

# APPLICATION FOR HAITI ADOPTION

Family Last Name: \_\_\_\_\_  
(If different or hyphenated last name, list both: Wife/Husband)

- ♥ Please print clearly, initial & sign in ink
- ♥ Use additional paper if necessary
- ♥ Please do not leave any fields blank
- ♥ Use N/A or None as applicable

The information you provide in this application is very important in determining your qualifications as an adoptive family. All information provided will remain confidential and will be used only by CCAI personnel and your social worker to assist you in the adoption process. This application will not go to Haiti. Please do not omit items (i.e. number of divorces, arrest records, medical information and therapeutic issues). Failure to provide accurate and complete information may prevent CCAI from processing your application and may result in the closure of your file. CCAI reserves the right to perform its own confidential investigation pertaining to the information provided by you should CCAI deem it necessary.

*CCAI is a division of Chinese Children Charities.*  
**[www.ccaifamily.org](http://www.ccaifamily.org)**

# GENERAL INFORMATION

(Please do not leave any blanks)

WIFE

HUSBAND

FULL LEGAL NAME \_\_\_\_\_

\_\_\_\_\_

NAME YOU GO BY \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

\_\_\_\_\_

BIRTHPLACE (City/State/Country) \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH/AGE DOB \_\_\_\_\_ AGE \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_

COUNTRY OF CITIZENSHIP\* \_\_\_\_\_

\_\_\_\_\_

ETHNICITY (Race) \_\_\_\_\_

\_\_\_\_\_

EDUCATION (Highest Level Completed) \_\_\_\_\_

\_\_\_\_\_

OCCUPATION \_\_\_\_\_

\_\_\_\_\_

PRIMARY EMPLOYER \_\_\_\_\_

\_\_\_\_\_

HOBBIES/TALENTS \_\_\_\_\_

\_\_\_\_\_

RELIGION The orphanages/crèches that we work with require that their children be adopted into Christian homes. If you meet this requirement please check here.

\*Non-US citizens must submit a copy of their valid green card with application please.

HOME ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY COUNTY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_ Have you resided outside of the US in the past 5 years? \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
PRIMARY PHONE FAX PRIMARY E-MAIL

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
WIFE WORK HUSBAND WORK WIFE CELL HUSBAND CELL

Do we have your permission to contact you at work? Wife: Yes \_\_\_\_\_ No \_\_\_\_\_ Husband: Yes \_\_\_\_\_ No \_\_\_\_\_

**DATE OF CURRENT MARRIAGE:** \_\_\_\_\_ **CITY/STATE/COUNTRY:** \_\_\_\_\_

**HAVE EITHER OF YOU BEEN PREVIOUSLY MARRIED?** Wife: **Yes / No** Husband: **Yes / No**

If previously married, please list how the marriage ended (i.e., annulment, divorce, death, etc.), date and previous spouse's name(s).

	How Ended	Date	Previous Spouse's Name
Wife	_____	_____	_____
	_____	_____	_____
Husband	_____	_____	_____
	_____	_____	_____

**CHILDREN:** Please list all children – born to or adopted by applicant(s).

Name	Age	Gender	Date of Birth	Birth/Adopted*	Ethnicity	Current Location/Custody
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*Please note group number for families who have previously adopted through CCAI.

**OTHERS IN HOUSEHOLD (including renters, relatives, live-in nannies, etc.)**

Name	Gender	Date of Birth / Age	Relationship
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

**ARREST HISTORY**

**HAVE YOU *EVER* BEEN ARRESTED OR CITED FOR ANY REASON AT ANY AGE?** (Even if it was expunged, dismissed, dropped, charged in another state or as a minor.)  
Please be aware that failure to disclose ANY arrest history, even if acquitted, not convicted, or not fingerprinted, will result in immediate closure of your adoption file.

WIFE: YES / NO DATE: \_\_\_\_\_ REASON: \_\_\_\_\_ OUTCOME: \_\_\_\_\_  Clearance Attached

HUSBAND: YES / NO DATE: \_\_\_\_\_ REASON: \_\_\_\_\_ OUTCOME: \_\_\_\_\_  Clearance Attached

If **YES**, please include the following with your application: 1) a photocopy\* of current Police Clearance Report obtained from a **local** police station **in the city or county in which you currently reside** or your State Bureau of Investigation (**police clearance reports must show no record in the past 10 years**); 2) a detailed explanation of the arrest, written by you and 3) a photocopy\*\* of the disposition report obtained from the court in the jurisdiction **in which your arrest occurred**.

