

**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     China Special Waiting Child Program     Colombia     Independent Home Study  
 Nepal    (LaVida is performing a home study only)

**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? \_\_\_\_\_

If not, alien registration number: \_\_\_\_\_

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: \_\_\_\_\_

If not, alien registration number \_\_\_\_\_

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: : If applicable, please be sure to include places you lived during college and military service.**

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**PREVIOUS STATES/COUNTRIES IN WHICH EACH APPLICANT HAS LIVED PRIOR TO THE LAST 5 YEARS AND SINCE THE AGE OF 18: If applicable, please be sure to include places you lived during college and military service.**

(Attach an extra sheet if you need more space)

Male Applicant:

Female Applicant:

State/Counry: (Abbreviate)

State/Country: (Abbreviate)

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**MARRIAGE (if applicable):**

Date of present marriage: \_\_\_\_\_ Place: \_\_\_\_\_

**CHILDREN LIVING IN YOUR HOME (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 \_\_\_\_\_

**ALL INDIVIDUALS LIVING IN YOUR HOME:**

List yourself(ves), all of your children and other adults living in your home. Please include college students who maintain your address as a permanent residence:

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

**RESPONSIBILITY FOR OTHER CHILDREN OR RELATIVES NOT LIVING IN YOUR HOUSEHOLD**

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

**OTHER ADULT HOUSEHOLD MEMBERS – PLEASE READ DEFINITION BELOW BEFORE SKIPPING THIS QUESTION:**

List adults who live in your home or who come to your home regularly for work or volunteer purposes. For example a business employee, regular housekeeper or a regular child care provider (paid or unpaid). Please do not include child care providers utilized during social outings, occasional visitors or individuals who perform outside work such as lawn maintenance.

1.) Name/Address	Gender	DOB
_____	_____	_____
_____		
_____		

Purpose of presence in the home/frequency in the home. i.e. (lives here full-time or works here providing child care 2 days per week)

\_\_\_\_\_

Describe this person's relationship to you: \_\_\_\_\_

Is the above person a U.S. citizen? \_\_\_\_\_

If not, please provide his/her alien registration number: \_\_\_\_\_

2.) Name/Address	Gender	DOB
_____	_____	_____
_____		
_____		

Purpose of presence in the home/frequency in the home. i.e. (lives here full-time or works here providing child care 2 days per week)

\_\_\_\_\_

Describe this person's relationship to you: \_\_\_\_\_

Is the above person a U.S. citizen? \_\_\_\_\_

If not, please provide his/her alien registration number: \_\_\_\_\_

3.) Name/Address

Gender

DOB

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of presence in the home/frequency in the home. i.e. (lives here full-time or works here providing child care 2 days per week)

\_\_\_\_\_

Describe this person's relationship to you: \_\_\_\_\_

Is the above person a U.S. citizen? \_\_\_\_\_

If not, please provide his/her alien registration number: \_\_\_\_\_

#### APPLICANT CRIMINAL AND ABUSE HISTORY

**IT IS IMPERATIVE THAT YOU INCLUDE EACH INCIDENT INCLUDING "NOT GUILTY" CHARGES OR IF THE CHARGES WERE "EXPUNGED" OR ULTIMATELY NOT PROSECUTED. PLEASE DISCLOSE ALL INCIDENTS AND INDICATE WHETHER YOU WERE AN ADULT OR MINOR AT THE TIME OF THE OCCURRENCE.**

**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, whether in or outside the United States, been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant?

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

If yes, please explain:

Have you ever, whether in or outside of the United States, been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?

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

If yes, please explain:

Have you ever, whether in or outside of the United States, received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

At any time have you been the subject of any investigation by any child welfare agency, court, or other official authority in any State or foreign country concerning the abuse or neglect of any child, *other than* an investigation that has been completed and formally closed based on a finding that the allegation of abuse or neglect was unfounded or unsubstantiated?

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: \_\_\_\_\_

Have you ever begun a home study with an agency but did not complete it?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, the name of the agency: \_\_\_\_\_

Date of the application: \_\_\_\_\_ Description of reason the study was not completed: \_\_\_\_\_

**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, whether in or outside the United States, been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant?

Yes \_\_\_\_\_ No \_\_\_\_\_                      If yes, please explain:

Have you ever, whether in or outside of the United States, been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?

Yes \_\_\_\_\_ No \_\_\_\_\_                      If yes, please explain:

Have you ever, whether in or outside of the United States, received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?

