

# APPLICATION FOR ADOPTION

American International Adoption Agency  
 7045 County Line Road  
 Williamsfield, Ohio 44093  
 1.(866).586.5656 • www.aiaagency.org

A Non-Profit, 501 (C) 3

## SECTION 1 - PATH TO PARENTHOOD. LET'S GO!

- Type or Print CLEARLY in ink.
- If a question does not apply to your family, use "N/A".
- If you need additional space, please attach a separate sheet of paper.
- Please **include** the following with your completed application:  
 \* **\$200.00 check** (non-refundable) to **AIAA**

## SECTION 2 - CONTACT INFORMATION

**Mr.** \_\_\_\_\_  
 Legal First Name                      Legal Middle Name                      Legal Last Name

**Ms.  Mrs.** \_\_\_\_\_  
 Legal First Name                      Legal Middle Name                      Legal Last Name                      Maiden Name

\_\_\_\_\_ Street                      Apt/Unit No.

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

(     )     -                      (     )     -                      (     )     -  
 Home Phone Number                      Work Number - Father                      Work Number - Mother

(     )     -                      (     )     -                      (     )     -  
 Fax Number                      Mobile Number - Father                      Mobile Number - Mother

\_\_\_\_\_ Primary E-mail Address (  Mom  Dad  Both )                      \_\_\_\_\_ Secondary E-mail Address (  Mom  Dad  Both )

	Adoptive Father	Adoptive Mother
Date of Birth		
Place of Employment		
Occupation		
Highest Education Level Attained		
Annual Income		
Amount in Savings (Joint)		
Number of Divorces		
Date of Last Divorce		
Health Problems / Medications * **		
Passport Number/Exp. Date (or "In Process")		
Religion		

\* If you have any health related problems or if you are taking any medication, please include letter from doctor describing diagnosis, medication prescribed, and prognosis.

\*\* If you reside in the State of New York you are not required to answer these questions in accordance with 18 New York Codes Rules and Regulations (NYCRR) 4 21.12

**SECTION 3 - FAMILY INFORMATION**

Married                       Divorced                       Single (Never Married)                       Widowed

If married, date of marriage: \_\_\_\_\_

**Children (including those of previous marriage)**

NAME	Sex	D.O.B.	Date Adopted	Does your child live with you?

**Other living with the Family**

NAME	Sex	Age	Relationship	Criminal convictions or arrests

**SECTION 4 - CRIMINAL RECORD**

Have you ever been **arrested, charged or convicted** of any crimes, **including but not limited to**, shoplifting, fraud, theft, prostitution, solicitation, DUI, DWI, domestic violence, child abuse, assault, or possession of a controlled substance\*?

Father     YES                       NO    Mother     YES                       NO

*If you answered "YES" to the question above please state whether it is a misdemeanor or felony and attach certified copies of all charges, court dispositions & criminal record check.*

\*\* If you reside in the State of New York you are not required to answer these questions in accordance with 18 New York Codes Rules and Regulations (NYCRR) 4 21.12

**SECTION 5 - HOME STUDY and IMMIGRATION AND NATURALIZATION**

Have you ever been denied approval for a Home Study?     YES                       NO

Do you have a social worker connected with an agency to do your home study?     YES                       NO

If "YES", Name of Agency / Social Worker: \_\_\_\_\_

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

Have you ever received CIS Advance Processing Approval?     YES                       NO

Date of Approval: \_\_\_\_\_ Fingerprinting Approval: \_\_\_\_\_

**SECTION 6 - CHILD REQUEST**

*Applicants may specify preferences of sex of infant / preschool age children without medical needs. AIAA will use your information as a guideline for assignment of a child. The overseas office and government must approve all proposed adoptive placements.*

**Indicate Country, Age, Sex and number of Children.** (If you are adopting two children you must be willing to adopt up to four years old).

Gender  **MALE**     **FEMALE**     **EITHER**

Country: \_\_\_\_\_ (First choice)    \_\_\_\_\_ (Second choice)

Number of Children: \_\_\_\_\_

Age range of child: \_\_\_\_\_ to \_\_\_\_\_ (Give range of youngest to oldest age of child you will accept.)

When do you wish to adopt your child?                       **Within 6 months**     **1 Year**     **2 Years**

**SECTION 7 - COMMENTS / HOW DID YOU HEAR ABOUT EAC?**

How did you hear about our agency? (check all that apply)

Word of Mouth:

**AIAA Adoptive Family**     **Other Adoptive Family**     **Friend**     **Relative**     **Relative**     **Other**

Internet

**Google**     **Yahoo**     **MSN**     **Adoption.com**     **Other:** \_\_\_\_\_

Newspaper:     **Ad**     **News Story**                      Magazine:     **Ad**     **News Story**

**Radio**     **Television**     **Yellow Pages**     **Other:** \_\_\_\_\_

**Social worker/Home Study Agency:** \_\_\_\_\_

**SECTION 8 - STATEMENT OF AGREEMENT and SIGNATURE**

*By signing this application, I / we authorize AIAA to obtain information about me / us from all resources listed above and from all adoption agencies or home study agencies that now are providing or that in the past have provided services to me / us. I / we agree that AIAA is authorized to maintain and display my / our information on AIAA premises, and to provide and share confidential information to my / our home study agency and AIAA travel affiliates. I / we understand that laws and regulations of the foreign governments and agencies in countries in which AIAA maintains programs may change without notice; that adoptions in any country may be delayed, suspended or terminated at any time without notice; and that consequently, I / we may be subject to changing requirements and / or programs for international adoption. I / we agree that a photocopy of this authorization is as valid as the original.*

I / We agree that to best of my / our knowledge and belief all statements made in this application are true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Please return this Application for Adoption Form with:**

1.) One (1) photo of the adoptive couple / family

2.) Mail Non-refundable check or money order for \$200 and FAX application to **(330) 876-0211**

\_\_\_\_\_  
Date (mm/dd/yyyy)