

# APPLICATION FOR DOMESTIC ADOPTION

Family Last Name: \_\_\_\_\_  
(If different or hyphenated last name, list both for Applicant 1/Applicant 2)

- ♥ Please print clearly, initial & sign in ink
- ♥ Use additional paper if necessary
- ♥ 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 and your social worker to assist you in the adoption process. This application will not be given to your pacing agency. Please do not omit items (i.e. number of divorces, arrest records, medical information and therapeutic issues). 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 ♥ 6920 S. Holly Circle ♥ Centennial, CO 80112-1018 ♥ USA**  
♥ Phone: 303-850-9998 ♥ Fax: 303-850-9997 ♥ Email: [domestic@ccaifamily.org](mailto:domestic@ccaifamily.org) ♥ Website: [www.ccaifamily.org](http://www.ccaifamily.org) ♥  
*CCAI is a division of Chinese Children Charities*

# GENERAL INFORMATION

(Please do not leave any blanks)

APPLICANT 1

APPLICANT 2

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	_____	_____
EDUCATION	_____	_____
OCCUPATION	_____	_____
PRIMARY EMPLOYER	_____	_____
HOBBIES/TALENTS	_____	_____
RELIGION	_____	_____

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

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

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

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

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
APPLICANT 1 WORK APPLICANT 2 WORK APPLICANT 1 CELL APPLICANT 2 CELL

Do we have your permission to contact you at work? Applicant 1: **Yes** \_\_\_ **No** \_\_\_ Applicant 2: **Yes** \_\_\_ **No** \_\_\_

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

\* Date must be verifiable by a government issued document (document not required with application)

**HAVE EITHER OF YOU BEEN PREVIOUSLY MARRIED?** Applicant 1: **Yes** \_\_\_ **No** \_\_\_ Applicant 2: **Yes** \_\_\_ **No** \_\_\_

If previously married, please list how the marriage ended (i.e. annulment, divorce, death), date and previous spouse's name(s).

	How Ended	Date	Previous Spouse's Name
Applicant 1			
Applicant 2			

**CHILDREN:** Please list all children – born to or adopted by applicants (Continue on a separate piece of paper if necessary). (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 families who have previously adopted through CCAI.

**OTHERS IN HOUSEHOLD (incl. others living in home, living on property or working in home on a regular basis)** **Yes** \_\_\_ **No** \_\_\_

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

**HAVE YOU *EVER*** been arrested, cited, charged, indicted, convicted, fined, imprisoned or detained for breaking or violating **ANY** law or ordinance, at **ANY** AGE? (Even if it was expunged, dismissed, dropped, sealed, or charged in another state OR as a minor.) Please be aware that failure to disclose **ANY** such 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 to the Application Department and keep the original for your files.

**HEALTH INFORMATION**

	<b>Height</b>	<b>Weight</b>	<b>Eye Color</b>	<b>Hair Color</b>
Applicant 1	_____	_____	_____	_____
Applicant 2	_____	_____	_____	_____

**HAVE YOU EVER HAD** (1=Applicant 1, 2=Applicant 2):

	<b>NO</b>	<b>YES</b>	<b>DATE/EXPLAIN</b>
Mental Illness	_____	_____	_____
Counseling or Therapy	_____	_____	_____
Other Communicable Diseases	_____	_____	_____
Alcohol Abuse	_____	_____	_____
Drug Use/Experimentation	_____	_____	_____

**ARE YOU CURRENTLY TAKING ANY MEDICATIONS?** (1=Applicant 1, 2=Applicant 2):

<b>NO</b>	<b>YES</b>	<b>DATE/EXPLAIN</b>
_____	_____	_____

If YES, list name and purpose of medications \_\_\_\_\_  
\_\_\_\_\_

**If “YES” is checked in any category above**, please attach 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 necessarily need to be completed by the physician who treated the medical issue. Please see the footnotes below.

