



# INTERNATIONAL CHRISTIAN ADOPTIONS

*A Voice of HOPE for Children Worldwide*

Dear Prospective Adoptive Family,

Welcome to International Christian Adoptions! We are pleased that you are considering adopting one of these wonderful children who would have languished in some system for years. Every child deserves a family they can call their own. Every child deserves hope and a future. We are thankful for your heart in this matter.

The adoption process can be very stressful and full of paperwork. We do not want you to be overwhelmed. We have prepared this FREE "Pre-App" as a "step" in the process. This "App" allows us to evaluate which program is more appropriate for you at no cost to you. After this step, we will then send you an official "Preliminary Application". The good news is that the beginning paperwork is identical and that way you don't have to repeat that particular section again!

Our goal is to have good relationships with our families. If you are struggling with something let us know right away. We will sit down with you and walk you through the process but we need you to voice where you need clarity.

We are excited for you! Please fill this out and send it back to us right away. We will schedule a time to meet with you as soon as we have that in our hands!

Thank you, again!

Blessings,

ICA Staff



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## FREE PRE-APP

*Please type or print clearly, giving complete and accurate information as requested. Thank you!*

Last Name Only: \_\_\_\_\_ Home #: (\_\_\_\_)\_\_\_\_\_

Cell# (H): (\_\_\_\_)\_\_\_\_\_ Cell# (W): (\_\_\_\_)\_\_\_\_\_

Work# (H): (\_\_\_\_)\_\_\_\_\_ Work# (W): (\_\_\_\_)\_\_\_\_\_

E-mail: \_\_\_\_\_ Fax#: (\_\_\_\_)\_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Directions for reaching your home: \_\_\_\_\_

### 1. SOCIAL INFORMATION:

#### HUSBAND

#### WIFE

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Social Security#: \_\_\_\_\_ (submit copy) \_\_\_\_\_ (submit copy)

Driver's License#: \_\_\_\_\_ (submit copy) \_\_\_\_\_ (submit copy)

Passport #: \_\_\_\_\_ (submit copy) \_\_\_\_\_ (submit copy)

Exact Name on Passport: \_\_\_\_\_

\_\_\_\_\_ (maiden name)

Date Issued: \_\_\_\_\_

Place of Issue: \_\_\_\_\_

Are you a Citizen? \_\_\_\_\_

If Naturalized: \_\_\_\_\_

(Place, Date, Certificate #)

(Place, Date, Certificate #)

National Background: \_\_\_\_\_

Height & Weight: Height \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Eyes & Hair Color: Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Education (Degree): \_\_\_\_\_  
 Schools Attended: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Military Experience: \_\_\_\_\_  
 (Branch, Rank & Date) (Branch, Rank & Date)  
 Hobbies/Interests: \_\_\_\_\_  
 Community Activities: \_\_\_\_\_

**2. MARRIAGE:**

Date: \_\_\_\_\_  
 Place of Marriage (Church Name/or Other): \_\_\_\_\_  
 By Whom: Title: \_\_\_\_\_ Name: \_\_\_\_\_  
 Location (City, State & Country): \_\_\_\_\_

Former Marriages:

**Husband** (To Whom-Name): \_\_\_\_\_ Date: \_\_\_\_\_  
 Place: \_\_\_\_\_ Status:  Divorced  Deceased Date: \_\_\_\_\_  
**Wife** (To Whom-Name): \_\_\_\_\_ Date: \_\_\_\_\_  
 Place: \_\_\_\_\_ Status:  Divorced  Deceased Date: \_\_\_\_\_

**3. RELIGION:**

Church Name & Denomination: \_\_\_\_\_  
 Church Address: \_\_\_\_\_  
 Pastor's Name: \_\_\_\_\_ Church Telephone No.: (\_\_\_\_) \_\_\_\_\_  
 Are You Full Members: **Husband**  Yes  No **Wife**  Yes  No Distance From Your Home: \_\_\_\_\_  
 List Church Activities/Offices Held: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. HEALTH:**

**HUSBAND**

**WIFE**

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

List medical \_\_\_\_\_

problems for which \_\_\_\_\_

treatment is needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialists who have \_\_\_\_\_

treated you: Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Have you had any mental health problems for which you have needed treatment and/or hospitalization?