Yes \_\_\_\_\_ No \_\_\_\_\_                      If yes, please explain:

At any time have you been the subject of any investigation by any child welfare agency, court, or other official authority in any State or foreign country concerning the abuse or neglect of any child, *other than* an investigation that has been completed and formally closed based on a finding that the allegation of abuse or neglect was unfounded or unsubstantiated?

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: \_\_\_\_\_

Have you ever begun a home study with an agency but did not complete it?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, the name of the agency: \_\_\_\_\_

Date of the application: \_\_\_\_\_ Description of reason the study was not completed: \_\_\_\_\_

**\*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.)

**FAMILY INCOME:**

Under \$40,000/year: \_\_\_\_\_

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

Over \$70,000/year: \_\_\_\_\_

**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
_____	_____	_____
_____	_____	_____

**MICELLANEOUS:**

**RELIGIOUS AFFILIATION (only if applicable):**

Male Applicant's Religion: \_\_\_\_\_

Female Applicant's Religion: \_\_\_\_\_

**HOBBIES/ACTIVITIES:**

Family: \_\_\_\_\_

Male Applicant's individual: \_\_\_\_\_

Female Applicant's individual: \_\_\_\_\_

**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 \_\_\_\_\_

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 should a child become available on a waiting child list. 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 malformation (correctable)
_____	_____	_____	Physical malformation (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, birth, 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 including notification of children turning 18 (90 day notice required).

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.

I/we have read and understand the country program descriptions which describe the typical age range of children assigned in our chosen country to parent(s) of my/our age.

I/we have read and understand the below notice entitled "INFORMATION DISCLOSURE".

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Male Applicant Female Applicant

PLEASE NOTE THAT IF YOU HAVE ADDITIONAL HOUSEHOLD MEMBERS AS DEFINED IN THIS APPLICATION IT WILL BE NECESSARY TO HAVE EACH INDIVIDUAL COMPLETE THE ATTACHED ADDITIONAL HOUSEHOLD MEMBER INFORMATION SHEET. IT WILL ALSO BE NECESSARY FOR YOU TO SIGN THAT DOCUMENT INDICATING THAT YOU ARE AWARE OF ITS CONTENTS.

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.

## **INFORMATION DISCLOSURE:**

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.

New USCIS requirements, which are not at the discretion of La Vida International or any U.S. private agency, also require a “Duty of Candor”.

### **Initial Duty of Disclosure and Candor with Regard to Criminal History**

Historically, it has not been uncommon for individuals with minor crimes in their past to fail to report such crimes on the adoption application. This is often because incidents were very minor, or very long ago or in some cases forgotten. Because of the overall frequency of this, and as a result of implementation of The Hague Convention on Intercountry Adoption, the U.S. Citizenship and Immigration Service has implemented new regulations regarding the duty to disclose. These regulations apply to any family adopting internationally, and are not at the discretion of La Vida International.

This duty of disclosure is applicable to individuals living in the home or individuals who meet the criteria of additional adult members of the household (as defined earlier in this application). New USCIS federal regulations state that each adult household member has a duty of candor and must give true and complete information to the placing agency and home study preparer both verbally and in any and all application or home study paperwork which you may have or will submit to the agency. Specifically, you must disclose any arrest, conviction, or other adverse criminal history, whether in the United States or abroad, even if the record of the arrest, conviction or other adverse criminal history has been expunged, sealed, pardoned, or the subject of any other amelioration. A person with a criminal history is nearly always able to establish sufficient rehabilitation to satisfy the requirements of the USCIS.

In the past when individuals did not report crimes, and they were later discovered through the USCIS fingerprint process, the regional USCIS office has the option to collect additional information and subsequently approve the family. New regulations for adoption from Hague Convention countries (China and Colombia) now make it mandatory that the reviewing USCIS officer reject your application if a past crime is not reported in the home study. The rejection will mean a minimum period of one year in which the family will be prohibited from re-applying to adopt a child internationally.

For this reason, it is critical that you share with us any past crime that you may have had. All states now require FBI fingerprinting for the purposes of the home study.

