



449 Pennsylvania Avenue / P.O. Box 579/ Fort Washington, PA 19034
Phone: (215) 540-8999 / Fax: (215) 540-2765
E-mail: info@livinghopeadoption.org

APPLICATION FOR ADOPTION SERVICES

Applications are valid for one year from date of receipt

Please print or type

NOTE: Omission of data may extend the approval process. The completed application must include the following items:

- A scanned copy of valid passport or driver's license for each applicant and adult household member
One photograph featuring all applicants
Check for \$300.00 made payable to: "Living Hope Adoption Agency"

Application for: Home Study and Placement Placement Only Home Study Only

Intercountry Adoption and Placement Services (Check all that apply):

Country: China Honduras Uganda Bulgaria

Program: Healthy Child Special Needs Older Child

Home Study Services:

Check One: Domestic International Country:

CONTACT INFORMATION

Full Legal Name

Same as Passport

Last

First

Middle

DOB

Father:

Mother:

Street Address:

City: State: Zip:

Length of time at current residence: (Years and months):

Phone

Father

Mother

Preferred

Home:

Cell:

Work:

Email:

Alternative Contact:

**ADOPTION HISTORY**

Please list any adoption agency/lawyer/resources you are presently working with:

\_\_\_\_\_

Have you (or both of you) ever been rejected as an applicant for adoption? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state the reason(s) why:

\_\_\_\_\_

If you have previously completed an adoption(s), please list the agency/lawyer involved and dates began and completed: \_\_\_\_\_

\_\_\_\_\_

**PROSPECTIVE ADOPTIVE PARENT INFORMATION**

Information	Prospective Adoptive Father	Prospective Adoptive Mother
Height		
Weight		
Birth Place		
US citizen (Yes/No)		
Education Level		
Degree/Diploma		
Religious Preference (optional)		
Race/National Origin (optional)		
Current Employer		
Current Position		
Dates of Employment		
Gross Annual income		
Previous Employer		
Previous Position		
Dates of Employment		
Gross Annual income		
Present Marriage Date		
Previous Marriage(s):		
Dates		
Previous Spouse		
Reason for termination		
If necessary, use a separate sheet of paper for additional information or explanation		

Do you have a medical health insurance plan that will also include your adopted child at time of placement?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**(Answer if adopting from China only)** Do you have a net worth of at least \$80,000? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear about Living Hope Adoption Agency? \_\_\_\_\_

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**FAMILY INFORMATION**

List all of your children and other persons living in your home; include relatives, boarders, roommates, and employees. Use a separate sheet of paper if necessary. For adopted children, include country.

**CHILDREN**

Name	Relationship	DOB	Country if Adopted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHERS IN HOME**

Name	Relationship	DOB	In Home Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**GENERAL HEALTH & OTHER INFORMATION**

	FATHER		MOTHER	
	Yes	No	Yes	No
Have you been treated by a mental health professional?				
Have you been prescribed anxiety or depression medication?				
Have you been treated for substance abuse or alcoholism?				
Have you had any major surgeries?				
Have you been diagnosed with a significant disease?				
Do you suffer from any physical limitations?				
Have you been arrested?				
Have you had a history of alcohol, substance abuse, or a history of taking drugs including opium, morphine, marijuana, cocaine, heroin, smokable methamphetamine, etc.?				
Have you been a perpetrator of child abuse, sexual or domestic violence?				
Has a complaint ever been filed against you for child abuse or neglect?				
Do you have any special communication needs?				

If you answered yes to any of the above questions please explain circumstances in a letter, including date(s), city/state of the incident, details of the incident, and the outcome, as well as your name at the time of the incident.

To the best of our knowledge and belief, the above information is true and complete. We understand that failure to provide true and complete information may result in contract termination. We, the applicants, agree to comply with the requirements of the Application Process. We will submit all requested documents. We have enclosed a check for \$300.00 as a non-refundable application fee.

\_\_\_\_\_  
Signature of Prospective Father

\_\_\_\_\_  
Signature of Prospective Mother

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail your completed application to: **Living Hope Adoption Agency**  
**449 Pennsylvania Ave.**  
**Fort Washington, PA 19034**

**FOR LHAA USE ONLY**

Application reviewed by: \_\_\_\_\_  
LHAA Authorized Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Denied

Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **Application Extensions**

If you are applying to adopt a child with special needs, please complete Pages 1-3. In many cases, adopting a healthy older child is also considered a special needs adoption. Please contact our office at (215) 540-8999 for clarification if you have any questions.

If you are seeking approval to adopt a child five years or older, please continue to complete Pages 4-5 of this application extension.

Thank you,

The Adoption Team at Living Hope Adoption Agency



- b. How will you honor each child’s history separately, while also encouraging them to form a healthy relationship with each other as siblings?
  
4. What type of research have you done regarding the special needs you are comfortable with?
  
  
  
  
  
  
  
  
  
  
5. Please describe in detail your plan to care for this child/children, including plans for their education and individual needs.
  
  
  
  
  
  
  
  
  
  
6. How do you plan to integrate a child with developmental/medical needs into your family system? Be sure to mention each individual currently living in the household, and how you can foresee their roles in the family changing, if applicable.
  