**HEALTH INSURANCE**

HEALTH INSURANCE PROVIDER: \_\_\_\_\_

Will they cover an adopted child? \_\_\_\_\_ Will they cover a child with a pre-existing condition? \_\_\_\_\_

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 child. All families will be asked to provide this information during the adoption process.

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

APPLICANT 1

	Name	Age	City/State	Occupation
Father:	_____	_____	_____	_____
Mother:	_____	_____	_____	_____
Sibling:	_____	_____	_____	_____
Sibling:	_____	_____	_____	_____

APPLICANT 2

	Name	Age	City/State	Occupation
Father:	_____	_____	_____	_____
Mother:	_____	_____	_____	_____
Sibling:	_____	_____	_____	_____
Sibling:	_____	_____	_____	_____

**EMPLOYER :** CCAI will **NOT** contact your employer; however, we still need complete information in this application.

	APPLICANT 1	APPLICANT 2
Company Name	_____	_____
Supervisor	_____	_____
Street Address	_____	_____
City/State/ZIP	_____	_____
Phone	_____	_____

**REFERENCES:**

Please list three personal references (must be non-family members)

	Name	Length of time known	E-mail Address	Phone Number
1.	_____	_____	_____	(____) _____
2.	_____	_____	_____	(____) _____
3.	_____	_____	_____	(____) _____



## ADOPTION

WHY DO YOU WISH TO ADOPT A CHILD DOMESTICALLY? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why have you chosen CCAI for this adoption? \_\_\_\_\_  
Did you attend a CCAI information meeting? \_\_\_\_\_ Date: \_\_\_\_\_ City: \_\_\_\_\_ Speaker: \_\_\_\_\_

### CHILD PREFERRED:

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 licensed or certified as a foster/adoptive home? Where (State & County): \_\_\_\_\_  
\_\_\_\_ \_\_\_\_ Have you ever been denied a license of certification for foster care/adoption? Where (State & County): \_\_\_\_\_  
\_\_\_\_ \_\_\_\_ Have you ever been denied for the placement of a child?  
\_\_\_\_ \_\_\_\_ 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

## ADOPTION(S) Through Another Agency

**YES    NO**

- \_\_\_\_ \_\_\_\_ Have you ever completed an adoption through another agency? Agency name: \_\_\_\_\_  
\_\_\_\_ \_\_\_\_ Have you ever applied and had your application denied for any adoption program? Agency name: \_\_\_\_\_  
\_\_\_\_ \_\_\_\_ Have you ever refused a child referral?  
\_\_\_\_ \_\_\_\_ Have you ever relinquished an adoptive child?  
\_\_\_\_ \_\_\_\_ Are you currently working with another agency to complete an adoption? Agency name: \_\_\_\_\_

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

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 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 State of Colorado and your placing agency.

In addition, a child may be placed with you with 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 and understand the information regarding CCAI and the risks involved in domestic 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.**

**We understand that by signing this application we agree to notify CCAI immediately upon any changes in our personal or family situation including job change, change of address, separation, arrest, divorce, pregnancy, placement of foster or adopted child(ren), 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 domestic adoption.**

**Any applicant who knowingly and willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly.**

Applicant 1: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Applicant 2: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Return with a non-refundable \$250 application fee (\$150 for families who have previously adopted through CCAI). Make checks payable to CCAI.

**Email to:** [domestic@ccaifamily.org](mailto:domestic@ccaifamily.org)

**Or**

**Mail to:** CCAI  
Attention: Domestic Adoption Program  
6920 S. Holly Circle  
Centennial, CO 80112-1018

Before submission please complete:

### COLORADO FAMILIES CHECKLIST

\_\_\_ Application  
\_\_\_ Fee \$ \_\_\_\_\_  
\_\_\_ Applicable Attachments  
\_\_\_ Background Investigation Unit Inquiry Form

Please make a copy of this application for your records.







**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)