

NEW HOPE FOR CHILDREN APPLICATION FORM_[06/11]

Complete and return to New Hope with a nonrefundable fee of \$265. You must include two recent photographs of you and your children (if any). Use full legal names. PRINT CLEARLY. Upon acceptance into the program, you will receive an acceptance packet with legal forms followed by Informational Packets. As soon as you are accepted, you will need to begin a home study (NH residents will be contacted) and apply to Immigration and Naturalization if you have not done this yet.

Full names (exactly as on passport)

Mr./Dr. _____
Last Middle First

Mrs./Ms./Dr. _____
Last Middle First

Address _____

Telephone () _____ () _____ () _____
Home his business her business
() _____ () _____
cell phone cell phone
() _____ () _____ e-mail: _____
fax emergency (must have) (one you want to communicate with)

Date and place of marriage _____

Names & Ages of children. Indicate biological/adopted. If adopted from where?

Name and relationship of any one over 18 living in your household _____

MALE APPLICANT

Date and place of birth _____

Social security number _____

Passport _____

Number/date of issue/issued by

Descent _____

Citizenship _____

Religion _____

Previous marriage(s) _____

Dates of marriage(s); termination (divorce/widow/ed); date of termination

High School _____

Place of high school, dates of attendance

Other education _____

School, degree(s), dates of attendance

Occupation _____

Position and company _____

Date of employment _____

Annual salary _____

Other income (specify) _____

Amount of life insurance _____

Have you ever been arrested? If yes, please explain (with dates and outcome)

Have you ever been charged with child abuse or neglect? If yes, please explain (with dates and outcome)

Have you ever been treated for a mental illness? If yes, please explain (dates, medication)

Do you have a history of drug/alcohol abuse?

Indicate any physical disabilities or chronic illnesses

FEMALE APPLICANT

Date and place of birth _____

Social security number _____

Passport _____

Number/date of issue/issued by _____

Descent _____

Citizenship _____

Religion _____

Previous marriage(s) _____

Dates of marriage(s); termination (divorce/widow/ed); date of termination _____

High School _____

Place of high school, dates of attendance _____

Other education _____

School, degree(s), dates of attendance _____

Occupation _____

Position and company _____

Date of employment _____

Annual salary _____

Other income (specify) _____

Amount of life insurance _____

Have you ever been arrested? If yes, please explain (with dates and outcome)

Have you ever been charged with child abuse or neglect? If yes, please explain (with dates and outcome)

Have you ever been treated for a mental illness? If yes, please explain (dates, medication)

Do you have a history of drug/alcohol abuse?

Indicate any physical disabilities or chronic illnesses

FINANCES

Mortgage/rent payment _____

Debts over \$1000 _____

Savings _____

Investments _____

Health insurance _____

Monthly expenses _____

(specify and give amounts) _____

Assets (specify type and amt) _____

1. Have you ever applied with an agency to adopt? If so give the name, address and telephone of the agency. _____

2. Have you ever been refused acceptance to adopt or had a negative home study or a refusal to have a completed home study?

(give specifics) _____

3. Do you presently have home study agency? _____ If so, give the name of the agency, address, phone number, e-mail

4. Have you applied with Immigration and Naturalization by sending in the I600A? _____ If yes, explain where you are in this process. _____

5. Please explain how you heard about New Hope _____

6. Why have you chosen to apply with New Hope? _____

7. Why do you wish to adopt from Russia? _____

8. Give in detail the age flexibility, gender and description of the child/ren you wish to adopt. _____

9. Realizing that children from orphanages may come with issues, are you comfortable adopting a child/ren who may have some minor physical, mental, emotional or developmental issues? Please answer in detail. _____

10. Are you prepared financially to adopt internationally? Explain. _____

11. How long do you anticipate the adoption process to take? _____ How important is the time-factor to you?

12. Please provide 3 letters of reference, below list the reference names, address and telephone numbers Not relatives.

1. _____

2. _____

3. _____

FEES PAID TO NEW HOPE ARE NONREFUNDABLE. In the unfortunate case of a failed assignment, New Hope will continue working with you on another case without further administrative fees.

In addition to our administrative fees, adoptive parent/s must assume all costs and risks associated with an international adoption, including the possibility of a "failed assignment" attempt. Prior to pursuing a particular case New Hope will provide you with estimated expenses for that case (REFER TO COUNTRY FEE SCHEDULE). Travel and related expenses are in addition as is the required home study done by a licensed agency in the state which you reside.

Children legally available for adoption by American families may have some health issues or developmental delays. Our experience has been that developmental delays are often corrected by proper care and diet. To assure your firsthand knowledge of the general health and appearance of the child/ren you wish to adopt, we recommend that whenever possible no final decision be made regarding a particular child until after the child has been seen in person by you and examined by medical personnel of your choice. New Hope will supply you with all medical records that we receive on a given child **BUT BEYOND RELEASING THIS INFORMATION TO YOU, WE CAN NOT BE HELD LIABLE FOR THE PHYSICAL, MENTAL, OR EMOTIONAL HEALTH OF ANY CHILD.**

It has been our experience that international adoptions are a special challenge. Adoptive parents must be strong enough emotionally to endure the possible "roller coaster" effect of some "ups and downs" as they progress through the adoption process. Occasionally it is necessary for adoptive parents to select a second child if the first child they pursue becomes impossible to adopt because of legal or medical problems. We

will work on your behalf to help the adoption process go as smoothly as possible for you.

New Hope for Children considers it unethical for a client to share names, addresses or phone numbers of our international contact people with other interested parties. These parties should contact New Hope for Children directly with inquires.

Adoptive parents must remain flexible as regulations, laws, practices, and customs in the country from which the child/ren come from are likely to differ significantly from those we are accustomed to here in the United States.

I/WE HEREBY CERTIFY BY SIGNING BELOW THAT I/WE GIVE CONSENT AND AGREEMENT TO THE ABOVE AND THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND ABILITY. I/WE ALSO AGREE TO THE TERMS SPECIFIED IN THIS APPLICATION FORM.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____