

**LA VIDA INTERNATIONAL
CONFIDENTIAL**



Formal application for the adoption of a child or children

APPLICANT ONE NAME: _____
(Last, First, Middle)

APPLICANT TWO NAME: _____
(Last, First, Middle)

ADDRESS: _____

COUNTY: _____

HOME TELEPHONE #: _____ **HOME FAX #:** _____

HOME EMAIL ADDRESS _____

APPLICANT ONE - WORK PHONE #: _____ **EXTENSION:** _____

MAY WE CONTACT YOU AT WORK? YES _____ NO _____

FAX #: _____ **CELL #:** _____ **E-MAIL:** _____
(Please provide these numbers and address only if permission to contact you by these methods is granted by you)

APPLICANT TWO - WORK PHONE #: _____ **EXTENSION:** _____

MAY WE CONTACT YOU AT WORK? YES _____ NO _____

FAX #: _____ **CELL #:** _____ **E-MAIL:** _____
(Please provide these numbers and address only if permission to contact you by these methods is granted by you)

APPLICANT 1: age at time of application _____ **APPLICANT 2: age at time of application** _____

PROGRAM FROM WHERE YOU WISH TO ADOPT (Check all that apply):

- China China Special Waiting Child Program Colombia South Africa
 Independent Home Study (LaVida is performing a home study only)

APPLICANT ONE'S INFORMATION:

Date _____

PHYSICAL DATA:

Height: _____

Weight: _____

Hair: _____

Eyes: _____

PERSONAL DATA:

Date of Birth: _____

Place of Birth: _____

Country of Citizenship: _____

If not USA, are you a naturalized USA citizen? _____

If not, alien registration number: _____

Race/Ethnic background: _____

Social Security #: _____

EMPLOYMENT:

Occupation: _____

How long in current position: _____

If less than 2 years, prior position: _____

Name of present employer: _____

Address of present employer: _____

Gross Annual Current Salary: _____

Proof of current salary is not needed with this application, however it will be requested shortly and must be documented by your employer or accountant if self-employed

EDUCATION:

High School: Grade completed: _____ Year graduated: _____

College: Years completed: _____ Year graduated: _____ Degree Received: _____

Other: Type of school: _____

Degree/Certificate: _____ Date Received: _____

MISCELLANEOUS:

Organizations/memberships to which you belong: _____

Military service branch: _____ Serial #: _____

Type of discharge: _____ Date of Discharge: _____

Activities you enjoy: _____

APPLICANT ONE'S FAMILY: (as your parent's names appear on your birth certificate)

Parent 1's name: _____ DOB: _____ Living _____ Deceased _____
(first and last, maiden name if applicable)

Parent 2's name: _____ DOB: _____ Living _____ Deceased _____
(first and last, maiden name if applicable)

Please list brothers and sisters and their ages:

_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age

APPLICANT TWO'S INFORMATION

Date _____

PHYSICAL DATA:

Height: _____ Weight: _____
Hair: _____ Eyes: _____

PERSONAL DATA:

Date of Birth: _____ Place of Birth: _____
Country of Citizenship: _____ If not USA, are you a naturalized USA citizen: _____
If not, alien registration number _____
Race/Ethnic background: _____
Social Security #: _____

EMPLOYMENT:

Occupation: _____
How long in current position: _____
If less than 2 years, prior position: _____
Name of present employer: _____
Address of present employer: _____
Gross Annual Current Salary: _____

Proof of current salary is not needed with this application, however it will be requested shortly and must be documented by your employer or accountant if self-employed

EDUCATION:

High School: Grade completed: _____ Year graduated: _____
College: Years completed: _____ Year graduated: _____ Degree Received: _____
Other: Type of school: _____
Degree/Certificate: _____ Date Received: _____

MISCELLANEOUS:

Organizations/memberships to which you belong: _____

Military service branch: _____ Serial #: _____
Type of discharge: _____ Date of Discharge: _____
Activities you enjoy: _____

APPLICANT TWO'S FAMILY:

Parent 1's name: _____ DOB: _____ Living _____ Deceased _____
(first and last, maiden name if applicable)

Parent 2's name: _____ DOB: _____ Living _____ Deceased _____
(first and last, maiden name if applicable)

Please list brothers and sisters and their ages:

_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age

GENERAL FAMILY INFORMATION

Directions for reaching home if La Vida is performing your home study. Check here if an additional sheet is attached ____.

