

# International Child Foundation, Inc. & ABC Infant Adoption



Hague Accredited Licensed Non-Profit Adoption Agency  
Domestic & International Adoption & Family Services

Application for Adoption or Home Study Services	Rec'd:
The information provided in this Application is seen only by the agency and is for the purpose of screening possible issues. Please type or print legibly.	Reviewed by: Program:

### General Application for Adoption Services (All Families please fill in)

Father Name	Mother Name
Soc Sec #	Soc Sec #
Father Wk or Cell Phone	Mother Wk or Cell Phone
Fax Line, if available	Home Phone
Home Address: Street _____ City _____ State _____ Zip _____ AZ residents: How long have you been a resident of AZ? _____ What County? _____	
Primary Email (must check daily)	
Do you own or rent your home? _____	Emergency Contact
Number of Bedrooms _____ Bathrooms _____	Name
Do you have an in-ground pool? Yes ___ No ___	Phone _____ Cell _____

### Background Information

Prospective Father	Prospective Mother
Date of Birth _____ Age _____	Date of Birth _____ Age _____
Highest Education Level	Highest Education Level
Profession	Profession
Annual Income	Annual Income
Race/Nationality	Race/Nationality
Passport Number*	Passport Number*
Where Issued	Where Issued
How long will you be able to stay home after your adoption?	How long will you be able to stay home after your adoption?
How long have you considered adoption?	How long have you considered adoption?

\* If you do not have a Passport, or need to process a name change, please do so within a month.

### Adoption Services requested from ICF or ABC Infant Adoption:

Home Study for Domestic Adoption _____	Domestic Adoption _____
Home Study for International Adoption _____	International Adoption _____
Post-Placement/Post-Adoption Reports _____	Adoption Finalization _____

If planning an international adoption, country you plan to adopt from: \_\_\_\_\_  
Have you applied to USCIS? Yes \_\_\_ No \_\_\_ 1800a or 1600a \_\_\_\_\_ Date Submitted \_\_\_\_\_

Age range and sex of child or children you wish to adopt
Adoption placing agency, if not us:
Contact person or caseworker name:
Phone number and/or email:

**Adoption Motivation**

Please explain the reason why you wish to adopt

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Are both parents willing and able to travel, or if single, is there a relative or friend who can accompany you when it is time to bring your child home? Yes \_\_\_ No \_\_\_

*Most children from adoptive circumstances present developmental delays and may require support services. Would you consider adopting a child with additional identified special medical, psychological or developmental needs? If yes, what special needs would be acceptable?*

If you have a completed Home Study, when was it completed? \_\_\_\_\_  
 What Agency prepared your Home Study? \_\_\_\_\_

May we have your permission to contact your Home Study preparer and other professionals who may assist with your adoption process, including doctors, references, etc? Please give consent by signing below:

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**Prospective Father**

Employment Background

Current position \_\_\_\_\_ Employer \_\_\_\_\_

How long in current position \_\_\_\_\_ If less than two years, what was your previous position?

\_\_\_\_\_ Employer \_\_\_\_\_

Marital History

If previously married, please give names of previous spouse(s), dates of marriage and divorce or other termination. If there are more than space allows below, continue on back of page.

Marriage Date	Spouse Name	Date Terminated	How Terminated

Children from previous marriage(s), if any; include legal names, ages, custody and living arrangements:

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Medical Background (Your physician will need to provide a letter; a format will be provided.)

Have you been treated for...	YES	NO
Chronic illness – if yes, please name		
Psychiatric disorders – if yes, please name		
Cancer		
Heart disease – if yes, please name		
Diabetes -- if yes, how is it treated		
Infertility – if yes, please indicate when		
Are you within a healthy weight range for your height?		
Do you have any medical restrictions, disabilities or special travel needs?		

