



*A Love Beyond Borders*

## **Application for Home Study and Adoption Services**

Welcome to A Love Beyond Borders' (ALBB) application. Completion and submission of this application is required for all clients who seek to engage in Home Study or Adoption Services with ALBB, including returning clients.

After completing the application, you are encouraged to print a copy for your records and future use. All information provided is securely stored and kept confidential.

By completing and submitting this application and commiserate fee, I / We, the foregoing applicant(s), acknowledge that any applicant who knowingly or willfully makes a false statement of any material fact or thing in this application is guilty of perjury in the second (2nd) degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.

If you have any questions or problems while completing this application, please email or call us.

A Love Beyond Borders  
info@bbinternationaladoption.com / 303.333.1572  
6000 E. Evans Ave., 1-020, Denver, CO 80222

### **Applicant 1**

Please enter full, legal name as it appears on your government issued identification.

1. First Name \_\_\_\_\_
2. Middle Name \_\_\_\_\_
3. Last Name \_\_\_\_\_
4. Gender \_\_\_\_\_
5. Cell Phone \_\_\_\_\_

6. Home Phone \_\_\_\_\_
7. Work Phone \_\_\_\_\_
8. Personal Email Address \_\_\_\_\_
9. Work Email Address \_\_\_\_\_
10. Preferred Daytime Phone (Cell, Home, or Work) \_\_\_\_\_
11. Preferred Daytime Email (Personal or Work) \_\_\_\_\_
12. Preferred Evening Phone \_\_\_\_\_
13. Preferred Evening Email \_\_\_\_\_
14. Fax # \_\_\_\_\_

**Applicant 2**

Please enter full, legal name as it appears on your government issued identification.

15. First Name \_\_\_\_\_
16. Middle Name \_\_\_\_\_
17. Last Name \_\_\_\_\_
18. Gender \_\_\_\_\_
19. Cell Phone \_\_\_\_\_
20. Home Phone \_\_\_\_\_
21. Work Phone \_\_\_\_\_
22. Personal Email Address \_\_\_\_\_
23. Work Email Address \_\_\_\_\_
24. Preferred Daytime Phone (Cell, Home, or Work) \_\_\_\_\_
25. Preferred Daytime Email (Personal or Work) \_\_\_\_\_
26. Preferred Evening Phone \_\_\_\_\_

27. Preferred Evening Email \_\_\_\_\_

28. Fax # \_\_\_\_\_

Family Address (Current Physical Residence)

29. Street Address \_\_\_\_\_

30. Street Address Line 2 \_\_\_\_\_

31. City \_\_\_\_\_

32. State \_\_\_\_\_

33. Zip Code \_\_\_\_\_

34. County of Residence \_\_\_\_\_

35. Country \_\_\_\_\_

36. If your shipping address is different from your physical address, provide that here

\_\_\_\_\_

**Adoption Questions**

37. Why do you want to adopt?

38. Have you adopted previously? If yes, where and which agency did you use?

**Adoptive Child Preferences**

Please note: If you are accepted into one of our programs, that acceptance will be strongly based on the child preferences you indicate below and those you specify in your special needs checklist that you will submit as part of the application process.

If you change those child preferences during your research, pre-adoption education or home study process, it is critical that you first notify your ALBB program coordinator before finalizing your home study. If your preferences change and fall outside those in which we approved you, it could drastically change your timeline for the adoption or potentially lead to your ineligibility or

the type of children available for adoption. Please talk with us before making changes so we can explain the consequences of those changes and you may move forward fully informed.

39. How many children are you hoping to adopt? \_\_\_\_\_

40. Gender (Options: Either, Female only, Female preferred, Male only, Male preferred) \_\_\_\_\_

41. If you are interested in more than one child, do you have a preference for how the children are related? (Options: No sibling preference, sibling preferred, sibling mandatory, one child only) \_\_\_\_\_

42. Preferred minimum child age, if any (Children eligible for the hosting program will be at least 9 years old.) \_\_\_\_\_

43. Preferred maximum child age, if any. \_\_\_\_\_

For the following questions, please indicate **yes, no, or maybe**:

- Would you consider a child with correctable medical problems? \_\_\_\_\_
- Would you consider a child with no known family history? \_\_\_\_\_
- Will you consider adopting a child of an ethnicity/race other than your own? \_\_\_\_\_
- Would you consider a child with correctable special needs? \_\_\_\_\_
- Would you consider a child with non-correctable special needs? \_\_\_\_\_
- Many children available for international adoption have spent time in orphanages and are more likely to have developmental and/or behavioral delays as a result.  
Would you consider a child with these types of delays? \_\_\_\_\_
- Would you consider a child with limited health records? \_\_\_\_\_

44. Are you seeking to adopt a child that is related to you? \_\_\_\_\_

a. Child's Name \_\_\_\_\_

b. Child's DOB \_\_\_\_\_

c. Relationship to you \_\_\_\_\_

45. Are you seeking to adopt one of our waiting children? \_\_\_\_\_

a. If yes, what is the name of the waiting child? \_\_\_\_\_

### **Referral Information**

46. Referral Source \_\_\_\_\_

47. Do you know of anyone who has previously adopted through this agency? If yes, whom? \_\_\_\_\_

### **Home Study Agency for Clients Living Outside of Colorado**

Please click the check box below once you have read this paragraph and verified the status of your home study agency. It is important that you, the applicant, understand that the agency that you select to perform your home study be Hague Accredited or is working in conjunction with a Hague Accredited agency. The U.S. Department of State now requires that home studies for international adoptions be completed or approved by a home study agency that is Hague Accredited.

To determine if your home study agency is accredited, please [click here](#) to be directed to a site to search for Hague accredited agencies. On the search site, you can search by the name of your selected agency by selecting the "Hague-Adoption Service Provider" check box and entering the name in the "Organization/Program Name or ZIP/Postal Code" or you can search for all accredited agencies in your area by selecting "Hague-Adoption Service Provider" check box and entering your zip code or selecting your state in the "State/Province" list.

I verify that my Home Study agency is Hague Accredited and understand that if my Home Study is produced by a non-accredited agency I will be required to pay an additional fee for further Hague review

1. Home Study Agency Name \_\_\_\_\_

2. Has your application been submitted to, and accepted by, this agency? \_\_\_\_\_

3. Home Study Agency City \_\_\_\_\_
4. Home Study Agency State \_\_\_\_\_
5. Home Study Social Worker \_\_\_\_\_
6. Home Study Agency Phone \_\_\_\_\_
7. Home Study Agency Email \_\_\_\_\_

Adoption Placement Agency (if not A Love Beyond Borders)

*Must be a licensed agency. Use of independent facilitators is not allowed by Colorado adoption regulations.*

1. Placing Agency Name \_\_\_\_\_
2. Placing Agency City \_\_\_\_\_
3. Placing Agency State \_\_\_\_\_
4. Placing Agency Case Manager \_\_\_\_\_
5. Placing Agency Phone \_\_\_\_\_
6. Placing Agency Email \_\_\_\_\_
7. Country of Adoption with Placing Agency \_\_\_\_\_
8. Hague Accredited (Yes/No) \_\_\_\_\_

## Applicant 1 Profile

1. Other Known Names / Maiden Name \_\_\_\_\_
2. Age \_\_\_\_\_
3. DOB \_\_\_\_\_
4. Social Security Number \_\_\_\_\_
5. Place of Birth (city, state, country) \_\_\_\_\_
6. Citizenship \_\_\_\_\_
7. If you are not a citizen of the U.S. what is your residency status? \_\_\_\_\_
8. Passport Number \_\_\_\_\_
9. Passport Expiration Date \_\_\_\_\_
10. Religion (if any) \_\_\_\_\_

*LBB does not withhold services on the basis of religion, but some of the orphanages we work with require Statements of Faith from Christians. If you are adopting from certain countries, 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. If you want to adopt from one of these countries, please let us know your religious affiliation so we can best assist you.*

11. Education Level \_\_\_\_\_
12. Area of Study \_\_\_\_\_
13. Ethnicity/Race \_\_\_\_\_
14. Eye Color \_\_\_\_\_
15. Hair Color \_\_\_\_\_
16. Height \_\_\_\_\_
17. Weight \_\_\_\_\_
18. Occupation \_\_\_\_\_
19. Employer \_\_\_\_\_

20. Employed Since \_\_\_\_\_

21. Annual Gross Salary \_\_\_\_\_

22. **States and Countries of Residence** (The States and Countries of Residence field is required if you are a resident of Colorado. If you are adopting internationally please list all states/countries outside of Colorado in which you have resided since you were 18 years old. If you are adopting domestically, you must list all state/countries outside of Colorado in which you have resided for the past 5 years. If you have not resided out of the state of Colorado enter "None". You may use postal abbreviations (e.g. CA, MA, etc) or you can enter the full state or country name.)

