SC SPENCE-CHAPIN
Services to Families and Children

International Adoption Application

Applicant(s) Legal Name: _____

Applications are reviewed weekly at Spence-Chapin by our Adoption Team. Once your application has been reviewed, adoption staff will contact you with follow up questions, points of clarifications, and to discuss next steps. The purpose of the application is for Spence-Chapin to gain a full view of your family and the child you intend to adopt. This information allows Spence-Chapin to begin to assess eligibility for adoption programs and set expectations for the rest of the adoption process.

Please be as thorough as possible and attach additional pages as needed. Write N/A for any questions that do not apply. Identifying information will be kept confidential and will not be released to anyone other than Spence-Chapin staff, agency partners, or overseas representatives without prior consent. Please visit the Spence-Chapin website (www.spence-chapin.org) or call us at 212-400-8150 for information about adoption programs.

Spence-Chapin promotes equal opportunity for all clients by complying with local, state and federal laws and regulations. We do not exclude, deny applicants, or otherwise discriminate on the basis of race, ancestry, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, citizenship, military service obligation veteran status or any other basis protected by federal, state or local laws. Our policies and practices are intended to ensure that all clients are treated equally.

Applications must be accompanied by supporting documents and a photo of applicant(s) in order to be reviewed.

Please mail hard copies of the application to:
Spence-Chapin, Attn: International Adoption Application
410 East 92nd Street, NY, NY 10128

Please email scanned copies with a jpeg photo to:

registration@spence-chapin.org

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General Information

Application to be considered for which International Adoption program:

<table>
<tr><th>South Africa</th><th>Colombia</th><th>Bulgaria</th></tr>
<tr><td>Age range of child(ren) you are hoping to adopt:</td><td>Age range of child(ren) you are hoping to adopt?
☐ 0-5 ☐ 6-9</td><td>Age range of child(ren) you are hoping to adopt:</td></tr>
<tr><td>Are you open to adopting a sibling group?
☐ Yes ☐ No</td><td>Are you open to adopting a sibling group?
☐ Yes ☐ No</td><td>Are you open to adopting a sibling group?
☐ Yes ☐ No</td></tr>
<tr><td rowspan="3">Openess to Special Medical Needs (Name specific conditions or diagnoses):</td><td>Are you of Colombian Heritage (are you a citizen of Colombia or hold a Cedula)?
☐ Yes ☐ No</td><td>Openess to Special Medical Needs (Name specific conditions or diagnoses):</td></tr>
<tr><td>Are you applying to be considered for a specific waiting child?
☐ Yes ☐ No
Name of child:
_____</td><td rowspan="2">Are you applying to be considered for a specific waiting child?
☐ Yes ☐ No
Name of child:
_____</td></tr>
<tr><td>Openess to Special Medical Needs (Name specific conditions or diagnoses):</td></tr>
</table>

Are you applying as a couple or a single applicant? ☐ Single ☐ Couple

Applicant Legal Residence: _____
Street City State Zip

Secondary Residence: _____
Street City State Zip

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Applicant(s) Information

Name: Last, First, Middle (Maiden, if applicalbe)	Name: Last, First, Middle (Maiden, if applicalbe)
Email:	Email:
Phone:	Phone:
Date of Birth: Age:	Date of Birth: Age:
U.S. Citizenship: Non US citizen, state resident status:	U.S. Citizenship: Non US citizen, state resident status:
Religion, if any:	Religion, if any:
Ethnicity:	Ethnicity:
Race:	Race:
*Gender: Sexual orientation:	*Gender: Sexual orientation:
Primary Language: Other spoken languages:	Primary Language: Other spoken languages:
Highest level of education achieved:	Highest level of education achieved:
Occupation	Occupation:

**The Human Rights Campaign recognizes Spence-Chapin has fully inclusive policies and practices in working with the LGBT community. This question supports our work with HRC and our commitment to all families. Please contact us if you have any questions.*

Have you previously applied to Spence-Chapin ?

☐ Yes ☐ No

If yes, when? *(mm/yyyy)*_____

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Personal Statements

Please attach a statement, which addresses all of the following questions.
All questions are required.

