

Dear Prospective Adoptive Parents:

We are very excited about the opportunity to help you add a new edition to your family!

Hope Adoption Agency is actively seeking families, or single men and women to provide loving and capable homes for the children we encounter. Hope Adoption Agency is not affiliated with any specific religious denomination or doctrine. We work with people of all religious backgrounds.

Hope Adoption Agency is licensed and has an office in Missouri, but our services are not limited to Missouri residents. We work with adoptive parents from all across the United States and US territories.

Adopting a child is a wonderful and exciting experience. Hope Adoption Agency is here to help you to receive the child or children that God has for you and to offer our assistance and support along the way.

Thank you, for considering *Children of Africa's, Hope Adoption Agency*. If you have any questions about any of our programs, please do not hesitate to call our office. We pray for God's direction and wisdom as we work together in this important endeavor.

Sincerely,



Aseggedech Demissie, RN
Director



Registered and Licensed
Certificate # 1151
Ethiopian Churches and Societies
Proclamation No. 621/2009



Hague Accredited
Accredited COA
Non-Profit Agency

Date Received	
Date Fee Received	
Date Approved/Denied	
Date Contract Sent	
Date Contract Received	

Please type or print clearly. Complete all blanks. Please attach recent family photo, copies of parents' passports if available. Please fill out reference section – these references will be contacted. A non-refundable fee of \$390 must accompany application to begin processing.

All information provided will remain confidential. Failure to provide accurate and complete information will prevent HOPE from processing the application. HOPE reserves the right to perform a confidential investigation pertaining to the information provided on the application should HOPE deem these measures necessary.

All checks should be made payable to Hope Adoption Agency.

ALL CLIENTS:

Adoptive Father Name:	Last:	First:	Middle:	
Adoptive Mother Name:	Last:	First:	Middle:	Maiden:
Mailing Address	City:	County:	State:	Zip:
Fathers Contact Info.	Home:	Work	Cell	Other
	Email Address:			
Mother Contact Info.	Home	Work	Cell	Other
	Email Address:			

Marital Status:	Date & Place of Present Marriage:	Singles: Are you Heterosexual(Per Ethiopia Law)	Religious Affiliation:

ADOPTION HISTORY:

Have you ever been denied by another adoption agency and/or had an unfavorable Home Study?	___ YES	___ NO
Have you ever been denied USCIS approval?	___ YES	___ NO
If yes, location of Office:		
Are you now adopting a child through another agency?	___ YES	___ NO
IF YES: Agency:	Country from which you are adopting:	Date you expect to bring your child home:

Initial _____

ADOPTIVE FATHER:				
Full Legal Name:				
SS #:	Passport #:	Place/Date Issued:	Date of Birth:	Place of Birth:
Citizenship:	# of Previous Marriages	Date/Place	Divorce Date:	Divorce Place:
Height:	Weight:	Hair:	Eyes:	Health:
Medical Conditions:				
<i>*See Attached Medical History Verification Form</i>	Health Insurance:	Life Insurance:	Education:	Occupation:
	Employer Address:	How Long:	Annual Salary:	
Have you EVER had ANY criminal charge, whether it resulted in an arrest or not? Including any conviction of a crime and/or if any arrest was expunged from your record (other than minor traffic violations)?			_____ YES	_____ NO
<i>(If yes, please include detailed explanation of charge indicating date, location, and nature on a separate paper and submit with application.)</i>				
Please be aware that failure to disclose ANY Arrest History is grounds for denial of approval of applicants and/or closure of adoption proceedings and client's file.				
ADOPTIVE MOTHER:				
Full Legal Name:				
SS #:	Passport #:	Place/Date Issued:	Date of Birth:	Place of Birth:
Citizenship:	# of Previous Marriages	Date/Place	Divorce Date:	Divorce Place:
Height:	Weight:	Hair:	Eyes:	Health:
Medical Conditions:				
<i>*See Attached Medical History Verification Form</i>	Health Insurance:	Life Insurance:	Education:	Occupation:
	Employer Address:	How Long:	Annual Salary:	
Have you EVER had ANY criminal charge, whether it resulted in an arrest or not? Including any conviction of a crime and/or if any arrest was expunged from your record (other than minor traffic violations)?			_____ YES	_____ NO
<i>(If yes, please include detailed explanation of charge indicating date, location, and nature on a separate paper and submit with application.)</i>				
Please be aware that failure to disclose ANY Arrest History is grounds for denial of approval of applicants and/or closure of adoption proceedings and client's file.				
Will your adopted child be covered by Health Insurance at Placement?			_____ YES	_____ NO
Pre-existing Conditions covered?			_____ YES	_____ NO
			Initial _____	

CHILDREN:				
Name:	Gender:	DOB:	Adopted/Country:	Residing in Home: (Yes/No)

If you have adopted in the past, please list the following information:			
Child's Name:	Agency:	Age Upon Arrival Home:	Date Home:

OTHERS Living in Your Home:				
Name:	Gender:	Age:	Relationship:	SS#:

REFERENCES: (At least 5 references are required for this application. Please limit relatives to two of the five, one from each side of the family.)				
Name:	Relationship:	City, ST:	Daytime Phone:	Email:

HOME STUDY INFORMATION:			
Agency:		Phone #:	
Address:			
Soc. Worker:	Email:	Home Study Complete?	Home Study Prepared for International Adoption?
USCIS Form 1-600a Filed?	Date Filed:	Office Location:	Actual/Estimated Approval Date:

REASON FOR ADOPTING:	
Initial _____	

First Choice:				Other Choices, If any:					
Range of Age at Referral:				Gender:					
From:		To:		M		F		Either	
Would you consider a Special Needs Child:				If Yes, please list Special Needs you would consider:					
YES		NO:							

MEDICAL HISTORY VERIFICATION FORM

Please fill out this form completely and accurately for each adoptive parent.
 Directions: Please write Yes or No in the blank provided for each applicant

Condition:	Husband:	Wife:	Date/Explanation:
Tuberculosis			
Heart Disease			
Sexual Disease			
Mental Illness (including Depression)			
Tumor			
Surgeries/Operations			
Illness or Injury Requiring Hospitalization			
Genetic Disease			
Liver Disease			
Alcoholism			
Drug Abuse			
Nervous Disorder			
Counseling or Therapy			
Other Communicable Diseases			
Any Physical Impairment			
Tested Positive for HIV			
Tested Positive for Hep B			
Tested Positive for Hep C			

List all Medications Currently Prescribed & Taken:

Husband:	
Wife:	

*Every country program has varying eligibility requirements in regard to the health status and medical conditions of prospective adoptive parents. By providing valid, accurate information the Program Manager of each country program will be able to assess whether each applicant qualifies for the country program. Any question answered YES must be discussed directly with the **Hope Director**.*

INFORMATION:

We / I attest the information included in this application is true, complete and accurate to the best of our/my knowledge, and we/I understand any and all responses provided are subject to verification. We / I understand this application is not a commitment on the part of the applicants or agency, and that it is the initial step to begin the adoption and/or Home Study approval process with **Hope Adoption Agency**. We / I understand **Hope** reserves the right to cease and/or close our/my adoption and/or Home Study proceedings and file if we / I fail to disclose requested information fully and accurately. We understand that submission of this application in no way obligates **Hope** to approve the application or complete the adoption process. Furthermore, we understand that **Hope** is not under obligation to provide reasons for denial of this application and/or termination of the adoption process. We understand that the **\$390** application fee is **non-refundable** regardless of whether the application is approved or denied.

We / I understand by signing this adoption and/or Home Study application we / I agree to update **Hope** during the adoption and/or Home Study process regarding any significant changes in family situation including, but not limited to change of contact information, divorce, pregnancy, arrest, changes in health and medical conditions or mental health status, changes in financial status, or any other significant event during any time of the adoption process.

We recognize **Hope** has the authority to request additional measures in order to process our adoption and/or Home Study application. These measures may include, but are not limited to, requesting additional documentation, additional home visits by our Home Study provider, psychological testing/evaluation, completion of required courses, etc. We are aware these measures are requested on a case-by-case basis. We understand compliance with the request of additional documentation or measures does not ensure approval of our adoption and/or Home Study application.

Adoptive Father's Signature:		Date:	
Adoptive Mother's Signature:		Date:	

RELEASE OF CONFIDENTIAL INFORMATION

Adoptive Parent(s):	
Address:	
City/ST/Zip:	

I / We hereby authorize: Hope Adoption Agency

to speak with and/or release to and/or receive from any party or parties any and all relevant information and documentation necessary for the processing of this adoption and/or Home Study application. These parties may include, but are not limited to: my/our references listed on the application, my/our adoption placing agency, healthcare providers, and grant and foundation providers; any former adoption service providers; my/our Home Study provider; United States Citizenship and Immigration Services and other federal, state, local, and county governments; and foreign officials, facilitators, and others individuals in the foreign country who are involved in my/our adoption overseas.

The type of information requested and/or released may include, but is not limited to:

- Home Study and supporting documents,
- criminal background reports,
- medical records/information,
- counseling records/information,
- legal documents, and/or
- court records/information.

This consent is valid until the processing of the adoption and/or Home Study application is completed, or until such time as I/we, the adoptive parent(s,) have stated in writing that I/we am/are no longer prospective client(s) of Hope Adoptions Agency.

HIPAA DISCLOSURE

HIPAA (the Health Insurance Portability and Accountability Act of 1996) provides national standards to protect the privacy of personal health information. I/We further authorize the release of complete unaltered copies of any and all of my health, medical, financial information and/or any information and/or records as defined in 45 CFR §164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462 as protected private records or otherwise covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191. I understand that the information contained in my health and medical records may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, treatment for alcohol and/or drug abuse and/or addiction. I further understand that I may have access to and/or receive an accounting of the information to be used or disclosed as provided in 45 CFR §164.524, et seq.

I further understand that authorizing the disclosure of this health information is voluntary and that I can refuse to sign this authorization. I further understand that any disclosure of this information carries with it the potential for an unauthorized further disclosure of this information by third parties and that such further disclosure may not be protected under HIPAA. In order to induce the disclosing party to disclose the aforesaid private and/or protected confidential information, I forever release and hold harmless said disclosing party who relies upon this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of said disclosure.

DO NOT SIGN BEFORE READING BELOW

Hope Adoption Agency, a licensed child-placing agency in the state of Missouri, is hereby released from all legal responsibility or liability for the release of the above-mentioned disclosure of information. I / We understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken that was based on my/our consent, I may withdraw this consent at any time. I / We hereby give our consent for the release of our confidential information in accordance with the aforementioned terms and conditions for the processing of our Home Study and/or adoption application.

		Initial _____	
Adoptive Father's Printed Name:		Date:	
Adoptive Father's Signature:			
Adoptive Mother's Printed Name:		Date:	
Adoptive Mother's Signature:			
		Initial _____	