Yes  No Explain: \_\_\_\_\_

Are you undergoing any kind of therapy?  Yes  No

Explain: \_\_\_\_\_

**5. HOME AND COMMUNITY:**

*Please sketch and give the approx. square footage of your Home and Yard on the provided **FACILITY SKETCH** forms (after page 6).*

List all the persons living in your home excluding you (include children, relatives, boarders, etc.):

NAME            BIRTH DATE            RELATIONSHIP            OCCUPATION/SCHOOL GRADE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To which school would you send a child (name of school): \_\_\_\_\_

City: \_\_\_\_\_ What distance is it from your home? \_\_\_\_\_

**6. ECONOMIC CONDITION AND WORK HISTORY (Current Employment):**

**HUSBAND**

**WIFE**

Company Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Benefits: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gross Income: \_\_\_\_\_

**7. WORK HISTORY DURING THE LAST TEN YEARS:**

**HUSBAND**

COMPANY/EMPLOYER	POSITION/TITLE	DATES OF EMPLOYMENT	GROSS INCOME
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**WIFE**

COMPANY/EMPLOYER	POSITION/TITLE	DATES OF EMPLOYMENT	GROSS INCOME
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**8. REAL ESTATE AND PERSONAL PROPERTY**

**HOME:**

**Own**  Yes  No **Rent**  Yes  No Monthly Payments: \$ \_\_\_\_\_ Lot size: \_\_\_\_\_

If you own, present value of your home: \$ \_\_\_\_\_ Mortgage balance: \$ \_\_\_\_\_

**CAR(S):** Make and year: \_\_\_\_\_

Make and year: \_\_\_\_\_

Make and year: \_\_\_\_\_

**FINANCES:** Savings account balance: \$ \_\_\_\_\_ Checking account balance: \$ \_\_\_\_\_

Amount in stocks: \$ \_\_\_\_\_ Amount in bonds: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Other income sources/property/or investments. Explain and give amount: \_\_\_\_\_

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**9. OUTSTANDING DEBTS (other than house payments):**

<u>Type of debt and to whom it is owed</u>	<u>Bal. Owing</u>	<u>Monthly Payment/Payment Plan</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Have you ever filed for bankruptcy?  Yes  No When: \_\_\_\_\_

**10. LIST ALL HEALTH, MENTAL HEALTH, HOSPITALIZATION AND LIFE INSURANCE PLANS YOU HAVE:**

<u>Type of Insurance</u>	<u>Insurance Company</u>	<u>Amount</u>	<u>Yearly Premium</u>	<u>Beneficiary</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

**11. REFERENCES:**

List three (3) references, that we may contact, giving ICA complete information below, who have known you well for a number of years. **Please do NOT include relatives, family physicians or pastors.**

<u>Name</u>	<u>Complete Address</u>	<u>Telephone No.</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a completed Home Study from another agency?  Yes  No

Date of Completion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Have you ever been rejected as a prospective adoptive parent or have you ever been the subject of an unfavorable Home Study? No \_\_\_\_\_ Yes \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. CRIMINAL HISTORY:**

Have you ever been accused or arrested for child abuse, neglect and/or molestation?  Yes  No

Explain: \_\_\_\_\_

Have you ever been accused or arrested for spousal abuse?  Yes  No

Explain: \_\_\_\_\_

Have you ever been arrested?  Yes  No If yes, please list offenses and dates and give explanation.

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please provide I.C.A. with a notice of final disposition from the court records for any offenses.*

\_\_\_\_\_

We have carefully and honestly completed this application for adoption. An agency representative may verify this information about our family. We understand that the acceptance of this application and approval of our family assessment is the decision of the staff. We will tell the staff of any changes prior to approval. We declare under penalty of perjury that the foregoing is true and correct. We also release any and all information in our files to other appropriate adoption agencies and/or foreign representatives involved in our adoption process. (Failure to disclose information or make any misrepresentations can result in immediate termination.)

