

# APPLICATION FOR CHINA ADOPTION

Family Last Name: \_\_\_\_\_  
(If different or hyphenated last name, list both: Wife/Husband)

- ♥ Please do not leave any fields blank
- ♥ Use N/A or “None” as applicable

The information you provide in this application is very important in determining your qualifications as an adoptive family. All information provided will remain confidential and will be used only by CCAI personnel to assist you in the adoption process. This application will not go to China. Please do not omit items (e.g. number of marriages/divorces, arrest records, medical information, therapeutic issues, etc). Failure to provide accurate and complete information may prevent CCAI from processing your application and may result in the closure of your file. CCAI reserves the right to perform its own confidential investigation pertaining to the information provided by you should CCAI deem it necessary.

**CCAI ♥ 5825 Glenridge Dr, Bldg 1, Suite 126 ♥ Atlanta, GA 30328-5393 ♥ USA**  
♥ Phone: 404-250-0055 ♥ Fax: 404-250-0099 ♥ Email: [ccaiga2@ccaifamily.org](mailto:ccaiga2@ccaifamily.org) ♥ Website: [www.ccaifamily.org](http://www.ccaifamily.org) ♥



# GENERAL INFORMATION

(Please do not leave any blanks)

WIFE

HUSBAND

FULL LEGAL NAME \_\_\_\_\_

NAME YOU GO BY \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

BIRTHPLACE (City/State/Country) \_\_\_\_\_

DATE OF BIRTH/AGE

DOB \_\_\_\_\_ AGE \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_

COUNTRY OF CITIZENSHIP\* \_\_\_\_\_

ETHNICITY (Race) \_\_\_\_\_

EDUCATION (Highest Level Completed\*\*) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

PRIMARY EMPLOYER \_\_\_\_\_

HOBBIES/TALENTS \_\_\_\_\_

RELIGION \_\_\_\_\_

\* Non-US citizens must submit a copy of their valid green card with application please.

\*\* If High School, please state if diploma or GED received.

HOME ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY COUNTY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_ Have you resided outside of the US in the past 5 years? \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ PRIMARY PHONE FAX PRIMARY E-MAIL

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ WIFE WORK HUSBAND WORK WIFE CELL HUSBAND CELL

Do we have your permission to contact you at work? Wife: Yes \_\_\_\_\_ No \_\_\_\_\_ Husband: Yes \_\_\_\_\_ No \_\_\_\_\_

**DATE OF CURRENT MARRIAGE\*:** \_\_\_\_\_ **CITY/STATE/COUNTRY:** \_\_\_\_\_

\* Date must be verifiable by a government issued document (document not required with application) **WIFE'S MAIDEN NAME:** \_\_\_\_\_

**HAVE EITHER OF YOU BEEN PREVIOUSLY MARRIED?** Wife: Yes \_\_\_\_\_ No \_\_\_\_\_ Husband: Yes \_\_\_\_\_ No \_\_\_\_\_

	How Ended (i.e. annulment, divorce, death)	Date Ended (month/year)	Previous Spouse's Name
Wife	_____	_____	_____
	_____	_____	_____
Husband	_____	_____	_____
	_____	_____	_____

**CHILDREN:** Please list all children ever born to or adopted by either applicant. (If you do not have any children, please put "N/A")

Name	Age	Gender	Date of Birth	Birth/Adopted**	Ethnicity	Current Location/Custody
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*\*Please note group number for children who have been adopted through CCAI.

**OTHERS IN HOUSEHOLD (incl. others living in home, living on property, OR working in the home on a regular basis)**

Name	Age	Gender	Date of Birth	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ARREST HISTORY**

HAVE YOU **EVER** BEEN ARRESTED or CITED FOR **ANY** REASON AT **ANY** AGE? (Even if it was expunged, dismissed, dropped, sealed, or charged in another state OR as a minor, not including traffic tickets.) Please be aware that failure to disclose **ANY** arrest history, even if acquitted, not convicted, sealed, not fingerprinted or not jailed, will result in immediate closure of your adoption file.

WIFE: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_ REASON: \_\_\_\_\_ OUTCOME: \_\_\_\_\_ JAIL TIME? Yes \_\_\_\_\_ No \_\_\_\_\_

HUSBAND: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_ REASON: \_\_\_\_\_ OUTCOME: \_\_\_\_\_ JAIL TIME? Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, please include the following with your application: 1) a detailed explanation of the arrest, written by you, and 2) a photocopy\* of the disposition report obtained from the court in the jurisdiction **in which your arrest occurred**.

