Spence Chapin

SERVICES TO FAMILIES & CHILDREN

International Adoption Application

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 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 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 (as applicable), a photo of applicant(s) and a $300 application fee in order to be reviewed. The enclosed Method of Payment page provides options of how to pay the application fee.

You may email or mail your application in.

Please email scanned copies with any supporting documents to: 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

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Program Information

Which country's adoption program are you applying for:

- ☐ Colombia:
  - ☐ Colombia Heritage Program[1]
  - ☐ Colombia All Families Program[2]
  - ☐ Colombia Host-to-Adopt Program[3]
- ☐ Costa Rica
- ☐ Ghana referral-based program
- ☐ South Africa
- ☐ Eastern Caribbean referral-based program
  - ☐ Dominica
  - ☐ Grenada
  - ☐ Saint Vincent and the Grenadines

What is the age range of the child(ren) you are hoping to adopt?[4]

Are you open to adopting a sibling pair?

- ☐ Yes
- ☐ No

Describe your openness to special medical needs (this will be explored further during your home study process):

Are you applying to be considered for a specific waiting child?

- ☐ Yes, the child known by the following advocacy name: _____
- ☐ No

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

Address of Legal Residence: _____

Street City State Zip

Number of bedrooms in your residence: _____

Secondary Residence: _____

Street City State Zip

[1] Eligibility for the Colombia Heritage Program requires that one applicant (or the sole applicant) hold Colombian citizenship evidenced by having a Colombian Cedula, Colombian birth certificate, and Colombian passport. Please enclose a copy of your Colombian birth certificate, Colombian Cedula and Colombian passport with this application. If you are eligible for those documents but do not have them, a member of our team can provide instructions on how to obtain them.

[2] The Colombia All Families Program welcomes families in which no applicant holds Colombian citizenship.

[3] The Host-to-Adopt Program is open to families who reside in the following states: Arizona, Florida, New York, or New Jersey

[4] If you are applying for an adoption from Colombia, please note that applicants must minimally be open to the adoption of a child ages 0-5 years at the time of referral, or if you are pursuing adoption of a sibling pair, applicants must minimally be open to the adoption of siblings ages 0-6 years at the time of referral. ICBF's technical guidelines peg the age of the adoptive parents to the age of child you may adopt; please consult with Spence-Chapin on any questions. For the Colombia Host-to-Adopt program, please note that children are at minimum 10 years old at the time of hosting.

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Applicant(s) Information

Applicant 1	Applicant 2 (if applicable)
Name: Last, First, Middle	Name: Last, First, Middle
Please list any prior legal name(s) used:	Please list any prior legal name(s) used:
Email:	Email:
Phone:	Phone:
Date of Birth: Age:	Date of Birth: Age:
U.S. Citizenship: ☐ Yes ☐ No If not a US citizen, what is your legal status in the United States?	U.S. Citizenship: ☐ Yes ☐ No If not a US citizen, what is your legal status in the United States?
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 LGBTQ+ 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 written 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.

7. If you are open to adopting a sibling pair: What motivates you to adopt a sibling pair? What do you anticipate as some of the additive challenges in adopting siblings?

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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 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 Divorce: _____

Reason for Separation/ Divorce: _____

Applicant 2
Date of Marriage: _____

Date of Legal Separation: _____

Date of Divorce: _____

Reason for Separation/ Divorce: _____

Please list any additional prior 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 (whether expired or current) and post-placement reports completed, even if the adoption was not finalized. 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. Include all children (biological, adopted, foster, stepchildren), whether the child/ren resides with you or not, and all adults living in the household.

Name:					
Date of Birth:					
Gender:					
Does this individual have any medical, developmental, emotional, or mental health diagnoses? If so, please specify:					
If this person is a child, was he or she adopted?					
If adopted, at what age did he or she join your family? In what month & year was the child placed with you? In what month & year was the adoption finalized?					
If this person is a child, is he or she up-to-date on their immunizations?					
If this individual is a minor and you are not the primary custodian, describe the custody and visitation plan.					

