



INTERNATIONAL CHRISTIAN ADOPTIONS

A Voice of HOPE for Children Worldwide

Dear Prospective Family,

Welcome to International Christian Adoptions!

We are pleased that you are considering embarking on a journey to love and care for vulnerable children. Every child deserves hope and a bright future, and we are thankful for your heart to explore the possibilities.

The foster/adoption process can be very intimidating, but we do not want you to be overwhelmed. Be assured we will walk closely with you, each and every step.

To begin the process, complete the no-cost, no-obligation ICA Application and attend an Information Meeting; held the second Tuesday evening of every month at 6:00 p.m. in our Temecula office. If this date and time is inconvenient, please call our office and we will schedule a private meeting during business hours.

The Information Meeting is an informal setting to establish a good, open and on-going relationship with our families and for you to have your questions answered. You can bring your Application to the meeting or send it to the office.

The Information Meeting explains:

- the vision and mission of ICA
- an overview of the adoption process
- the need for foster care/adoptive families
- the various programs: international, domestic, refugee and birthmother
- the services ICA offers, including our counseling service

Following the ICA Application and Information Meeting, the next step is to complete a Resource Family Application and Ministry Fee Agreement at which time you will become our client. This will begin the assessment process: including Live Scan Clearance Forms & Releases as well as beginning initial Parent Training. You will then meet with an ICA Supervisor Social Worker to determine the program which best fits your family.

We will explore together how the joy and heartbreak; hope and sorrow intertwine to bring healing to a child which forever enriches your life.

Thank you, again!

Blessings, ICA Staff

APPLICATION

OFFICE USE ONLY		
Please check a program.		
<input type="checkbox"/> AO	<input type="checkbox"/> SH	<input type="checkbox"/> NB
<input type="checkbox"/> INTL	<input type="checkbox"/> LTFC	<input type="checkbox"/> URM

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

Last Name Only	<input type="text"/>	Mobile Number (A#1)	<input type="text"/>
Home Phone	<input type="text"/>	Work Number (A#2)	<input type="text"/>
Fax Number	<input type="text"/>	Mobile Number (A#1)	<input type="text"/>
Email Address	<input type="text"/>	Work Number (A#2)	<input type="text"/>
Street/Mailing Address	<input type="text"/>		
City/State/Zip Code	<input type="text"/>		
Directions to your home	<input type="text"/>		

1. SOCIAL INFORMATION

APPLICANT #1

APPLICANT #2

Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Birth Place	<input type="text"/>	<input type="text"/>
Driver's License	<input type="checkbox"/> Verified By: <input type="text"/> (Attach a Copy)	<input type="checkbox"/> Verified By: <input type="text"/> (Attach a Copy)
Education (Degree)	<input type="text"/>	<input type="text"/>
Schools Attended	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Military Experience	<input type="text"/>	<input type="text"/>
	(Branch, Rank, and Date)	(Branch, Rank, and Date)
Hobbies/Interests	<input type="text"/>	<input type="text"/>
Community Activities	<input type="text"/>	<input type="text"/>

2. MARRIAGE

Date

Place of Marriage (Church Name or Other)

By Whom? Title Name

Location (City, State, and Country)

FORMER MARRIAGES

Applicant #1	Date <input type="text"/>	To Whom - Name <input type="text"/>		
	Place <input type="text"/>	Status <input type="radio"/> Divorced <input type="radio"/> Deceased	Date <input type="text"/>	
Applicant #2	Date <input type="text"/>	To Whom - Name <input type="text"/>		
	Place <input type="text"/>	Status <input type="radio"/> Divorced <input type="radio"/> Deceased	Date <input type="text"/>	

3. RELIGION

Church Name and Denomination

Church Address

Pastor's Name Church Phone Number

Are You Full Members? Applicant #1 Yes No Applicant #2 Yes No

Distance from your home

List Church Activities and/or Offices Held

4. HEALTH

APPLICANT #1

APPLICANT #2

Physician's Name

Physician's Address

Telephone Number

List Medical Problems for which Treatment is needed

Specialists who have treated you

Name Address Phone #

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:

Are you taking any medication? Yes No

Explain:

5. HOME AND COMMUNITY

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 Distance from your house

6. ECONOMIC CONDITION AND WORK HISTORY (CURRENT EMPLOYMENT)

APPLICANT #1

APPLICANT #2

Company Name	<input type="text"/>	<input type="text"/>
Position/Title	<input type="text"/>	<input type="text"/>
Date of Hire	<input type="text"/>	<input type="text"/>
Benefits	<input type="text"/>	<input type="text"/>
Supervisor's Name	<input type="text"/>	<input type="text"/>
Company Address	<input type="text"/>	<input type="text"/>
Gross Income	<input type="text"/>	<input type="text"/>

7. HOUSING AND AUTOMOBILE INFORMATION

HOME

Own Yes No Monthly Payment Square Footage
 Rent Yes No Number of Bedrooms

CAR(S)

Make and Year
 Make and Year
 Make and Year
 Proof of Auto Insurance (for transporting children) Yes No

8. 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.

NAME	COMPLETE ADDRESS	TELEPHONE NUMBER	RELATIONSHIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you working with another foster care agency? Yes No

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

Explain:

9. 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 with an explanation.*

Explain:

***** Please provide ICA with a Notice of Final Disposition from the court records for any offenses listed above. *****

ICA carries liability insurance for the protection of our staff, families and children.

We have carefully and honestly completed this application. 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.)

Applicant #1's Signature

Date

Applicant #1's Name (Print)

Applicant #2's Signature

Date

Applicant #2's Name (Print)

APPLICANT #1

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

Street Address

City State Zip County

Country Dates you lived here from to

Street Address

City State Zip County

Country Dates you lived here from to

Street Address

City State Zip County

Country Dates you lived here from to

Street Address

City State Zip County

Country Dates you lived here from to

Street Address

City State Zip County

Country Dates you lived here from to

Street Address

City State Zip County

Country Dates you lived here from to

APPLICANT #2

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

Street Address

City State Zip County

Country Dates you lived here from to

Street Address

City State Zip County

Country Dates you lived here from to

Street Address

City State Zip County

Country Dates you lived here from to

Street Address

City State Zip County

Country Dates you lived here from to

Street Address

City State Zip County

Country Dates you lived here from to

Street Address

City State Zip County

Country Dates you lived here from to

ADDITIONAL ADULT LIVING IN THE HOME (18 AND OVER)

RFA Family Name

Name Relationship to Family

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

Street Address
City State Zip County
Country Dates you lived here from to

Street Address
City State Zip County
Country Dates you lived here from to

Street Address
City State Zip County
Country Dates you lived here from to

Street Address
City State Zip County
Country Dates you lived here from to

Street Address
City State Zip County
Country Dates you lived here from to

Street Address
City State Zip County
Country Dates you lived here from to

CAREGIVER(S) (MUST BE 18 AND OVER)

RFA Family Name

Name Relationship to Family

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

Street Address
City State Zip County
Country Dates you lived here from to

Street Address
City State Zip County
Country Dates you lived here from to

Street Address
City State Zip County
Country Dates you lived here from to

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City State Zip County
Country Dates you lived here from to

Street Address
City State Zip County
Country Dates you lived here from to

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

ASSESSMENT TOOL QUESTIONNAIRE

1. How did you hear about ICA?

2. Single Married Number of years married

Is the decision to have a child in your home mutual? Yes No

3. Number of children in the home

Birth Date Grade Boy Girl Biological Child?

4. Are other adult(s) residing in your home agreeable to child coming into your home? Yes No

Adults' relationship to you

5. Reason/motive for desiring a child in your home?

6. Extended family members' feelings about a child coming into your family?

7. What challenges/concerns do you foresee in having a child placed in your home?

8. Have you encountered any recent grief/loss? (infertility, miscarriage, death, victimization, etc.) Please explain:

9. Have you recently experience a significant life change? (change of residence, employment, family dynamic, etc.)

10. How do you feel about a child's desire to gain information/continue a relationship with birthparents?

ASSESSMENT TOOL QUESTIONNAIRE (continued)

11. Do you consider yourselves to be Christians? Husband Yes No Undecided Wife Yes No Undecided

Name of Church

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

13. Your ideas about child-rearing and discipline methods:

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

15. Brief description of your home/neighborhood:

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

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

18. Are you ready to step into an involved assessment process with full disclosure of your life details and information?

19. Are you open to extensive parent training regarding trauma and understanding the needs of the child in order to assist them toward healing?

20. Are you open to parenting a traumatized child?