HOME:

Type and description of home:

Number of rooms: _____ Number of bedrooms: _____

Please check one: Own: _____ Rent: _____ Other _____ If other, describe _____

Description of community: _____

PREVIOUS ADDRESSES IN LAST FIVE YEARS: If applicable, please be sure to include places you lived during college and military service.

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

PREVIOUS STATES IN WHICH EACH APPLICANT HAS LIVED PRIOR TO THE LAST 5 YEARS AND SINCE THE AGE OF 18: If applicable, please be sure to include places you lived during college and military service.

(Attach an extra sheet if you need more space)

APPLICANT ONE:

APPLICANT TWO:

State/Counry: (Abbreviate)

State/Country: (Abbreviate)

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

MARRIAGE (if applicable):

Date of present Marriage: _____

Place: _____

OR

ARE YOU CURRENTLY IN A CIVIL UNION (if applicable) ? _____

If so, Date of Civil Union: _____ Place: _____

OR

ARE YOU CURRENTLY IN A DOMESTIC PARTNERSHIP (if applicable)? _____

If so, how long have you been in this partnership? _____

CHILDREN LIVING IN YOUR HOME (if applicable):

Names:	Gender	DOB	If adopted, Placement date	Race
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PREVIOUS MARRIAGE/S (if applicable):

APPLICANT ONE: Date of union : _____ How terminated: _____
 Date terminated: _____ Name of spouse: _____
 Any children from this union? Yes___ No ___ If yes, # of children
 Date of union: _____ How terminated: _____
 Date terminated: _____ Name of spouse: _____
 Any children from this union? Yes___ No ___ If yes, # of children _____

APPLICANT TWO: Date of union : _____ How terminated: _____
 Date terminated: _____ Name of spouse: _____
 Any children from this union? Yes___ No ___ If yes, # of children
 Date of union: _____ How terminated: _____
 Date terminated: _____ Name of spouse: _____
 Any children from this union? Yes___ No ___ If yes, # of children _____

ALL INDIVIDUALS LIVING IN YOUR HOME:

List yourself(ves), all of your children and other adults living in your home. Please include college students who maintain your address as a permanent residence:

Name	Gender	Relationship	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESPONSIBILITY FOR OTHER CHILDREN OR RELATIVES NOT LIVING IN YOUR HOUSEHOLD

Name	Gender	Relationship	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER ADULT HOUSEHOLD MEMBERS – PLEASE READ DEFINITION BELOW BEFORE SKIPPING THIS QUESTION:

List adults who live in your home or who come to your home regularly for work or volunteer purposes. For example a business employee, regular housekeeper or a regular child care provider (paid or unpaid). Please do not include child care providers utilized during social outings, occasional visitors or individuals who perform outside work such as lawn maintenance.

1.) Name/Address	Gender	DOB
_____	_____	_____

Purpose of presence in the home/frequency in the home. i.e. (lives here full-time or works here providing child care 2 days per week)

Describe this person’s relationship to you: _____

Is the above person a U.S. citizen? _____

If not, please provide his/her alien registration number: _____

2.) Name/Address	Gender	DOB

Purpose of presence in the home/frequency in the home. i.e. (lives here full-time or works here providing child care 2 days per week)

Describe this person's relationship to you: _____

Is the above person a U.S. citizen? _____

If not, please provide his/her alien registration number: _____

3.) Name/Address	Gender	DOB
_____	_____	_____

Purpose of presence in the home/frequency in the home. i.e. (lives here full-time or works here providing child care 2 days per week)

Describe this person's relationship to you: _____

Is the above person a U.S. citizen? _____

If not, please provide his/her alien registration number: _____

APPLICANT CRIMINAL AND ABUSE HISTORY

IT IS IMPERATIVE THAT YOU INCLUDE EACH INCIDENT INCLUDING "NOT GUILTY" CHARGES OR IF THE CHARGES WERE "EXPUNGED" OR ULTIMATELY NOT PROSECUTED. PLEASE DISCLOSE ALL INCIDENTS AND INDICATE WHETHER YOU WERE AN ADULT OR MINOR AT THE TIME OF THE OCCURRENCE.