\*Note: Request one certified dispositional report from the related court for each incident listed above; submit a photocopy with this application and keep the original for your USCIS filing.

**HEALTH INFORMATION**

**Height**      **Weight**      **BMI \***  
 Wife \_\_\_\_\_  
 Husband \_\_\_\_\_

\* To calculate your BMI go to:  
[http://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/english\\_bmi\\_calculator/bmi\\_calculator.html](http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html)

**HAVE YOU EVER HAD (W=Wife, H=Husband):**

	NO	YES	DATE/EXPLAIN		NO	YES	DATE/EXPLAIN
Tuberculosis	_____	_____	_____	Cancer/Tumor	_____	_____	_____
Heart Disease	_____	_____	_____	Liver Disease	_____	_____	_____
Sexual Disease	_____	_____	_____	Kidney Disease	_____	_____	_____
Mental Illness (1)	_____	_____	_____	Nervous Disorder	_____	_____	_____
Lupus	_____	_____	_____	Seizure Disorder/Epilepsy	_____	_____	_____
Procedures (2)	_____	_____	_____	Genetic Disease	_____	_____	_____
Operations (2)	_____	_____	_____	Counseling or Therapy	_____	_____	_____
Illness/ Injury Requiring Hospitalization	_____	_____	_____	Alcohol Abuse	_____	_____	_____
				Drug Use/Experimentation (3)	_____	_____	_____
				Any Physical Impairment (e.g. blindness, deafness, paralysis, missing limbs, etc)	_____	_____	_____

	NO	YES	DATE/REASON
❖ Have you ever tested positive for HIV and/or Hepatitis B?	_____	_____	_____
❖ Are you currently taking any medications? (1) and (2)	_____	_____	_____
If YES, list name and purpose of medications: _____			

**If “YES” is checked in any category above, you may be required to submit a copy of your doctor’s letter to this application. A separate letter is required for each applicant. Each letter should state in layman’s terms: a simple description of the medical issue, onset, treatment, outcome (recovered, “controlled with medication,” etc) and recommendation for adoption (e.g., “This person is in good physical and mental condition necessary to provide responsible care for an adopted child”). Your current MD or DO can complete each letter. It does not need to be completed by the physician who treated the medical issue. Please see the footnotes below. Contact CCAI with any questions.**

- (1) If either applicant is currently taking medication for a diagnosis of schizophrenia, the applicant is not eligible to apply. If either applicant is currently taking medications for the diagnosis of bi-polar, or have taken medications in the past for this diagnosis, please contact CCAI.
- (2) We **do not need** a doctor’s letter for most procedures, operations, medical issues, or their related medications including but not limited to: acid reflux, allergies, appendectomy, C-section, chicken pox, cholecystectomy, benign cyst, fertility issues, GERD, hernia repair, high cholesterol, hypo/hyperthyroidism, Lasik eye surgery, minor surgeries (such as hand, knee, foot, shoulder), rhinoplasty, and tonsillectomy.
- (3) Applicants with a history of illegal drug use, including experimentation, are not eligible to apply.

**Is infertility one of your reasons for pursuing adoption? Yes \_\_\_\_\_ No \_\_\_\_\_**      **Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_**

**HEALTH INSURANCE** – CCAI recommends that adoptive families research their health insurance terms/limits to avoid delays in coverage. We also encourage you to begin thinking about guardianship for your adopted Chinese child. All families will be asked to provide this information to their social worker during the home study process.

HEALTH INSURANCE PROVIDER: \_\_\_\_\_  
 Will they cover an adopted child? \_\_\_\_\_ Will they cover a child with a pre-existing condition? \_\_\_\_\_

**EXTENDED FAMILY** – Use additional page if necessary. Please list all immediate family members (living or deceased).

If we are unable to reach you (e.g., on match day or for post adoption) do we have permission to contact members of your extended family? Please indicate “Yes” or “No” below.

**WIFE’S FAMILY**

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	( ) _____	_____
Mother:	_____	_____	_____	_____	( ) _____	_____
Sibling:	_____	_____	_____	_____	( ) _____	_____
Sibling:	_____	_____	_____	_____	( ) _____	_____

**HUSBAND’S FAMILY**

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	( ) _____	_____
Mother:	_____	_____	_____	_____	( ) _____	_____
Sibling:	_____	_____	_____	_____	( ) _____	_____
Sibling:	_____	_____	_____	_____	( ) _____	_____

**EMPLOYER :** CCAI will **only** contact your employer if we deem it necessary; however, we still need complete information on this application.

