: *(You will need to provide us with court documentation showing disposition of your case.)*

Have you ever received individual and/or marital counseling or therapy? No___ Yes___ If yes, please give date(s) and other details:

Have you ever been arrested (even if the arrest was later expunged)? No___ Yes___ If yes, please give date(s), location(s)/jurisdiction(s), and other details:

Have you ever been accused, charged, or convicted of domestic violence, child abuse/neglect? No___ Yes___ Please give date(s) and details: *(You will need to provide us with court documentation showing disposition of your case.)*

Please be aware, that upon receipt of all applications, Charities will conduct a Maryland Judicial Case Search, as part of our background checks of all applicants. The Maryland JCS will provide us with information about any civil or criminal cases in your name.

VI. INSURANCE:

Health Insurance Carrier: _____

Health Insurance Coverage is mandated for adopted children by federal law for most carriers (except the military -Champus - and religious organizations under separate regulations) from the time of placement for the purpose of adoption and includes pre-existing conditions.

Life Insurance: We require that each working parent secure at least \$100,000 in life insurance by the time the home study is completed (term or whole life) and that the stay-at-home parent secure at least \$50,000 in life insurance. Indicate current coverage.

Husband: _____ Wife: _____

VII. PREVIOUS AGENCY INFORMATION:

Have you ever applied to or worked with Catholic Charities or another agency for foster care, adoption, or a homestudy? No___ Yes___

If yes, what was the outcome of the process? If you did not complete the process, please explain:

If you have a completed home study, please ask the other agency to forward a copy to Catholic Charities.

Name of agency: _____

Address: _____

Phone #: _____

Name of Social Worker/Contact: _____

VIII. CHILD TO BE ADOPTED:

(In the case of siblings, please attach a list indicating name, sex, and date of birth of each child to be adopted.)

Name: _____ Sex: _____

Date of birth: _____ Country of origin: _____

Relationship (e.g., wife's niece): _____

Who is current caring for the child? _____

Where is the child currently living? _____

In order to qualify for an Adoption or Orphan Visa, the child must either have no parents--because of disappearance of; abandonment or desertion by, or separation or loss from both parents--OR must have only one parent who is not able to take care of the orphan properly and who has in writing irrevocably released the orphan for emigration and adoption.

Describe how the child you intend to adopt qualifies for an Orphan/Adoption Visa:

The child must also meet the Exit Criteria of his or her home country before becoming eligible for immigration. You are responsible for arranging that the child meets these criteria. Catholic Charities is not responsible for making contact with representatives from the child's country, unless you are adopting from the Philippines. Describe the contacts you have made with any attorneys, social service agencies, or court systems within the child's country.

Please be aware that although Catholic Charities can assure that the home study requirements of the U.S. Immigration and Naturalization Services are met through our home study process, we cannot make any representations about the requirements of the child's home country, and therefore cannot guarantee that the child will be eligible for immigration to the U.S.

Does the child you intend to adopt have any special medical condition or other special needs?

IX. LEAVE OF ABSENCE FOLLOWING PLACEMENT:

What is your plan for parental leave and who will be the primary caretaker?

Is the child familiar with the primary caretaker? ___Yes ___No

Our family assessment process for relative adoptions includes all clearances required by state and federal laws. There will be a preliminary interview in our office, a home visit, and a follow-up interview in our office. Interviews are scheduled on weekdays during regular working hours.

An autobiography will be required of each prospective adoptive parent prior to the intake interview. An outline of the topics to be covered is included in the packet of information, which will be given to you with your formal application materials at the preliminary interview.

By signing this application, we certify that the information provided is true to the best of our knowledge and that we understand that this is an application for services, including education and assessment, but does not constitute a contract for adoptive placement.

ONGOING DUTY TO DISCLOSE INFORMATION, INCLUDING PREGNANCY:

Catholic Charities hereby advises the applicants of the duty of candor, specifically noting the ongoing duty of disclosure of new events or information, per Hague Convention regulations 8 CFR 204.309 (f), which may require an updated or amended home study. Applicants are advised that they must answer all questions truthfully and must disclose adverse criminal history, whether the event occurred within the United States or abroad, even if the event did not lead to any conviction, or if any conviction was expunged, sealed, pardoned, or otherwise ameliorated. This duty is ongoing, and applicants must disclose to the home study preparer any additional events that might occur before the admission of a child into the United States.

If any significant personal information has been withheld or misrepresented and Catholic Charities should learn it at a date beyond the application, we may discontinue the process and revoke approval, if applicable. There will be no fee refunds, of any kind, for any reason, in these situations.

In the event that the female applicant becomes pregnant during the adoption process (before the child is placed in your home) you must inform Catholic Charities. An individualized plan will be developed about if and how we will proceed with the adoption process.

By signing this application, we certify that the information provided is true to the best of our knowledge and that we understand that this is an application for services, including education and assessment, but does not constitute a contract for adoptive placement.

Husband's Signature _____ Date: _____

Wife's

Signature

Date:
