

LA VIDA INTERNATIONAL*

CONFIDENTIAL



Formal application for the adoption of a child or children

MALE APPLICANT NAME: _____
(Last, First, Middle)

FEMALE APPLICANT NAME: _____
(Last, First, Middle)

ADDRESS: _____

COUNTY: _____

HOME TELEPHONE #: _____ **HOME FAX #:** _____

HOME EMAIL ADDRESS _____

MALE APPLICANT WORK PHONE #: _____ **EXTENSION:** _____

MAY WE CONTACT YOU AT WORK? YES _____ NO _____

FAX #: _____ **CELL #:** _____ **E-MAIL:** _____
(Please provide these numbers and address only if permission to contact you by these methods is granted by you)

FEMALE APPLICANT WORK PHONE #: _____ **EXTENSION:** _____

MAY WE CONTACT YOU AT WORK? YES _____ NO _____

FAX #: _____ **CELL #:** _____ **E-MAIL:** _____
(Please provide these numbers and address only if permission to contact you by these methods is granted by you)

Male applicant age at time of application _____ **Female applicant age at time of application** _____

PROGRAM FROM WHERE YOU WISH TO ADOPT (Check all that apply):

- China Colombia Guatemala Independent Home Study
(LaVida is performing a home study only)
- China USCIS & Dossier Paperwork Ready

MALE APPLICANT INFORMATION:

Date _____

PHYSICAL DATA:

Height: _____

Weight: _____

Hair: _____

Eyes: _____

PERSONAL DATA:

Date of Birth: _____

Place of Birth: _____

Country of Citizenship: _____

If not USA, are you a naturalized USA citizen? _____

Race/Ethnic background: _____

Social Security #: _____

EMPLOYMENT:

Occupation: _____

How long in current position: _____

If less than 2 years, prior position: _____

Name of present employer: _____

Address of present employer: _____

Gross Annual Current Salary: _____

Proof of current salary is not needed with this application, however it will be requested shortly and must be documented by your employer or accountant if self-employed

EDUCATION:

High School: Grade completed: _____ Year graduated: _____

College: Years completed: _____ Year graduated: _____ Degree Received: _____

Other: Type of school: _____

Degree/Certificate: _____ Date Received: _____

MISCELLANEOUS:

Organizations/memberships to which you belong: _____

Military service branch: _____ Serial #: _____

Type of discharge: _____ Date of Discharge: _____

Activities you enjoy: _____

PATERNAL FAMILY:

Mother's name: _____ DOB: _____ Living _____ Deceased _____
(first and maiden name)

Father's name: _____ DOB: _____ Living _____ Deceased _____
(first and last)

Please list brothers and sisters and their ages:

Name Age

Name Age

Name Age

Name Age

FEMALE APPLICANT INFORMATION

Date _____

PHYSICAL DATA:

Height: _____ Weight: _____
Hair: _____ Eyes: _____

PERSONAL DATA:

Date of Birth: _____ Place of Birth: _____
Country of Citizenship: _____ If not USA, are you a naturalized USA citizen: _____
Race/Ethnic background: _____
Social Security #: _____

EMPLOYMENT:

Occupation: _____
How long in current position: _____
If less than 2 years, prior position: _____
Name of present employer: _____
Address of present employer: _____
Gross Annual Current Salary: _____

Proof of current salary is not needed with this application, however it will be requested shortly and must be documented by your employer or accountant if self-employed

EDUCATION:

High School: Grade completed: _____ Year graduated: _____
College: Years completed: _____ Year graduated: _____ Degree Received: _____
Other: Type of school: _____
Degree/Certificate: _____ Date Received: _____

MISCELLANEOUS:

Organizations/memberships to which you belong: _____

Military service branch: _____ Serial #: _____
Type of discharge: _____ Date of Discharge: _____
Activities you enjoy: _____

MATERNAL FAMILY:

Mother's name: _____ DOB: _____ Living _____ Deceased _____
(first and maiden name)
Father's name: _____ DOB: _____ Living _____ Deceased _____
(first and last)

Please list brothers and sisters and their ages:

_____ Name	_____ Age	_____ Name	_____ Age
_____ Name	_____ Age	_____ Name	_____ Age

GENERAL FAMILY INFORMATION

Directions for reaching home if La Vida is performing your home study. Check here if an additional sheet is attached ____.

