



China Waiting Child Parent Form

Date of Application: _____

	<i>Adoptive Father</i>	<i>Adoptive Mother</i>
Legal Name (it has to match the passport)		
Date of Birth (month/day/year)		
Citizenship		
Education		
Address		
Occupation		
Company Name		
Annual Income		
Total Assets		
Total Liability		
Health Status (if you have any illness, please email a letter from the doctor) Weight within <40 BMI; no anti-depressant for more than 1 year;		
Criminal Record (if any, please attach a statement)		
Date of Marriage		
Previous divorce: #1 (please state divorce date and reason)		
Previous divorce: #2 (please state divorce date and reason) No more than 2 divorces per each applicant		
Number of children		



A Helping Hand

adoption agency
a nightlight affiliate

Please fax or e-mail completed form to:
Attn: Dana - (859)263-9957
dana@worldadoptions.org

Children at home (Please state name; DOB; gender; and state if the child was biological or adopted child)		
<i>Please email the following photos: 1 photo of the adoptive father (white background in jpeg format) 1 photo of the adoptive mother (white background in jpeg format) 1 photo of the family including the children at home (regular photo in jpeg format)</i>		
Homestudy agency		
Homestudy completion date		
Description of the child who the family would like to adopt: (age, gender, acceptable medical condition)		
I-171H expiration date Fingerprints expiration date		
I-797C expiration date Fingerprints expiration date		
LID Adoption Agency (placing agency)		

I would like to review the file of: (enter child or children's names)

1. _____
2. _____
3. _____

How did you hear about this child? _____



Types of the medical condition on CCAA's WC referral list:

<u>Medical Condition</u>	<u>Y</u>	<u>N</u>	<u>Medical Condition</u>	<u>Y</u>	<u>N</u>	<u>Medical Condition</u>	<u>Y</u>	<u>N</u>
Heart			Blood			Skin		
Heart Murmur			Anemia			Burn/Scars		
ASD/VSD			Thalassemia			Strawberry Mark		
Fallot of Tetralogy			Syphilis at Birth			Eczema		
Post-Op of Heart Defect			Neural			Albinism		
Cleft			Cerebral Palsy			Ichthyosis		
Cleft Lip (unilateral)			Spina Bifida			Orthopedic		
Cleft Lip (bilateral)			Repaired Spina Bifida			Club Foot		
Cleft Palate			Hydrocephalus			Missing Digits		
Cleft Lip and Palate			Development			Extra Digits		
Eye			Autism			Missing Limbs		
Crossed Eyes			Mental Retardation			Dwarfism		
Droopy Eye Lid			Down Syndrome			Rickets		
Poor Vision			Learning Disabilities			Scoliosis		
Blindness (one or both)			Colon			Liver		
Cataracts			Anal Atresia			Hepatitis B		
Glaucoma			Megacolon			Hepatitis C		
Missing Eye			Urinary			Lung		
Ear			Hernia			Tuberculosis		
Microsia			Kidney (missing one)			Speech		
Hearing Loss			Undescended Testes			Mute		
Deafness			Ambiguous Genetalia			Speech Delay		