



A LOVE BEYOND BORDERS

APPLICATION FOR ADOPTION SERVICES

Please complete the following application and send to along with your \$200 application fee to our office at 2022 Hudson Street, Denver Colorado 80207. Please include a recent close-up photo of your family or send one by email (jpg format). All information is kept confidential.

General Family Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone Applicant: _____ Cell Phone Spouse: _____

Daytime preferred Email: _____

Weeknight / weekend email: _____

Which adoption services are you applying for?

_____ Home Study _____ Post Placement Services _____ Validation (Colorado only)

_____Haiti _____Ukraine _____Kazakhstan _____Ethiopia _____Kyrgyzstan

Other: _____

Home Study Agency if not A Love Beyond Borders:

** Must be a licensed child placement agency*

Home Study Agency: _____

Social Worker: _____

Agency Phone Number: _____ Email: _____

Agency Address: _____

Have you ever been denied in the homestudy process, or had a child removed from your home or custodial care for any reason? Yes / No. If yes, explain: _____

Foreign Placement Agency if not A Love Beyond Borders:

** Must be a licensed child placement agency*

Adoption Agency: _____

Case Worker: _____

Agency Phone Number: _____ Email: _____

Fax: _____

Agency Address: _____

Country program: _____

USCIS(I600A) Filed? _____ Where/Date _____ Approved/Date _____

Applicant Profile (1)	Applicant Profile (2)
Full Legal Name as listed on Passport	Full Legal Name as listed on Passport
Name you're called by if different:	Name called by if different:
Date of Birth	Date of Birth
Place of Birth	Place of Birth
Citizenship	Citizenship
Passport number and expiration	Passport number and expiration
Education	Education
Occupation	Occupation
Employer	Employer
Work Phone	Work Phone
Cell Phone	Cell Phone
Annual Gross Salary	Annual Gross Salary
Additional combined income as verified on most recent Federal tax return: \$	
Additional Income	
Marriage Dates/Divorce Date if applicable	Marriage Dates/Divorce Date if applicable

Children Living in Your Home

Name	Gender	Age	DOB	Adopted?

Others Living in Your Home

Name	Gender	Age	Relationship

Legal Information

If the answer to any of the following questions is "yes", please provide a detailed explanation on a separate sheet of paper.

	Applicant	Spouse
Have you ever been arrested?		
Have you ever had parental rights terminated by a court of law?		
Do you have a history of drug, alcohol or child abuse?		

Religious Affiliation (if any) _____

Optional: LBB does not withhold services on the basis of religion, but many of the orphanages we work with require Statements of Faith from Christians. If you are adopting from Haiti or Ethiopia,

this may effect which orphanage we would work with on your adoption, so this information is helpful to us in matching you with a child.

Personal References (not family or employees:

Name and address	Email	Telephone	Relationship

Adoption Information

How many children are you hoping to adopt? _____

What is the age of child/children you wish to adopt? _____

Gender: _____ male _____ female _____ no preference _____

Would you consider a sibling group? _____ If yes, how many? _____

Would you consider a child with a correctable medical problem or special needs?

Describe _____

Would you consider a child with developmental delays due to institutionalization?

Describe _____

Would you consider a child with no known family history, and/or limited health records?

Describe _____

How did you hear about A Love Beyond Borders? _____

I (we) certify that all information given on this application is true and correct. I (we) understand that there is a possibility of sudden change of adoption policies by foreign governments in the country I (we) have chosen for adoption, or changes in international relations between the foreign country and the United States. I (we) am/are willing to accept all the risks associated with adoption and the raising of an adopted child. I (we) understand that the application fee is non-refundable.

Applicant Signature

Date

Spouse Signature

Date

PLEASE MAIL THIS COMPLETED APPLICATION AND \$200 APPLICATION FEE TO

**A LOVE BEYOND BORDERS
2022 Hudson Street, Denver Colorado 80207**

A LOVE BEYOND BORDERS

Where families take root