\* Note: Request 2 originals and make a copy to accompany this application. You will use these originals for your adoption process.

\*\*Note: Request 1 certified dispositional report from the related court for each arrest incident. Please make a copy to accompany this application.

**HEALTH INFORMATION**

	<b>Height</b>	<b>Weight</b>	<b>Eye Color</b>	<b>Hair Color</b>
Wife	_____	_____	_____	_____
Husband	_____	_____	_____	_____

**HAVE YOU EVER HAD** (W=Wife, H=Husband):

	<b>NO</b>	<b>YES</b>	<b>DATE/EXPLAIN</b>		<b>NO</b>	<b>YES</b>	<b>DATE/EXPLAIN</b>
Tuberculosis	___	___	_____	Cancer/Tumor	___	___	_____
Heart Disease	___	___	_____	Liver Disease	___	___	_____
Sexual Disease	___	___	_____	Kidney Disease	___	___	_____
Mental Illness	___	___	_____	Nervous Disorder	___	___	_____
Lupus	___	___	_____	Seizure Disorder/Epilepsy	___	___	_____
Other Communicable Diseases	___	___	_____	Any Physical Impairment (e.g. blindness, deafness, paralysis, missing limbs, etc)	___	___	_____
Procedures (1)	___	___	_____	Genetic Disease	___	___	_____
Operations (1)	___	___	_____	Counseling or Therapy	___	___	_____
Illness/ Injury Requiring Hospitalization	___	___	_____	Alcohol Abuse	___	___	_____
	___	___	_____	Drug Use/Experimentation	___	___	_____

	<b>NO</b>	<b>YES</b>	<b>DATE/REASON</b>
❖ Have you ever tested positive for HIV and/or Hepatitis B?	___	___	_____
❖ Are you currently taking any medications? (1)	___	___	_____
If YES, list name and purpose of medications _____			

**If "YES" is checked in any category above**, please attach a copy of your doctor's letter to this application. A separate letter is required for each applicant. Each letter should state in layman's terms: a simple description of the medical issue, onset, treatment, outcome (recovered, "controlled with medication," etc.) and recommendation for adoption (e.g., "This person is in good physical and mental condition necessary to provide responsible care for an adopted child"). Your current MD or DO can complete each letter. It does not need to be completed by the physician who treated the medical issue. Please see the footnote below. Contact CCAI with any questions.

(1) We **do not need** a doctor's letter for the following operations, medical issues, or their related medications: tonsillectomy, appendectomy, minor joint surgery, laser eye surgery, dental surgery, fertility-related issues, C-section, hyper/hypo-thyroidism, cholecystectomy, high cholesterol, cosmetic surgeries and allergies.

**Is infertility one of your reasons for pursuing adoption? Yes/No**

**Are you pregnant or could be pregnant? Yes/No**

**HEALTH INSURANCE**

HEALTH INSURANCE PROVIDER: \_\_\_\_\_

Will they cover an adopted child? \_\_\_\_\_ Will they cover a child with a pre-existing condition? \_\_\_\_\_

CCAI recommends that adoptive families research their health insurance terms/limits to avoid delays in coverage. We also encourage you to begin thinking about guardianship for your adopted Haitian child. All families will be asked to provide this information during the adoption process.

**EXTENDED FAMILY** – Use additional page(s) if necessary. Please list all immediate family members (living or deceased).

If we are unable to reach you do we have permission to contact members of your extended family? Please indicate “Yes” or “No” below.

**WIFE’S FAMILY**

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

**HUSBAND’S FAMILY**

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

**EMPLOYER :** CCAI will **only** contact your employer if we deem it necessary; however, we still need complete information on this application.

