SPENCE-CHAPIN
Services to Families and Children

APPLICATION FOR INTERNATIONAL ADOPTION PROGRAMS
Instructions

Thank you for considering Spence-Chapin as your primary adoption service provider. Applications are reviewed weekly at Spence-Chapin by our Adoption Team. Once your application has been reviewed, our International Program team will contact you with any follow-up questions, points of clarification, 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 program eligibility for your chosen international adoption program and set expectations for the rest of your 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, the Accrediting Entity, or overseas representatives without prior consent.

Before proceeding to complete any portion of the application, NYS regulations require that you complete an orientation. Please allow 60 minutes to watch the orientation before completing the application forms. The final pages of this packet include a supplemental acknowledgement form; you will have to write the date that you watched this orientation on that supplemental acknowledgement form.

The orientation for the South Africa program can be viewed here.
The orientation for the Colombia/Colombia Heritage program can be viewed here.
The orientation for the Bulgaria program can be viewed here.

After completing the orientation, there are five elements to complete for the application process. Please be sure to complete and return all of the following elements:

1. OCFS-5200A – Self-Assessment – click here
    a. Instructions are provided on page 3 of this packet
2. OCFS-5200B – Adoptive Parent Application – click here
    a. Instructions are provided on pages 4-5 of this packet
3. Spence-Chapin's Supplemental Questions & Acknowledgements Form, (see pages 6-12 of this packet)
4. Narrative Questions – if you are applying as a couple you may answer the questions jointly and provide a single joint response. (See page 13 of this packet)

Additionally, you must enclose the following supplemental documents if the following situations apply:

1. A copy of any prior home study, home study update, home study addendum, post-placement report, and post-adoption report if you have ever initiated and/or completed an adoption or foster care process inside or outside of Spence-Chapin.

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2. If you will be transporting the child you adopt via personal vehicle, include copies of:
    a. Valid driver's license for each applicant who drives
    b. Valid car insurance for each personal vehicle which may be used to transport the child you adopt
    c. Valid vehicle registration for each personal vehicle which may be used to transport the child you adopt
    d. Valid vehicle inspection for each personal vehicle which may be used to transport the child you adopt
3. A copy of the most recent W2 or 1040 for each employed applicant

You may submit your application and the above-referenced supplemental documents, via mail to: Spence-Chapin, Attn: International Program, 410 East 92nd Street, 3rd Floor, New York, NY 10128.

You may submit your application instead via email to registration@spence-chapin.org; please note that if you choose to submit your application via email, you will be required to submit original ink signatures to follow.

If you have any questions, please contact Lauren Russo, Sr. Manager of International Adoption at lrusso@spence-chapin.org or 212-360-0212. You can also contact Lauren Jiang, Chief Program Officer of International Programs at ljiang@spence-chapin.org or 212-360-0218.

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Instructions for Form OCFS-5200A – Self-Assessment

This is a New York State form, created by the Office of Children and Family Services. We are unable to alter these forms in any way. Please type your responses; if you need more space to answer a question, please write "see attached" and then include your answer on another piece of paper.

All members of the household, including children, should complete this document together. Only one form is required per household

Question 3

- If you are applying to adopt from Colombia or Bulgaria, foster care may be an option for some children awaiting intercountry adoption; please respond to the question as written.
- If you are applying to adopt from South Africa which only uses institutional (orphanage) care, please interpret the question as, "What is your understanding of the needs of children living in institutional care awaiting adoption?"

Question 7

- If you are adopting internationally, direct contact with biological family member is not usually possible, although in some cases it may be possible. Please interpret this question as, "What is your understanding of how and at what ages to talk to your child about adoption?"

Question 16

- Federal regulations require a minimum of 10 hours of training for international adoptions. Prior to the approval of an initial home study, Spence-Chapin requires a minimum of 15 hours of online courses, plus 13 hours of live trainings facilitated by Spence-Chapin staff, as well as readings and written exercises; additional trainings may be required based on your child request characteristics and/or any training needs assessed by our social workers. Additionally, Spence-Chapin requires a minimum of three additional hours of training before the approval of any home study update. Finally, after a child is referred to your family a child-specific training plan will be developed and implemented for your family.