	WIFE	HUSBAND
Company Name	_____	_____
Supervisor	_____	_____
Street Address	_____	_____
City/State/ZIP	_____	_____
Phone	_____	_____

**REFERENCES:** Your application cannot be approved until all references have been received at the CCAI office. GA law requires “at least one reference must be from an extended family member not residing with the prospective adoptive family.”

Please list three personal references

	Name	E-mail Address	Mailing Address	Phone Number
1.	_____	_____	_____	( ) _____
2.	_____	_____	_____	( ) _____
3.	_____	_____	_____	( ) _____

**FINANCIAL INFORMATION**

**Name of Employer**

**Employment Dates**

**Verifiable Gross Annual Income**

**WIFE (Present):**

If less than 3 years (Previous):

\_\_\_\_\_

**HUSBAND (Present):**

If less than 3 years (Previous):

\_\_\_\_\_

OTHER CURRENT ANNUAL INCOME (List Source): \_\_\_\_\_

(e.g. Rental / Employment / Interest / Other income)

TOTAL ANNUAL INCOME

**PRIMARY RESIDENCE** Rented \_\_\_\_\_ Owned \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Monthly payment or rent \$ \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

**ASSETS**

Primary Residence (approx. value): \$ \_\_\_\_\_

Real Estate (other than primary residence): \$ \_\_\_\_\_

Vehicles: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Savings Account(s): \$ \_\_\_\_\_

Checking Account(s) (usual balance): \$ \_\_\_\_\_

Bonds: \$ \_\_\_\_\_

Stocks: \$ \_\_\_\_\_

Contents of home based on insurance replacement value: \$ \_\_\_\_\_

(Obtained from home/renters insurance policy)

401K/Retirement: \$ \_\_\_\_\_

Other\*: \$ \_\_\_\_\_

(\*IRA, PERA, etc)

**TOTAL ASSETS:** \$ \_\_\_\_\_

**LIABILITIES**

Owed

Monthly Payment

Mortgage Balance: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Credit Cards: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Bank Loans: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL LIABILITIES:** \$ \_\_\_\_\_

**NET WORTH:** \$ \_\_\_\_\_

What significant changes do you anticipate in your financial situation, if any? \_\_\_\_\_

Please share with us how you are going to finance this adoption.

\_\_\_\_\_

## ADOPTION

Why do you wish to adopt a child from China? \_\_\_\_\_

How did you hear about CCAI? \_\_\_\_\_

If you attended a CCAI information meeting, please indicate: Date: \_\_\_\_\_ Location or Phone Conference: \_\_\_\_\_ Speaker: \_\_\_\_\_

### **CHILD or CHILDREN PREFERRED FROM THE WAITING CHILD PROGRAM (Children with identified medical conditions):**

\_\_\_\_ Female \_\_\_\_ Male \_\_\_\_ Either Age Range: \_\_\_\_ to \_\_\_\_ months / years (please circle one)

We are interested in adopting: \_\_\_\_ One child \_\_\_\_ More than one child

\_\_\_\_ We have previously submitted our Medical Conditions Checklist to the Waiting Child Program (via the CCAI website)

\_\_\_\_ We will submit our Medical Conditions Checklist in the future \*

\_\_\_\_ We have been matched with \_\_\_\_\_  
(Child's name)

\*CCAI is not accepting Applications for the "Traditional Program" (children with no known medical conditions). A small percentage of our children in the Waiting Child Program are older children (over the age of 10 years old) with no known physical conditions.

We understand that if/when available, a child will be presented to us based on our preferences as indicated on our Medical Conditions Checklist.

Initials: Wife \_\_\_\_\_ Husband \_\_\_\_\_

## FAMILY ASSESSMENT

YES NO

\_\_\_\_ Are you presently pursuing adoption possibilities through another agency? Agency name: \_\_\_\_\_

\_\_\_\_ Have you ever had a home study completed? Date: \_\_\_\_\_ Agency name: \_\_\_\_\_

\_\_\_\_ Have you ever been denied for the placement of a child?

\_\_\_\_ Have you ever disrupted/dissolved or relinquished a child adopted from another country?

\_\_\_\_ Has a child ever been removed from your home?

\_\_\_\_ Have you ever been charged with child abuse, sexual abuse or domestic violence?

If you answered "YES" to any of the above, please provide a detailed explanation. Letter Attached? \_\_\_\_\_

## CHINA ADOPTION(S) Through Another Agency

YES NO

\_\_\_\_ Have you ever completed a China adoption through another agency? Agency name: \_\_\_\_\_

\_\_\_\_ Have you ever applied and had your application denied for any China adoption program? Agency name: \_\_\_\_\_

\_\_\_\_ Have you ever refused a child, while in China (disrupted or dissolved adoption)?