	<b>WIFE</b>	<b>HUSBAND</b>
Company Name	_____	_____
Supervisor	_____	_____
Street Address	_____	_____
City/State/ZIP	_____	_____
Phone	_____	_____

**REFERENCES:** Your application cannot be approved until all references have been received at the CCAI office.

Please list five personal references

	Name	E-mail Address	Mailing Address	Phone Number
1.	_____	_____	_____	(____) _____
2.	_____	_____	_____	(____) _____
3.	_____	_____	_____	(____) _____
4.	_____	_____	_____	(____) _____
5.	_____	_____	_____	(____) _____

- **For FL applicants,** FL law requires a minimum of 5 references be provided before your application can be approved.
- **For GA applicants,** GA law requires “at least one reference must be from an extended family member not residing with the prospective adoptive family.”

**FINANCIAL INFORMATION**

**Name of Employer**

**Employment Dates**

**Verifiable Gross Annual Income**

**WIFE (Present):** \_\_\_\_\_

If less than 3 years (Previous): \_\_\_\_\_

**HUSBAND (Present):** \_\_\_\_\_

If less than 3 years (Previous): \_\_\_\_\_

**OTHER CURRENT ANNUAL INCOME (List Source):** \_\_\_\_\_

(e.g. Rental / Employment / Interest / Other income)

**TOTAL ANNUAL INCOME**

**PRIMARY RESIDENCE**

\_\_\_\_ Rented \_\_\_\_ Owned Date of Purchase \_\_\_\_\_ Monthly payment or rent \$ \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

**ASSETS**

Primary Residence (approx. value): \$ \_\_\_\_\_  
 Real Estate (other than primary residence): \$ \_\_\_\_\_  
 Vehicles: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Savings Account(s): \$ \_\_\_\_\_  
 Checking Account(s) (usual balance): \$ \_\_\_\_\_  
 Bonds: \_\_\_\_\_ \$ \_\_\_\_\_  
 Stocks: \_\_\_\_\_ \$ \_\_\_\_\_  
 Contents of home based on insurance replacement value: \$ \_\_\_\_\_  
 (Obtained from home/renters insurance policy)  
 401K/Retirement: \_\_\_\_\_ \$ \_\_\_\_\_  
 Other\*: \_\_\_\_\_ \$ \_\_\_\_\_  
 (\*IRA, PERA, etc)  
**TOTAL ASSETS:** \$ \_\_\_\_\_

**LIABILITIES**

	Owed	Monthly Payment
Mortgage Balance:	\$ _____	\$ _____
Credit Cards:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Bank Loans:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL LIABILITIES:</b>	<b>\$ _____</b>	

**NET WORTH:**

\$ \_\_\_\_\_

What significant changes do you anticipate in your financial situation, if any? \_\_\_\_\_

Have you ever filed for bankruptcy? **NO / YES** (if yes, please list date(s)) \_\_\_\_\_

Please share with us how you are going to finance this adoption.

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# ADOPTION

WHY DO YOU WISH TO ADOPT A CHILD FROM HAITI? \_\_\_\_\_

Why have you chosen CCAI for this adoption? \_\_\_\_\_

### CHILD or CHILDREN PREFERRED:

Female       Male       Either

I/We are interested in adopting:

- One child
- More than one child:
  - Twins
  - A sibling group of \_\_\_\_\_ children
  - More than one unrelated child. We are open to \_\_\_\_\_ children

Age Range **At the Time of Referral:** \_\_\_\_\_ to \_\_\_\_\_ months/years (please circle one)

Comments: \_\_\_\_\_

## FAMILY ASSESSMENT

**YES    NO**

- Are you presently pursuing adoption possibilities through another agency? Agency name: \_\_\_\_\_
- Have you ever had a home study completed? Date: \_\_\_\_\_ Agency name: \_\_\_\_\_
- Have you ever been denied for the placement of a child?
- Has a child ever been removed from your home?
- Have you ever been charged with child abuse, sexual abuse or domestic violence?