This section was developed to allow the Spence-Chapin Adoption Team to understand your decision to adopt and the child you intend to adopt. Help us get to know you by providing thorough responses.

Decision to Adopt:

1. Please tell us your reasons for wanting to adopt a child. Include information about why you have chosen to adopt and what factors have played a role in your decision to adopt. Discuss which adoption program or programs you are interested in adopting from and why.

    a) Please tell us your history with adoption (i.e. have you ever adopted before, are you currently in another adoption program, and/or working with another agency?). If you have adopted previously please share how you have incorporated adoption and birht culture into your family discussions, and how adoption plays a roled in your family.

    b) Does a history of infertility or pregancy loss influence your decision to adopt?

    ☐ Yes ☐ No

    If yes, how does your history of infertility or pregnancy loss impact your decision, including whether you have had evaluations and treatment, dates that treatment began and ended, and whether you are currently pursuing a pregnancy.

International Adoption

1. What is your connection to the country of origin? Please share your plans to maintain connection to the child's birth family, culture, language, and heritage? If applying to multiple programs, please answer for each country.
2. Please describe your flexibility around the race, gender, and ethnicity of the child you are looking to parent.
3. Are you considering adopting a child who has an identified special need?

    ☐ Yes ☐ No

    If yes:

    a) What has led you to adopt a child with special needs/ developmental needs?

    b)What kinds of medical diagnoses do you feel comfortable with and why?

    c)Do you have experience caring for children who have special needs?

4. If considering adopting a child over age three: please share your thoughts on adopting an older child specifically related to alcohol or drug prenatal exposure, history of trauma, and/ or the genetic component of mental health condition.

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Family Information

Who is in your household? Please list all children and adults in your immediate family:

Single Applicants:
If you are currently in a relationship, have you thought about how this peson might be involved in your child's life?

Couples
How long have you been together as a couple?

Have you ever had any separations? ☐ Yes ☐ No *(if yes, please explain in an attached narrative).*

If married, date of current marriage: _____

Previous Marriages:

Applicant 1
Date of Marriage: _____

Date of Legal Separation: _____

Date of Marriage Separation: _____

Reason for Separation/ Divorce: _____

Applicant 2
Date of Marriage: _____

Date of Legal Separation: _____

Reason for Separation/ Divorce: _____

Please list any additional and/or previous marriages on a separate page

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History of Adoption or Foster Care

Have you ever participated in a home study or adoption process with another agency or attorney?

☐ Yes ☐ No

If yes, please provide contact information for the placing adoption agency, the agency that completed the home study (if different), and include a copy of the home study and post-placement reports completed, expired or current, even if the adoption was not completed. By providing this information, you hereby authorize Spence-Chapin to contact these individuals

Name of Agency/ Attoney	Contact Person	Email & Phone Number	Dates	Status of Adoption Process

If you are currently working with an additional adoption agency or adoption attorney, please provide contact information. By providing this information, you hereby authorize Spence-Chapin to contact this agency or individual.

Name of Agency/ Attorney	Contact Person	Phone & Email	Status of Application

Have you ever applied to become a foster parent?

☐ Yes ☐ No

Was your home opened as a foster home?

☐ Yes ☐ No If yes, when? *(mm/yyyy)* _____

If your home was closed, please provide the closing status *(Closed Voluntarily, Agency Closed, or Closed with Do Not Recommend):*

_____

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Family & Household Members

Please use this form to share your family composition, including all children, whether the child/ren resides with you or not, and all adults living in the household.

Name:					
Date of Birth:					
Gender:					
Medical, developmental, emotional, and mental health diagonses:					
If a child, was he or she adopted?					
If adopted, at what age did he or she join your family and what month & year was the placement and adoption finalization?					
If a child, is he or she up-to-date on their immunizations?					
If the applicant is not the primary careaker, does the applicant have custody or visitation with the child?					