23. Special Interests & Hobbies

### Home Study History

If Applicant 1 and Applicant 2 have participated in the same Home Study in the past, you only need to enter the information regarding the Home Study once in the application (i.e. Applicant 2 will not be required to enter information about the same Home Study).

1. Ap 1 Have you ever participated in a Home Study process?  Yes  No

2. Ap 1 If yes, what was the result of the Home Study?\* \_\_\_\_\_

3. Ap 1 What type of Home Study?\* \_\_\_\_\_

4. Ap 1 Date Home Study Process Ended\* \_\_\_\_\_

5. Ap 1 Agency or County Social Services Department The Performed Study\*



## **Applicant 1 Background Information**

Has Applicant 1 ever had one of the following? Indicating yes to one of these does not necessarily preclude you from adopting but it is important information for us to have to best assist you. Each applicant has a duty of candor and must: A. Give true and complete information to the agency, B. 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 may be able to establish sufficient rehabilitation. C. Disclose other relevant information, such as physical, mental or emotional health issues, or behavioral issues.

For applicants adopting internationally such problems may not necessarily preclude approval of a Form I-800A or I600A, if, for example, they have been or are being successfully treated. This duty of candor is an ongoing duty and continues while the Form I-800A/I-600A is pending, after the Form is approved, and while any subsequent Form I-800/I600 is pending, and until there is a final decision admitting the Hague Convention or non-Hague adoptee to the United States as a lawful permanent resident. The PAP and any additional adult member of the household must notify the home study preparer and USCIS of any new event or information that might warrant submission of an amended or updated home study.

1. Declared bankruptcy or foreclosed on a home?\*

**Yes**    **No**

2. Is Ap 1 currently or ever been under psychiatric care or hospitalization?\*

**Yes**    **No**

3. Does Ap 1 have a chronic or debilitating illness?\*

**Yes**    **No**

4. Is Ap 1 currently or ever been, on anti-depressants or anti-anxiety medications?\*

**Yes**    **No**

5. Has Ap 1 ever received a dishonorable discharge from military service?\*

**Yes**    **No**

6. Has Ap 1 ever placed a child for adoption?\*

**Yes**    **No**

7. Has Ap 1 ever dissolved or disrupted a child's adoption?\*

**Yes**    **No**

8. Has Ap 1 ever been convicted of any type of felony?\*

Yes  No

9. Has Ap 1 been in treatment for alcohol or substance abuse?\*

Yes  No

10. Has Ap 1 ever been past due on any court ordered installment of child support?\*

Yes  No

11. Has Ap 1 ever been denied by an adoption agency?\*

Yes  No

12. Has Ap 1 ever had a child removed from their home or custodial care for any reason?\*

Yes  No

13. Has Ap 1 ever been arrested for physical abuse, domestic abuse, child abuse or neglect, sexual abuse?\*

Yes  No

14. Has Ap 1 ever been investigated or arrested and convicted for physical abuse, domestic abuse, child abuse or neglect, sexual abuse?\*

Yes  No

15. Has Ap 1 ever had any arrests, charges, and/or convictions of any criminal offense, or any deferred judgements or prosecutions?\*

Yes  No

16. Does Ap 1 have a history, either as a victim or perpetrator, of child abuse, child neglect, sexual abuse, or domestic violence whether or not it resulted in an arrest or conviction?\*

Yes  No

17. Is Ap 1 now, or attempting or hopeful of becoming pregnant within the next two years?\*

Yes  No

18. Does Ap 1 have medically documented infertility?\*

Yes  No  No Response

19. Has Ap1 ever transferred or received permanent custody of a child outside of the state/local authorities or outside of the state/local process?\*

Yes  No

If you have answered yes to any of the questions above, please describe the circumstances here.