Husband's Name (Print): \_\_\_\_\_

Wife's Name (Print): \_\_\_\_\_

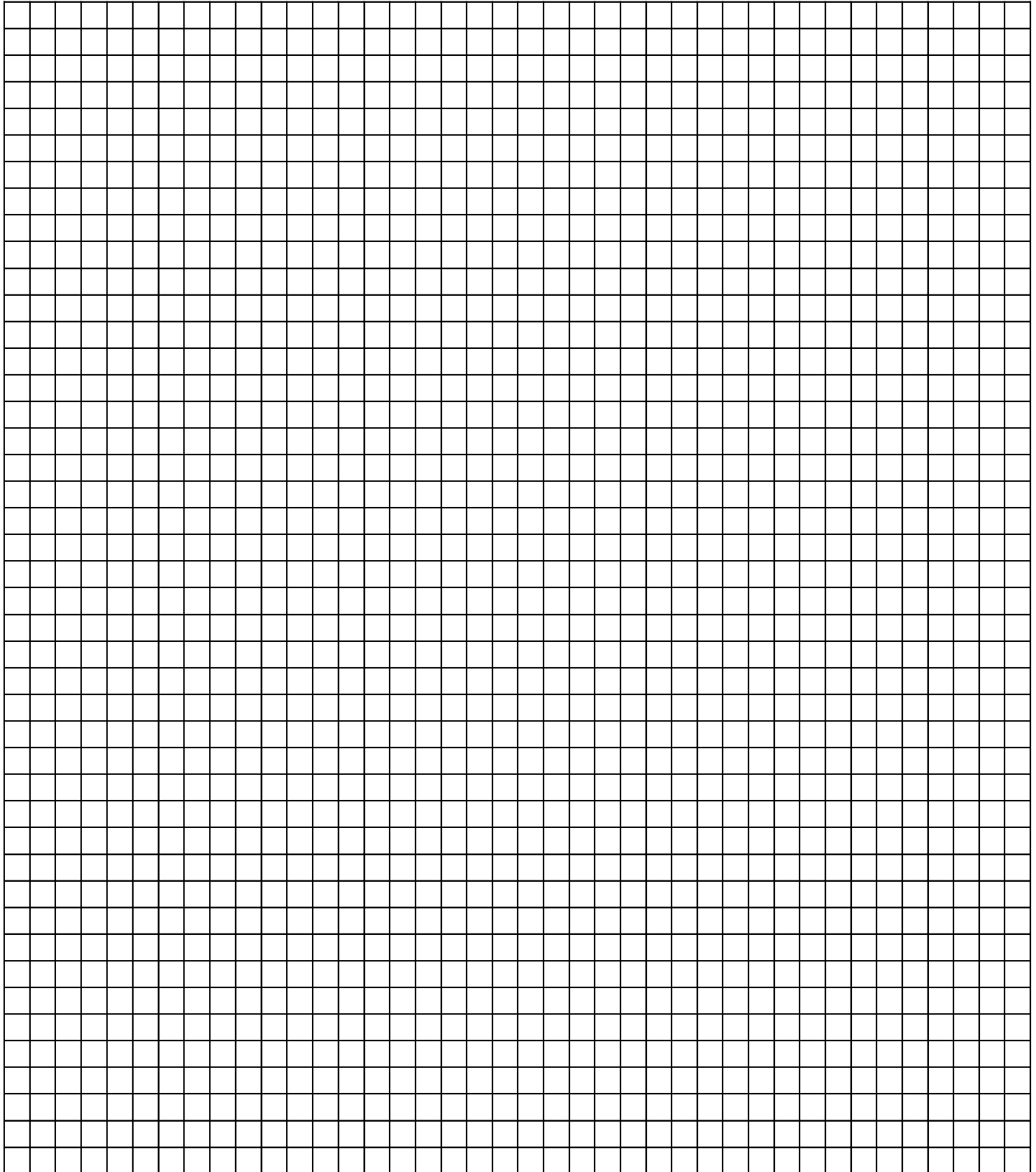
Husband's Signature: \_\_\_\_\_

Wife's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

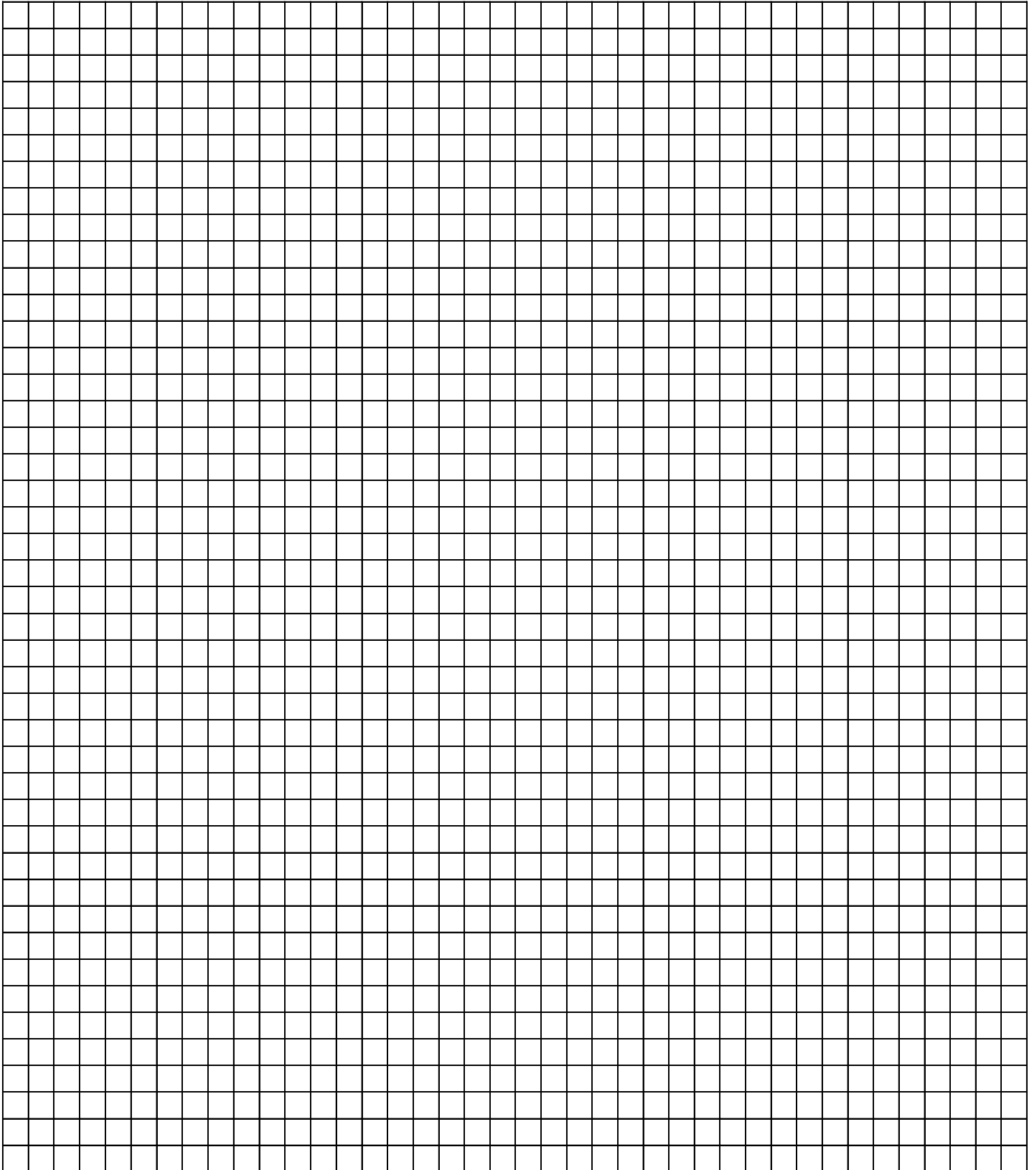
Date: \_\_\_\_\_

PLEASE SKETCH THE FLOOR PLAN OF YOUR HOME, IDENTIFYING EACH ROOM AND THE BEDROOM(S) WHICH THE ADOPTED CHILD/REN WILL OCCUPY. MARK EACH WINDOW, DOOR AND EXIT TO THE OUTSIDE. IDENTIFY EXITS (DOORS AND WINDOWS) TO USE IN CASE OF EMERGENCY.





PLEASE SKETCH YOUR FRONT AND BACK YARDS. INCLUDE YOUR HOME AND GARAGE (WITHOUT DETAILS OF THE INSIDE). INCLUDE ALL OTHER STRUCTURES, STORAGE SHEDS, POOL, FOUNTAIN, SIDEWALKS, PLANTERS, ETC. MAKE REFERENCE TO ALL FENCES, GATES, PLAY AREAS AND ANIMAL PENS.



# ADOPTIVE FAMILY PROFILE

1. Length of marriage: \_\_\_\_\_

2. Number of children in the home: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ Boy:  Girl:  Biological

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ Boy:  Girl:  Biological

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ Boy:  Girl:  Biological

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ Boy:  Girl:  Biological

3. Reason for adopting: \_\_\_\_\_

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4. Extended family members' feelings about a child coming to the family through adoption: \_\_\_\_\_

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5. What would be your expectations of joy and satisfaction in adoption? \_\_\_\_\_

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6. What would be your concerns regarding problems in adoption? \_\_\_\_\_

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7. How would you feel about an adopted child's desire to gain information about his/her birthparents?