If you answered "YES" to any of the above, please provide a detailed explanation.       Letter Attached

## ADOPTION(S) Through Another Agency

**YES    NO**

- Have you ever completed an adoption through another agency? Agency name: \_\_\_\_\_
- Have you ever applied and had your application denied for any adoption program? Agency name: \_\_\_\_\_
- Have you ever refused a child referral?
- Do you currently have a complete dossier sent to Haiti through another agency? Agency name: \_\_\_\_\_

If you answered "YES" to any of the above, please provide a detailed explanation.       Letter Attached

Please share with us some details about your previous adoption(s), if any:

Date of adoption finalization: \_\_\_\_\_ Age of child at time of referral: \_\_\_\_\_ Health status: \_\_\_\_\_ Domestic \_\_\_\_\_: Name of Country \_\_\_\_\_

Date of adoption finalization: \_\_\_\_\_ Age of child at time of referral: \_\_\_\_\_ Health status: \_\_\_\_\_ Domestic \_\_\_\_\_: Name of Country \_\_\_\_\_

Your home study will be completed by a CCAI social worker who will be assigned to your family.

## IMPORTANT ADOPTION INFORMATION

There are certain risks involved in international adoption. While CCAI will attempt to provide you with all available information about the prospective adoptive child and assist you with the entire adoption process, some unpredictable problems and/or events which are beyond CCAI's control may nevertheless occur. These unpredictable problems and/or events include, but are not limited to: changes in the birth parents' plan, adoption requirements or policies promulgated by the Haitian or U.S. governments, and/or in international relations between Haiti and the United States.

In addition, a child that you identify may have physical and/or emotional problems, minor or major, that have remained partially or totally undiagnosed and which were unknown to CCAI. Therefore, your motivation for adoption and an honest assessment of your strengths and weaknesses in parenting are extremely important.

## SIGNATURES

**We attest that the information we have provided in this application is true, complete and accurate to the best of our knowledge, and we understand that any and all responses are subject to verification. We have read and understand the information regarding Chinese Children Adoption International (CCAI) and the risks involved in international adoption. We understand that the approval of our application does not guarantee the placement of a child. We understand that CCAI reserves the right to close our file at any time if we fail to disclose requested information fully and accurately.**

**We understand that by signing this application we agree to notify CCAI immediately upon any changes in our personal or family situation including job change, change of address, separation, arrest, divorce, pregnancy, placement of foster or adopted child(ren), significant changes in physical or mental health status, significant changes in financial status or any other significant event at any time during the adoption process. We understand that CCAI reserves the right to close our file should any of these changes disqualify us for Haiti adoption.**

Wife: \_\_\_\_\_  
Signature

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

Husband: \_\_\_\_\_  
Signature

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

Return with a non-refundable \$250 application fee (\$150 for families who have previously adopted through CCAI).  
Make checks payable to CCAI.

### Mail to the CCAI office located in your state:

#### CCAI FLORIDA

5814 Old Pasco Road  
Wesley Chapel, FL 33544  
Phone: 813-994-1000  
Fax: 813-994-1004  
E-mail: [ccaifl@ccaifamily.org](mailto:ccaifl@ccaifamily.org)

#### CCAI GEORGIA

5825 Glenridge Dr., Bldg.1, Ste. 126  
Atlanta, GA 30328-5327  
Phone: 404-250-0055  
Fax: 404-250-0099  
E-mail: [ccaiga2@ccaifamily.org](mailto:ccaiga2@ccaifamily.org)

Before submission please complete:

#### FLORIDA FAMILIES CHECKLIST

- Application
- Fee \$ \_\_\_\_\_
- Affidavit of Good Moral Character (for each applicant and each adult in the home)
- Affidavit of Good Moral Character Addendum (for each applicant and each adult in the home)
- Make a copy of the application for your records

#### GEORGIA FAMILIES CHECKLIST

- Application
- Application Fee \$ \_\_\_\_\_
- Applicable Attachments
- CCAI Adoption Orientation Information Acknowledgement
- Prior Work with Children Form
- DHR Release Form
- Make a copy of this application for your records





# CCAI Haiti Adoption

## Fee Policy Outline and Agreement for FL & GA Families

CCAI is a non-profit 501(c)(3) charitable organization. Our focus and our passion is on placing children in forever families. The purpose of this Fee Policy/Agreement is to outline all CCAI fees to adoptive families throughout the adoption process, our refund policies, and the consequences of non-payment. Your signature below signifies you understand and agree with these policies.

Please note that, in accordance with State and Federal law, as well as our own, strict ethical standards, CCAI does not accept any money or considerations to be received as payment for a child or inducement to release a child. Adoptive families are paying CCAI and other adoption service providers for services; families are not “paying for children.” Additionally, no part of your CCAI fees will be used to fund programs or services that do not pertain to your adoption.