**SUPPLEMENT TO LA VIDA INTERNATIONAL ADOPTION APPLICATION  
IF APPLICABLE, FOR COMPLETION BY EACH OTHER  
ADULT HOUSEHOLD MEMBER DESCRIBED BELOW  
PLEASE MAKE ADDITIONAL COPIES AS NEEDED (page 1 of 3)**

Any persons who may not live in the home but whose regular presence in the home is relevant to the suitability of the prospective adoptive parents as the parents of a Hague Convention adoptee. This includes older children living at college, but whose permanent residence remains with you; it includes paid employees who regularly come to your home (such as child care workers, housekeepers or other paid workers); and unpaid individuals who come to your home regularly to do volunteer work (such as friends or relatives who provide regular and consistent child care to children already residing in your home).

The below information is required by the United States Citizenship and Immigration Service.

Household Members Name \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_

If not, please provide your alien registration number: \_\_\_\_\_

**RESIDENCY HISTORY**

States/Countries of residence for the past 5 years: (Abbreviate) (attach addition sheet if necessary)

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

States/Countries of residence since age of 18 and prior to the past 5 years: (Abbreviate)

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**CRIMINAL AND ABUSE HISTORY**

**IT IS IMPERATIVE THAT YOU INCLUDE EACH INCIDENT INCLUDING “NOT GUILTY” CHARGES OR IF THE CHARGES WERE “EXPUNGED” OR ULTIMATELY NOT PROSECUTED. PLEASE DISCLOSE ALL INCIDENTS AND INDICATE WHETHER YOU WERE AN ADULT OR MINOR AT THE TIME OF THE OCCURRENCE.**

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, whether in or outside the United States, been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

Have you ever, whether in or outside of the United States, been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

Have you ever, whether in or outside of the United States, received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

At any time have you been the subject of any investigation by any child welfare agency, court, or other official authority in any State or foreign country concerning the abuse or neglect of any child, *other than* an investigation that has been completed and formally closed based on a finding that the allegation of abuse or neglect was unfounded or unsubstantiated?

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:

Have you ever begun a home study with an agency but did not complete it?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, the name of the agency: \_\_\_\_\_

Date of the application: \_\_\_\_\_ Description of reason the study was not completed:

**\*MEDICAL HISTORY:**

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.)

I understand that by signing this document I am agreeing to notify the prospective adoptive family immediately upon change of any of the above information.

I hereby declare that, to the best of my knowledge, the information provided by me on this document is true and correct and that I have read and understand the attached important notes regarding my duty of candor.

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT HOUSEHOLD MEMBER DATE

\_\_\_\_\_  
SIGNATURE OF MALE APPLICANT DATE

\_\_\_\_\_  
SIGNATURE OF FEMALE APPLICANT DATE

PLEASE READ IMPORTANT NOTES CONTAINED ON NEXT PAGE

New federal government requirements, which are not at the discretion of La Vida International or any U.S. private agency, also require a “Duty of Candor” for each adult household member.

#### Initial Duty of Disclosure and Candor with Regard to Criminal History

Historically, it has not been uncommon for individuals with minor crimes in their past to fail to report such crimes on the adoption application. This is often because incidents were very minor, or very long ago or in some cases forgotten. Because of the overall frequency of this, and as a result of implementation of The Hague Convention on Intercountry Adoption, the U.S. Citizenship and Immigration Service has implemented new regulations regarding the duty to disclose. These regulations apply to any family adopting internationally, and are not at the discretion of La Vida International.

This duty of disclosure is applicable to individuals living in the home or individuals who meet the criteria of additional adult members of the household (as defined at the top of this document). New USCIS federal regulations state that each adult household member has a duty of candor and must give true and complete information to the placing agency and home study preparer both verbally and in any and all application or home study paperwork which you may have or will submit to the agency. Specifically, you must disclose any arrest, conviction, or other adverse criminal history, whether in the United States or abroad, even if the record of the arrest, conviction or other adverse criminal history has been expunged, sealed, pardoned, or the subject of any other amelioration. A person with a criminal history is nearly always able to establish sufficient rehabilitation to satisfy the requirements of the USCIS.

New regulations now make it mandatory for rejection of the USCIS application if a past crime of any adult household member is not reported in the home study. The rejection will mean a minimum period of one year in which the family will be prohibited from re-applying to adopt a child internationally.

For this reason, it is critical that you share with us any past crime that you may have had. Many states require FBI fingerprinting for the purposes of the home study, however if your state of residence does not and you are unsure of your criminal history, we advise that you personally obtain a FBI fingerprint clearance in order to fully understand your history prior to completion of the prospective adoptive family’s home study.

Application Updated 01/13/09