HOME:

Type and description of home: _____

Number of rooms: _____ Number of bedrooms: _____

Please check one: Own: _____ Rent: _____ Other _____ If other, describe _____

Description of community: _____

PREVIOUS ADDRESSES IN LAST FIVE YEARS:

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

MARRIAGE (if applicable):

Date of present marriage: _____ Place: _____

CHILDREN (if applicable):

Names:	Gender	DOB	If adopted, Placement date	Race
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PREVIOUS MARRIAGES (if applicable):

Male Applicant: Date of Marriage: _____ How terminated: _____
 Date terminated: _____ Name of spouse: _____
 Any children from this marriage? Yes ___ No ___ If yes, # of children _____
 Date of Marriage: _____ How terminated: _____
 Date terminated: _____ Name of spouse: _____
 Any children from this marriage? Yes ___ No ___ If yes, # of children _____

Female Applicant: Date of Marriage: _____ How terminated: _____
 Date terminated: _____ Name of spouse: _____
 Any children from this marriage? Yes ___ No ___ If yes, # of children _____
 Date of Marriage: _____ How terminated: _____
 Date terminated: _____ Name of spouse: _____
 Any children from this marriage? Yes ___ No ___ If yes, # of children _____

HOUSEHOLD:

List all children and adults currently living in your home:

Name	Gender	Relationship	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE NOTE THAT ANY PERSON LIVING IN YOUR HOUSEHOLD, RELATED OR UNRELATED, WHO IS 18 YEARS OR OLDER MUST OBTAIN THE FOLLOWING: 1) STATE CRIMINAL AND STATE CHILD ABUSE CLEARANCES, 2) FINGERPRINTED FROM THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES, AND 3) BE INTERVIEWED AS PART OF THE FAMILY'S HOME STUDY PROCESS. IF A HOUSEHOLD MEMBER TURNS 18 DURING YOUR ADOPTION PROCESS, YOU ARE REQUIRED TO NOTIFY LA VIDA AT LEAST 30 DAYS PRIOR TO THEIR 18TH BIRTHDAY. THEY WILL THEN BE REQUIRED TO OBTAIN THE FOLLOWING: 1) STATE CRIMINAL AND STATE CHILD ABUSE CLEARANCES, 2) FINGERPRINT CLEARANCES FROM THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES, AND 3) IF NOT PREVIOUSLY INTERVIEWED AT THE TIME OF THE ORIGINAL HOME STUDY, AN ADDITIONAL VISIT IN THE HOME WITH YOUR HOME STUDY AGENCY WILL BE REQUIRED.

RESPONSIBILITY FOR OTHER CHILDREN OR RELATIVES NOT LIVING IN YOUR HOUSEHOLD

Name	Gender	Relationship	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY INCOME:

Under \$40,000/year: _____

Between \$40,000-\$70,000/year: _____

Over \$70,000/year: _____

RELIGIOUS AFFILIATION (only if applicable):

Male Applicant's Religion: _____

Female Applicant's Religion: _____

HOBBIES:

Family: _____

Male Applicant's individual: _____

Female Applicant's individual: _____

***MEDICAL HISTORY:**

Male Applicant's general health: Excellent ___ Good ___ Poor ___

Have you ever been treated and/or are you currently being treated for a medical, and/or mental health problem(s)? Yes ___ No ___

If yes, please describe in detail: (diagnosis, date of diagnosis, medication, dosage, date treatment ended, etc.)

Female Applicant's general health: Excellent ___ Good ___ Poor ___

Have you ever been treated and/or are you currently being treated for a medical, and/or mental health problem(s)? Yes ___ No ___

If yes, please describe in detail: (diagnosis, date of diagnosis, medication, dosage, date treatment ended, etc.)

***CRIMINAL AND/OR ABUSE HISTORY (REQUIRED FOR INTERNATIONAL ADOPTIONS):
IT IS IMPERATIVE THAT YOU INCLUDE EACH INCIDENT INCLUDING
“NOT GUILTY” CHARGES OR IF THE CHARGES WERE “EXPUNGED”**

MALE APPLICANT **Initials:** _____

Do you have a history of or have you ever been arrested, convicted, detained, tried or charged for any activity relating to substance abuse, sexual abuse, child abuse and/or domestic abuse?

Yes _____ No _____ If yes, please explain:

Have you ever been fingerprinted, arrested, convicted, detained, tried, charged or cited (other than for a traffic violation) for any criminal activity whether or not relating to abuse?

Yes _____ No _____ If yes, please explain:

Have you ever received counseling for emotional, mental, marital issues, alcohol or drug abuse?

Yes _____ No _____ If yes, please explain:

Have you ever applied/or are you currently working with another agency to adopt a child?

Yes _____ No _____ If yes, the name of the agency: _____

Date of the application: _____ Outcome: _____

Have you ever been rejected or received an unfavorable home study from a licensed agency?

Yes _____ No _____ If yes, the name of the agency: _____

Date of the application: _____ Outcome: _____

FEMALE APPLICANT **Initials:** _____

Do you have a history of or have you ever been arrested, convicted, detained, tried or charged for any activity relating to substance abuse, sexual abuse, child abuse and/or domestic abuse?

Yes _____ No _____ If yes, please explain:

Have you ever been fingerprinted, arrested, convicted, detained, tried, charged or cited (other than for a traffic violation) for any criminal activity whether or not relating to abuse?

Yes _____ No _____ If yes, please explain:

Have you ever received counseling for emotional, mental, marital issues, alcohol or drug abuse?

Yes _____ No _____ If yes, please explain:

Have you ever applied/or are you currently working with another agency to adopt a child?

