

VILLA HOPE FORMAL APPLICATION FOR SERVICES

APPLICANT(S) INFORMATION																	
Male Applicant		Female Applicant															
(Full, legal name)		(Full, legal name)															
(Birth name)		(Birth name)															
Date of birth (Male Applicant): _____	SSN Male Applicant: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Phone</td> </tr> <tr> <td style="width: 60%;">Home</td> <td style="width: 40%;">()</td> </tr> <tr> <td>Male Work</td> <td>()</td> </tr> <tr> <td>Male Cell</td> <td>()</td> </tr> <tr> <td>Female Work</td> <td>()</td> </tr> <tr> <td>Female Cell</td> <td>()</td> </tr> <tr> <td>Fax</td> <td>()</td> </tr> </table>		Phone		Home	()	Male Work	()	Male Cell	()	Female Work	()	Female Cell	()	Fax	()
Phone																	
Home	()																
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Fax	()																
Date of birth (Female Applicant): _____	SSN Female Applicant: _____																
Place of birth (Male Applicant): _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> City, State, Country </div>																	
Place of birth (Female Applicant): _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> City, State, Country </div>																	
Email Address: _____																	
Secondary Email Address: _____																	
Current address:																	
City:	County:	State:	ZIP Code:														
PRIOR RESIDENCE																	
Please list the address, city, county and state for all residences in the U.S. and abroad since you were 18 years of age. If more space is needed, then please attach additional pages.																	
Prior address:																	
City:	County:	State:	ZIP Code:														
Prior address:																	
City:	County:	State:	ZIP Code:														
Prior address:																	
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City:	County:	State:	ZIP Code:														

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APPLICANT(S) INFORMATION CONTINUED...

<p>Home Type</p> <p>Please Select One:</p> <hr/> <p style="text-align: center;">Own Rent</p> <hr/> <p>Number of Bedrooms: _____</p>	<p>Nationality/Descent</p> <p>Male:</p> <hr/> <p>Female:</p> <hr/>	<p>Citizenship:</p> <p>Male Applicant: _____</p> <p>Female Applicant: _____</p> <hr/> <p>If Naturalized:</p> <p>Date: _____ Serial # _____</p> <p>Date: _____ Serial # _____</p>
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EMPLOYMENT INFORMATION (MALE)

Current employer: _____		
Employer address: _____		Date of Employment: _____
City: _____	State: _____	ZIP Code: _____
Position: _____	Gross Annual Income: _____	

EMPLOYMENT INFORMATION (FEMALE)

Current employer: _____		
Employer address: _____		Date of Employment: _____
City: _____	State: _____	ZIP Code: _____
Position: _____	Gross Annual Income: _____	

RELIGIOUS PREFERENCE

Male: _____	Female: _____
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EDUCATION

<p>Education (Male): <i>Please mark highest achievement</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Grade School</td> <td style="width: 50%;">High School</td> </tr> <tr> <td>Some College</td> <td>College Graduate</td> </tr> <tr> <td>Some Post Graduate</td> <td>Post Graduate</td> </tr> <tr> <td>Doctorate</td> <td>Vocational</td> </tr> </table> <hr/> <p>Please Specify Degrees Earned: _____</p>	Grade School	High School	Some College	College Graduate	Some Post Graduate	Post Graduate	Doctorate	Vocational	<p>Education (Female): <i>Please mark highest achievement</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Grade School</td> <td style="width: 50%;">High School</td> </tr> <tr> <td>Some College</td> <td>College Graduate</td> </tr> <tr> <td>Some Post Graduate</td> <td>Post Graduate</td> </tr> <tr> <td>Doctorate</td> <td>Vocational</td> </tr> </table> <hr/> <p>Please Specify Degrees Earned: _____</p>	Grade School	High School	Some College	College Graduate	Some Post Graduate	Post Graduate	Doctorate	Vocational
Grade School	High School																
Some College	College Graduate																
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Doctorate	Vocational																
Grade School	High School																
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Some Post Graduate	Post Graduate																
Doctorate	Vocational																

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

RECORD OF ARREST/CONVICTION

Male Applicant <hr/> Have you ever been arrested (juvenile or adult) even if it did not result in a conviction? <hr/> Convicted of a felony? <hr/> Date of Arrest(s): <hr/> Reason(s) for arrest(s): <hr/>	Female Applicant <hr/> Have you ever been arrested (juvenile or adult) even if it did not result in a conviction? <hr/> Convicted of a felony? <hr/> Date of Arrest(s): <hr/> Reason(s) for arrest(s): <hr/>
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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:	Female Medical Conditions/Special Needs:
Medications:	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? Date of Adoption: _____
Does this child currently live with you?	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? Date of Adoption: _____
Does this child currently live with you?	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? Date of Adoption: _____
Does this child currently live with you?	Please specify any medical conditions and/or special needs:	

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OTHER RESIDENTS IN THE HOUSEHOLD

If more space is needed, then please attach additional pages.

Name (Full Legal Name):

Occupation:	Relationship:	DOB:
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Please specify any medical conditions and/or special needs:

Name (Full Legal Name):

Occupation:	Relationship:	DOB:
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Please specify any medical conditions and/or special needs:

MARRIAGES AND DIVORCES

Date and Place of Marriage: _____

Male Applicant

Number of Divorces:

Date of Divorce #1

Reason

Date of Divorce #2

Reason

Date of Divorce #3

Reason

Female Applicant

Number of Divorces:

Date of Divorce #1

Reason

Date of Divorce #2

Reason

Date of Divorce #3

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?

How did you hear about Villa Hope?

Other:

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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:	Number	Age(s) _____	Country _____
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Can you accept a medical and/or special need in your child?

Please complete Villa Hope Special Needs Checklist (REQUIRED FOR ALL APPLICANTS)

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?

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

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?

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

Presently, do you have a current application for adoption with another agency?

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.

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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