APPLICANT ONE **Initials:** _____

Do you have a history of or have you ever been arrested, convicted, detained, tried or charged for any activity relating to substance abuse, sexual abuse, child abuse and/or domestic abuse?

Yes _____ No _____ If yes, please explain:

Have you ever, whether in or outside the United States, 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 _____ If yes, please explain:

Have you ever, whether in or outside of the United States, been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?

Yes _____ No _____ If yes, please explain:

Have you ever, whether in or outside of the United States, 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 _____ If yes, please explain:

At any time have you 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 yes, please explain:

Have you ever received counseling for emotional, mental, marital issues, alcohol or drug abuse?

Yes _____ No _____ If yes, please explain:

Have you ever applied/or are you currently working with another agency to adopt a child?

Yes _____ No _____ If yes, the name of the agency: _____

Date of the application: _____ Outcome: _____

Have you ever been rejected or received an unfavorable home study from a licensed agency?

Yes _____ No _____ If yes, the name of the agency: _____

Date of the application: _____ Outcome: _____

Have you ever begun a home study with an agency but did not complete it?

Yes _____ No _____ If yes, the name of the agency: _____

Date of the application: _____ Description of reason the study was not completed: _____

APPLICANT TWO (If applicable)

Initials: _____

Do you have a history of or have you ever been arrested, convicted, detained, tried or charged for any activity relating to substance abuse, sexual abuse, child abuse and/or domestic abuse?

Yes _____ No _____ If yes, please explain: _____

Have you ever, whether in or outside the United States, 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 _____ If yes, please explain: _____

Have you ever, whether in or outside of the United States, been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?

Yes _____ No _____ If yes, please explain: _____

Have you ever, whether in or outside of the United States, 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 _____ If yes, please explain: _____

At any time have you 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 yes, please explain:

Have you ever received counseling for emotional, mental, marital issues, alcohol or drug abuse?

Yes _____ No _____ If yes, please explain:

Have you ever applied/or are you currently working with another agency to adopt a child?

Yes _____ No _____ If yes, the name of the agency: _____

Date of the application: _____ Outcome: _____

Have you ever been rejected or received an unfavorable home study from a licensed agency?

Yes _____ No _____ If yes, the name of the agency: _____

Date of the application: _____ Outcome: _____

Have you ever begun a home study with an agency but did not complete it?

Yes _____ No _____ If yes, the name of the agency: _____

Date of the application: _____ Description of reason the study was not completed: _____

***MEDICAL HISTORY:**

APPLICANT ONE - general health: Excellent ____ Good ____ Poor ____

Have you ever been treated and/or are you currently being treated for a medical, and/or mental health problem(s)? Yes ____ No ____

If yes, please describe in detail: (diagnosis, date of diagnosis, medication, dosage, date treatment ended, etc.)

APPLICANT TWO - general health: Excellent ____ Good ____ Poor ____

Have you ever been treated and/or are you currently being treated for a medical, and/or mental health problem(s)? Yes ____ No ____

If yes, please describe in detail: (diagnosis, date of diagnosis, medication, dosage, date treatment ended, etc.)

FAMILY INCOME:

Under \$40,000/year: _____

Between \$40,000-\$70,000/year: _____

Over \$70,000/year: _____

FINANCIAL INFORMATION:

Total Household Income from Salary: _____

Value of Investments: _____

Other income & source: _____

Amount in savings: _____ Amount in checking: _____
 Market value of home: _____ Monthly payment: _____
 Mortgage balance: _____ If renting, monthly payment: _____
 Credit card total balance: _____ Monthly payment: _____
 Credit card total balance: _____ Monthly payment: _____
 Auto loan total balance: _____ Monthly payment: _____
 Auto loan total balance: _____ Monthly payment: _____
 Other loans total balance: _____ Monthly payment: _____
 Other liabilities (child support, etc.): _____ Monthly payment: _____
 Value of real estate other than home: _____ Monthly Payment: _____
 Total Monthly Living Expenses: _____

