



**HERITAGE**  
Adoption Services  
A non-profit Agency since 1991

# Application for International Adoption

Please fill out this form as completely as possible, sign it, and return it to Heritage with the following materials; 1) Adoption Services Contract, 2) Fee Schedule and Agreement, 3) Criminal History form(s) if applicable, 4) Information Disclosure and Policies and Procedures Understanding Form, 5) Parent Questionnaire and Autobiographies, 5) a copy of any previous home study reports, and 6) Application fee of \$300. If you prefer to submit the application form only at this time, we can start your file, but Heritage must receive all of the materials listed above before we can send you a dossier packet.

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

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

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

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

Social Security #: \_\_\_\_\_

Passport #: \_\_\_\_\_

Religion: \_\_\_\_\_

Race: \_\_\_\_\_

National Heritage: \_\_\_\_\_

Height/Weight: \_\_\_\_\_

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

Complexion: \_\_\_\_\_

Physical Health: \_\_\_\_\_

Mental Health: \_\_\_\_\_

## CONTACT INFORMATION

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

City, State, Zip: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Other: \_\_\_\_\_

## HERITAGE PROGRAM

- Guatemala
- Haiti Link
- Kazakhstan
- Vietnam

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_

## PROSPECTIVE ADOPTIVE HOME

Own or Rent? \_\_\_\_\_ Years at Current Address: \_\_\_\_\_  
Square Footage of Home: \_\_\_\_\_ Lot Size/Acreage: \_\_\_\_\_  
# of Bedrooms/# of Bathrooms: \_\_\_\_\_ Year Built: \_\_\_\_\_  
List Other Rooms: \_\_\_\_\_  
Plan for Child(ren)'s Room: \_\_\_\_\_  
Miles to Nearest Hospital: \_\_\_\_\_  
Other than Children, does anyone live in your home with you? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
Have you lived outside your current home state in the last five years? If so, where? \_\_\_\_\_

## EDUCATIONAL BACKGROUND

High School Name: \_\_\_\_\_  
High School Graduation Date: \_\_\_\_\_  
Technical School Name: \_\_\_\_\_  
Technical School Graduation Date: \_\_\_\_\_  
College/University Name: \_\_\_\_\_  
Degree: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_  
Graduate School Name: \_\_\_\_\_  
Degree: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_

## EMPLOYMENT BACKGROUND

Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Hours per Week: \_\_\_\_\_  
Annual Income/Salary: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_  
Other sources of Income: \_\_\_\_\_

## INSURANCE COVERAGE

Health Insurance Provider: \_\_\_\_\_  
Who is covered? \_\_\_\_\_  
Life Insurance Provider(s): \_\_\_\_\_  
Life Insurance Amount: \_\_\_\_\_  
Beneficiary of Policy: \_\_\_\_\_

## MARITAL HISTORY

Number of Prior Marriages: \_\_\_\_\_

For each prior marriage please complete the following (attach additional page if necessary);

Former Spouse Name: \_\_\_\_\_  
Date of Former Marriage: \_\_\_\_\_  
Divorce or Death? \_\_\_\_\_  
Date of Divorce/Death: \_\_\_\_\_  
Location of Divorce/Death: \_\_\_\_\_  
Do you Pay Child Support? \_\_\_\_\_  
If yes, Amount: \_\_\_\_\_

## CRIMINAL & LEGAL HISTORY

Please mark yes or no for each item. If yes, please complete and submit the Criminal History Explanation Form.

Prior Arrests or Citations: \_\_\_\_\_  
Prior Convictions: \_\_\_\_\_  
Prior Accusations of Child Abuse and/or Neglect: \_\_\_\_\_  
Prior Convictions of Child Abuse and/or Neglect: \_\_\_\_\_

Please mark yes or no for each item below. If yes, please explain by attaching a letter.

Alcohol Rehabilitation: \_\_\_\_\_  
Drug Rehabilitation: \_\_\_\_\_  
Other than Honorable Discharge from Military: \_\_\_\_\_  
Filed for Bankruptcy: \_\_\_\_\_

## CHILDREN

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Biological/Adopted: \_\_\_\_\_  
Type/Country of Adoption: \_\_\_\_\_  
Health: \_\_\_\_\_  
Living in the Home? \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Biological/Adopted: \_\_\_\_\_  
Type/Country of Adoption: \_\_\_\_\_  
Health: \_\_\_\_\_  
Living in the Home? \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Biological/Adopted: \_\_\_\_\_  
Type/Country of Adoption: \_\_\_\_\_  
Health: \_\_\_\_\_  
Living in the Home? \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Biological/Adopted: \_\_\_\_\_  
Type/Country of Adoption: \_\_\_\_\_  
Health: \_\_\_\_\_  
Living in the Home? \_\_\_\_\_

## FINANCES

Please complete the section below to the best of your ability. It is okay if amounts are not perfect, more exact documents will be used later in the dossier that is sent to the country from which you are adopting.