Initial Assessment of Family Readiness

This section is to be completed by Spence-Chapin staff. Your agency worker will make an initial assessment of 'family readiness' which will be reviewed with you. Please **do not** sign anywhere on this form until instructed to do so by a Spence-Chapin staff member.

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Instructions for Form OCFS-5200B – Adoptive Parent Application

This is a New York State form, created by the Office of Children and Family Services. We are unable to alter these forms in any way. Please type your responses; if you need more space to answer a question, please write "see attached" and then include your answer on another piece of paper.

If you are applying with a partner or spouse, each applicant must fill out a separate application in its entirety. Please submit the application for each applicant.

Household Member Information
Federal regulations define "adult member of the household" to include any person "who does not actually live at the same residence but whose presence in the residence is relevant to the issue of suitability to adopt." Therefore, if there is any adult who has regular access to your home such as a babysitter or nanny, include that person in this section. Please include the information of others residing in your household, including a second applicant, children under or over 18, and part-time household members. There is a separate place to note children under and over 18 residing full-time outside the home. There is also a separate place to note boarders and renters, please consider any roommates or other family members in the home a "household member." If a child you are parenting was adopted, please indicate at which age they joined your family and what month & year the placement and adoption finalization took place.

Foster/Adoptive Parenting Experience
If you have a current and unexpired home study approval from another agency or hold a current and unexpired pre-certification in court for an independent domestic adoption process, please say "yes" to the question 'Are you currently an approved adoptive parent' and complete the approval information underneath.

Please answer "yes" to the question "Have you previously applied to be a foster or adoptive parent in this state or another state?" if any of the following have ever occurred:
- You applied to an authorized agency's placement program or home study program
- You initiated a home study (whether with an agency or an independent social worker; if with an independent social worker, please put that person's name under "Agency")
- Please also answer "yes" if you took either of these actions in a foreign country

Transportation
If you do not have a personal vehicle, public transportation is a perfectly appropriate answer to the question. If you do have a personal vehicle, please complete the information underneath and submit a copy of your <u>valid driver's license, valid car insurance, valid registration and valid inspection</u> with your application.

Personal References
Each applicant must list three reference providers on their individual application; only one listed reference provider can be a relative. If you are adopting with a partner or spouse, you may choose to

use the same references, or you may choose different people to provide your references, or you may choose to have a combination of shared reference providers and unique reference providers.

Employment Information
Please fill in your employer's contact information as per the form. We will not use this contact information to reach out to your employer without prior consent.

Financial Information
Please ensure that this section is completed in its entirety and that you submit your most recent W2 or 1040 tax form with your application.

Sworn Statement
If you or a member of your household have been arrested and/or convicted of a crime, you may be asked to provide follow-up documentation during the pre-home study phase, USCIS phase, and/or dossier phase.

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Supplemental Questions & Acknowledgements

_____ _____
Printed Name of Applicant 1 Printed Name of Applicant 2 (if applicable)

Spence-Chapin provided me an orientation which I/we attended on: _____ (date)

I/we are applying for one of Spence-Chapin's International Programs (specified in the grid below) and are NOT applying to any of Spence-Chapin's other adoption placement programs at this time.

Please complete the column in the below grid which corresponds to the country you are applying to:

BULGARIA	COLOMBIA	SOUTH AFRICA
Age range of child(ren) you are hoping to adopt:	Age range of child(ren) you are hoping to adopt: ☐ 0-5 years ☐ 6-9 years	Age range of child(ren) you are hoping to adopt:
Are you open to adopting a sibling group? ☐ Yes ☐ No	Are you open to adopting a sibling group? (Please note the minimum age for a sibling group is 0-6 years) ☐ Yes ☐ No	Are you open to adopting a sibling group? ☐ Yes ☐ No
Describe your openness to Special Medical Needs:	Are you of Colombian Heritage? (are you a citizen of Colombia and hold a Cedula?) ☐ Yes ☐ No If yes, please provide a copy of your Cedula and Colombian passport with your application.	Describe your openness to Special Medical Needs:
Are you applying to be considered for a specific waiting child? ☐ Yes ☐ No Name of Child:	Are you applying to be considered for a specific waiting child? ☐ Yes ☐ No Name of Child:	
	Describe your openness to Special Medical Needs:	

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How did you hear about Spence-Chapin? _____

The below questions are intended only to determine eligibility for the country program for which you are applying and/or to determine whether there are any additional documentations required for your process based in your family circumstances.