LIFE INSURANCE:

Person insured	Type of coverage	Company
_____	_____	_____
_____	_____	_____

MICELLANEOUS:

RELIGIOUS AFFILIATION (only if applicable):

APPLICANT ONE'S Religion: _____
 APPLICANT TWO'S Religion: _____

HOBBIES/ACTIVITIES:

Family: _____
 APPLICANT ONE: _____
 APPLICANT TWO: _____

CHILD DESIRED: PLEASE BE SURE TO INDICATE BOTH A LOWER AND UPPER AGE IN MONTHS

Gender: FEMALE _____ MALE _____ Either _____
 Age: Lower Age Desired _____ Upper Age Desired _____ (specify in months)
 Twins: Yes _____ No _____ Note: Placement of twins is rare
 Siblings: Yes _____ No _____
 Unrelated Psychological Siblings for Whom Placement Together is Recommended: Yes _____ No _____

Please indicate, using the codes below, your willingness to consider a child with these special needs. Some of these needs are minor, mild, correctable, and others are more serious. Should you have any questions regarding any of these special needs, please consult your physician. This section simply gives us a general description of the types of special needs your family might consider should a child become available on a waiting child list. Checking "yes" to an item in no way means that your referred child will have the special need.

Yes	No	Unsure	
_____	_____	_____	Hearing loss (correctable)
_____	_____	_____	Hearing loss (non-correctable)
_____	_____	_____	Vision impairment (correctable)
_____	_____	_____	Heart defect

- _____ _____ _____ Premature (moderate)
- _____ _____ _____ Premature (severe)
- _____ _____ _____ Hepatitis A
- _____ _____ _____ Hepatitis B (carrier)
- _____ _____ _____ Hepatitis B (active case)
- _____ _____ _____ HIV
- _____ _____ _____ Finger/toe anomaly
- _____ _____ _____ Cleft Lip
- _____ _____ _____ Cleft Lip and Palate
- _____ _____ _____ Blood disorder
- _____ _____ _____ Physical malformation (correctable)
- _____ _____ _____ Physical malformation (non-correctable)
- _____ _____ _____ Orthopedic problems
- _____ _____ _____ Crossed Eyes (Strabismus)
- _____ _____ _____ None. Would only consider a child with no known diagnosis

How did you **initially** learn about La Vida?

- | | | | |
|-------|-------------------------------|-------|------------------------|
| _____ | La Vida Adoptive Family | _____ | My Employer |
| _____ | Other Word of Mouth | _____ | Adoption Counselor |
| _____ | Newspaper Advertisement* | _____ | Magazine Advertisement |
| _____ | Church Bulletin/Flyer* | _____ | Other mailing |
| _____ | Adoptive Parent Support Group | _____ | The Internet |
| _____ | Conference | _____ | Television/Cable |
| _____ | Other, please specify _____ | | |

If referred by family, church, advertisement, or conference, please state the name, church, publication, or title of conference:



I/We understand that I/we am/are responsible to pay all fees in so much as they are payment for services rendered.

I/We understand that by signing this application I/we are agreeing to comply with and agree to notify the agency immediately upon change in my/our personal or family situation including job change, change of address, separation, divorce, pregnancy, birth, placement of foster or adopted child(ren), significant changes in physical or mental health status, significant change in financial status, or any other significant events including notification of children turning 18 (90 day notice required).

I/We hereby declare that, to the best of my/our knowledge, the information provided by me/us on this application is true and correct. I/We understand that providing false, or omitting information on this form may result in the closing of my/our file.

My/Our signature is evidence of the fact that I/we have agreed on making this application.

I/We understand that this is an application for acceptance into an adoption program. It does not constitute an obligation on the part of the Agency, a contract, guarantee of approval, guarantee of placement, or agreement of any kind.

I/we have read and understand the country program descriptions which describe the typical age range of children assigned in our chosen country to parent(s) of my/our age.

I/we have read and understand the below notice entitled "INFORMATION DISCLOSURE".