\_\_\_\_ Have you ever relinquished an adoptive child from China?

\_\_\_\_ Do you currently have a complete dossier sent to China through another agency? Agency name: \_\_\_\_\_

If you answered "YES" to any of the above, please provide a detailed explanation. Letter Attached? \_\_\_\_\_

Please share with us some details about your previous China adoption(s), if any:

Date of adoption finalization in China: \_\_\_\_\_ Age of child at time of referral: \_\_\_\_\_ Health status: \_\_\_\_\_ Orphanage/Province: \_\_\_\_\_

Date of adoption finalization in China: \_\_\_\_\_ Age of child at time of referral: \_\_\_\_\_ Health status: \_\_\_\_\_ Orphanage/Province: \_\_\_\_\_

Your home study will be completed by a CCAI social worker who will be assigned to your family.

## IMPORTANT ADOPTION INFORMATION

There are certain risks involved in international adoption. While CCAI will attempt to provide you with all available information about the prospective adoptive child and assist you with the entire adoption process, some unpredictable problems and/or events which are beyond CCAI's control may nevertheless occur. These unpredictable problems and/or events include, but are not limited to: sudden changes in the adoption requirements or policies promulgated by the Chinese or U.S. governments and changes in international relations between China and the United States.

In addition, a child may be placed with you who may have physical and/or emotional problems, minor or major, that have remained partially or totally undiagnosed and which were unknown to CCAI. Therefore, your motivation for adoption and an honest assessment of your strengths and weaknesses in parenting are extremely important.

## SIGNATURES

**We attest that the information we have provided in this application is true, complete, and accurate to the best of our knowledge, and we understand that any and all responses are subject to verification. We have read the complete information provided by CCAI regarding this adoption program, and understand the risks involved in international adoption. We understand that the approval of our application does not guarantee the placement of a child. We understand that CCAI reserves the right to close our file at any time if we fail to disclose requested information fully and accurately.**

Initials: Wife \_\_\_\_\_ Husband \_\_\_\_\_

**We understand that by signing this application we agree to notify CCAI immediately upon any changes in our personal or family situation including but not limited to: job change, change of address, separation, divorce, arrest, pregnancy, placement of foster or adopted child(ren), change in number of or identity of person's living in our home, significant changes in physical or mental health status, significant changes in financial status, or any other significant event at any time during the adoption process. We understand that CCAI reserves the right to close our file should any of these changes disqualify us for China adoption.**

Initials: Wife \_\_\_\_\_ Husband \_\_\_\_\_

Wife's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Husband's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Upon submission please include:

### GEORGIA FAMILIES CHECKLIST

- \_\_\_\_\_ Application
- \_\_\_\_\_ Fee \$ \_\_\_\_\_
- \_\_\_\_\_ Residential History
- \_\_\_\_\_ Applicable Attachments  
(e.g. doctor's letter, explanation of arrest, disposition report, etc)
- \_\_\_\_\_ Make a copy of this application for your records

To submit your application to CCAI with a non-refundable application fee of \$250 (\$150 for families who have previously adopted through CCAI) either:

- 1) Mail your application and non-refundable application fee of \$250 payable to CCAI (\$150 for families who have previously adopted through CCAI); or
- 2) Scan and email your application with appropriate application fee (submitted via credit card authorization form – Visa or MasterCard only); or
- 3) Fax your application with appropriate application fee (submitted via credit card authorization form – Visa or MasterCard only); or
- 4) Upload your application to the CCAI website ([www.ccaifamily.org/application/App-Upload.aspx](http://www.ccaifamily.org/application/App-Upload.aspx)) with appropriate application fee.

## CCAI GEORGIA

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Atlanta, GA 30328-5393

Email: [ccaiga2@ccaifamily.org](mailto:ccaiga2@ccaifamily.org)

Fax: 404-250-0099







**CCAI Credit Card Authorization Form**

Print Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ Application Fee of \$ **250.00** \_\_\_\_\_ (First time CCAI families)

\_\_\_\_\_ Application Fee of \$ **150.00** \_\_\_\_\_ (Returning CCAI families)

An additional two percent (2.5%) will be automatically calculated and charged to cover credit card company's fees.

By printing my name below I/we authorize CCAI to immediately charge my credit card for the Application Fee (and applicable credit card company fees) indicated above.

MasterCard

Visa

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSV Code: \_\_\_\_\_  
(from back of the card)

Cardholder's Name: \_\_\_\_\_  
(Please print exactly as it appears on credit card)