VILLA HOPE FORMAL APPLICATION FOR SERVICES

APPLICANT(S) INFORMATION	
Male Applicant _____ (Full, legal name) _____ (Birth name)	Female Applicant _____ (Full, legal name) _____ (Birth name)

Date of birth (Male Applicant): _____ Date of birth (Female Applicant): _____	SSN Male Applicant: _____ SSN Female Applicant: _____	Phone Home ( ) Work (M) ( ) Work (F) ( ) Cell (M) ( ) Cell (F) ( ) Fax ( )

Place of birth (Male Applicant): _____
City, State, Country

Place of birth (Female Applicant): _____
City, State Country

Email Address: _____

Secondary Email Address: _____

Current address:

City:	County:	State:	ZIP Code:

Prior Residences
For Other State and Other Country Child Abuse/Neglect Registry Checks

Female Applicant

Full Legal Name:	Insert Full Legal Name
Date of Birth	Insert Date of Birth
Social Security #	Insert Soc. Sec. #

Please list the States and/or Countries & Years Lived in OTHER Than Your Current State Since Age 18.
(Attach additional pages if necessary)

Name of State or Country	Dates Resided

Male Applicant

Full Legal Name:	Insert Full Legal Name
Date of Birth	Insert DOB
Social Security #	Insert Soc. Sec. #

Please list the States and/or Countries & Years Lived in OTHER Than Your Current State Since Age 18.
(Attach additional pages if necessary)

Name of State or Country	Dates Resided

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APPLICANT(S) INFORMATION CONTINUED…

Home Type *(Please circle)*	**Nationality/Descent**	**Citizenship:**		
House Apartment Mobile/Manufactured Condo	**Male:** _____	U.S. by birth	_____(M)	_____(F)
Own OR Rent		Naturalized U.S.	_____(M)	_____(F)
Number of Bedrooms: _____	**Female:** _____	Other	_____(M)	_____(F)
		If Naturalized: Date _____ Serial # _____ Date _____ Serial # _____		

EMPLOYMENT INFORMATION (MALE)

Current employer:		
Employer address:		Date of Employment:
City:	State:	ZIP Code:
Position:	Hourly Salary *(Please circle)*	Gross Annual Income:

EMPLOYMENT INFORMATION (FEMALE)

Current employer:		
Employer address:		Date of Employment:
City:	State:	ZIP Code:
Position:	Hourly Salary *(Please circle)*	Gross Annual Income:

RELIGIOUS PREFERENCE

Male:	Female:

EDUCATION

Education (Male): *Please circle highest achievement*	**Education (Female):** *Please circle highest achievement*
Grade School High School Some College College Graduate Some Post Graduate Post Graduate Doctorate Vocational	Grade School High School Some College College Graduate Some Post Graduate Post Graduate Doctorate Vocational
Please Specify Degrees Earned:	Please Specify Degrees Earned:

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REFERENCES

Please provide a complete mailing address and phone number for each of the references. We will need four approved references total.

**Please take notice: ALL references need to be able to speak on personal levels for both applicants. Two references must be related to the applicants.*

Name: Relationship to applicants:	Address:	Phone:
Name: Relationship to applicants:	Address:	Phone:
Name: Relationship to applicants:	Address:	Phone:
Name: Relationship to applicants:	Address:	Phone:

RECORD OF ARREST/CONVICTION

Male Applicant *(please circle one)*	Female Applicant *(Please circle one)*
Have you ever been arrested (juvenile or adult) even if it did not result in a conviction? Yes ☐ No ☐	Have you ever been arrested (juvenile or adult) even if it did not result in a conviction? Yes ☐ No ☐
Convicted of a felony? Yes ☐ No ☐	Convicted of a felony? Yes ☐ No ☐
Date of Arrest(s):	Date of Arrest(s):
Reason(s) for arrest(s):	Reason(s) for arrest(s):

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MEDICAL CONDITIONS AND/OR SPECIAL NEEDS
(Physical, Mental or Emotional. Past or present) Please include *any* medications that you are currently taking

Male Medical Conditions/Special Needs: Medications:	Female Medical Conditions/Special Needs: Medications:

If you have documented infertility, please note the reason:

Please list any fertility treatments and the name and address of the treating physician:

CHILDREN IN THE HOME INCLUDING THOSE FROM PREVIOUS MARRIAGES
If more space is needed, then please attach additional pages.