### 1. CCAI Program Fees

Because families will receive CCAI services over a period of many months during the adoption process, CCAI divides its program fees into three payments – collecting fees only when the family is ready to receive services at each phase.

Payment	Services Covered	Due
1st Program Fee - \$5,350	Adoption Orientation, Adoption Assessment/Home Study, USCIS Filing, Dossier Assistance/Review & Sealing, Domestic Communication, Administration, Dossier Translation, Child Match Coordination, Hague Required Parent Training, Administration	After application approval
2nd Program Fee - \$1,050	International Communication, Parent Preparation & Haiti Adoption Trip Training, CCAI In-Haiti Services, and USCIS Filing Assistance & Translation	At Dossier submission
Post Adoption Fee - \$1,350	Post Adoption Support	Prior to I-800 Filing

### 2. Payments, Refunds, Reductions, or Changes

- All fees must be paid in full when they are due.
- Adoptive families are entitled to request for their adoption file to be closed at any time during the adoption process by submitting a written request, signed by both parents.

#### C. Refund Policy and Schedule:

First CCAI Program Fee: 50% refundable within 30 calendar days, 30% refundable within 60 calendar days, and 0% refundable after 60 calendar days of receipt of full payment.

Second CCAI Program Fee: 50% refundable within 30 calendar days, 30% refundable within 60 calendar days, and 0% refundable after 60 calendar days of receipt of full payment.

Requests for a refund must be made in writing or via email and are dated as of acknowledged receipt by a CCAI representative.

\* You may request that all or part of your refund be donated to the Children’s Charity Fund. A tax exempt letter will be provided.

\*\* 90 days following closure of your file, all unclaimed refunds will be transferred to the Children’s Charity Fund and a tax exempt letter will be provided.

Initials \_\_\_\_\_

- The amount of the CCAI program fees will not change throughout your adoption. However, if during the adoption process you move to a different state or country, amended Fee and Service agreements may be required, possibly including additional service fees and/or deposits. Should additional adoptive or post adoptive services be required by Haitian government, additional fees and or deposit may be required. CCAI is not responsible for other non-CCAI service related adoption fees/costs that may change/fluctuate while the adoptive family is in process.

E. CCAI is not responsible for adoption related fees and costs paid to other governmental and/or private agencies, such as USCIS, the Haitian government, U.S. and Haitian Consulates, State Department, travel agencies, etc.

Initials \_\_\_\_\_

**3. Consequences of Non-Payment**

After notices at 30 and 60 days, if payment of the first fee is not received within 90 days of application approval, and no other written payment arrangements are accepted by CCAI, CCAI will close the adoptive family's file. Adoptive families should inform CCAI if they may not be able to make timely payments, as an alternative payment plan may be possible due to unforeseen circumstances not existing at the time of the application approval.

Initials \_\_\_\_\_

**4. Non-CCAI Fees/Costs (Please refer to "Adoption Expense & Chronology" for details)**

- A. USCIS filing and fingerprinting.
- B. Certification/authentication of your dossier by County Clerk (if required) and the Secretary of State(s).
- C. Your passport(s).
- D. Your international travel and accommodations.
- E. Haitian facilitator and government fees that include dossier processing and adoption finalization.
- F. Orphanage fees paid to the local Haitian orphanage/crèche where your child is cared for.
- G. Your child's passport and visa, physical examination, and international travel for him/her to enter the U.S.

**I/We have read the CCAI Fee Policy/Agreement carefully and understand that it is my/our responsibility to pay all fees on time in order to receive child placement services from CCAI. I/We understand that while CCAI's fees will NOT change throughout my/our adoption (unless additional adoptive or post adoptive services are required by the Haitian government), non-CCAI fees/costs may change/fluctuate while I/we are in process. I/We further understand that non-CCAI fees/costs paid throughout this adoption are my/our responsibility and are not refundable through CCAI should I/we discontinue the adoption.**

**I/We have included the first CCAI program fee of \$5,350 (see front page) in the form of:**

- Credit Card Authorization Form       Check or money order, payable to CCAI
- ACH Bank Transfer                       Wire transfer to CCAI

**I/We understand that signing this agreement indicates that I/we acknowledge and agree to pay the fees and costs of my/our adoption through CCAI.**

\_\_\_\_\_  
Husband's Printed Name

\_\_\_\_\_  
Wife's Printed Name

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

This document has been subscribed and affirmed before me in the County of \_\_\_\_\_  
State of \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: This **two-page document** is not valid unless both pages are initialed/signed and returned to CCAI. Any changes to this document will automatically void this agreement.