### **Applicant 1 Extended Family Members**

FOR COLORADO HOME STUDY CLIENTS ONLY. In this section, you will describe your parents and siblings

#### **Family Member #1**

Describe your parent or sibling and make sure to include **all** the information about them listed below.

- Full name
- DOB
- Relationship to you
- Primary phone number
- Alternate phone number
- Email address
- Physical address (street, city, state, zip code, country),
- Health issues
- Occupation
- Marital status
- Children

#### **Family Member #2**

Describe your parent or sibling and make sure to include **all** the information about them listed below.

- Full name
- DOB
- Relationship to you
- Primary phone number
- Alternate phone number
- Email address
- Physical address (street, city, state, zip code, country),
- Health issues
- Occupation
- Marital status
- Children

### **Family Member #3**

Describe your parent or sibling and make sure to include ***all*** the information about them listed below.

- Full name
- DOB
- Relationship to you
- Primary phone number
- Alternate phone number
- Email address
- Physical address (street, city, state, zip code, country),
- Health issues
- Occupation
- Marital status
- Children

### **Family Member #4**

Describe your parent or sibling and make sure to include ***all*** the information about them listed below.

- Full name
- DOB
- Relationship to you
- Primary phone number
- Alternate phone number
- Email address
- Physical address (street, city, state, zip code, country),
- Health issues
- Occupation
- Marital status
- Children

### **Family Member #5**

Describe your parent or sibling and make sure to include ***all*** the information about them listed below.

- Full name
- DOB
- Relationship to you
- Primary phone number
- Alternate phone number
- Email address
- Physical address (street, city, state, zip code, country),
- Health issues
- Occupation
- Marital status
- Children

### Family Member #6

Describe your parent or sibling and make sure to include **all** the information about them listed below.

- Full name
- DOB
- Relationship to you
- Primary phone number
- Alternate phone number
- Email address
- Physical address (street, city, state, zip code, country),
- Health issues
- Occupation
- Marital status
- Children

### Applicant 2 Profile

1. Other Known Names / Maiden Name \_\_\_\_\_
2. Age \_\_\_\_\_
3. DOB \_\_\_\_\_
4. Social Security Number \_\_\_\_\_
5. Place of Birth (city, state, country) \_\_\_\_\_
6. Citizenship \_\_\_\_\_
7. If you are not a citizen of the U.S. what is your residency status? \_\_\_\_\_
8. Passport Number \_\_\_\_\_
9. Passport Expiration Date \_\_\_\_\_
10. Religion (if any) \_\_\_\_\_

*LBB does not withhold services on the basis of religion, but some of the orphanages we work with require Statements of Faith from Christians. If you are adopting from certain countries, 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. If you want to adopt from one of these countries, please let us know your religious affiliation so we can best assist you.*

11. Education Level \_\_\_\_\_
12. Area of Study \_\_\_\_\_
13. Ethnicity/Race \_\_\_\_\_
14. Eye Color \_\_\_\_\_
15. Hair Color \_\_\_\_\_
16. Height \_\_\_\_\_
17. Weight \_\_\_\_\_
18. Occupation \_\_\_\_\_
19. Employer \_\_\_\_\_
20. Employed Since \_\_\_\_\_
21. Annual Gross Salary \_\_\_\_\_
22. States and Countries of Residence (The States and Countries of Residence field is required if you are a resident of Colorado. If you are adopting internationally please list all states/countries outside of Colorado in which you have resided since you were 18 years old. If you are adopting domestically, you must list all state/countries outside of Colorado in which you have resided for the past 5 years. If you have not resided out of the state of Colorado enter "None". You may use postal abbreviations (e.g. CA, MA, etc) or you can enter the full state or country name.)

23. Special Interests & Hobbies

### Home Study History

1. Ap 2 Have you ever participated in a Home Study process?  Yes  No
2. Ap 2 If yes, what was the result of the Home Study?\* \_\_\_\_\_

3. Ap 2 What type of Home Study?\* \_\_\_\_\_
4. Ap 2 Date Home Study Process Ended\* \_\_\_\_\_
5. Ap2 Agency or County Social Services Department The Performed Study\*

## **Applicant 2 Background Information**

Indicating yes to one of these does not necessarily preclude you from adopting but it is important information for us to have to best assist you. Each applicant has a duty of candor and must: A. Give true and complete information to the agency, B. 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 may be able to establish sufficient rehabilitation. C. Disclose other relevant information, such as physical, mental or emotional health issues, or behavioral issues.