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Do you consider yourselves to be Christians?

Husband:  Yes  No  Undecided    Wife:  Yes  No  Undecided

8. Do you have regular family devotions?  Yes  No

9. When and how do you practice family devotions?

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10. Do you have personal devotions?

Husband:  Yes  No                      Wife:  Yes  No

11. When and how do you practice personal devotions?

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12. Significance of religion/religious beliefs in your family life:

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13. Your ideas about child-rearing and discipline:

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14. Experiences/opportunities you feel important to provide a child:

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15. Description of your home/neighborhood:

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16. Do you have any dogs, cats, birds, small animals or bodies of water? Please give details:

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17. Does anyone in your home smoke, if so, who? \_\_\_\_\_

# International Christian Adoptions

## Interest Checklist

### RACE:

- Mixed Race
  - Cauc./Af.Am.
  - Cauc./Hisp.
  - Cauc./Asian
- Asian
- African American
- Caucasian
- Hispanic

### AGE:

- NEWBORN
- 0-12 months
- 12 mos-18 mos.
- 18 mos.-3 years
- 3-5 years
- 5 & up (state ages)
- Age Range \_\_\_\_\_

### SEX:

- MALE
- FEMALE
- SIBLINGS
  - MALE and FEMALE
  - BOTH FEMALE
  - BOTH MALE
- Age Range \_\_\_\_\_

### SPECIAL NEEDS

- |                      |  |                       |  |
|----------------------|--|-----------------------|--|
| Correctable Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | Deaf                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Downs Syndrome       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Blind                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mentally Challenged  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Learning Disabilities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Missing Limbs        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Physically Challenged | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### INTERNATIONAL PROGRAM

Countries of interest: \_\_\_\_\_

### DOMESTIC PROGRAM

- |                                     |  |                              |  |
|-------------------------------------|--|------------------------------|--|
| Birthparent health/social history   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Drug usage during pregnancy  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alcohol usage during pregnancy      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Unknown birthfather          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pictures/letters after placement    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Visitation after placement   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| History of development disabilities | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tobacco use during pregnancy | <input type="checkbox"/> Yes <input type="checkbox"/> No |

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS ADDRESS INFORMATION**

**HUSBAND**

Please list, **in full**, your past resident addresses since you were 18 years old to the present.

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

If more space is needed, please write the information on the back of this paper.

**PREVIOUS ADDRESS INFORMATION**

**WIFE**

Please list, **in full**, your past resident addresses since you were 18 years old to the present.

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

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Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

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Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

If more space is needed, please write the information on the back of this paper.

**PREVIOUS ADDRESS INFORMATION** Adopting family's last name \_\_\_\_\_

**ADDITIONAL ADULT LIVING IN THE HOME (18 and over)**

**NAME:** \_\_\_\_\_ (please print)

**Please list, in full, your past resident addresses since you were 18 years old to the present.**

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

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Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

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City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

**Street address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Dates you lived here from \_\_\_\_\_ to \_\_\_\_\_

If more space is needed, please write the information on the back of this paper.



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*A Voice of HOPE for Children Worldwide*

## ADDENDUM

### ARRESTS AND CONVICTIONS

#### **NO MATTER....**

**WHAT AGE YOU WERE AT THE TIME  
HOW LONG AGO  
IF IT OCCURRED IN ANOTHER STATE  
HOW MINUTE**

#### **NO EXCEPTIONS....**

- 1. YOU ARE TO GO TO THE COURT IN THE JURISDICTION OVER YOUR PARTICULAR CASE(S) FOR CERTIFIED DOCUMENTS. (The who, what, where, how and why of your case.)**
- 2. IF THE COURT NO LONGER HAS RECORDS OF YOUR CASE YOU MUST GO TO THE DEPARTMENT OF JUSTICE (DOJ) AND OBTAIN A PRINT OUT OF YOUR RECORD.**
- 3. YOU MUST WRITE OUT AN EXPLANATION (who, what, where, how, why and end result) FOR EACH OFFENSE.**

\_\_\_\_\_

Initial

\_\_\_\_\_

Initial