

ACROSS THE WORLD ADOPTIONS

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Phone: (925) 356-6260

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APPLICATION

GENERAL INFORMATION:

Applicant I

Applicant II

Full name as it appears (or will appear) on your passport

\_\_\_\_\_

\_\_\_\_\_

List other names used (but not nicknames)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County:

\_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_

Home Fax Number ( ) \_\_\_\_\_

Home E-mail \_\_\_\_\_

Home E-mail \_\_\_\_\_

Do not list the number below if we do not have permission to contact you there.

Cell Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

How did you hear about Across The World Adoptions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant I

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Passport No. \_\_\_\_\_

Date of Expiration \_\_\_\_\_

Applicant II

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Passport No. \_\_\_\_\_

Date of Expiration \_\_\_\_\_

**MARRIAGE (if applicable):**

Date of Current Marriage: \_\_\_\_\_

County/State of License: \_\_\_\_\_

Applicant I

Applicant II

Number of Previous Marriages (if any): \_\_\_\_\_

Number of Previous Marriages (if any): \_\_\_\_\_

Dates of Previous Marriage    Dates Marriage Ended

Dates of Previous Marriage    Dates Marriage Ended

1. \_\_\_\_\_                      1. \_\_\_\_\_

1. \_\_\_\_\_                      1. \_\_\_\_\_

2. \_\_\_\_\_                      2. \_\_\_\_\_

2. \_\_\_\_\_                      2. \_\_\_\_\_

3. \_\_\_\_\_                      3. \_\_\_\_\_

3. \_\_\_\_\_                      3. \_\_\_\_\_

**RESIDENCE:**

Have you lived or worked outside of California in the past two years? If so, where?

Applicant I:  Yes     No

Applicant II:  Yes     No

\_\_\_\_\_

\_\_\_\_\_

Do you live in an apartment or a house? \_\_\_\_\_

Do you rent/lease or own? \_\_\_\_\_ # of bedrooms \_\_\_\_\_ Square Footage: \_\_\_\_\_

Monthly rent or mortgage payment \$ \_\_\_\_\_

**EMPLOYMENT**

Applicant I

Name of Employer:

\_\_\_\_\_

Position:

\_\_\_\_\_

Address of Employer:

\_\_\_\_\_

\_\_\_\_\_

Monthly Gross Income:

\_\_\_\_\_

Date of Employment:

\_\_\_\_\_

Applicant II

Name of Employer:

\_\_\_\_\_

Position:

\_\_\_\_\_

Address of Employer:

\_\_\_\_\_

\_\_\_\_\_

Monthly Gross Income:

\_\_\_\_\_

Date of Employment:

\_\_\_\_\_

**ARREST HISTORY:**

List all arrests and detentions even if the charge was dismissed, did not result in a conviction, was set aside, reversed, or expunged. If you do not disclose all arrests and detentions, services may be terminated, additional fees may apply or a negative recommendation could result. During the homestudy process, you will then be asked to provide a written explanation of each incident, the court disposition and possibly the police report.

Have you ever been arrested or detained?

Applicant I:  Yes  No

Applicant II:  Yes  No

When

Charge

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

When

Charge

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**CHILDREN:**

List all children of either or both applicants, even if they do not live with you or are adults. Specify if a child of both applicants or Applicant I alone or Applicant II alone.

<u>Name</u>	<u>Birthdate</u>	<u>Child of Both, App I or App II?</u>	<u>Adopted?</u>	<u>Living in your home?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All children will be contacted about your adoption (including adult children). Your signature on this application indicates your consent for us to contact your children regarding your adoption. Please provide the information below on each child not in your home. Continue on an additional sheet, if needed.

1. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you currently able to have biological children?  Yes  No

If no, please explain: \_\_\_\_\_

**OTHERS IN THE HOME:**

Please list the names, birth dates and relationship of any other minor or adult living in your home:

<u>Name</u>	<u>Birthdate</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REFERENCES:**

Please list the names, addresses and phone numbers of three references. When selecting references, try to choose people from different areas of your life (i.e. a pastor, co-worker, or friend). If a couple, it is preferable that the reference know both of you. Please do not list relatives, your employer or people you employ or supervise. We will send each of them a letter and ask them to write about your character, interest in children, values, etc.

1. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**ADOPTION PREFERENCES:**

Do you have a child already selected for adoption?  Yes  No

A. **If yes**, please describe the child:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Race: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Please describe the child's adoptive status and your present relationship with the child:

\_\_\_\_\_

B. **If no**, please state your preferences for a child:

Age Range: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Country: \_\_\_\_\_

Would you consider a child with a physical disability?  Yes  No

Would you consider a child with a mental disability?  Yes  No

Are there other areas of preference? \_\_\_\_\_

**ADOPTION HISTORY:**

Have you ever adopted before, even if the adoption was later reversed, disrupted or dissolved?

Applicant I:  Yes  No

Applicant II:  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been licensed as a foster parent or cared for any related/unrelated children other than those listed on page 4?

Applicant I:  Yes  No

Applicant II:  Yes  No

If yes, please explain when, where, and the name of the agency: \_\_\_\_\_

\_\_\_\_\_

Please list the name and address of each adoption agency, attorney, facilitator or organization with whom you are *currently* working.

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

Address: \_\_\_\_\_

Contact person name, phone and email: \_\_\_\_\_

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

Address: \_\_\_\_\_

Contact person name, phone and email: \_\_\_\_\_

Please list the name and address of each foster or adoption agency, attorney, facilitator or organization with whom you have applied in the past. Explain result - whether you were approved, denied, put on hold, completed adoption, stopped contact etc. If you do not disclose all applications, regardless of result, services may be terminated or a negative recommendation could result.

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

Address: \_\_\_\_\_

Result: \_\_\_\_\_

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

Address: \_\_\_\_\_

Result: \_\_\_\_\_

**EMERGENCY CONTACT:**

Please provide the name, address and phone number of someone not in your home but who will always know where you live (this person may be a relative).

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Street Address: \_\_\_\_\_

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

**ANNUAL ADOPTION STATISTICS**

Records of the agency’s adoptions are available upon request. The provided information will be based on the three previous calendar years and will include the following:

- 1). Number of adoptions
- 2). Number of adoptions which are still intact
- 3). Number of adoptions that have disrupted or dissolved
- 4). Number of adoptive applicants
- 5). Number of children eligible for adoption and awaiting referral

This information may be requested at any time by sending a written request to ATWA, 399 Taylor Blvd., Ste. 102, Pleasant Hill, CA 94523 or by contacting our office at 800-610-5607.

**CONSENTS, ACKNOWLEDGMENTS, AND SIGNATURES:**

We/I consent to Across The World Adoptions’ contact with our/my children concerning our/my prospective adoption. We/I further consent to the complete exchange of information about us/me between Across The World Adoptions and any other agencies, organizations or individuals who may also be involved in our/my current adoption process. We/I understand this may include communication between Across The World Adoptions and Citizenship and Immigration Services. We/I have filled out this application to the best of our/my knowledge. We/I understand any misrepresentation or omissions could lead to an unfavorable recommendation. We/I understand that submission of an application does not guarantee a favorable recommendation at the home study stage or approval by the Citizenship and Immigration Services. We/I understand Across The World Adoptions and all its employees provide social services only, not legal services. We/I understand that we/I should consult an attorney if we/I have any legal questions on adoption, immigration, tax or any other legal issue.

Applicant I: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant II: \_\_\_\_\_ Date: \_\_\_\_\_

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