Signature(s) _____ Date _____
 APPLICANT ONE APPLICANT TWO

PLEASE NOTE THAT IF YOU HAVE ADDITIONAL HOUSEHOLD MEMBERS AS DEFINED IN THIS APPLICATION IT WILL BE NECESSARY TO HAVE EACH INDIVIDUAL COMPLETE THE ATTACHED ADDITIONAL HOUSEHOLD MEMBER INFORMATION SHEET. IT WILL ALSO BE NECESSARY FOR YOU TO SIGN THAT DOCUMENT INDICATING THAT YOU ARE AWARE OF ITS CONTENTS.

Additional information may be included on a separate sheet and attached to this application if necessary. We thank you for taking the time to complete this application and for choosing La Vida to assist you with your adoption.

INFORMATION DISCLOSURE:

It is very important to answer all questions truthfully, completely, and accurately. Your answers to the questions that comprise this application will be used to determine your eligibility to adopt (taking into account agency, state, federal, and foreign government regulations, policies, laws, etc.) and will direct the various documentation efforts for the paperwork and approval processes necessary to adopt. Omissions, inaccurate answers, or untruthful answers could cause delays, additional work efforts, additional costs, and the possibility of not receiving a necessary approval. In addition, a history of substance abuse, criminal incidents, abuse or domestic violence, significant or severe medical conditions, or history of emotional problems, etc. (or a failure to accurately disclose or reveal any such histories) could require additional work efforts and costs in order to satisfy the requirements of the various entities that must approve a family application.

New USCIS requirements, which are not at the discretion of La Vida International or any U.S. private agency, also require a "Duty of Candor".

Initial Duty of Disclosure and Candor with Regard to Criminal History

Historically, it has not been uncommon for individuals with minor crimes in their past to fail to report such crimes on the adoption application. This is often because incidents were very minor, or very long ago or in some cases forgotten. Because of the overall frequency of this, and as a result of implementation of The Hague Convention on Intercountry Adoption, the U.S. Citizenship and Immigration Service has implemented new regulations regarding the duty to disclose. These regulations apply to any family adopting internationally, and are not at the discretion of La Vida International.

This duty of disclosure is applicable to individuals living in the home or individuals who meet the criteria of additional adult members of the household (as defined earlier in this application). New USCIS federal regulations state that each adult household member has a duty of candor and must give true and complete information to the placing agency and home study preparer both verbally and in any and all application or home study paperwork which you may have or will submit to the agency. Specifically, you must 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. A person with a criminal history is nearly always able to establish sufficient rehabilitation to satisfy the requirements of the USCIS.

In the past when individuals did not report crimes, and they were later discovered through the USCIS fingerprint process, the regional USCIS office has the option to collect additional information and subsequently approve the family. New regulations for adoption from Hague Convention countries (China, Colombia, and South Africa) now make it mandatory that the reviewing USCIS officer reject your application if a past crime is not reported in the home study. The rejection will mean a minimum period of one year in which the family will be prohibited from re-applying to adopt a child internationally.

For this reason, it is critical that you share with us any past crime that you may have had. All states now require FBI fingerprinting for the purposes of the home study.

**SUPPLEMENT TO LA VIDA INTERNATIONAL ADOPTION APPLICATION
IF APPLICABLE, FOR COMPLETION BY EACH OTHER
ADULT HOUSEHOLD MEMBER DESCRIBED BELOW
PLEASE MAKE ADDITIONAL COPIES AS NEEDED (page 1 of 3)**

Any persons who may not live in the home but whose regular presence in the home is relevant to the suitability of the prospective adoptive parents as the parents of a Hague Convention adoptee. This includes older children living at college, but whose permanent residence remains with you; it includes paid employees who regularly come to your home (such as child care workers, housekeepers or other paid workers); and unpaid individuals who come to your home regularly to do volunteer work (such as friends or relatives who provide regular and consistent child care to children already residing in your home).

The below information is required by the United States Citizenship and Immigration Service.

