

International Adoption Application: Caribbean Programs

Applicant(s) Legal Name(s): _____

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(ren) 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.

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.

Applications must be accompanied by supporting documents (as applicable) and a \$300 application fee in order to be reviewed. The application fee can be made via check (payable to Spence-Chapin) or via credit/debit card using the enclosed Method of Payment page.

Please mail hard copies of the application to:

Spence-Chapin, Attn: International Adoption Application
120 East 16th Street, 11th Floor New York, NY 10003

Or, please email scanned copies to:

registration@spence-chapin.org



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Services to Families and Children

General Information

Which of the following countries do you intend to adopt from:

☐ Antigua and Barbuda

☐ Dominica

☐ Grenada

☐ Jamaica

☐ Saint Lucia

☐ Saint Vincent and the Grenadines

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

Applicant Legal Residence: _____
Street City State Zip

Secondary Residence: _____
(if applicable) Street City State Zip

Applicant(s) Information

Applicant 1

Applicant 2 (if applicable)

Name: Last, First, Middle (Maiden, if applicable)	Name: Last, First, Middle (Maiden, if applicable)
Email:	Email:
Phone:	Phone:
Date of Birth:	Date of Birth:
Do you hold U.S. Citizenship? If not, please state whether you hold US Permanent Residency or what your visa category is:	Do you hold U.S. Citizenship? If not, please state whether you hold US Permanent Residency or what your visa category is:
Religion, if any:	Religion, if any:
Race and Ethnicity:	Race and Ethnicity:
*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.*



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Services to Families and Children

Have you previously applied to Spence-Chapin ?

☐ Yes ☐ No

If yes, when? (mm/yyyy) _____

Family Information

Previous Marriages (if applicable):

Applicant 1

Date of Marriage: _____

Date of Legal Separation: _____

Date of Divorce: _____

Reason for Separation/ Divorce: _____

Applicant 2 (if applicable)

Date of Marriage: _____

Date of Legal Separation: _____

Date of Divorce: _____

Reason for Separation/ Divorce: _____

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

Single Applicants:

If you are currently in a relationship, have you thought about how this person 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: _____

History of Adoption or Foster Care

Have you ever participated in a home study or adoption process with another agency, social worker, government body, or attorney?

☐ Yes ☐ No

If yes, please provide contact information for the placing adoption agency, the agency/social worker/governmental body 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/ Attorney	Contact Person	Email & Phone Number	Dates	Status of Adoption Process

If you are currently working with an additional adoption agency or adoption attorney (whether in the US or abroad), 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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Services to Families and Children

Family & Household Members

Information about your Children: In the chart below, please list all of your children. Please include all of your children, whether they are under age 18, over age 18, are your biological children, adopted children, foster children, or step-children.

Name:					
Date of Birth:					
Gender:					
Please describe any medical, developmental, emotional, and/or mental health diagnoses your child has.					
Does your child live in your home? If yes, please state whether they live in your home full-time or part-time.					
If your child is under age 18 and does not live full-time in your home, describe your custody arrangement.					
Was he/she adopted? If yes, at what age was he/she placed with you and in what year was the adoption finalized?					
If your child and is under age 18, is he/she up-to-date on immunizations?					



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Services to Families and Children

Information about Others Living in Your Home: In the chart below, please list all any other child or adult who resides full-time or part-time in your home.

Name:					
Date of Birth:					
What is this individual's relationship to you?					
Gender:					
Is this individual financially independent from you?					
Will this individual have any childcare responsibilities to the child(ren) you plan to adopt?					

Employment History & Income

Salary should reflect reported income from federal income tax W-2 and 1099 forms. *If you work for the military, please note whether you could be deployed.*

Applicant 1	Applicant 2 (if applicable)
Most Recent Employer:	Most Recent Employer:
Job Title:	Job Title:
Hire Date - End Date:	Hire Date - End Date:
Annual Salary:	Annual Salary:

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



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Services to Families and Children

Expenses

Please list your total average monthly expenses in your household. Please consider all expenses such as: rent/mortgage, insurance, utilities, transportation, medical care, clothing, groceries, household goods, eating out, entertainment, childcare, alimony/child support, donations, travel, etc.