1) Child's Name (Full Legal Name):

Date of Birth:	Place of Birth:	Is this child adopted? Yes or No Date of Adoption:_____
Does this child currently live with you? (Please circle one) Yes No	Please specify any medical conditions and/or special needs:	

2) Child's Name (Full Legal Name):

Date of Birth:	Place of Birth:	Is this child adopted? Yes or No Date of Adoption:_____
Does this child currently live with you? (Please circle one) Yes No	Please specify any medical conditions and/or special needs:	

3) Child's Name (Full Legal Name):

Date of Birth:	Place of Birth:	Is this child adopted? Yes ✔ or No Date of Adoption:_____
Does this child currently live with you? (Please circle one) Yes ✔ No	Please specify any medical conditions and/or special needs:	

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OTHER RESIDENTS IN THE HOUSEHOLD

Name (Full Legal Name):

Occupation:	Relationship:	DOB:

Please specify any medical conditions and/or special needs:

Name (Full Legal Name):

Occupation:	Relationship:	DOB:

Please specify any medical conditions and/or special needs:

Name (Full Legal Name):

Occupation:	Relationship:	DOB:

Please specify any medical conditions and/or special needs:

MARRIAGES AND DIVORCES

Date and Place of Marriage: _____

Male Applicant	Female Applicant
Number of Divorces 1 2 3 *(please circle one)* 0	Number of Divorces 1 2 3 *(please circle one)* 0
Date of Divorce #1 _____	Date of Divorce #1 _____
Reason _____	Reason _____
Date of Divorce #2 _____	Date of Divorce #2 _____
Reason _____	Reason _____
Date of Divorce #3 _____	Date of Divorce #3 _____
Reason _____	Reason _____

GENERAL INFORMATION

If you live in the State of Alabama, how long have you lived in Alabama?

How long do you plan to reside in Alabama?

What is your preferred way of communication from Villa Hope? *(Please circle one)*

Email ☐ Home Phone ☒ Cell Phone ☐ Work Phone ☐ Fax ☐ Letter ☐

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CHILD DESIRED

Please note that when taking health into consideration, *no agency can guarantee the health of a child. All adoptions have risk factors associated with health status.* Various countries may or may not allow families to specify what kind of child they want due to the nature of adoption. This information will be discussed in the home study.

Child(ren) desired: Boy	Number _____	Age(s) _____	Country _____

Can you accept a medical and/or special need in your child? (*Please circle one)* Yes ☐ No ☐

For our general information, please mark ANY and ALL special needs that you feel as though you can parent on the Special Needs Checklist. Before making a decision, we highly encourage you to educate you and your family on each of the various special needs that are common to adoption. Hyperlinks for most of the special needs listed on the form have been included for your convenience. Please utilize them when considering each of the conditions. If you are not able to parent a child with any of the conditions listed, then please make this known by marking "N" for all of the conditions. *We cannot accept a blank form.*

HOME STUDY AND DOCUMENTATION INFORMATION

Do you have an approved home study by a licensed, child-placing agency?

Please circle one: Yes ☐ No ☐ Anticipated Date:_____

Are you working with a licensed child-placing agency for the placement of a child?

Please circle one : Yes ☐ No ☐

If you answered "Yes" to either question, then please provide the following information for your home study/placing agency here:

Name of Agency: _____

Contact Person/Title: _____

Mailing Address: _____

_____

Phone Number: _____

Email Address: _____

If you answered "No," to either question and you do not live within the state of Alabama, then please have your social worker contact Villa Hope for a home study outline when you apply to your home study agency. Explain your specific plan (if known) and time frame for receiving a home study.

USCIS AND TRAVEL INFORMATION

USCIS STATUS:

Have you opened an **I-800A (Hague) or I-600A(Non-Hague)** file with your local U.S. Citizenship and Immigration Services Office? YES NO

If yes, in what city? _____ Date Filed: _____

Presently, do you have a current application for adoption with another agency? (*Please circle one*) YES ☐ NO ☐

Who will be traveling to the country? Most countries require the parents to travel to adopt their child. This trip may last from *three days to six weeks*, depending upon the laws in the country. Each country will have its own travel requirements *(Please circle one)*

Both Parents ☐ One Parent ☐ Neither Parent ☐

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How did you hear about Villa Hope? _____

In order to process this application, we ask that you *include a non-refundable check payable to Villa Hope for $300.00* along with a photo of the person/people living in the household. **The receipt of this application does not place you on a waiting list.** Receipt of an approved home study, a signed Villa Hope Adoption Services Agreement and payment of the application fee is when services begin. *This application is valid for one year from receipt date.*

I/We, the undersigned, understand Villa Hope may need to contact our home study agency or placing agency and other state and government entities in furtherance of this application, and consent to the release of any information by the home study agency/placing agency, Alabama Interstate Compact on the Placement of Children (ICPC), United States Citizenship and Immigration Services (USCIS), National Benefits Center (NBC), National Visa Center (NVC) and the Department of Homeland Security on our behalf. I/We agree that Villa Hope is authorized to provide and share confidential information to my/our home study agency and Villa Hope "in-country" representatives and/or my/our child placing agency/attorney. In addition, I/We, hereby confirm *under penalties of perjury* that all of the information contained herein is current, complete and accurate, upon our personal knowledge.

