

VILLA HOPE FORMAL APPLICATION FOR SERVICES

APPLICANT(S) INFORMATION

Male Applicant Name:

Female Applicant Name:

(Full, legal name)

(Full, legal name)

Date of birth (Male Applicant):

SSN Male Applicant:

Phone

Home

()

Work (M)

()

Work (F)

()

Cell (M)

()

Cell (F)

()

Fax

()

Date of birth (Female Applicant):

SSN Female Applicant:

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:
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PRIOR RESIDENCE

(Please list the address, city, county and state for all places you have resided in the previous five years)

Prior address:

City:	County:	State:	ZIP Code:
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Prior address:

City:	County:	State:	ZIP Code:
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Prior address:

City:	County:	State:	ZIP Code:
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Prior address:

City:	County:	State:	ZIP Code:
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APPLICANT(S) INFORMATION CONTINUED...

<p>Home Type <i>(Please circle)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">House</td> <td style="width: 50%;">Apartment</td> </tr> <tr> <td>Mobile/Manufactured</td> <td>Condo</td> </tr> </table> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Own</td> <td style="width: 33%; text-align: center;">OR</td> <td style="width: 33%;">Rent</td> </tr> </table> <hr/> Number of Bedrooms: _____	House	Apartment	Mobile/Manufactured	Condo	Own	OR	Rent	<p>Nationality/Descent</p> <p>Male: _____</p> <p>Female: _____</p>	<p>Citizenship:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">U.S. by birth</td> <td style="width: 33%;">_____ (M)</td> <td style="width: 33%;">_____ (F)</td> </tr> <tr> <td>Naturalized U.S.</td> <td>_____ (M)</td> <td>_____ (F)</td> </tr> <tr> <td>Other</td> <td>_____ (M)</td> <td>_____ (F)</td> </tr> </table> <p>If Naturalized.....</p> Date _____ Serial # _____	U.S. by birth	_____ (M)	_____ (F)	Naturalized U.S.	_____ (M)	_____ (F)	Other	_____ (M)	_____ (F)
House	Apartment																	
Mobile/Manufactured	Condo																	
Own	OR	Rent																
U.S. by birth	_____ (M)	_____ (F)																
Naturalized U.S.	_____ (M)	_____ (F)																
Other	_____ (M)	_____ (F)																

EMPLOYMENT INFORMATION (MALE)

Current employer: _____

Employer address:	Date of Employment:
City:	State: ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i> Gross Annual Income:

EMPLOYMENT INFORMATION (FEMALE)

Current employer: _____

Employer address:	Date of Employment:
City:	State: ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i> Gross Annual Income:

RELIGIOUS PREFERENCE

Male:	Female:
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EDUCATION

<p>Education: <i>(Please Circle)</i></p> <table style="width: 100%; border: none;"> <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/> Please Specify Degrees Earned: _____	Grade School	High School	Some College	College Graduate	Some Post Graduate	Post Graduate	Doctorate	Vocational	<p>Education: <i>(Please Circle)</i></p> <table style="width: 100%; border: none;"> <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/> Please Specify Degrees Earned: _____	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																
Grade School	High School																
Some College	College Graduate																
Some Post Graduate	Post Graduate																
Doctorate	Vocational																

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REFERENCES

(We will need 4 complete mailing addresses and phone numbers. All references need to be able to speak of both applicants.)

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

RECORD OF ARREST/CONVICTION

<p>Male Applicant <i>(please circle one)</i></p> <hr/> <p>Have you ever been arrested even if it did not result in a conviction? Yes No</p> <hr/> <p>Convicted of a felony? Yes No</p> <hr/> <p>Date of Arrest:</p> <hr/> <p>Reason for arrest:</p> <hr/>	<p>Female Applicant <i>(Please circle one)</i></p> <hr/> <p>Have you ever been arrested even if it did not result in a conviction? Yes No</p> <hr/> <p>Convicted of a felony? Yes No</p> <hr/> <p>Date of Arrest:</p> <hr/> <p>Reason for arrest:</p> <hr/>
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MEDICAL CONDITIONS

(physical, mental or emotional. Past or present) Please include *any* medications that you are currently taking

Male:

Medications:

Female:

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

Child's Name (Full Legal Name):

Date of Birth:	Is this child adopted? Yes or No	If yes, from what Country? _____
Date of Adoption:	Does the child live with you? Yes or No	Specify Chronic Illnesses:

Child's Name (Full Legal Name):

Date of Birth:	Is this child adopted? Yes or No	If yes, from what Country? _____
Date of Adoption:	Does the child live with you? Yes or No	Specify Chronic Illnesses:

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OTHER RESIDENTS IN THE HOUSEHOLD

Name (Full Legal Name):		
Occupation:	Relationship:	
Specify Chronic Illnesses:		
Name (Full Legal Name):		
Occupation:	Relationship:	
Specify Chronic Illnesses:		
Name (Full Legal Name):		
Occupation:	Relationship:	
Specify Chronic Illnesses:		

MARRIAGES AND DIVORCES

Date and Place of Marriage

Male Applicant	Female Applicant
Number of Divorces 1 2 3 <i>(please circle one)</i>	Number of Divorces 1 2 3 <i>(please circle one)</i>
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?

How often would you like to be contacted by Villa Hope? *(please circle one)*

Weekly Bi-weekly Monthly Bi-monthly Quarterly Other _____

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

Email Home Phone Fax Cell Phone Work Phone Letter

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CHILD DESIRED

Due to the nature of international adoption, the various countries may or may not allow families to specify what kind of child they want. This will be discussed in the home study. But, for our general information, please describe the kind of child you feel you can parent. Please note that when describing the health that *no agency can guarantee the health of a child. All foreign adoption have risk factors associated with health status.*

Children desired:	Number _____	Age _____	Country _____
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Can you accept emotional or physical handicap in your child? (please list)

Please list specific medical issues that you would consider, if any? (please specify)

HOME STUDY; DOCUMENTATION; TRAVEL

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

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

If Villa Hope is providing Home Study Services only please provide your Placing Agency's information below. If you reside outside of the State of Alabama and Villa Hope is your placing agency please provide you Home Study agency's information below.

Name of Agency: _____

Contact Person/Title: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

If you reside outside of the State of Alabama and have NOT identified a home study agency please notify Villa Hope if you need assistance identifying an agency in your state OR notify Villa Hope when you have identified a home study agency.

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HOME STUDY; DOCUMENTATION; TRAVEL CONTINUTUED...

USCIS STATUS:

Have you opened an **I-800A (China and Peru only) or I-600A file** with your local U.S. Citizenship and Immigration Services Office? *Please circle* 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

In order to process this application, we ask that you *include a non-refundable check payable to Villa Hope International for \$300.00* along with a photo(s) of each person 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 International Adoption Services Agreement and fee payment is when services begin. **Application is valid for one year from receipt.**

I/We, the undersigned, understand Villa Hope International may need to contact our home study agency and/or placing agency in furtherance of this application, and consent to the release of any information by the home study agency/placing agency 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. I/We understand that Villa Hope may need to contact previous child placing and/or home study agencies in furtherance of this application, and consent to the release of any information by and to the home study agency/placing agency. 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