For applicants adopting internationally such problems may not necessarily preclude approval of a Form I-800A or I600A, if, for example, they have been or are being successfully treated. This duty of candor is an ongoing duty and continues while the Form I-800A/I-600A is pending, after the Form is approved, and while any subsequent Form I-800/I600 is pending, and until there is a final decision admitting the Hague Convention or non-Hague adoptee to the United States as a lawful permanent resident. The PAP and any additional adult member of the household must notify the home study preparer and USCIS of any new event or information that might warrant submission of an amended or updated home study.

1. Declared bankruptcy or foreclosed on a home?\*
- Yes**    **No**
2. Is Ap 2 currently or ever been under psychiatric care or hospitalization?\*
- Yes**    **No**
3. Does Ap 2 have a chronic or debilitating illness?\*
- Yes**    **No**
4. Is Ap 2 currently or ever been, on anti-depressants or anti-anxiety medications?\*
- Yes**    **No**
5. Has Ap 2 ever received a dishonorable discharge from military service?\*
- Yes**    **No**

6. Has Ap 2 ever placed a child for adoption?\*

Yes  No

7. Has Ap 2 ever dissolved or disrupted a child's adoption?\*

Yes  No

8. Has Ap 2 ever been convicted of any type of felony?\*

Yes  No

9. Has Ap 2 been in treatment for alcohol or substance abuse?\*

Yes  No

10. Has Ap 2 ever been past due on any court ordered installment of child support?\*

Yes  No

11. Has Ap 2 ever been denied by an adoption agency?\*

Yes  No

12. Has Ap 2 ever had a child removed from their home or custodial care for any reason?\*

Yes  No

13. Has Ap 2 ever been arrested for physical abuse, domestic abuse, child abuse or neglect, sexual abuse?\*

Yes  No

14. Has Ap 2 ever been investigated or arrested and convicted for physical abuse, domestic abuse, child abuse or neglect, sexual abuse?\*

Yes  No

15. Has Ap 2 ever had any arrests, charges, and/or convictions of any criminal offense, or any deferred judgements or prosecutions?\*

Yes  No



16. Does Ap 2 have a history, either as a victim or perpetrator, of child abuse, child neglect, sexual abuse, or domestic violence whether or not it resulted in an arrest or conviction?\*

Yes  No

17. Is Ap 2 now, or attempting or hopeful of becoming pregnant within the next two years?\*

Yes  No

18. Does Ap 2 have medically documented infertility?\*

Yes  No  No Response

19. Has Ap2 ever transferred or received permanent custody of a child outside of the state/local authorities or outside of the state/local process?\*

Yes  No

If you have answered yes to any of the questions above, please describe the circumstances here.

## **Applicant 2 Extended Family Members**

FOR COLORADO HOME STUDY CLIENTS ONLY. In this section, you will describe your parents and siblings

### **Family Member #1**

Describe your parent or sibling and make sure to include **all** the information about them listed below.

- Full name
- DOB
- Relationship to you
- Primary phone number
- Alternate phone number
- Email address
- Physical address (street, city, state, zip code, country),
- Health issues
- Occupation
- Marital status
- Children

### **Family Member #2**

Describe your parent or sibling and make sure to include **all** the information about them listed below.

- Full name
- DOB
- Relationship to you
- Primary phone number
- Alternate phone number
- Email address
- Physical address (street, city, state, zip code, country),
- Health issues
- Occupation
- Marital status
- Children

### **Family Member #3**

Describe your parent or sibling and make sure to include **all** the information about them listed below.

- Full name
- DOB
- Relationship to you
- Primary phone number
- Alternate phone number
- Email address
- Physical address (street, city, state, zip code, country),
- Health issues
- Occupation
- Marital status
- Children

### **Family Member #4**

Describe your parent or sibling and make sure to include **all** the information about them listed below.