  
  
  
  
  
  
  
  
  
7. Identify local resources and services pertaining to the following:
  - a. English Language: \_\_\_\_\_
  - b. Speech Therapy: \_\_\_\_\_
  - c. Special Education: \_\_\_\_\_
  - d. Attachment and Bonding: \_\_\_\_\_
  - e. Family and Individual Therapy (preferably bilingual): \_\_\_\_\_
  - f. Routine Medical Care: \_\_\_\_\_
  - g. Emergency Medical Care: \_\_\_\_\_
  - h. Medical Professional with Experience Treating Internationally Adopted Children: \_\_\_\_\_  
\_\_\_\_\_
  - i. Cultural Preservation Activities and Events: \_\_\_\_\_

8. Please describe your support system that will assist you in caring for a child with special needs. List family, friends, and support groups.
9. It is required that adoptive parents hold health insurance policies that agree to cover an adoptive child immediately upon their arrival. Explain your insurance company's policy regarding adopted children, and how you plan to pay for any costs not covered by your insurance company.
10. Explain how your family has begun to financially prepare for adding additional children to your home.

_____ Signature of Prospective Adoptive Father	_____ Date
_____ Signature of Prospective Adoptive Mother	_____ Date
_____ Received by Living Hope Adoption Agency	_____ Date





**Application Extension for Adoption of an Older Child  
(5 years or older)**

1. Please explain why you have chosen to adopt an older child.
2. What type of research have you initiated regarding older child adoption?
3. Describe your experience connecting with families who have already adopted an older child internationally.
4. Discuss your understanding of the unique challenges that come along with the adoption of an older child.
5. How do you feel your current household members and extended family members will form relationships with an older child?

- 6. It is not unusual for conflicts to arise in the adoptive home with the addition of older children, especially if this will adoption will be out of “birth order.” Describe your strategy for resolving these conflicts.
  
  
  
  
  
  
  
  
  
  
- 7. Older Adopted children often exhibit independence and self-sufficiency that make it challenging for them to integrate into an established household. How are you preparing yourself and your family members to receive a child who may not know how to “be parented?”
  
  
  
  
  
  
  
  
  
  
- 8. How are you preparing to meet the emotional needs of an older child, specifically after they have come from a traumatic childhood?

\_\_\_\_\_  
Signature of Prospective Adoptive Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Prospective Adoptive Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by Living Hope Adoption Agency

\_\_\_\_\_  
Date



## **Medical Conditions Checklist**

All applicants must complete and return the attached Medical Conditions Checklist as part of your application process.

### **China Program Applicants**

If you have been approved to adopt a child from China, you will be required to complete the Medical Conditions Checklist again with a medical professional. You will receive further instructions regarding this requirement when you begin your training process.



## Medical Conditions Checklist

Please complete this form with a medical professional in order to aid us in better understanding what special needs you are considering. This will be used during the referral process.

Name of Adoptive Family: \_\_\_\_\_ Number of Children Desired: \_\_\_\_\_  
 Gender of Child(ren) Desired: \_\_\_\_\_ Age Range of Child(ren) Desired: \_\_\_\_\_

Medical Conditions:	Yes	No	Maybe	Comments
Albinism				
Anemia				
Autism				
Birthmarks: Angiona, Congenital Nevus, Portwine, Hemangioma, Hematoma				
Bladder Malfunction/Disease				
Cataracts				
Cerebral Palsy				
Cleft Lip/ Cleft Palate				
Congenital Heart Disease: VSD, ASD, PDA, PH				
Congenital Hip Dislocation				
Club Feet				
Deformity of Ears: Microtia, Atresia				
Developmental Delay				
Down Syndrome				
Drooping of Eyelids				
Dwarfism				
Epilepsy/Seizure Disorder				
Extra Fingers/Toes				
Facial Deformity				
Failure to Thrive				
Fetal Alcohol Spectrum Disorders				
Gallbladder Malfunction/Disease				
Gastroesophagael				
Genital Malformation				
Glaucoma				
Hearing Loss: Partial/Total				
Hepatitis B Carrier/Active				
Hepatitis C				
Hemophilia				
Hermaphroditism				
HIV/AIDS				
Hypospadias				
Hydrocephalus				
Imperforated Anus				
Inguinal Hernia				

Medical Conditions Checklist

Medical Conditions Continued:	Yes	No	Maybe	Comments
Intestine Malfunction/Disease				
Kidney Malfunction/Disease				
Language Delay				
Learning Disability				
Liver Malfunction/Disease				
Macrocephaly (larger head size)				
Malnutrition				
Mega Colon				
Mentally Delayed				
Microcephaly (smaller head size)				
Missing Fingers/Toes				
Missing Limb(s): Hand/Arm, Foot/Leg, Both				
Missing Organ				
Multiple Special Needs				
Multiple Sclerosis				
Neurofibromatosis				
Nystagmus				
Older Child				
Pancreas Malfunction/Disease				
Polio				
Premature Birth				
Ptosis				
Respiratory Distress Syndrome				
Rickets				
Skin Disorders: Burns, Warts				
Spina Bifida: Occulta, Meningocele, Myelomeningocele				
Stomach Malfunction/Disease				
Strabismus				
Syphilis				
Tethered Cord				
Thalassemia				
Tuberculosis				
Tumor (specify where)				
Umbilical Hernia				
Undesended Testicles				
Vaginal Atresia				
Vision: Crossed Eyes, Blindness/Loss of sight in one eye				
Webbed Fingers/Toes				
Other Blood Disorders				
In need of: Crutches, Braces, Wheelchair				
Other:				

\_\_\_\_\_  
Adoptive Father

\_\_\_\_\_  
Adoptive Mother

\_\_\_\_\_  
Date