Yes _____ No _____ If yes, the name of the agency: _____

Date of the application: _____ Outcome: _____

Have you ever been rejected or received an unfavorable home study from a licensed agency?

Yes _____ No _____ If yes, the name of the agency: _____

Date of the application: _____ Outcome: _____

FINANCIAL INFORMATION:

Combined Income from Salary: _____ Value of Investments: _____
 Other income & source: _____
 Amount in savings: _____ Amount in checking: _____
 Market value of home: _____ Monthly payment: _____
 Mortgage balance: _____ If renting, monthly payment: _____
 Credit card total balance: _____ Monthly payment: _____

 Credit card total balance: _____ Monthly payment: _____

 Auto loan total balance: _____ Monthly payment: _____
 Auto loan total balance: _____ Monthly payment: _____
 Other loans total balance: _____ Monthly payment: _____
 Other liabilities (child support, etc.): _____ Monthly payment: _____

 Value of real estate other than home: _____ Monthly Payment: _____
 Total Monthly Living Expenses: _____

LIFE INSURANCE:

Person insured	Type of coverage	Company
_____	_____	_____
_____	_____	_____

CHILD DESIRED: PLEASE BE SURE TO INDICATE BOTH A LOWER AND UPPER AGE IN MONTHS

Gender: Female _____ Male _____ Either _____
 Age: Lower Age Desired _____ Upper Age Desired _____ (specify in months)
 Twins: Yes _____ No _____ Note: Placement of twins is rare
 Siblings: Yes _____ No _____ Note: Not available in the China program

Please indicate, using the codes below, your willingness to consider a child with these special needs. Some of these needs are minor, mild, correctable, and others are more serious. Should you have any questions regarding any of these special needs, please consult your physician. This section simply gives us a general description of the types of special needs your family might consider. Checking "yes" to an item in no way means that your referred child will have the special need.

Yes	No	Unsure	
_____	_____	_____	Hearing loss (correctable)
_____	_____	_____	Hearing loss (non-correctable)
_____	_____	_____	Vision impairment (correctable)
_____	_____	_____	Heart defect
_____	_____	_____	Premature (moderate)
_____	_____	_____	Premature (severe)
_____	_____	_____	Hepatitis A
_____	_____	_____	Hepatitis B (carrier)
_____	_____	_____	Hepatitis B (active case)
_____	_____	_____	Finger/toe anomaly
_____	_____	_____	Cleft Lip
_____	_____	_____	Cleft Lip and Palate
_____	_____	_____	Blood disorder
_____	_____	_____	Physical deformity (correctable)
_____	_____	_____	Physical deformity (non-correctable)
_____	_____	_____	Orthopedic problems
_____	_____	_____	Crossed Eyes (Strabismus)
_____	_____	_____	None. Would only consider a child with no known diagnosis

How did you **initially** learn about La Vida?

_____	La Vida Adoptive Family	_____	My Employer
_____	Other Word of Mouth	_____	Adoption Counselor
_____	Newspaper Advertisement*	_____	Magazine Advertisement
_____	Church Bulletin/Flyer*	_____	Other mailing
_____	Adoptive Parent Support Group	_____	The Internet
_____	Conference	_____	Television/Cable
_____	Other, please specify _____		

If referred by family, church, advertisement, or conference, please state the name, church, publication, or title of conference:



I/We understand that I/we am/are responsible to pay all fees in so much as they are payment for services rendered.

I/We understand that by signing this application I/we are agreeing to comply with and agree to notify the agency immediately upon change in my/our personal or family situation including job change, change of address, separation, divorce, pregnancy, child placement of foster or adopted child(ren), significant changes in physical or mental health status, significant change in financial status, or any other significant events.

I/We hereby declare that, to the best of my/our knowledge, the information provided by me/us on this application is true and correct. I/We understand that providing false, or omitting information on this form may result in the closing of my/our file.

My/Our signature is evidence of the fact that I/we have agreed on making this application.

I/We understand that this is an application for acceptance into an adoption program. It does not constitute an obligation on the part of the Agency, a contract, guarantee of approval, guarantee of placement, or agreement of any kind.

Signature(s) _____

_____	Male Applicant	_____	Date	_____	Female Applicant	_____	Date
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Additional information may be included on a separate sheet and attached to this application if necessary. We thank you for taking the time to complete this application and for choosing La Vida to assist you with your adoption.

*NOTE: It is very important to answer all questions truthfully, completely, and accurately. Your answers to the questions that comprise this application will be used to determine your eligibility to adopt (taking into account agency, state, federal, and foreign government regulations, policies, laws, etc.) and will direct the various documentation efforts for the paperwork and approval processes necessary to adopt. Omissions, inaccurate answers, or untruthful answers could cause delays, additional work efforts, additional costs, and the possibility of not receiving a necessary approval. In addition, a history of substance abuse, criminal incidents, abuse or domestic violence, significant or severe medical conditions, or history of emotional problems, etc. (or a failure to accurately disclose or reveal any such histories) could require additional work efforts and costs in order to satisfy the requirements of the various entities that must approve a family application.