

# 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 ♥ 6920 S. Holly Circle ♥ Centennial, CO 80112-1018 ♥ USA**  
♥ Phone: 303-850-9998 ♥ Fax: 303-850-9997 ♥ Email: [application@ccaifamily.org](mailto:application@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 and current passport. Naturalized citizens must submit a copy of their Certificate of Citizenship or Certificate of Naturalization.

\*\* 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 WIFE E-MAIL HUSBAND E-MAIL (Please star PRIMARY Email)

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

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

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

If current date of marriage is less than 5 years, # of years lived together prior to marriage \_\_\_\_\_ **WIFE'S MAIDEN NAME:** \_\_\_\_\_

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

**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 adopted, include date of adoption!) If you do not have any children, please put "N/A".  
 More children listed on additional page? \_\_\_\_\_

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

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

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

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

**ARREST HISTORY**

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 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) | _____ | _____ | _____        |

Have you ever been a victim of child or sexual abuse, or a victim of domestic violence? \_\_\_\_\_ **NO**    **YES**    \_\_\_\_\_ **DATE/EXPLAIN**  
 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.

|                | <b>WIFE</b> | <b>HUSBAND</b> |
|----------------|-------------|----------------|
| Company Name   | _____       | _____          |
| Supervisor     | _____       | _____          |
| Street Address | _____       | _____          |
| City/State/ZIP | _____       | _____          |
| Phone          | _____       | _____          |

**REFERENCES (Please print clearly)**

Please list five personal references (Three non-relatives who have known applicant(s) at least two years and two relative references)

|    | Name  | Mailing Address | Email Address | Phone Number |
|----|-------|-----------------|---------------|--------------|
| 1. | _____ | _____           | _____         | (____) _____ |
| 2. | _____ | _____           | _____         | (____) _____ |
| 3. | _____ | _____           | _____         | (____) _____ |
| 4. | _____ | _____           | _____         | (____) _____ |
| 5. | _____ | _____           | _____         | (____) _____ |

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

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

\_\_\_\_ We have submitted our Medical Conditions Checklist to the Waiting Child Program (via the CCAI website: <https://www.ccaifamily.org/WaitingChild/Med-Checklist/Default>)

\_\_\_\_ While we understand such placement is not guaranteed, we are attempting to pursue the adoption of a specific child: \_\_\_\_\_

**We understand that we must submit a Medical Conditions Checklist to the Waiting Child Program as part of our initial application process.**

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

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

## FAMILY ASSESSMENT

YES    NO

- \_\_\_\_ Are you presently pursuing adoption possibilities through another agency? Agency name: \_\_\_\_\_
- \_\_\_\_ If above answer is YES: Are you matched with a child? \_\_\_\_\_ Is your dossier complete? \_\_\_\_\_ Do you have "pre-approval" or letter of acceptance? \_\_\_\_\_
- \_\_\_\_ Have you ever had a home study completed? Date: \_\_\_\_\_ Agency name: \_\_\_\_\_
- \_\_\_\_ Have you completed an adoption domestically or from a country other than China? Date: \_\_\_\_\_ Country: \_\_\_\_\_
- \_\_\_\_ Do you currently (or plan to) use any form of corporal/physical punishment (including spanking) on your biological or adopted child(ren)?
- \_\_\_\_ Have you ever been denied for the placement of a child?
- \_\_\_\_ Have you ever disrupted/dissolved an adoption or relinquished a child?
- \_\_\_\_ Has a child ever been removed from your home?
- \_\_\_\_ Have you ever been investigated for and/or charged with child abuse/neglect, 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: \_\_\_\_\_

**Families residing in Wyoming:**

CCAI has a branch office in Casper that will provide your **home study and post adoption services**. Please submit this Application for Adoption to the CCAI headquarters in Centennial, CO (address listed at the bottom of this page). Your Application for Adoption will be forwarded to the CCAI-WY office once approved and CCAI has received your signed Service and Fee Agreements with 1<sup>st</sup> agency fee. At that time, you will be notified of the name of your assigned CCAI social worker.

Name of agency: CCAI-Wyoming Social worker's name: \_\_\_\_\_

Agency address: 902 S. Wolcott City: Casper State: WY Zip code: 82601

Phone: (307) 247-9555 Fax: (303)-850-9997 Email: ccaivy@ccaifamily.org

**IMPORTANT ADOPTION INFORMATION**

While CCAI will provide you with all information about the prospective adoptive child made available by the orphanage/CCCWA 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 U.S.

In addition, a child may be placed with you with physical, mental, social and/or emotional problems, minor or major, and/or a history of trauma or abuse, that have remained partially or totally undiagnosed/undisclosed and which were unknown to CCAI.

**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:

|  |
|--|
| <b>WYOMING FAMILIES CHECKLIST</b>  |
| ____ Application   |
| ____ Fee \$ _____  |
| ____ 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, Attention: Application Dept.**  
**6920 S. Holly Circle, Centennial, CO 80112-1018**  
**Email: [application@ccaifamily.org](mailto:application@ccaifamily.org)**  
**Fax: 303-850-9997**







**CCAI ACH Authorization Form**

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

US Mailing Address \_\_\_\_\_

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

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

By the signature below I/we authorize CCAI to immediately charge our account for the applicable fees indicated below.

\_\_\_\_\_ 1<sup>st</sup> time CCAI Family Application Fee of \$250

\_\_\_\_\_ Returning CCAI Family Application Fee of \$150

**Account Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Printing in lieu of signature will be considered authorization to process the above fees.)

---

Account Holder Name: \_\_\_\_\_

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

Bank Routing Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

**\*\*\* Copy of Voided Check or Deposit slip Mandatory \*\*\***