

## 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](http://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 (as applicable), a photo of applicant(s) 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 email scanned copies with a jpeg photo to:

[registration@spence-chapin.org](mailto:registration@spence-chapin.org)

Please mail hard copies of the application to:

*Spence-Chapin*

*Attn: International Adoption Application*

*120 E 16th St, 11th Floor*

*New York, NY 10003*

## General Information

Application to be considered for which International Adoption program:

South Africa	Colombia	Costa Rica	
Age range of child(ren) you are hoping to adopt:	Age range of child(ren) you are hoping to adopt? <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-9	Age range of child(ren) you are hoping to adopt:	
Are you open to adopting a sibling group? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you open to adopting a sibling group?*	Are you open to adopting a sibling group? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Openess to Special Medical Needs (Name specific conditions or diagnoses):	Are you of Colombian Heritage (are you a citizen of Colombia or hold a Cedula)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of your Cedula and Colombian passport with your application.	Openess to Special Medical Needs (Name specific conditions or diagnoses):	
	Are you applying to be considered for a specific waiting child? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of child: _____		Are you applying to be considered for a specific waiting child? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of child: _____
	Openess to Special Medical Needs (Name specific conditions or diagnoses):		

\*Please note - the minimum age range for adopting a sibling group in Colombia is 0-6

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

## Applicant(s) Information

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

## Personal Statements

*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/need you might be open to.

## 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 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: \_\_\_\_\_

### **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**

## 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/ Attorney	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.

<b>Name:</b>					
Date of Birth:					
Gender:					
Medical, developmental, emotional, and mental health diagnoses:					
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?					

## 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

**If you list any medications, medical history, or conditions below, please:**

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.

<b>Applicant 1</b>	<b>Applicant 2</b>
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:

## 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: <i>(if owned)</i>
Stocks/Bonds:	Current Market Value of Other Owned Real Estate:
Certificates of Deposit: <i>(CD's)</i>	Other Investments: <i>(please describe)</i>

**Total assets including real estate:** \_\_\_\_\_

Real Estate	
Primary Residence: <i>(if owned)</i>	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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
Applicant 2: <input type="checkbox"/> Yes <input type="checkbox"/> 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 substance 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: \_\_\_\_\_

## Mental Health Information

**If you list any medications, mental health history, or conditions below, please:**

Attach a **letter from your provider** indicating the history, diagnosis and treatment (including medications, dosage and dates), prognosis, and anticipated impact on parenting and life expectancy for each noted diagnosis 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 Mental Health History describing the onset, diagnosis, treatment, and impact on your life.

### 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 Disorder |   |

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?

- |  |   |
|--|---|
| <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 Disorder |   |

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: \_\_\_\_\_

## Legal History

**If you list any 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 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 DUA?

**Applicant 1:**  Yes  No

**Other Adults:**  Yes  No

**Applicant 2:**  Yes  No

**Other Adults:**  Yes  No

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

## 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

## Sample letter to request information from physician/clinician/therapist

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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,

# Spence Chapin

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## **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 \$\_\_\_\_\_
- Transmitting payment via ACH Direct Deposit (info on page 2) on  
Date: \_\_\_\_\_ in the amount of \$\_\_\_\_\_.
- Transmitting payment via Zelle Direct Deposit (accounting@spence-chapin.org)  
on Date: \_\_\_\_\_ in the amount of \$\_\_\_\_\_.
- Charge the amount of \$\_\_\_\_\_ 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, \$ order, ACH or ZELLE with no processing fee**

**DIRECT DEPOSIT/ACH**

**Name of Company** Spence Chapin Services to Families & Children

**Bank Account** # 425-2700004

**Routing ACH** # 011103093

**Bank Name & Address** TD Bank, N.A.  
1504 Third Avenue, New York  
NY 10028  
(212) 396-5740

**Contact Information:**

Kalima Kazim  
kkazim@spence-chapin.org  
212- 360 - 0221

