

CATHOLIC CHARITIES OF BALTIMORE

2601 N. Howard Street, Suite 200

Baltimore, MD 21218

(410) 659-4050

PRELIMINARY APPLICATION FOR INTERNATIONAL ADOPTION SERVICES

Please enclose a *non-refundable* check for \$300.00 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: (____) _____

e-mail address: Husband _____

e-mail address: Wife _____

Total Number of Persons Living in Home: _____

How many adults currently reside in your household? _____

Names of any other adults & relationship: _____

Please Note: All persons 18 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, and criminal)

Please Note: Catholic Charities will contact each child over the age of 18, either living with you or independently, to write a reference letter.

II. PRE-ADOPTION COURSE REQUIREMENT:

We strongly encourage that international applicants attend Catholic Charities Adoption Information Meeting before starting your home study.

Have you attended a Catholic Charities Adoption Information Meeting?

____ Yes ____ No Date: _____

III. 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

IV. CHILDREN:

Name	Date of Birth	Sex	Biological/Adopted	Place of Birth	If adopted also give Finalization Date
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1. _____
2. _____
3. _____
4. _____

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.

V. PERSONAL DATA: HUSBAND

Full Name: _____
First Middle Last

Social Security #: _____ Age: _____ Birthdate: _____

Birthplace: _____ American Citizen: Yes ___ No ___
If No, what is your immigration status? _____

Citizenship Granted: _____
Place Date

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

Higher Education: ___ Yrs. Degree(s)/

Major(s) _____

Employment:
Occupation/Title: _____

Employer: _____
Name Address

Annual Salary: \$ _____

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(s)/jurisdiction(s), 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: *(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.

VI. PERSONAL DATA: WIFE

Full Name: _____
 First Middle (Maiden) Last

Social Security #: _____ Age: _____ Birthdate: _____

Birthplace: _____ American Citizen: Yes ___ No ___
If No, immigration status: _____

Citizenship Granted: _____
Place Date

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

Higher Education: ___ Yrs. Degree(s)/

Major(s) _____

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 _____

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

List any history of or current/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 behavior? 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: *(You will need to provide us with court documentation showing disposition of your case.)*

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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.

VII. 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: _____

VIII. 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: _____

Clients who have previously adopted should submit documentation of all previous training (on-line certificates, curriculum outline/certificate from group classes, etc.) Your social worker will work with you to individually design an education plan that best suits your needs and interests. The 7 hour group training at Catholic Charities may or may not be required.

IX. CHILD TO BE ADOPTED:

Preferred Country, if you have decided: _____

Preferred Age Range of Child: _____ (at time of placement)

Siblings? _____ Number: _____ Age Range: _____

If you plan to adopt through Catholic Charities' Korean or Philippine programs, childless couples may not request a girl. If you already have a son, you may request a daughter.. If you are working with another agency for child placement services, check with that agency for their policy regarding gender requests.

If appropriate, indicate gender preference: Male _____ Female _____

Catholic Charities is committed to placing children in adoptive families. While the majority of these children have the potential for normal grown and development, there are some with special medical needs who are available for adoption. The following list includes some of the general special medical needs we encounter. If you are interested in considering the adoption of a child with any of these medical conditions, please place a check mark in the appropriate space. A check mark indicates a willingness to discuss a need, not a commitment.

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Hearing Impairments | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Other |
| <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Vision Impairments | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> None |
| <input type="checkbox"/> Clubbed Foot/Feet | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Severe Malnutrition | <input type="checkbox"/> Delayed Development | <input type="checkbox"/> Cleft Lip and/or Palate | |
| <input type="checkbox"/> Birthparent History of Drug/Alcohol Abuse | | <input type="checkbox"/> Birthparent History of Mental Illness | |

If you wish to elaborate on the subject of special needs and your abilities to meet such needs, please use the following space:

X. LEAVE OF ABSENCE FOLLOWING PLACEMENT:

We require that a three month leave be taken, which may be shared in monthly increments, by the adoptive parents. This applies to children who are younger than school-age. However, we ask that school-age children not be enrolled in school within the first 2-3 weeks after placement. We recommend that one parent be at home both before and after regular school hours.

What is your plan for parental leave? _____

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.

IMPORTANT

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.

Husband's Signature _____ Date: _____

Wife's Signature _____ Date: _____