- Full name
- DOB
- Relationship to you
- Primary phone number
- Alternate phone number
- Email address
- Physical address (street, city, state, zip code, country),
- Health issues
- Occupation
- Marital status
- Children

**Family Member #5**

Describe your parent or sibling and make sure to include **all** the information about them listed below.

- Full name
- DOB
- Relationship to you
- Primary phone number
- Alternate phone number
- Email address
- Physical address (street, city, state, zip code, country),
- Health issues
- Occupation
- Marital status
- Children

**Family Member #6**

Describe your parent or sibling and make sure to include **all** the information about them listed below.

- Full name
- DOB
- Relationship to you
- Primary phone number
- Alternate phone number
- Email address
- Physical address (street, city, state, zip code, country),
- Health issues
- Occupation
- Marital status
- Children

**Skype Address** (Only required when applying to our Colombia adoption or hosting programs.)

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**Marriage**

If you are married, date of marriage \_\_\_\_\_

Location of Marriage city, state, country \_\_\_\_\_

## Children

### List all children from current and previous marriages.

Please note that for Colorado residents completing a home study with LBB, any individuals living in the family home that are 18 years of age or older are required to complete a separate application and provide clearances, medical reports and meet with the social worker.

#### Child 1

1. Full Legal Name \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Adopted  Yes  No
4. Living in Home  Yes  No If No, place of residence (city & state) & why they reside there (e.g., college, living with former spouse, living independently)  
\_\_\_\_\_
5. Child from Current or Previous Marriage or Single Parent?  
 Current Marriage  Previous Marriage  Single Parent

#### Child 2

6. Full Legal Name \_\_\_\_\_
7. Date of Birth \_\_\_\_\_
8. Adopted  Yes  No
9. Living in Home  Yes  No If No, place of residence (city & state) & why they reside there (e.g., college, living with former spouse, living independently)  
\_\_\_\_\_
10. Child from Current or Previous Marriage or Single Parent?  
 Current Marriage  Previous Marriage  Single Parent

#### Child 3

11. Full Legal Name \_\_\_\_\_

12. Date of Birth \_\_\_\_\_

13. Adopted  Yes  No

14. Living in Home  Yes  No If No, place of residence (city & state) & why they reside there (e.g., college, living with former spouse, living independently)

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15. Child from Current or Previous Marriage or Single Parent?

Current Marriage  Previous Marriage  Single Parent

#### Child 4

16. Full Legal Name \_\_\_\_\_

17. Date of Birth \_\_\_\_\_

18. Adopted  Yes  No

19. Living in Home  Yes  No If No, place of residence (city & state) & why they reside there (e.g., college, living with former spouse, living independently)

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20. Child from Current or Previous Marriage or Single Parent?

Current Marriage  Previous Marriage  Single Parent

#### Persons Other Than Children Living in Family Home

Enter all persons, that are not your children, living in home (except Applicant 1 and Applicant 2). Please note that for Colorado Residents completing a home study with LBB, any individuals living in the family home that are 18 years of age or older are required to complete a separate application and provide clearances, medical reports and meet with the social worker.

Do you have any other persons living in the family home? \_\_\_\_\_

#### Person Living in Family Home 1

1. Full Legal Name \_\_\_\_\_

2. Birth Date \_\_\_\_\_
3. Gender \_\_\_\_\_
4. Relationship to Family \_\_\_\_\_
5. Additional Information

**Person Living in Family Home 2**

1. Full Legal Name \_\_\_\_\_
2. Birth Date \_\_\_\_\_
3. Gender \_\_\_\_\_
4. Relationship to Family \_\_\_\_\_
5. Additional Information

**Person Living in Family Home 3**

1. Full Legal Name \_\_\_\_\_
2. Birth Date \_\_\_\_\_
3. Gender \_\_\_\_\_
4. Relationship to Family \_\_\_\_\_
5. Additional Information

**Emergency Contact**

1. Emergency contact First Name \_\_\_\_\_
2. Emergency contact Last Name \_\_\_\_\_
3. Emergency contact Phone Number \_\_\_\_\_
4. Emergency contact Relationship \_\_\_\_\_

## References

References need only be provided if LBB will be performing a home study for you. Please provide contact information for **four** references. The references **cannot** be family members.