Medications used routinely \_\_\_\_\_

Frequency of alcohol use \_\_\_\_\_

**Please answer Yes or No to each question; if Yes to any question, please explain on a separate page**

Do you now or have you ever had a problem with alcohol or substance abuse? Yes \_\_\_ No \_\_\_

Have you ever sought treatment or counseling for alcohol or drug use? Yes \_\_\_ No \_\_\_

Have you ever been the victim of or perpetrator of domestic violence? Yes \_\_\_ No \_\_\_

Have you ever sought treatment or counseling for domestic violence? Yes \_\_\_ No \_\_\_

Have you ever been the victim of or perpetrator of child abuse? Yes \_\_\_ No \_\_\_

Have you ever been investigated for, charged with, arrested for (even if it did not result in a conviction) and/or convicted of a felony or misdemeanor as a juvenile or adult (other than minor traffic violations)?

Yes \_\_\_ No \_\_\_

Have you ever been investigated for, charged with, arrested for (even if it did not result in a conviction) and/or convicted of any crime in a military court?

Yes \_\_\_ No \_\_\_

**Prospective Mother**

Employment Background

Current position \_\_\_\_\_ Employer \_\_\_\_\_

How long in current position \_\_\_\_\_ If less than two years, what was your previous position?  
 \_\_\_\_\_ Employer \_\_\_\_\_

**Marital History**

If previously married, please give names of previous spouse(s), dates of marriage and divorce or other termination. If there are more than space allows below, continue on back of page.

Marriage Date	Spouse Name	Date Terminated	How Terminated

Children from previous marriage(s), if any; include legal names, ages, custody and living arrangements:

**Medical Background (Your physician will need to provide a letter; a format will be provided.)**

Have you been treated for...	YES	NO
Chronic illness – if yes, please name		
Psychiatric disorders – if yes, please name		
Cancer		
Heart disease – if yes, please name		
Diabetes -- if yes, how is it treated		
Infertility – if yes, please indicate when		
Are you within a healthy weight range for your height?		
Do you have any medical restrictions, disabilities or special travel needs?		

Medications used routinely \_\_\_\_\_  
 Frequency of alcohol use \_\_\_\_\_

**Please answer Yes or No to each question; if Yes to any question, please explain on a separate page**

Do you now or have you ever had a problem with alcohol or substance abuse? Yes \_\_\_ No \_\_\_

Have you ever sought treatment or counseling for alcohol or drug use? Yes \_\_\_ No \_\_\_

Have you ever been the victim of or perpetrator of domestic violence? Yes \_\_\_ No \_\_\_

Have you ever sought treatment or counseling for domestic violence? Yes \_\_\_ No \_\_\_

Have you ever been the victim of or perpetrator of child abuse? Yes \_\_\_ No \_\_\_

Have you ever been investigated for, charged with, arrested for (even if it did not result in a conviction) and/or convicted of a felony or misdemeanor as a juvenile or adult (other than minor traffic violations)?  
 Yes \_\_\_ No \_\_\_

Have you ever been investigated for, charged with, arrested for (even if it did not result in a conviction) and/or convicted of any crime in a military court?  
 Yes \_\_\_ No \_\_\_

*This agency does not discriminate on the basis of race, color, religious creed, disability, ancestry, national origin, age, sex or sexual orientation. We request this information because some countries have written or unwritten practices which disallow applicants of certain religious beliefs, marital history or status, income status, medical conditions, sexual orientation or ethnic heritage from adopting children from their country and, with respect to domestic adoption, some birthparents have specific preferences.*

Religion or church affiliation      Father \_\_\_\_\_      Mother \_\_\_\_\_

Ethnicity      Father \_\_\_\_\_      Mother \_\_\_\_\_

Would you be able to get a reference letter from a Pastor or Priest, if requested by a foreign country? \_\_\_\_\_

**Household Member Information**

Please include all members of your household, other than yourselves, including children, adult children whose primary residence is your home, parents, grandparents, nannies or other household staff.

Name	Relationship	Date of Birth	Social Security Number

**Financial Background** (this may be approximate)

Income (after tax)		Obligations	
Father monthly income	\$	Mortgage payment	\$
Mother monthly income	\$	Auto payment(s)	\$
Other (child support, alimony)	\$	Other (child support, alimony)	\$
Other	\$	Credit Cards/Other	\$
Total monthly income	\$	Total monthly debt	\$
Value of Assets (stocks, home, real property, retirement, etc.)	\$	Net monthly income (Income - Obligations)	\$

**Legal Proceedings:** Have applicant(s) been a party to any of the following?

Event	Yes	No	Year
A. Dependency actions			
B. Severance or termination of parental rights actions			
C. Child support enforcement actions			

If yes to any above items, please describe the event(s), including identifying dates, circumstances and persons involved, legal proceedings and outcomes, on an attached sheet.

