

Hands Across The Water, Inc.

Application For Adoption Services

Please complete and return with \$500 non-refundable Application fee to: Hands Across The Water
 2890 Carpenter Rd Ste 600
 Ann Arbor MI 48108

Applicant 1-Name(Last, First, Middle, Maiden)		Applicant 2-Name(Last, First, Middle, Maiden)		
Street Address	City	County (MI only)	State	Zip
Home Phone Number				

MARRIAGE INFORMATION (If applicable)

Date of Marriage: _____ City: _____ County: _____ State: _____

APPLICANT 1

APPLICANT 2

Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Fax:	Fax:
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
Citizenship:	Citizenship:
Social Security #:	Social Security #:
Passport #: _____ exp. date: / /	Passport #: _____ exp. date: / /
Name as it appears on passport:	Name as it appears on passport:
Religion:	Religion:
Race:	Race:
Employer:	Employer:
Job Title/Occupation:	Job Title/Occupation:
Gross Annual Income:	Gross Annual Income:
Education/ Highest Degree:	Education/ Highest Degree:
Institution:	Institution:

Children of Present Marriage/Relationship: Adopted (A) Biological (B) Deceased (D)

Name	A,B,D	DOB	Living at Home	Name	A,B,D	DOB	Living at Home

Other Persons Living in Your Home:

Name	Age	Relationship	States resided in during past 5 years

APPLICANT 1:

Military Service Information (if any) _____

Previously Married? ____ NO ____ YES Number of Times _____ Dates of Divorce(s) _____

***List any other States you have lived in during the past 5 years.** _____

Children of Previous Marriage or Relationship

Name	Birthdate	Where Living

APPLICANT 2:

Military Service Information (if any) _____

Previously Married? ____ NO ____ YES Number of Times _____ Dates of Divorce(s) _____

***List any other States you have lived in during the past 5 years.** _____

Children of Previous Marriage or Relationship

Name	Birthdate	Where Living

HISTORY OF APPLICANTS:

Why do you want to adopt?

Is infertility a factor in your decision to adopt? Yes No Please explain.

Describe the broadest range of children you feel your family can parent - including age, physical, mental and emotional characteristics, sex, racial background, number of children, etc.

Have you, your spouse, your partner, or any member of your immediate family or household, whether in or outside the United States:

a. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant? Yes No

b. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?
 Yes No

c. Received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?
 Yes No

d. At any time been the subject of any investigation by any child welfare agency, court, or other official authority in any State or foreign country concerning the abuse or neglect of any child, other than an investigation that has been completed and formally closed based on a finding that the allegation of abuse or neglect was unfounded or unsubstantiated?
 Yes No

If you answered yes to any of the above, please include your explanation:

Are you, or any member of your household, currently receiving counseling and/or treatment for emotional, mental or marital problems? Yes No If yes, please comment.

Have you, or any member of your household, received in the past counseling, treatment and/or hospitalization for emotional, mental or marital problems? Yes No If yes, please comment.

Do you, or any of your family members have a history of, or have a present, emotional, developmental, or medical condition including Alcohol, Drug, or Eating Disorder Problems. Please comment.

Would you consider a child who may have special needs(i.e. physical, emotional, or mental impairment)?
 Yes No Please specify.

LIFE INSURANCE INFORMATION:

Name of Company: _____

Those covered & amount: _____

ADOPTION PROCESS INFORMATION:

Home Study Services Home Study Update Post Placement Services Other _____

Infant Domestic Waiting Child Domestic International Country _____

If undecided on country, which ones are you considering?

Hands Across The Water program

Another agency's program. (If checked, please include agency info below)

Agency's name: _____

Agency's address: _____

Agency's city/state/zip: _____

Agency's phone: _____

Contact person: _____

Does HATW have permission to contact the above agency throughout the adoption process? Yes No

Have you ever had a previous Home Study/Family Assessment? NO YES Date: _____

If YES, Name, address, phone number of agency/agencies:

Are you currently working with any other agency? Yes No

How/Where did you hear about Hands Across The Water? _____

If adopting from China, or are a single parent adopting internationally, list name and address of designated guardians:

References

If a two-parent family, please list references that know both applicants well. References are to be **non-related** to applicants. **HATW will contact these listed references, preferably via email, and ask they complete a form describing how long they have known you, in what capacity they have known you, and what type of people you are.**

The agency has permission to contact the following personal & employer references by phone, letter or in person.