Secondary Residence:
Do you have any additional residence(s), whether owned or rented, apart from your legal permanent residence address? If yes, please provide the address and a statement of how often you are in that residence.

Citizenship Status
Eligibility for international adoption requires that one adoptive applicant be a United States Citizen. Please check the appropriate box(es) for each adoptive applicant(s):

- **Applicant 1:**
  - ☐ US Citizen
  - ☐ US Legal Permanent Resident
  - ☐ Residing in the US on the following visa type: _____
  - ☐ Other country of citizenship: _____
- **Applicant 2 (if applicable):**
  - ☐ US Citizen
  - ☐ US Legal Permanent Resident
  - ☐ Residing in the US on the following visa type: _____
  - ☐ Other country of citizenship: _____

Previous Marriages/Domestic Partnerships

- **Applicant 1**

  Date of Marriage/Domestic Partnership:
  _____-

  Date of Legal Separation: _____

  Date of Marriage Separation: _____

  Reason for Separation/Divorce: _____

- **Applicant 2 (if applicable)**

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Date of Marriage/Domestic Partnership:
_____

Date of Legal Separation: _____

Date of Marriage Separation: _____

Reason for Separation/Divorce: _____

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

Life Insurance:

1) Do you have life insurance coverage?
   - **Applicant 1: [ ]Yes [ ]No**
     - **If yes, amount: _____**
   - **Applicant 2 (if applicable): [ ]Yes [ ]No**
     - **If yes, amount: _____**

Medical Health, Mental Health, and Substance Use Information

1) Are you currently, or have you previously, been diagnosed with a physical health condition?
   - **Applicant 1: [ ]Yes [ ]No**
   - **Applicant 2 (if applicable): [ ]Yes [ ]No**

1b) If you checked 'yes' for the above question, you will need to provide the following supplemental materials in order for Spence-Chapin to pre-screen your physical health history with our Foreign-Supervised Provider to ensure program eligibility.

- ☐ Letter from Provider – for each diagnosis, please provide a letter from the provider who treats/manages your diagnosis that includes the history, diagnosis, and treatment (including medications, dosage, and dates), prognosis, and whether the diagnosis or the treatment has any anticipated impact on parenting and life expectancy for each medical diagnosis. Please ensure that your provider writes the letter on letterhead, dates the letter, signs their name in ink, and includes their medical license number.
- ☐ Medical Health Narrative – please provide a narrative in your own words labeled 'Medical History'. In this narrative, please write each diagnosis (past or present), the year in which the diagnosis was made, the treatment modalities (therapies, prescriptions, surgeries, etc.), and impact on your daily life. For each diagnosis please state whether it is resolved or whether it is a current diagnosis.

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2) Are you currently, or have you previously, been diagnosed with a mental health condition?
   - **Applicant 1: [ ]Yes [ ]No**
   - **Applicant 2 (if applicable): [ ]Yes [ ]No**

   2b) If you checked 'yes' for the above question, you will need to provide the following supplemental materials in order for Spence-Chapin to pre-screen your mental health history with our Foreign-Supervised Provider to ensure program eligibility.
   - ☐ Letter from Provider – for each mental health diagnosis, please provide a letter from the provider who treats/manages your diagnosis that includes the history, diagnosis, and treatment (therapy, medication management, etc.), prognosis, and whether the diagnosis or the treatment has any anticipated impact on parenting and life expectancy for each noted mental health diagnosis. Please ensure that your provider writes the letter on letterhead, dates the letter, signs their name in ink, and includes their professional license number.
   - ☐ Mental Health Narrative – please provide a narrative in your own words labeled 'Mental Health History' describing for each diagnosis the onset (year in which the diagnosis was made), diagnosis, treatment (therapy, medication management, etc.), and impact on your life. For each diagnosis, please indicate whether it is resolved or whether it is an ongoing diagnosis.