**Adoption History:**

Have you previously been the subject of a home study for adoption or foster care? Yes \_\_\_\_ No \_\_\_\_

If yes, identify agency providing services: \_\_\_\_\_

Have you ever been denied certification or been refused a recommendation for adoption by an agency or Court?

Yes \_\_\_\_ No \_\_\_\_ If Yes, year of occurrence \_\_\_\_ Please explain the circumstances:

Have you adopted previously? Yes \_\_\_\_ No \_\_\_\_ If Yes, please give child's name, country and date of adoption(s):

**DES Central Adoption Registry**

Do you wish to be listed on the Central Adoption Registry as prospective adoptive parents? Yes \_\_\_\_ No \_\_\_\_

*Please contact us for information about the Central Adoption Registry or for information regarding anything else in this application that you have questions about. We are here to help.*

**REFERENCE RELEASE**

Many families considering adoption find that other families in the process or having completed an adoption are their most valued resource. By your signature(s) below, you are giving the agency permission to provide your first name(s), the country you are adopting from and your telephone number and/or email address to prospective families through our literature or website, until such permission is withdrawn by you in writing.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Adopting Parent Signature

Adopting

**RELEASE TO USE PICTURES**

The agency prepares materials (brochures, print advertising and video productions, newsletters and displays at seminars and educational events) to inform other prospective parents and the public about adoption. By your signature(s) below, you are giving ICF/ABC Infant Adoption permission to use photos of your family and child without any identifying information, until such permission is withdrawn by you in writing.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Adopting Parent Signature

Adopting

**REFUND POLICY**

The agency strives to provide families with excellent service and honest communication. Our fee structure is arranged so that you pay as little as possible at the time of application. The Home Study fee is paid at the time service is initiated. Agency fees for adoption services are paid over the course of your adoption process. Because our work is ongoing and you are paying for adoption services and not a child, when an agency fee is submitted, it is nonrefundable. For example, when you submit your application fee, it is nonrefundable. Please refer to your home study, international adoption or domestic adoption agreement for details.

Although we will work to obtain the refund of any international fees paid to a foreign coordinator/attorney/authority if the need arises, we cannot make any assurances or promises for the return of international fees or foreign expenses. If you withdraw from the adoption process, for any reason, or if the adoption fails, for any reason, no refunds are provided except as may be allowed specifically by the adoption agreement. The policy is that there are no refunds under any circumstances, because you are paying for ongoing services, not for the completion of an adoption.

#### **Adopting Parent Bill of Rights**

- Adopting Parents should have the right:
- To seek consultation from the agency of their choice
- To contract with an agency based on mutually agreeable terms
- To be treated confidentially, with access to their names and records limited to those involved in their case or others designated by the adopting parents
- To be fully informed in regard to the legal, social and medical information of their child available to their agency
- To have the ability to take the child referral and all documentation available to a physician of their choice and be given a reasonable amount of time before making a decision on the referral
- To be the only ones able to accept or deny a referral for a child that they feel is appropriate for themselves
- To be informed as to what the roles and responsibilities are in regard to the agency and themselves
- To be knowledgeable in regard to the costs and fees associated with adoption
- To have resources and support offered to them during the post placement period
- To be assured that the staff of their agency will interact in a professional, ethical, courteous manner and will put the clients interests over the personal interests of the staff
- To have the right to file a formal grievance

#### **GRIEVANCE PROCEDURE**

Adopting Parents have the right to file a grievance with if they disagree with or are unhappy with the service provided by any agency team member, or if Adopting Parents feel that a decision was not made in accordance with the written policies of the agency. The grievance should be submitted to the Executive Director and the letter must include the specific matter as to which there is a grievance, the reason the person felt the decision to be incorrect and a proposal for a solution to the matter. Grievances must be filed within thirty days of the disputed matter. The Executive Director will review the complaint and develop a plan for resolution of the complaint and communicate the same to the Adopting Parents within seventy-two hours of the Executive Director's receipt of the complaint. If the Adopting Parents are not satisfied with the response of the Executive Director, the parents can request an appeal to the Chair of the Board of Directors. Such an appeal must be made in writing and submitted to the agency to the attention of the Chair of the Board of Directors within twenty day of the Adopting Parents receipt of the Executive Director's decision.