# CCAI Service Agreement

## Florida, Georgia & Kentucky Families

This service agreement was entered into between CCAI and \_\_\_\_\_ (hereafter referred to as the “Adoptive Family”) for the purpose of ensuring mutual understanding between CCAI and the Adoptive Family.

The **Hague Convention** on the Protection of Children and Co-operation in Respect of Inter-Country Adoption (known as the “**Hague Convention**”), an international agreement to establish safeguards to ensure that inter-country adoptions take place in the best interests of the child, identifies **six adoption services**. As defined by the Hague Convention, CCAI will act as your Primary Provider, ensuring that these six adoption services are provided by the multiple entities involved in your adoption process as outlined in the following Service Plan:

	Adoption Service	Provider
1	Identifying a child for adoption and arranging an adoption	The orphanages and the Institut du Bien-Etre Social et de Recherches (IBESR), Haiti’s Central Authority
2	Securing the necessary consent to termination of parental rights and to adoption	The orphanages and the IBESR
3	Performing a background study on a child or a home study on prospective adoptive parent(s), and reporting on such a study	Background study on a child: The orphanage
		Home study on prospective adoptive parent(s): CCAI social worker (an “exempt provider” under Hague)
4	Making non-judicial determinations of the best interests of a child and the appropriateness of an adoptive placement for the child	The IBESR
5	Monitoring a case after a child has been placed with prospective adoptive parents until final adoption	Not applicable in a Haiti adoption, as placement with adoptive parents occurs after adoption finalization
6	When necessary because of a disruption before final adoption, assuming custody of a child and providing or facilitating the provision of childcare or any other social service pending an alternative placement.	Not applicable in a Haiti adoption, as the orphanage maintains the child’s guardianship until the finalization of the adoption.

Based on the information in your application, **CCAI** as the Primary Provider agrees to do the following for the Adoptive Family:

- Provide the Adoptive Family with personalized service throughout the adoption journey.
- Maintain confidentiality of all the Adoptive Family’s identifying information according to CCAI’s Confidentiality Policy.
- Provide the Adoptive Family with accurate and current information about how to prepare for the adoption process, compile the dossier, prepare for child match and travel, fill out United States Citizenship and Immigration Services (USCIS) paperwork, complete post adoption requirements, and access information regarding current match and travel timelines.
- Perform the Hague-identified adoption service of “Performing a home study on prospective adoptive parent(s) and reporting on such a study.” The home study will be prepared by a qualified social worker (considered an exempt provider under Hague) and will meet the requirements of your state, the USCIS, and the Institut du Bien Etre Social et de Recherches (IBESR).
- Guide the Adoptive Family through USCIS requirements.
- Provide information and services to the Adoptive Family regarding state pre-adoption requirements.
- Assist and monitor the Adoptive Family’s dossier compilation; review the Adoptive Family’s completed dossier and prepare it to be sent to the IBESR.

- Provide the Adoptive Family with at least 12 hours of adoption and parent training as required under the Hague Convention and CCAI.
- Act as the Adoptive Family's liaison to the Haitian government between/amongst dossier submission, child match, adoption decree and passport issuing, and post adoption reports submission.
- Be the Adoptive Family's link to their child's orphanage and forward updated information on the Adoptive Family's matched child when available.
- Coordinate the translation of various adoption documents from French to English or from English to French.
- Assist with the arrangement of the Adoptive Family's adoption travel and appointments with the IBESR and U.S. governmental agencies to finalize the adoption.
- In the event of potential disruption (refusing a child prior to adoption finalization in Haiti), provide counseling services and support, and in the event of disruption, contact the appropriate Haitian authorities to return the child to the orphanage.
- In the event of potential dissolution (relinquishing a child at any point after adoption finalization in Haiti), provide counseling services and support, and in the event of dissolution, provide referral services.