Total average monthly expenses: _____

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

Medical Information

The questions below are preliminary. Please note that medical reports and/or letters from medical providers will be required in the home study process and will be considered in the assessment of your suitability to adopt.

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 (if applicable): Please list all past & current medical diagnoses:

Applicant 1: Do you have a history of hospitalization(s)?

☐ Yes ☐ No

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

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

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

Please list all current prescribed medications or medications taken in the past five years, other than routine antibiotics, non-prescription multivitamins, preventive prescriptions, and fertility medication. Attach additional pages as necessary.

Applicant 1	Applicant 2 (if applicable)
Name of Medication:	Name of Medication:
Condition:	Condition:
Dosage:	Dosage:
Date Began:	Date Began:
Date Ended:	Date Ended:
Name of Medication:	Name of Medication:
Condition:	Condition:
Dosage:	Dosage:
Date Began:	Date Began:
Date Ended:	Date Ended:

Substance Use

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

Applicant 1: _____

Applicant 2: _____



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Services to Families and Children

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

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

Applicant 2 (if applicable): ☐ Yes ☐ No Date Began: _____ Ended: _____

Mental Health Information

The questions below are preliminary. Please note that reports and/or letters from mental providers may be required in the home study process and will be considered in the assessment of your suitability to adopt.

Applicant 1

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

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Post-Partum/Post-Adoption Depression |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> PTSD | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Bi-polar | |

Diagnosed with any other mental health conditions not listed above: _____

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

Applicant 2 (if applicable)

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

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Post-Partum/Post Adoption Depression |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> PTSD | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Bi-polar | |

Diagnosed with any other mental health conditions not listed above: _____

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

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

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

Applicant 2 (if applicable): ☐ 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 (if applicable): ☐ Yes ☐ No Date Began: _____ Ended: _____



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Services to Families and Children

Legal History

If you list any arrest or legal history for applicants or other household members below:

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 during 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.

If you or any member of your household has ever been arrested, 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 and dismissed 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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Identified Child Details

Please complete on behalf of one child. Please do not leave any blanks. If you do not know the answer, please write "unknown." If intending to adopt more than one child, please fill out this form separately for each child

Child's name (First, middle and last names)	
Child's age and date of birth	
Child's current location (City, state, country)	
Information regarding the child's current caregiver(s)	Full name(s) of caregiver(s): _____ Describe the caregiver(s)'s relationship to you and to the child: _____ _____ Does the caregiver(s) have legal custody or guardianship of the child? _____
Does child(ren) have any special needs (known diagnoses or other identified physical, development, social, mental, or emotional health needs)	
What is your relation to child?	
To your knowledge, does this child's biological mother and/or biological father have custody or guardianship of any siblings of this child?	

Have you retained an attorney in the child's country for any purpose related to this child? _____

Are you aware of any attorney involvement in the child's current custody arrangement? _____

Is child's Biological Mother alive?

- ☐ Unknown
- ☐ No
- ☐ Yes

If the child's Biological Mother is alive, please answer the following questions to the best of your knowledge. If you are not sure, write "unsure":

1. Does the biological mother live in the same home as the child? _____
2. Does the biological mother financially support the child? _____
3. Is the biological mother incarcerated? _____
4. Is the biological mother currently experiencing homelessness? _____
5. Is the biological mother employed? _____ If yes, what is her employment? _____
6. Has the biological mother ever been denied parental rights to any of her children and/or been convicted of a crime against a child? _____
7. Please share any other information known about the biological mother's circumstances.

Is child's Biological Father alive?

