

For This Child, Inc.  
International Adoption Agency  
1920 Abrams Parkway #185  
Dallas, TX 75214  
214/370-8436  
214/370-8435 (fax)

## APPLICATION FOR ADOPTION SERVICES

*Failure to provide accurate information or to fully disclose information may result in termination from the program. If you are 53, 54, or 55 years old, please submit the Application Addendum in addition to this application.*

### I. Personal Information - Applicant 1

Applicant #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

SSN: \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Tenure: \_\_\_\_\_ Salary: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail \_\_\_\_\_

Previous Marriages? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, how many? \_\_\_\_\_

Have you **ever** (no matter how long ago) been charged with any crime or arrested? \_\_\_\_\_  
(If yes, please explain briefly) \_\_\_\_\_

Have you ever had a criminal matter expunged from your record? \_\_\_\_\_

Have you or anyone in your household been investigated or had any involvement with a child protective service agency? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please explain) \_\_\_\_\_

### II. Personal Information – Spouse (if applicable)

Spouse: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

SSN: \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Tenure: \_\_\_\_\_ Salary: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail \_\_\_\_\_

Previous Marriages? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, how many? \_\_\_\_\_

Have you **ever** (no matter how long ago) been charged with any crime or arrested? \_\_\_\_\_  
(If yes, please explain briefly) \_\_\_\_\_

Have you ever had a criminal matter expunged from your record? \_\_\_\_\_

Have you or anyone in your household been investigated or had any involvement with a child protective service agency? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please explain) \_\_\_\_\_

### III. General Information

Please tell us who resides in your home (names, ages, gender, and relation to family)?

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Please tell us the date and place of your current marriage (if applicable)?

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Please tell us your motivation to adopt? \_\_\_\_\_

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Have you previously applied to an agency or started any other adoption process? \_\_\_\_\_

If yes, which agency? \_\_\_\_\_

Did you complete an adoption? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

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Have you or anyone in your household been involved in an adoption disruption?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_

Have you previously been involved in any other way in another adoption process?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain) \_\_\_\_\_

Have you communicated with an FTC Staff member prior to submitting this application (do you remember who?) \_\_\_\_\_.

#### IV. Medical Information

Please list any prescribed medications that you take on a regular basis:

Applicant #1: \_\_\_\_\_

Spouse: \_\_\_\_\_

Please describe any mental or physical health issues and if/how they are being or have been in the past treated (*please note that most health issues will not preclude you from adopting, but we must know about them so we can help you in addressing them in your documents*)

Applicant #1: \_\_\_\_\_

Spouse: \_\_\_\_\_

Have you ever received in-patient psychiatric or psychological treatment?

Applicant #1       Yes       No  
If yes, when and where? \_\_\_\_\_

Spouse:       Yes       No  
If yes, when and where? \_\_\_\_\_

#### V. Personal References

Please provide three personal references who have known you at least three years (please include name, phone number, and email).

Reference #1 \_\_\_\_\_

Reference #2 \_\_\_\_\_

Reference #3 \_\_\_\_\_

## VI. Financial Information

Name of Banking Institution/s: \_\_\_\_\_

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Do you have any of the following (check as many as apply – approximate values):

Checking Acct. Balance: _____	Savings Acct. Balance: _____	Money Market Acct. Balance: _____
Retirement/401K Value: _____	Mutual Funds Value: _____	Stocks/Bonds Value: _____

How will you finance this adoption? \_\_\_\_\_

## VII. Adoption Programs

***What country would you like to apply to adopt from?***

Guatemala

If you are interested in our Guatemala Program:

Do you plan to travel to visit your child? \_\_\_\_\_

Do you plan to travel to bring your child home? \_\_\_\_\_

Kazakhstan

If you selected our Kazakhstan Program, please circle the travel option are you prefer:

Option 1 (1 long trip)	Option 2 (2 trips)	Option 3 (1 Trip w/ Escort Service)
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***Please check the statement that applies***

- This is my/our first child and so we are open to gender.
- This is my/our first child but we feel we can only parent a \_\_\_\_\_ (boy/girl).
- We already have a child/children and are open to either gender.
- We already have a child/children and are requesting a \_\_\_\_\_ (boy/girl).

***Applicants acknowledge that FTC gives priority, when matching children for our Guatemala program, to families who are open to gender and that parents who are open to gender will be matched with both boys and girls. By signing below Parent(s) indicate their understanding that if Parent(s) request only a girl, the wait for a referral will be longer than if Parent(s) were open to gender.***

Please list any questions/concerns here:

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\_\_\_\_\_  
Applicant  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Spouse  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_