

FOR OFFICE USE ONLY
App Rec'd _____ Approved _____
H/S Contact _____
Adoption Program _____
Case Manager _____

one world adoption services, inc.

P.O. Box 539
 Flowery Branch, GA 30542
 678-714-6612
 Toll free 1-866-714-6612



APPLICATION FOR ADOPTION SERVICES

Please check the services you are requesting:

- Home Study (GA only)
 International Adoption
 Post Placement Supervision
 Adoptive Parent Counseling
 Infertility Counseling
 Pre-placement Domestic Supervision

Please complete the following application and return it with the appropriate fees and a recent photograph of your family. If you do not have a recent photograph, you may submit it at a later time. All information obtained from this application is kept strictly confidential and will be used only for the purpose of assessing your qualifications for adoption and assisting you in your adoption. Please print legibly or type.

General Family Information

Street Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ - _____ Primary Email: _____
 Cell Phone: (____) _____ - _____ Secondary Email: _____

Father	Mother
Full Name _____	Full Name _____
Date of Birth: _____	Date of Birth: _____
Place of Birth: _____	Place of Birth: _____
Age: _____ Race: _____ Citizenship: _____	Age: _____ Race: _____ Citizenship: _____
Hair Color: _____ Eye Color: _____	Hair Color: _____ Eye Color: _____
Height: _____ Weight: _____	Height: _____ Weight: _____
Social Security #: _____	Social Security #: _____
Driver's License Number: _____	Driver's License Number: _____
Passport #: _____	Passport #: _____
Passport Date of Issue: _____	Passport Date of Issue: _____
Passport Place of Issue: _____	Passport Place of Issue: _____
Passport expires: _____	Passport expires: _____
Education: _____	Education: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Address: _____	Work Address: _____
Work Phone: _____	Work Phone: _____
Work Fax: _____	Work Fax: _____
Work email: _____	Work email: _____
Length of Employment: _____	Length of Employment: _____
Annual Salary: _____	Annual Salary: _____
Additional Income: _____	Additional Income: _____
Date/Place of Current Marriage: _____	Date/Place of Current Marriage: _____
Number of Previous Marriages: _____	Number of Previous Marriages: _____
Previous Marriage Dates/Divorce Date _____	Previous Marriage Dates/Divorce Date _____

Children in Your Home

Name	DOB	Age	Sex	Living with you?	Adopted/Biological

Briefly describe any custody arrangements/issues: _____

Others Living in Your Home

Name	Relationship	DOB	Sex

Legal Information

If the answer to any of the following questions is "yes", please provide a detailed explanation on a separate sheet of paper. Failure to disclose material information could make you ineligible to complete the adoption process.

Note: Include any traffic offenses such as DUI and Suspended License

	Father	Mother
Have you ever been questioned, arrested, charged, and/or convicted of any crime including but not limited to shoplifting, fraud, theft, prostitution, solicitation, DUI, DWI, domestic violence, child abuse, assault, or possession of a controlled substance?		
Is there any reason that you would not be approved for FBI and/or State background checks?		
Do you have a history of drug or alcohol abuse?		
Has your application to adopt or foster parent ever been rejected by any other adoption or child-placing agency?		
Have you ever been subject to an unfavorable homestudy?		
Have you ever had parental rights terminated by a court of law?		

Health Information

Father's General Health: _____ Mother's General Health: _____
 Father's Physician: _____ Mother's Physician: _____
 Address: _____ Address: _____

Please check if you currently have or ever have had any of the following: (please provide additional information on a separate sheet of paper. Include your name, an explanation, date of diagnosis, prognosis, and any medication or treatment prescribed.)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes (type I) | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Tumor (non-cancerous) | <input type="checkbox"/> Diabetes (type II) | <input type="checkbox"/> HIV / AIDS |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Alcohol or Substance Abuse | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Seizures | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Operations | | |

Adoption Information

Please list your reasons for wanting to adopt a child or children:

Are you infertile? If yes, please explain briefly:

How many children are you hoping to adopt? _____

What is the age of child/children you wish to adopt? _____

Sex of Child Desired: male female no preference

Would you consider a sibling group? If yes, how many? _____

Would you consider a child with a correctable medical problem? (cleft palate, rickets, crossed eyes, etc.) _____

Would you consider a child with a non-correctable medical problem? (blind, deaf, heart or kidney problem) _____

What programs are you interested in? Check all that apply. Please note that due to country policy changes or other circumstances, some programs may not be available at the time of your application. We will do our best to help you find a program that meets your needs.

Ukraine Bulgaria Brazil
 Guatemala China Haiti Other

If you checked more than one country, please help us assist you in selecting a country by indicating the most important factors to you (length of travel, escort option, overall costs, race/ethnicity of child, age of child) Please be as specific as possible.

Georgia residents only:

Do you have a completed/approved homestudy? _____

If yes, please complete the following:

Homestudy Agency: _____ Social Worker: _____

Agency Phone Number: _____ Fax Number: _____

Agency Address: _____

If no, would you like One World Adoption Services to conduct your homestudy? (GA residents only) _____

Out of State Residents:

Have you selected a homestudy agency in your state? _____

If yes, please complete the following:

Homestudy Agency: _____ Social Worker: _____

Agency Phone Number: _____ Fax Number: _____

Agency Address: _____

If no, would you like us to assist you in locating a homestudy agency? _____

How did you hear about our agency? _____

If someone referred you, please list their name so that we may thank them: _____

Release of Information

I/We authorize One World Adoption Services, Inc. to exchange and release information with/to the following organizations as it relates to the process of my/our adoption:

- USCIS (United States Citizenship and Immigration Services)
- State, County, and Local Police
- Home Study Agency
- Foreign Adoption Agencies/Attorneys and/or Governmental Offices on Adoption
- Medical Doctor/ Mental Health Counselor

Adoptive Applicant: Father's signature

Adoptive Applicant: Mother's signature

Date

Statement of Agreement

I (we) certify that all information given on this application is true and correct and that any misstatement or omission of fact may be grounds for immediate disqualification for adoption and forfeiture of any refund of fees paid. I (we) understand that there is a possibility of sudden change of adoption policies by foreign governments in the country I (we) have chosen for adoption, or changes in international relations between the foreign country and the United States. I (we) am/are willing to accept all the risks associated with adoption and the raising of an adopted child. I (we) understand that the application fee is non-refundable. I/We certify that we have read and understand the orientation materials provided to us by One World Adoption Services, Inc.

I/We certify that we have read and understand the following:

- (a) The Agency's adoption services,
- (b) The Agency's eligibility requirements for adoption,
- (c) A description of the procedures involved with adoption,
- (d) The Agency's fee schedule and refund policies,
- (e) The approximate time the assessment and adoption process will take, and
- (f) The types of children available for adoption.

Adoptive Applicant: Father's signature

Adoptive Applicant: Mother's signature

Date

Return application to : One World Adoption Services, P.O. Box 539, Flowery Branch, GA 30542

Please include: One picture of your family with your family name written on the back.
\$250 *non-refundable* application fee, payable to One World Adoption Services