- ☐ Unknown
☐ No
☐ Yes

If the child's Biological Father is alive, please answer the following questions to the best of your knowledge. If you are not sure, write "unsure":

1. Does the biological father live in the same home as the child? _____
2. Does the biological father financially support the child? _____
3. Is the biological father incarcerated? _____
4. Is the biological father currently experiencing homelessness? _____
5. Is the biological father employed? _____ If yes, what is her employment? _____
6. Has the biological father ever been denied parental rights to any of her children and/or been convicted of a crime against a child? _____
7. Please share any other information known about the biological father's circumstances.

Is child's Biological Father listed on the child's birth certificate?

- ☐ Unknown
☐ No
☐ Yes

Have the child's Biological Parents ever been married?

- ☐ Unknown
☐ No
☐ Yes

If the child's parents have ever been married:

- Are they currently married? _____
- Were they married when the child was born or at any time during the pregnancy? _____

Does child have a stepparent?

- ☐ Unknown
- ☐ No
- ☐ Yes.

o If yes, please provide additional details about current relation to child _____

Have you already taken any steps to gain legal guardianship or finalize the adoption?

- ☐ No
- ☐ Yes

o If yes, please provide additional details _____

Attachments:

The following represents a non-exhaustive list of documents which will be necessary to submit in this process on each child. For each listed item, attach a copy if you already have the document, or if you do not already have the document, select the appropriate box.

1. Child's Birth certificate

- ☐ Attached
- ☐ I do not currently have, but anticipate receiving it.
- ☐ I do not currently have, and I anticipate difficulties obtaining it.

2. Biological parent(s)'s death certificate (if applicable)

- ☐ Attached
- ☐ Not applicable
- ☐ I do not currently have, but I anticipate receiving it.
- ☐ I do not currently have, and I anticipate difficulties obtaining it.

3. If legal guardianship or custody of the child has been transferred to you or to any individual/entity who is not the child's birth parent, Legal Guardianship Order or Custody Order must be provided. (note: this likely has not occurred yet at this stage)

- ☐ Attached
- ☐ Not applicable
- ☐ I do not currently have, but I anticipate receiving it.
- ☐ I do not currently have, and I anticipate difficulties obtaining it.

4. Biological parent's consent, relinquishment, or termination of parental rights document (note: this might not yet have occurred at this stage)

- ☐ Attached
- ☐ Has not occurred yet
- ☐ I do not currently have, but I anticipate receiving it.
- ☐ I do not currently have, and I anticipate difficulties obtaining it.

I attest that the information reported here is accurate to the best of my knowledge.

Signature Applicant 1

Signature Applicant 2 (if applicable)

Date

Confirmation Statement

I/We state that the information presented in this document is true and correct to the best of my/our knowledge.

I/We further understand that approval for adoption is based on a completion of a home study 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. I/We further acknowledge that successful completion of an international adoption requires various governmental approvals that are outside of the control of Spence-Chapin. I/We acknowledge that we have been advised of this verbally and in writing.

By signing below, the Applicant(s) 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 Applicant 1:	Name of Applicant 2 (if applicable):
Signature:	Signature:
Date:	Date:



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Services to Families and Children

METHOD OF PAYMENT

Mail: Spence-Chapin Services
ATTN: International Department
120 East 16th Street, 11th Floor New York, NY 10003

☐ Enclosed is my check payable to Spence-Chapin in the amount of \$300

☐ Charge the amount of \$300 plus a 2.9% processing fee to my:

☐ Visa Card

☐ American Express Card

☐ MasterCard

☐ Discover Card

Card Number: _____

Expiration: _____ Card ID # _____

Card ID:

American Express Cards: 4 digit number printed above main number on left or right side on front of card. All other cards: 3 digit number on the back of the card at top of the signature strip.

Name as it appears on card:

Billing address:

Signature:

Date:

Any credit or debit card payments will be subject to a 2.9% processing fee; clients may always pay via check or money order with no processing fee