

# 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) ♥



Dear Prospective CCAI Family,

We are delighted your family is considering adopting a child through CCAI in your research of agencies.

As part of the approval process in the state of Georgia, you will need to provide three references, one of which should be from a relative. Please forward the attached *Reference Inquiry* and *Confidential Reference Form* to each of your selected references (documents found at the end of this packet). References may either return their completed form to you in a sealed envelope for you to submit with your application or return the form directly to our Georgia office via:

Mail: 5825 Glenridge Drive, Bldg.1- Ste.126, Atlanta, Georgia 30328

Fax: 404-250-0099

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

On the *Reference Inquiry*, please insert the date and the name of the person you are giving the reference form to in the "Dear" Section, and your name(s) in the sentence below that. On the *Confidential Reference Form*, please put your name(s) on the "Applicants" line and the reference name on the "Reference" line.

We will also need the completed *Acknowledgement Form*, *Prior Work with Other Children Form*, and *Residential History Form* submitted with your application (all found at the end of this packet).

We will be able to complete your application review once we have received **all** items below:

- Completed Application
- ALL three required references
- Acknowledgement Form
- Prior Work with Other Children Form
- Residential History Form
- Completed Application Fee ACH Form

Georgia families are required to attend an orientation meeting after their application is approved and before their home study can be started.

We look forward to receiving your application and helping you begin your adoption journey. Please feel free to call if you have questions or need additional clarifications.

Sincerely yours,

Chaunda Brooks  
Director, Georgia CCAI Office  
404-250-0055/ext.201  
[chaunda@ccaifamily.org](mailto:chaunda@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):

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

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

**REFERENCES:** Your application cannot be officially approved until all completed reference forms have been received at the CCAI GA 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 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: \_\_\_\_\_

Page 6 of 7 Applicants' Initials \_\_\_\_\_



CCAI has a branch office in Georgia that will provide your home study and post adoption services.

## 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:

### 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

5825 Glenridge Dr., Bldg 1, Suite 126

Atlanta, GA 30328-5393

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

Fax: 404-250-0099





**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.)

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

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

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

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

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



CCAI ADOPTION INFORMATION  
ACKNOWLEDGEMENT

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Prior to the submission of our Adoption Application, we have carefully read the following adoption orientation information provided by CCAI:

- The CCAI Information Packet, which contains information on the following items:
  - CCAI adoption services
  - Eligibility and qualifications to adopt from China
  - Adoption procedures and legal process
  - Fee schedule and fee explanation
  - Home study timeline, requirements and procedure
  - Children available for adoption
  - Risks associated with international adoption
  - Placement process
  - The CCAI refund policy, and
  - The CCAI grievance policy.

Print name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

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

**PLEASE SIGN, DATE AND RETURN THIS FORM WITH YOUR APPLICATION  
TO THE GEORGIA ADDRESS LISTED BELOW. THANK YOU.**

CCAI Georgia Office  
5825 Glenridge Drive, Building 1, Suite 126, Atlanta, GA 30328



## Current or Prior Work with Children Acknowledgement and Reference

As part of the home study process, the State of Georgia requires a reference for any prospective adoptive parent who is working with or has worked with children in the past five (5) years. Please initial the statement that describes you then fill in any required information if husband or wife is working with or has worked with children in the last five (5) years. Please sign and date this form.

\_\_\_\_\_ Husband is not currently working with and has not worked with children in the last five (5) years.

\_\_\_\_\_ Husband is working with or has worked with children in the last five (5) years.

\_\_\_\_\_ Wife is not currently working with and has not worked with children in the last five (5) years

\_\_\_\_\_ Wife is working with or has worked with children in the last five (5) years.

### Husband

Business/ School & Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address and phone number \_\_\_\_\_

Business/ School & Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address and phone number \_\_\_\_\_

### Wife

Business/ School & Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address and phone number \_\_\_\_\_

Business/ School & Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address and phone number \_\_\_\_\_

\_\_\_\_\_  
Husband Signature

\_\_\_\_\_  
Wife Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





Where Families Grow and Dreams Come True!

A Hague accredited adoption service provider

Re: Reference Inquiry for Potential Adoptive Family

Date \_\_\_\_\_

Dear \_\_\_\_\_,

Your name has been given as a reference for \_\_\_\_\_. This family has applied to adopt a child. Before our agency can approve them as adoptive parents, we would appreciate your candid opinions of the applicants' character, qualifications and suitability to care for and raise children.

The purpose of this inquiry is to safeguard children; it is an important part of our evaluation process. Your comments and opinions will remain confidential.

Please note that we will be unable to approve this family to adopt until we receive this reference from you. Should you feel unable to complete this reference, please contact me so I can help this family make alternate arrangements. Should you require further information or wish to discuss this inquiry please feel free to call me.

Thank you for your time and consideration in supporting this family as they continue their adoption planning. I would appreciate your prompt reply. **Please note - Signatures are needed on the form in order for it to be considered complete.** At your earliest convenience please return your complete reference by mail, fax, or scan/email to my attention at:

Mail: CCAI, 5825 Glenridge Drive, 1-126, Atlanta, Georgia 30328

Fax: 404-250-0099

Email: ccaiga2@ccaifamily.org

Thank you!

Sincerely Yours,

Chaunda Brooks, Assistant Director  
404-250-0055/ext.201  
ccaiga2@ccaifamily.org



Applicants: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Phone/Email Address: \_\_\_\_\_

1) How long have you known the applicants? \_\_\_\_\_

2) How would you describe your relationship with the applicants? (please circle one)

A) Close friends

D) Business associate

B) Casual friends

E) Family Member (please specify relation)

C) Casual acquaintances \_\_\_\_\_

3) About the Husband

A) What adjectives describe his personality? \_\_\_\_\_  
\_\_\_\_\_

B) What are his stronger characteristics? \_\_\_\_\_  
\_\_\_\_\_

C) What are his weaker characteristics? \_\_\_\_\_  
\_\_\_\_\_

D) Describe his relationship with his wife and his children (if any). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E) How has he handled children in your presence? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F) How does he show warmth and affection to others? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) About the Wife

A) What adjectives describe her personality? \_\_\_\_\_  
\_\_\_\_\_

B) What are her stronger characteristics? \_\_\_\_\_  
\_\_\_\_\_

C) What are her weaker characteristics? \_\_\_\_\_  
\_\_\_\_\_

D) Describe her relationship with her husband and her children (if any). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



- E) How has she handled children in your presence? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F) How does she show warmth and affection to others? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Do you consider this family well adjusted? \_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6) How would you describe their marriage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7) What, if anything, do you feel could be improved in their marriage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8) Do you believe they are both committed to adopting a Chinese child? \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9) What factors would you change in this family's home prior to their adopting a Chinese child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10) Would you entrust the care of your child(ren) into this family? \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11) CCAI welcomes any other comments you would like to make. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

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

Please return this completed form to Chaunda Brooks:

Mail: 5825 Glenridge Drive, 1-126, Atlanta, GA 30328

Fax: (404) 250-0099

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