

Ukraine Adoption Application

Name(s)

Male: _____
First Middle Last SSN Birth date

Female: _____
First Middle Last SSN Birth date

Single: _____
First Middle Last SSN Birth date

Address: _____ Home Phone: () _____
Male Work: () _____
Female Work: () _____
City State Zip Other: () _____
Email Address _____ Fax: () _____

Marital Status

(Please Circle One): Married | Divorced | Single (never married) | Widowed

1. If married, what is the date of your marriage? _____
2. Do you have any children? _____ Please list their names, ages, whether they are biological or adopted, and if they are over 18 years old. what their living arrangements are.

3. Do you have previous marriages? _____
4. Dates of previous marriage(s) -Wife? _____ Dates of Divorce(s) _____
5. Dates of previous marriage(s) -Husband? _____ Dates of Divorce(s) _____
6. Do you have children from previous marriages? _____ If yes, please list their names, ages, whether they are biological or adopted, and if they are over 18 years old, what their living arrangements are.

7. Briefly describe custody arrangements, if any. _____
8. Do any other people live in your home? _____ If yes, please list their name, ages and their relationship to you. _____

9. Have you ever been convicted of a felony(s) or a misdemeanor(s)? _____ If yes, please explain in detail on a separate sheet the circumstances, when it happened and the outcome.

Employment

Ernployer(s)	Position	Annual Income
Husband: _____	_____	_____
Wife: _____	_____	_____
Single: _____	_____	_____

Education (optional)

Husband: _____
Wife: _____
Single: _____

Health

Husband -General Health: _____ Height: _____ Weight: _____
Wife -General Health: _____ Height: _____ Weight: _____
Single- General Health: _____ Height: _____ Weight: _____

1. Do you have any longstanding medical problems? _____
2. Is there a personal history of a nervous or mental disorder? ____ -If yes, please explain separately: _____
3. Have you ever been turned down for adoption with another agency? _____
4. Are you taking any ongoing medications? ____ Please list their names and reason prescribed. - _____

5. Do you now or have you ever had a history of substance abuse? _____
6. Do you have a medical insurance plan that will also include the adopted child? _____

Finances

1. Income other than employment already mentioned: _____
2. Real Estate Value: _____ Remaining on Mortgage: _____
3. List Other Debt and reason (i.e., credit card, school, etc. ..) _____

4. Is life insurance in place to provide for the needs of the adoptive child/family if the family breadwinner dies? _____ -If not, are you willing to secure such insurance? _____
5. Do you have a will in place that names a guardian for you children? _____ If not, are you willing to execute one?

Preferences

1. Please state why you have chosen to adopt. _____

2. Do you have any concerns about trans-racial adoption? _____

3. What is your preference regarding the child you would like to adopt?
Age: _____ Sex: _____ Comments: _____

4. Would you be willing to accept a child with special needs? _____ If so, what special needs are you willing to accept?(Please Circle)
Cleft lip Missing limbs Club foot Crossed eyes Epilepsy
Cleft palate Missing digits Operable tumors Cataracts
Heart condition Missing hand Bow-legged Hepatitis B Albinism
Scars/bums Missing foot Lazy eye Large birthmark Minor deformities
Blind in one eye Blind Deaf Other

Home Study

1. Do you have an agency to do your home study? _____
2. If yes, please list the following information.
Name of Agency: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Tel: () _____ Fax: () _____
Where are you in the process of completing it? _____

International Adoption Risk

I/We understand that:

There are risks involved in international adoption. I/We realize that placing countries are sovereign and therefore may modify, change, or close their adoption programs. I/We understand that HARVEST INTERNATIONAL would have no control over such a change.

All information on the health and condition of any child is from the officials overseeing the process in the foreign country and HARVEST INTERNATIONAL'S knowledge is limited to the information these officials provide to adopting parents. This information may not be as reliable as if it were coming from tests performed in the US; some information may be incorrect. I/We understand that HARVEST INTERNATIONAL is not responsible for the accuracy of health information provided by foreign adoption officials/orphanages.

By signing below you are testifying that the above information is complete, true and correct to the best of your knowledge.

X _____ Date: _____

X _____ Date: _____

Please include:

1. A check to HARVEST INTERNATIONAL for \$100 Application Fee
2. One picture of your family. (Please put your family name on the back.)

Return this application to:

HARVEST INTERNATIONAL, INC.
P. O. Box 6690
Ocala, FL 34478