_____ _____

Applicant's Signature Date

_____ _____

Applicant's Signature Date

Villa Hope Special Needs Checklist

Birth Conditions	Y	N
Premature <36 week gestation	☐	☐
Low Birth Weight	☐	☐
Respiratory Distress Syndrome	☐	☐
Jaundice	☐	☐
Cleft Lip Unilateral	☐	☐
Cleft Lip Bilateral	☐	☐
Cleft Palate and Lip	☐	☐
Cleft Palate	☐	☐
Teratoma	☐	☐
Blood Conditions		
Thalassemia	☐	☐
Anemia	☐	☐
Hemophilia	☐	☐
Other Blood Disorders	☐	☐
Central Nervous System		
Cerebral Palsy (Mild)	☐	☐
Cerebral Palsy (Moderate)	☐	☐
Cerebral Palsy (Major)	☐	☐
Microcephaly	☐	☐
Hydrocephaly	☐	☐
Neurofibromatosis	☐	☐
Polio	☐	☐
Spina Bifida	☐	☐
Brachial Plexus Injury	☐	☐
Torticollis	☐	☐
Developmental		
Failure to Thrive	☐	☐
Developmental Delay	☐	☐
Learning Disability	☐	☐
Hyperactivity	☐	☐
Malnutrition	☐	☐
Mental Retardation (Mild)	☐	☐
Mental Retardation (Moderate)	☐	☐
Mental Retardation (Severe)	☐	☐
Fetal Alcohol Syndrome	☐	☐
Down Syndrome	☐	☐
Digestive	☐	☐
Gastrointestinal Disorders	☐	☐
Anal Atresia	☐	☐
Autism	☐	☐
Speech Delays	☐	☐
Apraxia of Speech	☐	☐
Emotional		
Behavioral Problems	☐	☐
Known Physical Abuse	☐	☐
Known Sexual Abuse	☐	☐
Depression	☐	☐
Genito-Urinary		
Kidney Disease	☐	☐
Genital Malformation	☐	☐
Vaginal Atresia	☐	☐

Hearing	Y	N
Mild/Moderate Hearing Loss	☐	☐
Total Hearing Loss	☐	☐
Ear Atresia	☐	☐
Infectious Disease		
Tuberculosis (active)	☐	☐
Hepatitis B Carrier	☐	☐
Hepatitis B Active	☐	☐
HIV/AIDS Positive	☐	☐
Hepatitis C*	☐	☐
Syphilis	☐	☐
Orthopedic		
Club Foot	☐	☐
Small Stature (Dwarfism)	☐	☐
Leg/Arm Shorter	☐	☐
Rickets	☐	☐
Webbed Fingers/Toes	☐	☐
Missing Fingers	☐	☐
Extra Fingers	☐	☐
Partial/Missing Extremities	☐	☐
Polydactyly	☐	☐
Paralysis – Paraplegia	☐	☐
Paralysis – Quadriplegia	☐	☐
Use of crutches/braces (currently or in future)	☐	☐
Hip Dysplasia	☐	☐
Arthrogryposis	☐	☐
Osteogenesis Imperfecta	☐	☐
Scoliosis	☐	☐
Funnel Chest/Pigeon Breast	☐	☐
Radial Club Hand	☐	☐
Hemifacial Microsomia	☐	☐
Multiple Orthopedic Problems	☐	☐
Wheelchair Confined	☐	☐
Seizures		
Controlled	☐	☐
Transitory (unknown cause)	☐	☐
Uncontrolled (major)	☐	☐
Skin Conditions		
Birthmarks requiring removal	☐	☐
Albinism	☐	☐
Burns	☐	☐
Congenital Nevi	☐	☐
Eczema	☐	☐
Ichthyosis	☐	☐
Vision		
Crossed Eyes	☐	☐
Vision Problems	☐	☐
Cataracts	☐	☐
One Eye	☐	☐
Blind	☐	☐
Nystagmus	☐	☐
Glaucoma	☐	☐
Ptosis	☐	☐
Corneal Degeneration	☐	☐

Birth Parent History	Y	N
Incest	☐	☐
Mental Illness	☐	☐
Mental Retardation	☐	☐
Medical Conditions	☐	☐
Physical Disabilities	☐	☐
Birthmother HIV+	☐	☐
Birthmother was raped	☐	☐
Birthmother used alcohol	☐	☐
Birthmother used drugs	☐	☐
Birthfather used alcohol	☐	☐
Birthfather used drugs	☐	☐
Heart		
Murmur	☐	☐
Other Maybe surgical	☐	☐

Are you open to sibling groups?

☐ YES ☐ NO

Age range of child(ren) desired:

Please Select

Other:

If there are any special needs that you are able to parent that are not listed in the checklist or would like to know more information before making a decision then please state them in the space provided below.

We encourage you to use the hyperlinks and begin educating yourself on various special needs that are common to adoption.

* Most children are not screened for Hepatitis C