



Adopt-A-Child, Inc.
INTERNATIONAL

6315 Forbes Avenue, Suite L-120, Pittsburgh, PA 15217 Phone 1-800-246-4848 or 412-421-1911 Fax 412-421-9303 www.adopt-a-child.org

RUSSIAN ADOPTION APPLICATION

DATE OPENED

CASE NO.

PROSPECTIVE MOTHER

LAST NAME FIRST NAME M.I.

PROSPECTIVE FATHER

LAST NAME FIRST NAME M.I.

STREET ADDRESS CITY STATE ZIP

HOME PHONE NUMBER HOME FAX NUMBER

HERS

HIS

AGE DATE OF BIRTH

AGE DATE OF BIRTH

CITIZENSHIP

CITIZENSHIP

OCCUPATION

OCCUPATION

WORK PHONE NUMBER

WORK PHONE NUMBER

CELL PHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS

EMAIL ADDRESS

BEST WAY TO REACH YOU DURING THE DAY

BEST WAY TO REACH YOU DURING THE DAY

CHILD PREFERENCE

GENDER: MALE ___ FEMALE ___ NO PREFERENCE ___

AGE RANGE: _____

PASSPORT INFORMATION:

IF YOU DO NOT HAVE A PASSPORT, PLEASE APPLY FOR ONE IMMEDIATELY. IF YOU HAVE A PASSPORT, AND IT IS WITHIN ONE YEAR OF EXPIRATION, PLEASE RENEW IT IMMEDIATELY.

HERS

HIS

NAME AS IT APPEARS ON PASSPORT

NAME AS IT APPEARS ON PASSPORT

PASSPORT NUMBER

PASSPORT NUMBER

PLACE OF BIRTH

PLACE OF BIRTH

DATE ISSUED

DATE ISSUED

ISSUING AUTHORITY

ISSUING AUTHORITY

DATE OF EXPIRATION

DATE OF EXPIRATION

EMPLOYER INFORMATION:

HERS

HIS

EMPLOYER

EMPLOYER

EMPLOYER ADDRESS

EMPLOYER ADDRESS

EMPLOYER CITY/STATE/ZIP

EMPLOYER CITY/STATE/ZIP

MARRIAGE INFORMATION:

DATE OF MARRIAGE YEARS MARRIED

MARRIAGE LICENSE NUMBER STATE

BIRTH CERTIFICATE INFORMATION: (FOR SINGLE WOMEN ONLY)

DATE OF BIRTH

BIRTH CERTIFICATE NUMBER STATE

FAMILY INFORMATION:

CHILDREN:

NAME: _____ F__ M__ AGE:___ LIVING IN HOME: Y__ N__ ADOPTED: Y__ N__

NAME: _____ F__ M__ AGE:___ LIVING IN HOME: Y__ N__ ADOPTED: Y__ N__

NAME: _____ F__ M__ AGE:___ LIVING IN HOME: Y__ N__ ADOPTED: Y__ N__

OTHER INDIVIDUALS LIVING IN THE HOUSEHOLD:

NAME: _____ F__ M__ AGE:___ RELATIONSHIP: _____

NAME: _____ F__ M__ AGE:___ RELATIONSHIP: _____

NAME: _____ F__ M__ AGE:___ RELATIONSHIP: _____

HEALTH HISTORY:

HAVE YOU EVER BEEN DIAGNOSED WITH A LIFE THREATENING ILLNESS OR CHRONIC DISEASE? (SUCH AS, BUT NOT LIMITED TO, CANCER OF ANY KIND, DIABETES, HEART DISEASE, EPILEPSY) IF YES, PLEASE EXPLAIN _____

ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE FOR ANY MEDICAL REASON? IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER RECEIVED PSYCHOLOGICAL COUNSELING? IF YES, PLEASE EXPLAIN _____

LIST ALL MEDICATIONS THAT YOU ARE CURRENTLY TAKING FOR HEALTH OR MENTAL HEALTH ISSUES _____

HAS ANYONE IN YOUR IMMEDIATE FAMILY EVER BEEN DIAGNOSED OR TREATED FOR A MENTAL ILLNESS, ALCOHOLISM, OR SUBSTANCE ABUSE? IF YES, PLEASE EXPLAIN _____

BACKGROUND INFORMATION:

HAVE YOU EVER FILED FOR BANKRUPTCY? IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN DENIED APPROVAL FOR ADOPTION OR FOSTER CARE? IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER HAD YOUR PARENTAL RIGHT TERMINATED, VOLUNTARILY OR INVOLUNTARILY? IF YES, PLEASE EXPLAIN _____

HAVE YOU ATTENDED AN ADOPT-A-CHILD SEMINAR? YES ___ NO ___ IF YES, WHEN/WHERE? _____

DID YOU FIND IT HELPFUL? _____

HAVE YOU TALKED TO AN ADOPT-A-CHILD STAFF MEMBER EITHER IN PERSON OR BY PHONE BEFORE COMPLETING THIS APPLICATION? IF YES, DID YOU FIND IT HELPFUL? _____

DID YOU CONTACT AN ADOPT-A-CHILD FAMILY THROUGH OUR REFERRAL NETWORK BEFORE COMPLETING THIS APPLICATION? IF YES, DID YOU FIND IT HELPFUL? _____

APPLICANT SIGNATURE:

PLEASE NOTE: THE INFORMATION THAT YOU HAVE PROVIDED IN THIS APPLICATION WILL BE USED EXCLUSIVELY FOR THE PURPOSE OF ADOPTION AND WILL BE HELD CONFIDENTIALLY.

WE WOULD LIKE TO APPLY FOR AN ADOPTION THROUGH ADOPT-A-CHILD, INC. WE AGREE TO DISCLOSE FULLY AND TRUTHFULLY ANY REQUIRED INFORMATION FOR THE COMPLETION OF THE ADOPTION PROCESS. **FOR THE PURPOSE OF OPENING A FILE AND INITIATION OF PAPERWORK, THERE IS A NON-REFUNDABLE FEE OF \$250.00.**

SIGNATURE (HERS)

DATE

SIGNATURE (HIS)

DATE

APPLICATION FOR RUSSIAN ADOPTION