

Celebrate Children International, Inc.

1757 W. Broadway St. Suite 5, Oviedo, FL 32765

Date Rec. _____

Date Fee Rec. _____

Date Approved/Denied _____

Date Contract Sent _____

Date Contract Rec. _____

Application for Adoption/Home Study

Please type or print clearly. Complete all blanks. Recent family photo, copies of parents' passports if available. We will accept one letter of reference with application (please fill out reference section - these references will be contacted). **\$250** fee must accompany application to begin processing. Fee is nonrefundable.

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

FLORIDA RESIDENTS ONLY:

Please indicate the purpose of your application:

___ Home Study Only* ___ Adoption Only** ___ Adoption and Home Study***

* Please submit \$1400 with this application for your home study. Additional mileage fees may apply.

** Please submit \$250 with this application for adoption.

*** Please submit \$1400 with this application. Additional mileage fees may apply. The \$250 application for adoption fee is waived.

CCI can only conduct home studies in the State of Florida.

In addition, CCI can only provide home studies in certain areas of Florida. Please call 407-977-2810 for availability.

ALL CLIENTS:

Adoptive Father Name _____
Last First Middle

Adoptive Mother Name _____
Last First Middle MAIDEN

Address _____

City _____ County _____ State _____ Zip _____

Phone (Home) _____ Fax: _____

Work: Him _____ Her _____

Cell: Him _____ Her _____

Email (Please provide an email address that is in use or accessible year round. It is extremely important that you **PRINT CLEARLY**. We will use your e-mail address for ongoing correspondence throughout your adoption): _____

Marital Status _____ Date and Place of Present Marriage _____

Singles: Are you heterosexual? _____ (Per Florida law) Religious Affiliation _____

Adoption History:

Have you ever been denied by another adoption agency and/or had an unfavorable home study?
___ yes ___ no (If yes, please explain on separate paper and provide the name of the denying agency/ provider. Please be aware that CCI reserves the right to contact this agency/provider for more information.)

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, please name agency and country from which you are adopting, and the date you expect to bring your child(ren) home: _____)

Initial _____

Adoptive Father

Adoptive Mother

Full Legal Name: _____

Full Legal Name: _____

SS #: _____

SS # _____

Passport # _____

Passport # _____

Place/Date Issued _____

Place/Date Issued _____

Date of Birth _____

Date of Birth _____

Place of Birth _____

Place of Birth _____

Citizenship _____

Citizenship _____

No. of Previous Marriages _____

No. of Previous Marriages: _____

Date/Place _____

Date/Place _____

Divorce, Date _____

Divorce, Date _____

Date/Place _____

Date/Place _____

Divorce, Date _____

Divorce, Date _____

Height _____ Weight _____

Height _____ Weight _____

Hair _____ Eyes _____

Hair _____ Eyes _____

Health _____

Health _____

Medical Conditions _____

Medical Conditions _____

** See attached medical history verification form.*

** See attached medical history verification form.*

Health Insurance _____

Health Insurance _____

Will an adopted child be covered by health Insurance at Placement? _____

Pre-existing conditions covered? _____

Life Insurance \$ _____

Life Insurance \$ _____

Education _____

Education _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Address _____

Address _____

How long _____

How long _____

Annual Salary \$ _____

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)?*

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)?*

No Yes

No Yes

If yes, please include detailed explanation of charge indicating date, location, and nature on a separate paper and submit with application.

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***Please be aware failure to disclose ANY arrest history is grounds for denial of approval of applicants and/or closure of adoption proceedings and client's file.**

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Children:				
Name	Gender	DOB	Adopted/Country?	Residing in Home?

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

Others living in your home:				
Name	Gender	Age	Relationship	SS #

At least 5 references are required for this application. Please limit relatives to two of the five. Also send copies of reference letters if available. (One reference per household/family)

	Name	Relationship	City, State	Daytime Phone	E-Mail
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				

Home Study Information:	
Agency _____	Phone#: _____
Address _____	
Soc. Worker: _____	Email: _____
Is the home study complete? _____ Was it prepared for an <u>International</u> Adoption? _____	
USCIS Form I-600a filed? _____ Date Filed: _____ Office Location: _____	
Actual/Estimated Approval Date _____	
<i>Please contact CCI for a list of home study requirements to provide to your agency.</i>	

Reason for adopting: _____

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Country(ies) of Interest: First Choice: _____ Other Choices, if any: _____

Range of Age (at referral) From: _____ To _____ Gender: ___ M ___ F ___ Either
Would you consider a special needs child? ___ yes ___ no If yes, please list special needs you would consider: _____

How did you hear about Celebrate Children Int'l? _____

Check if you attended: CCI Seminar Adoption Conference Other Event

If you attended any of the above, please list event location: _____

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.**

	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	_____	_____	_____

	Husband	Wife	Date/Explain
Have you ever tested positive for HIV?	_____	_____	_____
Have you ever tested positive for Hep B?	_____	_____	_____
Have you ever tested positive for Hep C?	_____	_____	_____

List all medications currently prescribed and 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 CCI Program Manager.*

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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 Celebrate Children International, Inc. We/I understand CCI 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 CCI to approve the application or complete the adoption process. Furthermore, we understand that CCI is not under obligation to provide reasons for denial of this application and/or termination of the adoption process. We understand that the \$250 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 CCI 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 CCI 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 _____

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Release of Confidential Information

Adoptive Parent(s): _____

Address: _____

City/State/Zip: _____

I/We hereby authorize: **Celebrate Children International, Inc. (CCI)**
1757 W. Broadway St. Suite 5
Oviedo, Florida 32765
(407) 977-2810
(941) 977-2811 (FAX)

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 Celebrate Children International.

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

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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.

The HIPAA regulations are available online in their entirety at <http://www.hhs.gov/ocr/hipaa/>

DO NOT SIGN BEFORE READING BELOW

Celebrate Children International, a licensed child-placing agency in the state of Florida, 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:

Male Applicant (Please Print Name)

Female Applicant (Please Print Name)

Signature

Signature

Date

Date

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