*Agency Initial* \_\_\_\_\_ (CCAI Representative)

During our adoption journey we, the **Adoptive Family**, agree to:

- Provide CCAI with the needed documents and participate in the home study visits and process.
- Submit the necessary forms and documents to the USCIS in a timely manner according to USCIS regulations and CCAI's instructions.
- Work with CCAI to ensure that our USCIS approval form approves our family for the age, gender, and medical needs of the child we have accepted or are open to.
- Compile our adoption dossier for submission to the IBESR. CCAI reserves the right to close our file and/or charge an additional dossier service fee if we do not complete the dossier process within nine months of submission of this Service Agreement, following a 30-day written notification.
- Comply with the 12 hours of adoption parent training required under the Hague Convention and CCAI and complete the online testing to confirm training completion prior to filing the I-800.
- Review, sign, and return our child referral to CCAI in a timely fashion. Should we fail to communicate our decision regarding our child referral, the IBESR will withdraw our referral and close our file, and CCAI will close our adoption file.
- Travel to Haiti (both parents) on the socialization trip for 15 days, and travel to Haiti (at least one parent) to pick up our child.
- Comply with the post adoption requirements of the IBESR and our state.
- Notify CCAI of any changes in our personal or family situation including job change, change of address, separation, divorce, pregnancy, placement of foster or adopted child(ren), significant changes in physical or mental health status, significant change in financial status, criminal or neglect charges, or any other significant events that materially impacts our family's ability to be considered for a child placement.
- Discuss with our social worker realistic expectations of the Haiti adoption process as well as expectations regarding the physical and developmental conditions of our future adopted child.
- Stay informed about match and travel timelines and other important information by reading all agency-issued information including CCAI's newsletters, informational memos, website updates, etc.

*Adoptive Family Initials* \_\_\_\_\_

We acknowledge and understand that the **USCIS** is responsible for:

- Receiving our initial USCIS filing and inviting us to be fingerprinted.
- Reviewing all our USCIS documents, including the home study, and issuing the Approved Form I-800A which allows us to adopt an orphan from Haiti.
- Issuing our I-800 approval after we submit our matched child information; issuing our adopted Haitian child's visa to enter the United States through the U.S. Consulate in Port-au-Prince, Haiti.

We acknowledge and understand that the **Haitian Government** is responsible for:

- Setting the standards for qualified adopters and dossier requirements for Haiti adoptions.

- Performing the Hague-identified adoption service of “Identifying a child for adoption and arranging an adoption.”
- Receiving and reviewing our dossier documents.
- Performing the Hague-identified adoption service of “Making non-judicial determinations of the best interests of a child and the appropriateness of an adoptive placement for the child.”
- Inviting us to travel to Haiti on the socialization trip.
- Approving us to adopt a specific child.

We acknowledge and understand that the orphanage and **local Haitian authorities** are responsible for:

- Performing the Hague-identified adoption service of “Identifying a child for adoption; securing the necessary consent to termination of parental rights and to adoption.”
- Performing the Hague-identified adoption service of “Performing a background study on a child and reporting on such a study.”
- Performing the Hague-identified adoption service of “Monitoring a case after a child has been placed with prospective adoptive parents until final adoption.”

We, the Adoptive Family, understand that these responsibilities of the **USCIS, the IBESR, and local Haitian authorities** are outside of the control of CCAI.

*Adoptive Family Initials* \_\_\_\_\_

We, the Adoptive Family, have read the “Basic Steps and Timeline” document which was sent to us with the Information Packet and is available on the CCAI Haiti website. We understand that the timeframe referred to may change during our adoption process depending on factors such as the speed of dossier preparation, how quickly the USCIS processes our application, the children available, our openness to age, gender and medical condition(s), the current timeline of the Haitian government, political and international events, and other unforeseen circumstances.

*Adoptive Family Initials* \_\_\_\_\_

We understand that CCAI will make good faith efforts to obtain additional and/or updated information on our matched child, but we acknowledge that receipt of such information is not guaranteed. Updated and/or additional information is not connected to the IBESR’s case review process.