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*E-MAIL: _____ Phone # _____
(required)

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*E-MAIL: _____ Phone # _____
(required)

3. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*E-MAIL: _____ Phone # _____
(required)

Applicant 1 –

Employer Name: _____

Contact Person: _____ Phone No. _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Applicant 2 –

Employer Name: _____

Contact Person: _____ Phone No. _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

AFFIDAVIT OF HEALTH INSURANCE COVERAGE

FAMILY NAME/INSURED: _____

INSURED'S TELEPHONE NO: _____

INSURED'S ADDRESS: _____

POLICY NO: _____

EFFECTIVE DATE: _____

INSURANCE COMPANY NAME:

INSURANCE COMPANY ADDRESS:

TELEPHONE NO: _____ **CONTACT PERSON:** _____

The signature on this document serves as verification that this family has inquired into their health insurance coverage and have found their policy includes all lawfully adopted children or children placed in the home for the purpose of adoption who are dependent upon the insured for their support and maintenance. In addition, this signature verifies that their insurance coverage is effective on the day that the child(ren) has departed from the foreign country (in the case of an international placement) or is effective on the day that the child(ren) begins residing with this family (in the case of a domestic placement). This signature also verifies that their insurance coverage will cover a child's pre-existing conditions.

SPECIAL POLICY TERMS:

FAMILY/INSURED SIGNATURE: _____

SIGNATURE DATE: _____

DUTY TO DISCLOSE

Under 8 CFR Part 204.311 (d), you, your spouse, your partner, and any adult member of your household have a duty of candor in completing the Form I-800A and home study process. This duty requires you, your spouse, and any member of your household, to:

1. Give true and complete information to the home study preparer, and
2. Disclose other relevant information, such as physical, mental, or emotional health problems; and
3. Disclose any arrest, conviction, or other adverse criminal history, whether in the United States or abroad, **even if the record of the arrest, conviction, or other adverse criminal history has been expunged, sealed, pardoned, or the subject of any other amelioration;** and
4. Disclose any history of substance abuse, sexual abuse or child abuse, and/or family violence as an offender; and
5. Notify the home study preparer and USCIS of any new event or information that might warrant submission of an amended or updated home study.

With respect to child abuse or neglect, this duty of disclosure requires the disclosure of any currently pending investigation by any child welfare agency, court, or other official authority in any State or foreign country concerning the abuse or neglect of any child, as well as past investigation *other than* an investigation that has been completed and formally closed based on a finding that the allegation of abuse or neglect was unfounded or unsubstantiated.

This duty of disclosure is an ongoing duty, and continues while your Form I-800A is pending, after the Form I-800A is approved, and also while any Form I-800 that you may file is pending and until there is a final decision admitting a child, on whose behalf you filed the Form I-800, to the United States with a visa. *Per USCIS Department of Homeland Security*

Please be advised that Hands Across The Water is further applying the USCIS Department of Homeland Security Duty of Disclosure to include the entire adoption process (from the point the Application for Services is completed until the adoption is final and the child is brought into your home) whether it be an intercountry adoption in a Hague Convention country, intercountry adoption in a non-Hague Convention country, or a domestic adoption.

My/Our signature indicates I/we have received this information and will give true and complete information to the home study preparer, Hands Across The Water, and any other agency I/we may be working with throughout the adoption process.

Applicant Signature	Date
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Applicant Signature	Date
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Adult Household Member Signature	Date
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Adult Household Member Signature	Date
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Medical Needs Questionnaire

There are many different children available for adoption. Some are quite healthy and normal, given the circumstances and norms of their country and culture. Others may have minor, correctable problems or more serious impairments.

It is helpful to us to have an idea what families are hoping for in a child and what kinds of medical problems they would be comfortable with. This checklist, when completed by a family, will assist us in making an appropriate referral of a child. The checklist is organized into three parts. Some families may only want to consider healthy, normal children. Those families should acquaint themselves with the listings under healthy, normal. For those open to more serious problems, the next page or two would be completed. Obviously, when a referral is received, the worker and family will carefully consider its appropriateness for the family. But this questionnaire will assist us at the earliest stage. All families should sign the last page.

GENERALLY HEALTHY, NORMAL:

The conditions or problems listed here are those that are very minor and of very low risk. They are not considered a problem for normal, healthy development. When grouped in a list like this, families may be alarmed. But remember that there is no "perfect" child. As you consider each item, think in terms of receiving a referral of a basically healthy, normal child, but noting that the infant had jaundice after birth. Or that the healthy, normal baby boy seems fine except that he has a very small brown spot on one leg.

We assume that a family who wants to adopt a basically healthy, normal child would be accepting of a child with any one of these very minor conditions.