3) Are you currently or have you previously been hospitalized for a medical or mental health diagnosis?
   - **Applicant 1: [ ]Yes [ ]No**
   - **Applicant 2 (if applicable): [ ]Yes [ ]No**

   3b) If you checked 'yes' for the above question, you will need to provide the following supplemental materials in order for Spence-Chapin to pre-screen your physical and/or mental health hospitalization(s) history with our Foreign-Supervised Provider to ensure program eligibility.
   - ☐ Letter from Provider – please provide a letter from the provider who treated/managed the hospitalization(s) that includes the history, diagnosis, and treatment (including medications, dosage, and dates), prognosis, and anticipated impact on parenting and life expectancy for each prior medical/mental health hospitalization. Please ensure that your provider writes the letter on letterhead, signs their name in ink, and includes their medical/license number.*Please note that such letter is not required if your hospitalization was for childbirth unless childbirth was a precipitating event to a mental health crisis which resulted in hospitalization to manage the mental health concern.*

- ☐ Hospitalization Narrative – please provide a narrative in your own words labeled 'Hospitalization History' describing for each hospitalization the underlying physical or mental health condition which required the hospitalization, the dates of hospitalization, treatment, and impact on your life. *Please note that this written narrative is not required if your hospitalization was for childbirth unless childbirth was a precipitating event to a mental health crisis which resulted in hospitalization to manage the mental health concern.*

4) Are you currently, or have you ever, received treatment for substance abuse or substance misuse?

○**Applicant 1: [ ]Yes [ ]No**
○**Applicant 2 (if applicable): [ ]Yes [ ]No**

4b) If you checked 'yes' for the above question, you will need to provide the following supplemental materials in order for Spence-Chapin to pre-screen your substance misuse or abuse history with our Foreign-Supervised Provider to ensure program eligibility.

- ☐ Letter from Provider – please provide a letter from the provider who treated/managed the substance misuse or abuse that includes what substance(s) were/are misused or abused, onset and duration of substance misuse/abuse, treatment modalities used, relapse history, prognosis, and anticipated impact on parenting and life expectancy. Please ensure that your provider writes the letter on letterhead, signs their name in ink, and includes their medical/license number.

- ☐ Substance Misuse/Abuse Narrative – please provide a narrative in your own words labeled 'Substance Misuse/Abuse Narrative" describing when/how you identified that substance misuse/abuse was an issue in your life, the treatment modalities you have used, what your current use of substances is, and what impact this history has on your present functioning.

5) 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: _____**

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: _____**

5b) If you checked 'yes' for the above question, you will need to provide the following supplemental materials in order for Spence-Chapin to pre-screen your mental health history with our Foreign-Supervised Provider to ensure program eligibility.

- ☐ Letter from Provider –please provide a letter from the provider(s) you receive

treatment from and/or who prescribes medication that includes the history, diagnosis (if applicable), and treatment (therapy, medication management, etc.), prognosis, and whether the diagnosis or the treatment has any anticipated impact on parenting and life expectancy for each noted mental health diagnosis. Please ensure that your provider(s) writes the letter on letterhead, dates the letter, signs their name in ink, and includes their professional license number.

- ☐ Mental Health Narrative – please provide a narrative in your own words labeled 'Mental Health History' describing for each diagnosis (if applicable) the onset (year in which the diagnosis was made), diagnosis, treatment (therapy, medication management, etc.), and impact on your life. For each diagnosis, please indicate whether it is resolved or whether it is an ongoing diagnosis.

Legal History

Have you, or any individuals residing in your household, ever been arrested, convicted or have 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 other amelioration?

a. Applicant 1: [ ]Yes [ ]No
   i. If yes, when, and what was the charge, and what was the outcome? _____
b. Applicant 2 (if applicable):[ ]Yes [ ]No
   i. If yes, when, and what was the charge, and what was the outcome? _____
c. Other Adults in the household: [ ]Yes [ ]No [ ] Not applicable
   i. If yes, when, and what was the charge, and what was the outcome? _____

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?

d. Applicant 1: [ ]Yes [ ]No
   i. If yes, when, and what was the charge, and what was the outcome? _____
e. Applicant 2 (if applicable):[ ]Yes [ ]No
   i. If yes, when, and what was the charge, and what was the outcome? _____
f. Other Adults in the household: [ ]Yes [ ]No [ ] Not applicable
   i. If yes, when, and what was the charge, and what was the outcome? _____