Household Member's Name _____

Are you a U.S. citizen? _____

If not, please provide your alien registration number: _____

RESIDENCY HISTORY

States/Countries of residence for the past 5 years: (Abbreviate) (attach addition sheet if necessary)

_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____

States/Countries of residence since age of 18 and prior to the past 5 years: (Abbreviate)

_____ From _____ To _____
_____ From _____ To _____

_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____

CRIMINAL AND ABUSE HISTORY

IT IS **IMPERATIVE** THAT YOU INCLUDE EACH INCIDENT INCLUDING **“NOT GUILTY”** CHARGES OR IF THE CHARGES WERE **“EXPUNGED”** OR ULTIMATELY NOT PROSECUTED. PLEASE DISCLOSE ALL INCIDENTS AND INDICATE WHETHER YOU WERE AN **ADULT OR MINOR** AT THE TIME OF THE OCCURRENCE.

Do you have a history of or have you ever been arrested, convicted, detained, tried or charged for any activity relating to substance abuse, sexual abuse, child abuse and/or domestic abuse?

Yes _____ No _____ If yes, please explain:

Have you ever, whether in or outside the United States, 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 _____ If yes, please explain:

Have you ever, whether in or outside of the United States, been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?

Yes _____ No _____ If yes, please explain:

Have you ever, whether in or outside of the United States, 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 _____ If yes, please explain:

At any time have you 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 yes, please explain:

Have you ever received counseling for emotional, mental, marital issues, alcohol or drug abuse?

Yes _____ No _____ If yes, please explain:

Have you ever applied/or are you currently working with another agency to adopt a child?

Yes _____ No _____ If yes, the name of the agency: _____

Date of the application: _____ Outcome:

Have you ever been rejected or received an unfavorable home study from a licensed agency?

Yes _____ No _____ If yes, the name of the agency: _____

Date of the application: _____ Outcome:

Have you ever begun a home study with an agency but did not complete it?

Yes _____ No _____ If yes, the name of the agency: _____

Date of the application: _____ Description of reason the study was not completed:

***MEDICAL HISTORY:**

General health: Excellent _____ Good _____ Poor _____

Have you ever been treated and/or are you currently being treated for a medical, and/or mental health problem(s)? Yes ___ No ___

If yes, please describe in detail: (diagnosis, date of diagnosis, medication, dosage, date treatment ended, etc.)

I understand that by signing this document I am agreeing to notify the prospective adoptive family immediately upon change of any of the above information.

I hereby declare that, to the best of my knowledge, the information provided by me on this document is true and correct and that I have read and understand the attached important notes regarding my duty of candor.

SIGNATURE OF OTHER ADULT HOUSEHOLD MEMBER DATE

SIGNATURE OF APPLICANT ONE DATE

SIGNATURE OF APPLICANT TWO DATE

PLEASE READ IMPORTANT NOTES CONTAINED ON NEXT PAGE

New federal government requirements, which are not at the discretion of La Vida International or any U.S. private agency, also require a “Duty of Candor” for each adult household member.

Initial Duty of Disclosure and Candor with Regard to Criminal History

Historically, it has not been uncommon for individuals with minor crimes in their past to fail to report such crimes on the adoption application. This is often because incidents were very minor, or very long ago or in some cases forgotten. Because of the overall frequency of this, and as a result of implementation of The Hague Convention on Intercountry Adoption, the U.S. Citizenship and Immigration Service has implemented new regulations regarding the duty to disclose. These regulations apply to any family adopting internationally, and are not at the discretion of La Vida International.

This duty of disclosure is applicable to individuals living in the home or individuals who meet the criteria of additional adult members of the household (as defined at the top of this document). New USCIS federal regulations state that each adult household member has a duty of candor and must give true and complete information to the placing agency and home study preparer both verbally and in any and all application or home study paperwork which you may have or will submit to the agency. Specifically, you must 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. A person with a criminal history is nearly always able to establish sufficient rehabilitation to satisfy the requirements of the USCIS.

New regulations now make it mandatory for rejection of the USCIS application if a past crime of any adult household member is not reported in the home study. The rejection will mean a minimum period of one year in which the family will be prohibited from re-applying to adopt a child internationally.

For this reason, it is critical that you share with us any past crime that you may have had. Many states require FBI fingerprinting for the purposes of the home study, however if your state of residence does not and you are unsure of your criminal history, we advise that you personally obtain a FBI fingerprint clearance in order to fully understand your history prior to completion of the prospective adoptive family’s home study.

Application Updated 102313