### Reference 1

1. Name \_\_\_\_\_
2. Relationship \_\_\_\_\_
3. Phone \_\_\_\_\_
4. Email Address \_\_\_\_\_
5. Address \_\_\_\_\_
6. City, State, & Zip Code \_\_\_\_\_

### Reference 2

1. Name \_\_\_\_\_
2. Relationship \_\_\_\_\_
3. Phone \_\_\_\_\_
4. Email Address \_\_\_\_\_
5. Address \_\_\_\_\_
6. City, State, & Zip Code \_\_\_\_\_

### Reference 3

1. Name \_\_\_\_\_
2. Relationship \_\_\_\_\_
3. Phone \_\_\_\_\_
4. Email Address \_\_\_\_\_

5. Address \_\_\_\_\_

6. City, State, & Zip Code \_\_\_\_\_

#### **Reference 4**

1. Name \_\_\_\_\_

2. Relationship \_\_\_\_\_

3. Phone \_\_\_\_\_

4. Email Address \_\_\_\_\_

5. Address \_\_\_\_\_

6. City, State, & Zip Code \_\_\_\_\_

#### **Permission To Charge Fedex Account**

During the course of your adoption we will occasionally be required to ship/receive documents on your behalf in a secure and expedited manner. This includes sending documents to locations within the United States (such as to Embassies, government offices, out of state agencies, etc), between agencies within the US and international locations (such as foreign ministries, orphanages, attorneys, facilitators, etc). To enable us to serve you in an efficient manner, it is required that you provide us with your FedEx account number. By giving us this number you are authorizing us to use your account to ship adoption-related documents on your behalf.

If you have not already done so, you may open a personal account with Federal Express. [Click here](#) to open your account online.

Fedex Account Number

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#### **Release For Social Networking**

A Love Beyond Borders joyfully celebrates the union of each child/ren adopted by our clients, and one way we do this is publically sharing the happy news via photo of the child/family and congratulations on LBB's Social Media outlets (such as agency website's Welcome Home page, Facebook and Twitter, etc). To protect the safety of the child/ren and family, full names and exact location is kept private and never shared publicly. Information is generic and an example is: Welcome home Tatiana, from Russia with love (with photo), or Congratulations Smith Family on the adoption of Samantha (with photo).



I do hereby authorize to A Love Beyond Borders permission to publicly exhibit in print or electronically my child's photo after adoption.  **Yes**  **No**

### **Use of Marijuana Policy**

Despite the recent legalization of marijuana in the states of Colorado and Washington, its use remains illegal in the remaining states, on a Federal level and in many countries throughout the world. As a result, A Love Beyond Borders prohibits the use of marijuana in any form by adoptive applicants.

Applicant 1, I certify that I understand and agree with this policy.

Applicant 2, I certify that I understand and agree with this policy.

### **Perjury Statement**

Please open and read the "Perjury Statement" by clicking on the link below. You must verify that you have read and understand the Perjury Statement by clicking the appropriate check box(es) below.

[Click here to view and print the Perjury Statement](#)

Applicant 1, I certify that I have read and understand the "Perjury Statement".

Applicant 2, I certify that I have read and understand the "Perjury Statement".

### **Disclosure Statement for Adoptive Applicants**

Please open and read the "Disclosure Statement for Adoptive Applicants" by clicking on the link below. You must verify that you have read and understand the Disclosure Statement by clicking the appropriate check box(es) below.

[Click here to view and print the Disclosure Statement for Adoptive Applicants](#)

Applicant 1, I certify that I have read and understand the "Disclosure Statement for Adoptive Applicants".

Applicant 2, I certify that I have read and understand the "Disclosure Statement for Adoptive Applicants".

## Authorization for Release of Confidential Information

Please open and read the "Authorization For Release of Confidential Information" by clicking on the link below. You must verify that you have read and understand the document by clicking the appropriate check box(es) below.

[Click here to view and print the Authorization For Release of Confidential Information](#)

Applicant 1, I certify that I have read and understand the "Authorization to Release Confidential Information".

Applicant 2, I certify that I have read and understand the "Authorization to Release Confidential Information".

## Family Photo

I (we) will attach a family photo with this completed application.

## Signatures

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.

Applicant 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Email this completed application to [homestudy@pairtreefamily.com](mailto:homestudy@pairtreefamily.com).**