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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 medical provider** 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 how this diagnosis or treatment impacts 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, and other sources:

_____

Financial Assets	
Checking Account(s) Balance:	Retirement Account(s) Balance:
Savings Account(s)/Money Market Balance:	Certificates of Deposit: *(CDs)*
Stocks/Bonds:	Other Assets/Investments: *(please describe)*

Real Estate Assets	
Primary Residence: (if owned)	Additional Owned Real Estate:
Total Mortgage Balance of Primary Residence:	Total Mortgage Balance of Additional Real Estate:
Market Value of Primary Residence:	Market Value of Additional Real Estate:

Any additional assets: _____

_____

Total assets including real estate: _____

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Financial Obligations:	
Outstanding Balance Automobile Loans/ Leases: Monthly auto payment:	Total Credit Card Debt: If over $10,000 please explain: Monthly credit card payment:
Outstanding Balance - Educational Loans: Monthly educational loan payment:	Outstanding Balance - Home Equity Loan: Monthly Payment:
Alimony/Child Support Monthly Payments:	Housing Monthly rent (if renting): _____ Monthly mortgage (if owned) including principal and interest, Tax, HOA, and Maintenance Fees:
Other Financial Obligations: (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 be a challenge for families. Please describe how you are planning to finance the adoption.

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SERVICES TO FAMILIES & CHILDREN

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: From (date) _____ to (date) _____ ☐ No

Applicant 2: ☐ Yes: From (date)_____ to (date) _____ ☐ No

Mental Health Information

If you list any medications, mental health diagnoses, or conditions below, please:
Attach a letter from your provider indicating the history, diagnosis and treatment (including medications, dosage and dates), and prognosis. The letter from your provider should specify for each diagnosis and medication whether there is an anticipated impact on parenting ability and life expectancy.
Please find a sample letter at end of the application that can be used to request this information.

Additionally, please enclose 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?

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

Have you ever been diagnosed with any other mental health conditions not listed above:

☐ Yes; specify which diagnoses _____ ☐ No

Do you have any history of hospitalizations for mental health reasons?

☐ Yes; specify dates of hospitalization(s) _____ ☐ 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

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SERVICES TO FAMILIES & CHILDREN

Have you ever been diagnosed with any other mental health conditions not listed above:

☐ Yes; specify which diagnoses _____ ☐ No

Do you have any history of hospitalizations for mental health reasons?

☐ Yes; specify dates of hospitalization(s) _____ ☐ No

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

Applicant 1: ☐ Yes: From (date) _____ to (date) _____ ☐ No

Applicant 2: ☐ Yes: From (date) _____ to (date) _____ ☐ No

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

Applicant 1: ☐ Yes: From (date) _____ to (date) _____ ☐ No

Name of medication(s):_____

Applicant 2: ☐ Yes: From (date) _____ to (date) _____ ☐ No

Name of medication(s):_____

Legal History

<u>If any applicant or any member of the household has a legal history:</u>

Please include an original copy of the final disposition. If application is submitted via email, a scanned copy will suffice but THREE originals will be required during the home study and dossier processes. 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."

Please note that a past history of investigation(s), arrest(s), charge(s), and/or conviction(s) 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 person over the age of 18 determined to be an adult member of the household (under 8 CFR (§) 204.301) will be fingerprinted. Failure to report a legal history can negatively affect your application to adopt. *Expunged or pardoned charges must also be reported.*

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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 achild 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 the 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, Spence-Chapin reserves the right to discontinue the adoption process.

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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Checklist

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

Only complete applications can be reviewed:

- ☐ Completed and signed application
- ☐ Photo of Applicant(s)
- ☐ Written responses to the Personal Statement questions

Additionally, if relevant for your application:

- ☐ Medical narrative and letter from provider
- ☐ Mental health narrative and letter from provider
- ☐ Sworn statement and final disposition for any legal history
- ☐ If you have previously completed a home study and/or adoption: copies of home study and all post-placement reports for all previous adoptions

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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 Services to Families and Children, an accredited nonprofit adoption agency with whom I am hoping to work in order to build my family through adoption.

Spence-Chapin requires me to provide a letter from my physician or clinician to address any medical history/mental health/substance abuse conditions or any medications that I am prescribed.

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

- History, diagnosis and treatment (including medications, dosage and dates)
- Prognosis
- For each diagnosis, treatment plan, and/or medication, please specify whether the diagnosis or its treatment is anticipated to have adverse impact on my parenting ability and life expectancy.

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

In order to confirm the validity of a provider's letter, Spence-Chapin additionally requests that the letter be put on official letterhead, indicate your professional license number (if applicable), 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 FORM

First and Last Names of Client(s): _____

- ☐ I have mailed a check payable to Spence-Chapin in the amount of $300
- ☐ I have transmitted payment via ACH Direct Deposit (instructions below) on Date:_____in the amount of $300 .
- ☐ I have transmitted payment via Zelle (accounting@spence-chapin.org) on Date: _____ in the amount of $300 .
- ☐ I would like to pay by credit/debit card and will request an online payment link from my Spence-Chapin case manager. Note: payment by credit/debit card is subject to a 2.9% processing fee.

Any payment by mail should be sent to:

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

ACH INSTRUCTIONS

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