

CATHOLIC CHARITIES OF BALTIMORE

2601 N. Howard Street, Suite 200
Baltimore, MD 21218
(410) 659-4050

PRELIMINARY APPLICATION FOR INTERNATIONAL ADOPTION SERVICES
SINGLE APPLICANT

Please enclose a *non-refundable* check for \$300.00 with this application.

I. FAMILY DATA:

Applicant Name: _____ Application Date: _____

Street Address: _____

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

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

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? _____

Names of 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.

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-ADOPTIVE COURSE REQUIREMENTS:

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

Have you attended a Catholic Charities Adoption Information Meeting?

_____ Yes No _____ Date _____

III. NUMBER OF PREVIOUS MARRIAGES: (husband) _____ (wife) _____

Race/Ethnicity: _____

Physical Description: Hair: _____ Eyes: _____ Height: _____ Weight: _____

Applicant'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 applicants, 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. 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 (term or whole life), before the home study is completed. Coverage: _____

PREVIOUS AGENCY INFORMATION:

Have you ever applied to or worked with another agency for foster care, adoption or a home study? 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.

VIII. CHILD TO BE ADOPTED:

Preferred Country, if known: _____

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

Siblings? _____ Number: _____ Age Range? _____

Indicate gender preference: Male ___ Female ___ Either ___

Catholic Charities is committed to placing children in adoptive families. While the majority of these children have the potential for normal growth 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"/> Others |
| <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:

IX. LEAVE OF ABSENCE FOLLOWING PLACEMENT:

We require that at least six weeks of parental leave be taken, and prefer longer, if possible. Your social worker will discuss your parental leave plan with you. 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 the parent be at home both before and after regular school hours.

What is your plan for parental leave? _____

By signing this application, I certify that the information provided is true to the best of my knowledge and that I 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.

Applicant's Signature: _____ Date: _____