#### **SUPERVISORY ROLE OF THE ARIZONA DEPT OF ECONOMIC SECURITY**

The Office of Licensing, Certification and Regulation provides licensing and monitoring of adoption and child welfare agencies in the state of Arizona. The public has the right to register a complaint about an agency. The OLCR contact information is (602) 350-5963 and mailing address DES/OLCR, PO Box 6123-076A, Phoenix AZ 85005-6123.

#### **INTERNET USAGE... a word of caution for the future of adoption from foreign countries**

Adopting Parents understand that the placement of foreign-born children with US families is a politically charged topic overseas. Comments posted on the internet can adversely affect international adoption. Adopting Parents understand and agree to be sensitive to these issues and avoid posting comments that may be construed as politically inflammatory or disrespectful toward foreign governments and/or adoption practices. While the Internet is often an excellent resource, information on the Internet may not be accurate. Call us when questions arise.

#### **To our Donors regarding the Privacy Policy**

International Child Foundation does not release information about donors to any other entity or person. Donor records are private, accessed only by the Board or Staff or during a licensing or accreditation review. Your information — name and address — is retained in our database. You may receive a thank you or holiday card or an update on our aid projects. We do not make telephone solicitations. If you ever receive a solicitation from an organization with a name similar to International Child Foundation, it is not us. We prize your privacy and are grateful for your support.

If you would like to inform us in writing that you do not want your name or other information to be shared outside the organization, you may send a letter stating the same to the Tucson office, ICF & ABC Infant Adoption, 11449 N. Mandarin Lane, Tucson AZ 85737. We will file this letter with your information in our Donor records. However, it is

our policy, as stated above, to not release information of any kind about our donors. Your signature on the agency application certifies that you have read and understand the ICF Donor Privacy Policy.

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**To Adoptive Families and Friends regarding  
making purchases through third parties or making donations to other organizations  
that you may learn of through International Child Foundation, Inc.**

If you choose to order third-party products or services recommended by the agency or staff, you are not protected by the agency privacy policy. As a purchaser of a product from a third-party vendor or private company, your transaction details may be protected but your privacy may not be. As a donor to an organization or cause you learned of through the agency, your privacy is subject to their policies and may or may not be protected.

For example, if you donate to **Meds and Food for Kids** or **Both Ends Burning** or **Partners in Health**, which benefit Haiti, or to **JCICS** or **Heifer International** or **Project CURE**, or order books through the ICF **Amazon.com** link or order vitamins through **GBG**, or purchase adoption education materials from **Adoption Learning Partners** or other online sources, you are subject to their privacy policies or lack thereof. You may receive unsolicited mail or email.

The agency has no control over how your information may be utilized by third parties. Please be informed of this. ICF offers no warrants regarding your privacy when you enter into transactions with third parties. If you have concerns regarding your privacy and third-party vendors, please contact them directly regarding their privacy policies. Your signature on the ICF application certifies that you have read and accepted this disclaimer.

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I/We hereby certify by signing below, that all information given in this application is correct to the best of our/my knowledge and ability.

- We understand that the Application fee is \$300
- We have reviewed the costs associated with home studies and/or adoption services through the information provided and/or on International Child Foundation or the ABC Infant Adoption website
- We agree to engage in a minimum of 10 hours of pre-adoption education
- We have read the Adopting Parent Bill of Rights
- We have indicated our decision regarding the Central Adoption Registry
- We have read and accept the Refund Policy
- We have read and accept the Grievance Procedure
- We are aware of the role of the AZ Dept of Economic Security/Office of Licensing, Certification and Regulation
- We have read and accept the Internet Usage Caution
- We have read and accept the ICF Donor Privacy Policy
- We have read and accept the ICF Third-Party Disclaimer

Please include with your Application a check for \$300 to International Child Foundation and a photo.

\_\_\_\_\_  
Adopting Parent Signature

\_\_\_\_\_  
Adopting Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date