Birth Conditions:

- Prematurity (baby born somewhat before term)
- Low weight (weighing between 4 to 5 pounds)
- Neonatal conjunctivitis (a very common inflammation of the lining/membranes of the eyelids; also called "pink eye")
- Jaundice (yellowing of the skin. This is common among newborns and is temporary. A measure of this involves a chemical called bilirubin. Under 15 mg/dl is generally not a concern)
- Umbilical hernia (the belly button protrudes. It generally reduces itself)

Skin:

- Minor birthmarks: Hemangioma (raised, red birthmark; most disappear if left alone); Nevus (mole); Cafe Au Lait Spots (brown, flat pigmented areas of the skin). These generally are permanent, but cause no harm. If there are many in number (more than 7), there might be concern, but if just a few, it is not a problem.
- Skin rashes (examples: eczema (red, patchy rash); miliaria (prickly heat)
- Boils or carbuncles (a boil is a painful inflammation/sore, caused by a microbic infection. A carbuncle is a form of abscess)
- Skin tags (little extra "tags" of flesh that may appear on body. It could appear near ears, tailbone, etc.)

Genito-Urinary:

- Hydrocele (an accumulation of clear liquid in the sac surrounding the testicle. Common in newborns, it most often disappears without treatment)
- Undescended testicles (most infant boys' testicles descend by about three months. Nearly all descend by age 1, but if not, minor surgery may be necessary)
- Inguinal hernia (hernias can appear in the groin area. Usually they resolve themselves, but rarely it requires simple surgery)

External:

- Crossed eyes (considered normal in children less than three months, as they usually correct)

- Cephalhematoma (common in newborns, this is a harmless lump or goose egg. It is a collection of blood under the skin, and it usually resolves itself with no problems)
- Auricular fistula (tiny, often pinpoint, hole in the outer ear)
- Feet turned in
- Rickets

Internal:

- Slightly enlarged liver/spleen (liver or spleen can be slightly enlarged in a normal infant)
- "Innocent" heart murmur (very minor ones are usually of no significance and only connote noisy blood flow rather than a defect)

Development:

- Tooth decay
- Slight development delay
- Malnutrition

Infectious Diseases:

- Parasites, head lice, etc.
- Positive VDRL, but treated after birth (mother had venereal disease at time of birth. Child tested positive, but if treated appropriately with antibiotics after birth, there are generally no long term effects)
- Positive TB test, receiving medication (presence of a positive TB test does not mean that child has TB, only that the germ has entered the body. The child is generally given preventative medication and followed up)

Please circle the special needs you would be willing to accept/discuss (known at time of referral):

Hepatitis B	Cleft lip/palate	Heart defect	Cerebral palsy	Epilepsy	Learning disability
Fetal Alcohol Syndrome	Down Syndrome	Emotional problems	Past sexual abuse	Autism	
Burns/scars	Kidney disease	Hearing loss	Blind partial/complete	Missing limbs	Minor deformities
Minor deformity	Drug exposed	Alcohol exposed	Past physical abuse		

Family's Acceptance Regarding Race:

Below is a list of Racial/Ethnic groups. Please [✓] those you are interested in adopting.

- | | |
|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> African American/Caucasian |
| <input type="checkbox"/> Asian/African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian/Caucasian | <input type="checkbox"/> Hispanic/Caucasian |
| <input type="checkbox"/> Asian/Hispanic | <input type="checkbox"/> Hispanic/Native American |
| <input type="checkbox"/> Asian/Native American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian/Native American |
| <input type="checkbox"/> African American/Hispanic | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> African American/Native American | |

I/We have read all instructional material in this form and have completed it to the best of my/our ability. I/We declare that all information given here is true and may be verified by an agency representative. **I/We understand that failing to disclose requested information or providing inaccurate information on this application or at any time throughout the adoption process will result in termination of my/our application for services or services provided by HATW.**

I/We understand that acceptance of my/our application and approval of my/our family assessment is the decision of Hands Across The Water. I/We agree to inform Hands Across The Water of any changes which occur in my/our situation.

I/We understand adoption is subject to continuous and unexpected changes, especially in international adoption. Often, these changes are unforeseen and/or are out of HATW and HATW representatives' control. Changes initiated by the child's country of origin may affect procedures, increase costs and waiting times, require new documents and/or change the requirements to adopt. These changes may happen in the middle of my/our adoption process and may be retroactive. Furthermore, I/we understand factors such as a child's health, travel arrangements, political changes and even weather, may cause delays in the adoption process and/or travel, and may increase potential costs. There are risks associated with domestic adoption such as birth parents changing their minds, complicated birth parent needs/situations, unavailable or inaccurate information, additional costs, delays in court process, Interstate complications, etc. These are the risks associated with adoption.

I/We understand that while all parties work toward obtaining accurate information regarding the child, the child could arrive with undiagnosed medical, developmental, emotional, or physical problems that may be of a temporary or permanent nature.

Signature of Applicant 1

Date

Signature of Applicant 2

Date

PLEASE NOTE SIGNATURES ARE NEEDED ON PAGES 9, 10 & 13