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Employment History

Salary should reflect reported income from federal income tax W-2 and 1099 forms. Attach additional pages as needed, labeled "Employment History." *If you work for the military, please note if you could be deployed.*

Applicant 1	Applicant 2
Most Recent Employer:	Most Recent Employer:
Job Title:	Job Title:
Hire Date - End Date:	Hire Date - End Date:
Annual Salary:	Annual Salary:

Medical Information

<u>If you list any medications, medical history, or conditions below, please:</u>
Attach a **letter from your physician** indicating the history, diagnosis and treatment (including medications, dosage and dates), prognosis, and anticipated impact on parenting and life expectancy for each noted medical condition or medication.

Please find sample letter at end of the application that can be used to request this information.

Attach a **narrative in your own words** labeled Medical History describing the onset, diagnosis, treatment, and impact on your life.

Do you have health insurance and will your child be covered at placement?

Applicant 1: ☐ Yes ☐ No Applicant 2: ☐ Yes ☐ No

Applicant 1: Please list all past & current medical diagnoses:

Applicant 2: Please list all past & current medical diagnoses:

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Applicant 1: Do you have a history of hospitalization(s)? ☐ Yes ☐ No

If yes, please describe the nature of hospitalization(s):

Applicant 2: Do you have a history of hospitalization(s)? ☐ Yes ☐ No

If yes, please describe the nature of hospitalization(s):

Do you have a history of infertility or pregnancy loss? ☐ Yes ☐ No

Are you currently pursuing a pregnancy? ☐ Yes ☐ No

Please list all current prescribed medications or medications taken in the past five years, other than routine antibiotics. Do not include fertility medication. Attach additional pages as necessary.

Applicant 1	**Applicant 2**
Name of Medication:	Name of Medication:
Condition:	Condition:
Dosage:	Dosage:
Date Began: Date Ended:	Date Began: Date Ended:
Name of Medication:	Name of Medication:
Condition:	Condition:
Dosage:	Dosage:
Date Began: Date Ended:	Date Began: Date Ended:

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Financial Information

Household Income:

Total Household Income Including Salary, Bonuses, Rental Property, Dividends, Monetary Gifts and other: _____

Assets	
Checking Account Balance:	Retirement Account Balance:
Savings Accounts/Money Market Balance:	Current Market Value of Home: *(if owned)*
Stocks/Bonds:	Current Market Value of Other Owned Real Estate:
Certificates of Deposit: *(CD's)*	Other Investments: *(please describe)*

Total assets including real estate: _____

Real Estate	
Primary Residence: (if owned)	Additional Owned Real Estate:
Total Mortgage Balance:	Total Mortgage Balance:
Market Value of home:	Market Value of home:
Monthly Payment Including Mortgage, Real Estate Tax and Maintenance Fees:	Monthly Payment Including Mortgage, Real Estate Tax and Maintenance Fees:

If your home is rented, what is your monthly rent? _____

Other Financial Obligations:	
Outstanding Balance Automobile Loans/ Leases:	Total Credit Card Debt:
Monthly Payment:	Monthly Payment:
Outstanding Balance - Educational Loans:	If over $10,000 please explain:

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Monthly Payment:	Outstanding Balance - Home Equity Loan:
Alimony/Child Support Monthly Payments:	Monthly Payment:
Other: (please describe)	

Total combined financial obligations including real estate:_____

Do you have life insurance coverage?

Applicant 1: ☐ Yes ☐ No	Amount:
Applicant 2: ☐ Yes ☐ No	Amount:

Adoption expenses can sometimes be a challenge for families. Please describe how you are planning to finance the adoption.

Substance Use

Describe your past and current use of drugs or alcohol, including type of substace and frequency of use.

Applicant 1: _____

Applicant 2: _____

Have you ever received in-patient or out-patient substance use treatment?

Applicant 1: ☐ Yes ☐ No Date Began:_____ Ended: _____

Applicant 2: ☐ Yes ☐ No Date Began:_____ Ended: _____

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Mental Health Information

<u>If you list any medications, medical history, or conditions below, please:</u>
Attach a **letter from your physician** indicating the history, diagnosis and treatment (including medications, dosage and dates), prognosis, and anticipated impact on parenting and life expectancy for each noted medical condition or medication.
Please find sample letter at end of the application that can be used to request this information.