Prospective Adoptive Mother Gross Annual Income: \_\_\_\_\_

Prospective Adoptive Mother Net Annual Income: \_\_\_\_\_

### Monthly Payments

Total Net Monthly Income: \_\_\_\_\_

Mortgage/Rent: \_\_\_\_\_

Property Taxes: \_\_\_\_\_

Utility Costs: \_\_\_\_\_

Credit Card/Personal Loan Payments: \_\_\_\_\_

Insurance Payments/Medical Costs: \_\_\_\_\_

Car Loan/Maintenance/Gas Payments: \_\_\_\_\_

Day Care Costs: \_\_\_\_\_

Food/Clothing/Entertainment Costs: \_\_\_\_\_

Other/Miscellaneous: \_\_\_\_\_

Total Monthly Payments: \_\_\_\_\_

Total Monthly Unencumbered Income: \_\_\_\_\_

### Assets

Checking Account Balance: \_\_\_\_\_

Savings Account Balance: \_\_\_\_\_

Retirement Accounts: \_\_\_\_\_

Stocks/Bonds: \_\_\_\_\_

Other Investments: \_\_\_\_\_

Trust Accounts: \_\_\_\_\_

Current Market Value of Home: \_\_\_\_\_

Other Real Estate: \_\_\_\_\_

Market Value Autos/RVs/Boats, etc.: \_\_\_\_\_

Personal Property: \_\_\_\_\_

Total Assets: \_\_\_\_\_

### Liabilities

Balance Owed on Mortgage: \_\_\_\_\_

Total owed on Student Loans: \_\_\_\_\_

Total Credit Card Balance: \_\_\_\_\_

Total Owed on Personal Loans (ex. auto): \_\_\_\_\_

Other (please describe): \_\_\_\_\_

Total Liabilities: \_\_\_\_\_

Approximate Net Worth (assets – liabilities): \_\_\_\_\_

## How did you find out about Heritage Adoption Services?

- Internet Directory – Which directory or search engine? \_\_\_\_\_
- Phone Book – Which book (ex. Portland Yellow pages)? \_\_\_\_\_
- Friend/Acquaintance – Who may we thank? \_\_\_\_\_
- Professional referral (ex. attorney) – Who may we thank? \_\_\_\_\_
- News or Magazine Article – Which one? \_\_\_\_\_
- Event/Workshop – Which one? \_\_\_\_\_
- Other – Please explain: \_\_\_\_\_

## ADOPTION BACKGROUND

Please list all adoption agencies and/or attorneys you have worked with previously, whether an adoption placement occurred or not: \_\_\_\_\_

Do we have permission to contact the agencies and/or attorneys to discuss your previous case? If yes, check here  and include any explanation necessary: \_\_\_\_\_

Have you ever been previously rejected for a home study and/or adoption? \_\_\_\_\_

Have you ever had an adoption reversal, disruption, or dissolution? \_\_\_\_\_

If the answer to either of the above questions is yes, please explain by attaching a letter. Previous rejection or placement difficulty does not automatically disqualify you, but it is important that we know the details.

## CHILD(REN) DESIRED (aka Preferences)

Please describe for us the child(ren) you hope will join your family through international adoption. Please include each of the following characteristics, as applicable; age range, gender, race/ethnicity, & health status. This information will help us to make sure you are a good match for the adoption program you are interested in. We understand that this description may change as you move forward with the adoption process and ask that families submit a simple Application Amendment to change these preferences whenever necessary.

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With my signature below, I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I understand that any misrepresentation of any information provided on this application may constitute grounds for immediate dismissal from this program and forfeiture of any payments made to Heritage.

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

\_\_\_\_\_  
Signature of Prospective Adoptive Mother

PLEASE ALSO INCLUDE A PHOTO OF YOU AND YOUR FAMILY. THANK YOU!

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_

Decision: \_\_\_\_\_

Committee members, if applicable: \_\_\_\_\_



## Application Amendment

This form is designed to help families notify Heritage of major changes in their adoption plans, or adoptive home. This can include a decision to change adoption programs within Heritage, a change in the type of child you hope to adopt (including special needs changes), changes of address, the addition of another child in your home, a pregnancy or death in the family, new criminal charges, or any other change Heritage requests in writing. Please complete the form to the best of your ability, or send Heritage a letter with the same information.

Change to Application/Family Status:

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Explanation of changes, reasons, or any other information you'd like Heritage to have:

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

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_