*Adoptive Family Initials* \_\_\_\_\_

Should at any point in our adoption process we cease to qualify for Haiti adoption according to the 1974 Haitian *Adoption Law*, current Haitian government policies and practices, and/or U.S. immigration laws, as may be amended from time to time, and even subsequent to our initial application, we understand that the Haitian government may return our dossier and CCAI may close our adoption file.

*Adoptive Family Initials* \_\_\_\_\_

We understand the information provided on the family login portion of the CCAI website and the copyrighted Dossier Guide is intended for the sole use of our CCAI adoption. We agree not to transmit this information to any other individuals.

*Adoptive Family Initials* \_\_\_\_\_

We, the Adoptive Family, have selected CCAI as our inter-country adoption agency and understand that the goal of our relationship is to have an abandoned/orphaned Haitian child placed with our family. We understand that there are certain risks involved in intercountry adoption. While CCAI will attempt to provide us with all available information about the prospective adoptive child and assist us with the entire adoption process, some unpredictable problems and/or events which are beyond CCAI’s control may nevertheless occur. These unpredictable problems and/or events include but are not limited to: sudden changes in the adoption requirements or policies promulgated by the Haitian or U.S. governments and changes in international relations between Haiti and the U.S. In addition, a





**Georgia Department of Human Services  
Division of Family and Children Services  
Child Protective Services History Request**

**TO BE COMPLETED BY THE REQUESTING AGENCY/STATE OR TRIBAL DEPARTMENT**

Agency/Department Name:	Contact Name and Title :
Phone #:	Email:
Agency Type: <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> State or Tribal Agency <input type="checkbox"/> Child Placing Agency <input type="checkbox"/> Court Investigator <input type="checkbox"/> Other _____	

**PURPOSE OF REQUEST**

Is this request pursuant to the placement of a child in the temporary or permanent custody of Georgia DFCS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this request pursuant to the placement of a child in the temporary or permanent custody of another state or tribal child welfare agency? If yes, name the agency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this request pursuant to an Adam Walsh Central Registry Check requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***I affirm that the above information is true and accurate and that providing inaccurate information may subject me to penalty under Georgia law.***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY THE CAREGIVER**

Are you applying to be a foster or adoptive parent?  Yes  No  
 If no, are you an adult household member of a prospective foster or adoptive parent?  N/A  No  Yes, Prospective Parent Name: \_\_\_\_\_

Have you or anyone in your current or previous households **ever** been offered or provided with Child Protective Services from GA DFCS?  Yes  No  
 Have you or anyone in your current or previous households **ever** fostered or adopted with GA DFCS or a private agency?  Yes  No  
 If yes, list all counties or agencies: \_\_\_\_\_

Full Name (First, Middle, Last): \_\_\_\_\_

Social Security Number:	Date of Birth	Age	
Street Address	City	State	Zip Code

Previous Names Used: \_\_\_\_\_ List All Georgia Counties You've Lived in \_\_\_\_\_

**HOUSEHOLD MEMBERS: List everyone who lives in your household AND anyone who has lived with you at any time during the last 5 years. Attach an additional page if necessary.**

Full Name	Relationship	Current or Past Household Member	Date of Birth or Age	Social Security Number (If unknown, write "UNK")	Gender
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female

***I affirm that the above information is true and accurate and that providing inaccurate information may subject me to penalty under Georgia law.***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**







## Current or Prior Work with Children Acknowledgement and Reference

As part of the home study process, the State of Georgia requires a reference for any prospective adoptive parent who is working with or has worked with children in the past five (5) years. Please initial the statement that describes you then fill in any required information if husband or wife is working with or has worked with children in the last five (5) years. Please sign and date this form.

\_\_\_\_\_ Husband is not currently working with and has not worked with children in the last five (5) years.

\_\_\_\_\_ Husband is working with or has worked with children in the last five (5) years.

\_\_\_\_\_ Wife is not currently working with and has not worked with children in the last five (5) years

\_\_\_\_\_ Wife is working with or has worked with children in the last five (5) years.

### Husband

Business/ School & Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address and phone number \_\_\_\_\_

Business/ School & Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address and phone number \_\_\_\_\_

### Wife

Business/ School & Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address and phone number \_\_\_\_\_

Business/ School & Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address and phone number \_\_\_\_\_

\_\_\_\_\_  
Husband Signature

\_\_\_\_\_  
Wife Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date