Attach a **narrative in your own words** labeled Medical History describing the onset, diagnosis, treatment, and impact on your life.

Applicant 1
Have you ever been diagnosed with any of the following conditions?

- ☐ Anxiety
- ☐ Depression
- ☐ PTSD
- ☐ Bi-polar Disorder
- ☐ Post-Partum/Post Adoption Depression
- ☐ Schizophrenia
- ☐ N/A

Diagnosed with any other mental health conditions not listed above:

Do you have any history of mental hospitalizations? ☐ Yes ☐ No

Applicant 2
Have you ever been diagnosed with any of the following conditions?

- ☐ Anxiety
- ☐ Depression
- ☐ PTSD
- ☐ Bi-polar Disorder
- ☐ Post-Partum/Post Adoption Depression
- ☐ Schizophrenia
- ☐ N/A

Diagnosed with any other mental health conditions not listed above:

Do you have any history of mental hospitalizations? ☐ Yes ☐ No

1) Are you currently receiving or have you ever received counseling and/or psychiatric treatment?

Applicant 1: ☐ Yes ☐ No Date Began: _____ Ended: _____

Applicant 2: ☐ Yes ☐ No Date Began: _____ Ended: _____

2) Are you currently taking or have you ever been prescribed medication for any mental health conditions?

Applicant 1: ☐ Yes ☐ No Date Began: _____ Ended: _____

Applicant 2: ☐ Yes ☐ No Date Began: _____ Ended: _____

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Legal History

<u>If you list any legal history for applicants or other household members below:</u>
Please include an official copy of the final disposition. If application is submitted via email, a scanned copy will suffice but THREE originals will be requested prior to beginning the home study process. To obtain a final disposition, contact the clerk of the court that handled the matter. If you are told that no disposition exists, obtain a letter on court letterhead stating so.

Attach a narrative, labeled Legal History, explaining in detail the circumstances leading up to the investigation, charge, arrest and/or conviction, as well as the final outcome. The narrative must have the following statement above the applicant's signature: "signed, under penalty of perjury."

A past history of investigations, arrests, charges, or convictions may not exclude you from adopting. It is important to be forthright as it is necessary for all prospective adoptive parents to be fingerprinted as a part of the adoption process. Any persons over the age of 18 living in your home will be fingerprinted. Failure to report a legal history can negatively affect your application to adopt. *Expunged charges must also be reported.*

1. Have you or any individuals residing in your household ever been charged, arrested and/or convicted for any offenses, infractions, violations or crimes?

   Applicant 1: ☐ Yes ☐ No **Other Adults:** ☐ Yes ☐ No

   Applicant 2: ☐ Yes ☐ No **Other Adults**: ☐ Yes ☐ No

2. Have you or any individuals residing in your household ever been investigated, charged, arrested and/or been the subject of a finding of child abuse, child neglect, sexual abuse of a child or domestic violence?

   Applicant 1: ☐ Yes ☐ No **Other Adults:** ☐ Yes ☐ No

   Applicant 2: ☐ Yes ☐ No **Other Adults**: ☐ Yes ☐ No

3. Have you or any individuals residing in your household ever been investigated, charged, arrested and/or found guilty of any alcohol or drug-related offenses, infractions, violations or crimes including but not limited to DUI, DWI or DUAI?

   Applicant 1: ☐ Yes ☐ No **Other Adults:** ☐ Yes ☐ No

   Applicant 2: ☐ Yes ☐ No **Other Adults**: ☐ Yes ☐ No

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Confirmation Statement

Name of Applicant(s):

I/We understand that the nature of adoption includes: having limited Birth Parent genetic medical information, and awareness that there are no guarantees concerning any child's future health and development.

I/We also understand that the nature of International Adoption places all internationally adopted children at risk for unknown medical conditions and/or developmental delays commonly associated with institutionalization, foster care, and living in a developing country.

I/We state that the information presented in this document is true and correct to the best of my/our knowledge. I/We understand that acceptance into an adoption program at Spence-Chapin is based upon the status of programs at the time of application, and that programs may close or have no openings for new applicants at any given time.