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?

g. Applicant 1: [ ]Yes [ ]No
   i. If yes, when, and what was the charge, and what was the outcome? _____
h. Applicant 2 (if applicable):[ ]Yes [ ]No
   i. If yes, when, and what was the charge, and what was the outcome? _____
i. Other Adults in the household: [ ]Yes [ ]No [ ] Not applicable
   i. If yes, when, and what was the charge, and what was the outcome? _____

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Acknowledgments

By providing the name(s) of any current approving agency or prior agency or social worker to whom I/we have previously applied to be a foster or adoptive parent on form OCFS-5200B, I understand that I am authorizing Spence-Chapin to contact that organization or individual; I understand that if I hold a current approval from or previously initiated a home study with a non-agency entity (such as an individual social worker or a governmental entity abroad) I am responsible to have disclosed that on form OCFS-5200B as well and in doing so I am authorizing Spence-Chapin to contact that individual or entity.

By providing the name(s) of individuals who can serve as personal reference providers on form OCFS-5200B, I understand that I am authorizing Spence-Chapin to contact those individuals to request a written letter about my character and suitability to adopt.

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 age, race, ancestry, hair texture and hairstyles or other traits historically associated with race, color, creed, religion, disability, sex, sexual orientation, gender, gender identity, gender expression, marital status, partnership status, parental status, HIV status, caregiver status, military 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.

I/we 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 judgement, a placement would not be in the child's best interest, Spence-Chapin reserves the right to discontinue the adoption process. Any documentation submitted in connection with the home study and adoption process, whether by the applicant(s) or by a third party will not be returnable to the applicant regardless of whether or not the adoption process reaches finalization. Clients agree that corporal punishment, including hitting and shaking, as well as abusive language and ridicule, are unacceptable means of discipline. By signing this, I/we affirm that I/we am/are ready to move forward in pursuit of the home study process at this time and am/are committed to completing the required paperwork, training and interviews in a timely manner. I/we understand the expectation that I/we complete all home study documentation within two (2) months of receiving the packet.

I attest that I will disclose any and all violations, offenses, arrests and/or convictions to Spence-Chapin Services to Families and Children ("Spence- Chapin"). I will also provide copies of final dispositions for any arrests/convictions or copies of official court letters stating no such dispositions exist, if this is the case. I further attest that I will report any future violations, offenses, arrests and/or convictions if one should occur after the signing of this document.

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I attest that I will disclose any violations, offenses, arrests and/or convictions of any member of my household, who is over the age of eighteen (18), to Spence-Chapin. The household member(s) will also provide copies of final dispositions for any arrests/convictions or copies of court letters if no such dispositions exist, if applicable. I further attest that I will report any future violations, offenses, arrests and/or convictions of any member of my household, who is over the age of eighteen (18), if one should occur after the signing of this document.

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

I/we understand that acceptance into the 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 certify that the information have provided and will provide throughout this process is/will be true and accurate to the best of my/our knowledge.

By signing the below, the applicant understands their below signature, whether it be an electronic signature or a copy of their original signature, will have the same legal force and effect as their original signature.

_____ _____
Signature of Applicant 1 Date

_____ _____
Signature of Applicant 2 (If applicable) Date

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Narrative Responses

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

1. Please tell us your reasons for wanting to adopt.

2. Why did you choose to adopt from this particular country?

3. Please describe your openness regarding a child's race, gender, and ethnicity.

4. In intercountry adoption there are unknowns in each child's background. This can include unknown information regarding the biological family's medical and mental health history, the child's prenatal and birth history, details in the child's personal history, and an incomplete medical history. What made you decide to pursue a path to parenthood in which there are unknowns about the child's background and history?

5. Children in need of intercountry adoption have had traumatic experiences.

    a. How do you anticipate that a history of trauma and living in an institution or foster care may impact a child's development?

    b. What do you look forward to and what do you anticipate will be some of the challenges in parenting?

6. There is a wide range of special medical needs among children in need of intercountry adoption. Such needs might range from minor/correctible to lifelong and complex. Please comment on what types of medical histories/needs you might be open to.