I/We further understand that approval for adoption is based on a completion of a homestudy by Spence-Chapin or an approved networking agency. At no point in the adoption process is Spence-Chapin obligated to place a child with any applicant. All placement decisions are made in the child's best interest. I/We understand that if, in Spence-Chapin's sole judgment, a placement would not be in the child's best interest, and Spence-Chapin reserves the right to discontinue the adoption process.

By signing below, the Applicant understands that wherever his/her electronic signature or a copy of his/her original signature appears throughout this Application, such electronic or copy of his/her signature will have the same legal force and effect as an original signature.

Name of Appplicant 1:	Name of Applicant 2:
Signature:	Signature:
Date:	Date:

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Checklist

Before submitting this application, please be sure all of the following have been included.

Only complete applications can be reviewed:

- ☐ Completed and signed application
- ☐ Photo of Applicant(s)
- ☐ Attached Statements Regarding: adoption, including the decision to move forward and the child(ren) you intend to adopt

If relevant for your application:

- ☐ Medical, mental health, and legal history personal statements
- ☐ Letters from physicians and mental health professionals
- ☐ Three (3) original dispositions for any legal/arrest history
- ☐ Copies of home study and all post-placement reports for all previous adoptions
- ☐ Child Medical Checklist

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Sample letter to request information from physician/clinician/therapist

Dear Dr./Mr./Ms./Mrs.

I am writing you regarding my adoption application at Spence-Chapin, an accredited nonprofit organization with whom we are hoping to work in order to build our family through adoption.

Spence-Chapin requires us to provide a letter from our respective physicians or clinicians to address any medical history/mental health/substance abuse conditions or any medications that we listed on our application.

We specifically need a letter from you in reference to addresses the following:

- History, diagnosis and treatment (including medications, dosage and dates)
- Prognosis
- Anticipated impact on parenting and life expectancy for each noted condition, treatment or medication listed above.

This letter should be comprehensive and address all of the aspects requested above.

In order to confirm the validity of a doctor's letter, Spence-Chapin additionally requests that the letter be put on official letterhead, contain contact information and include any other pertinent information should additional follow up be needed.

We very much appreciate your assistance in this matter.

Best Regards,

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Child Medical Checklist

During your adoption process it is necessary for your family to think about the child(ren) you will adopt and the types of medical conditions and risk factors you would consider. This form is an important tool that is designed to support our team in understanding your family's openness to special medical needs which will guide resource identification for the child you hope to parent.

This worksheet is intended to orient you to many of the medical issues faced by children around the world. The issues listed range from very minor and common to more significant and life-long. Please complete the attached checklist to provide information to our Adoption Team about what medical concerns your family would consider at this time. These needs will be explored again during the home study process should your family be accepted to the program.

We know this is a challenging process but it is an important one to engage with as you define what needs your family feels most comfortable with. We believe that it is in the best interest of children for families to be realistic and thoughtful as they think concretely about what parenting a child with each given need may look like with regards to resources, medical care and support systems. We encourage each family to contact a pediatrician who specializes in international adoption and think carefully about your family's resources and abilities when filling out this form. Please consider each condition thoughtfully and assess your comfort level. Be sure to take into consideration your lifestyle, support system, finances and resources.

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Child Medical Checklist

Please indicate your preference for the age of the child at the time of referral: _____ to _____ (years)

Please indicate which of the following types of medicial needs you world or would not consider.

Medical Issue	Would Consider	Would Not Consider
General		
Failure to thrive	☐	☐
Low birth weight (less than 5.5 pounds)	☐	☐
Very low birth weight (less than 3.3 pounds)	☐	☐
Prematurity (less than 34 weeks gestation)	☐	☐
Family history of mental health disorder	☐	☐
Malnutrition/Rickets	☐	☐
Blood		
Iron Deficiency	☐	☐
Thalassemia	☐	☐
Hemophilia	☐	☐
Pre-natal / Congenital Exposures		
Alcohol use during pregnancy – moderate	☐	☐
Alcohol use during pregnancy –severe	☐	☐
Diagnosed alcohol-related disorder	☐	☐
Tobacco use during pregnancy – moderate	☐	☐
Drug use during pregnancy – minor	☐	☐
Drug use during pregnancy – moderate	☐	☐
Drug use during pregnancy – severe	☐	☐
CMV	☐	☐
CMV-congenital Rubella	☐	☐
Toxins from environment *-(refers to unusually high level of exposure to toxins due to living in vicinity to power plant, etc.)*	☐	☐
Central Nervous System		
Cerebral palsy – mild	☐	☐
Cerebral palsy – moderate	☐	☐
Cerebral palsy – severe	☐	☐
Febrile seizure disorder	☐	☐
Epilepsy – with treatment	☐	☐
Spina bifida (location to be considered)	☐	☐

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Medical Issue	Would Consider	Would Not Consider
Central Nervous System cont.		
Hypotonia/Hypertonia	☐	☐
Hydrocephalus	☐	☐
Arrested hydrocephalus	☐	☐
Microcephaly	☐	☐
Development/Mental Health		
Speech Disorder	☐	☐
Severe Developmental Delay Diagnosed	☐	☐
Learning Disorder Unpredictable	☐	☐
Intellectual - *(no specific diagnosis can be made about the child's potential for normal cognitive development)*	☐	☐
Austin Spectrum	☐	
ADD/ADHD	☐	☐
Mood Disorder	☐	☐
Personality Disorder	☐	☐
Reactive Attachement Disorder	☐	☐
Schizophrenia	☐	☐
Eating Disorde	☐	☐
Digestive		
Recurrent diarrhea	☐	☐
Malabsorption (Ex: failure to thrive)	☐	☐
Reflux	☐	☐
Food Allergies (ex: milk protein)	☐	☐
Lactose intolerant	☐	☐
Facial / Cranial	☐	☐
Surgically corrected cleft lip	☐	☐
Surgically corrected cleft palate	☐	☐
Uncorrected cleft lip	☐	☐
Uncorrected cleft palate	☐	☐
Genetic Disorders		
Genetifc syndrome related to craniofacial abnormailty	☐	☐
Inborn erros of metabolism (ex: albinism)	☐	☐
Down syndrome	☐	☐
Dwarfism	☐	☐

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Medical Issue	Would Consider	Would Not Consider
Hearing		
Deafness	☐	☐
Partial hearing loss	☐	☐
Missing/Malformed ear(s)	☐	☐
Organ Defects		
Heart murmur	☐	☐
ASD/VSD	☐	☐
Missing kidney	☐	☐
Kidney disorder	☐	☐
Thyroid disorder	☐	☐
Infectious Disease	☐	☐
Tuberculosis	☐	☐
Chronis Hepatitis B infection	☐	☐
Possible carrier of Hepatitis B	☐	☐
Hepatitis C/Hepatitis C exposure	☐	☐
Positive HIV antibodies	☐	☐
Born to birth mother with Syphilis	☐	☐
Orthopedic	☐	☐
Webbed fingers	☐	☐
Webbed toes	☐	☐
Extra digits	☐	☐
Missing digits	☐	☐
Partically formed limbs (by birth or accident)	☐	☐
Missing limbs(by birth or accident)	☐	☐
Club foot	☐	☐
Hip Dysplasia	☐	☐
Scoliosis	☐	☐
Toricollis	☐	☐
Respiratory		
Asthma	☐	☐
Cystic fibrosis	☐	☐
Genetic Disorders	☐	☐
Disfiguring birthmarks	☐	☐
Chronic rash	☐	☐
Moderate dermatitis	☐	☐
Dwarfism	☐	☐

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Medical Issue	Would Consider	Would Not Consider
Urinary/ Genital		
Urinary tract malformations	☐	☐
Urinary reflux	☐	☐
Genital malformations	☐	☐
Vision		
Blindness in both eyes	☐	☐
Blindness in one eye	☐	☐
Poor vision, unstable eyesight	☐	☐
Strabismus (Crossed eyes)	☐	☐
Missing/Malformed eye(s)	☐	☐
Eye trauma		
Glaucoma	☐	☐