



INTERNATIONAL CHRISTIAN ADOPTIONS

A Voice of HOPE for Children Worldwide

Dear Prospective Family,

Welcome to International Christian Adoptions! We are pleased you are embarking on an exciting journey to love and care for vulnerable children. Every child deserves hope and a bright future. It is our mission to offer hope in the love and compassion of Jesus Christ.

The foster and/or adoption process can be very intimidating; however, we do not want you to be overwhelmed. Be assured we will walk closely with you, each and every step.

To begin the process, complete the no-cost, no-obligation ICA Application attached. If you have any questions or concerns completing the application, we are here to help.

Once your application is reviewed and approved the assessment process begins including background checks, Live Scan Clearances as well as starting the initial Parent Training courses.

Together we will explore how joy and heartbreak; hope and sorrow intertwine to bring healing to a child.

Thank you, again!

Blessings, ICA Staff

APPLICATION

OFFICE USE ONLY		
Please check a program.		
<input type="checkbox"/> AO	<input type="checkbox"/> SH	<input type="checkbox"/> NB
<input type="checkbox"/> INTL	<input type="checkbox"/> LTFC	<input type="checkbox"/> URM

Please type or print clearly, giving complete and accurate information as required. Thank you!

Last Name Only		Mobile Number (A#1)	
Home Phone		Work Number (A#2)	
Fax Number		Mobile Number (A#1)	
Email Address		Work Number (A#2)	
Street/Mailing Address			
City/State/Zip Code			
Directions to your home			

1. SOCIAL INFORMATION

	APPLICANT #1	APPLICANT #2
Name		
Date of Birth		
Birth Place		
Driver's License	(Attach a Copy) <input type="text"/>	(Attach a Copy) <input type="text"/>
Education (Degree)		
Schools Attended		
Occupation		
Military Experience		
	(Branch, Rank, and Date)	(Branch, Rank, and Date)
Hobbies/Interests		
Community Activities		

2. MARRIAGE

Date

Place of Marriage (Church Name or Other)

By Whom? Title Name

Location (City, State, and Country)

FORMER MARRIAGES

Applicant #1	Date	<input type="text"/>	To Whom - Name	<input type="text"/>	Status <input type="radio"/> Divorced <input type="radio"/> Deceased	Date	<input type="text"/>
	Place	<input type="text"/>					
Applicant #2	Date	<input type="text"/>	To Whom - Name	<input type="text"/>	Status <input type="radio"/> Divorced <input type="radio"/> Deceased	Date	<input type="text"/>
	Place	<input type="text"/>					

3. RELIGION

Place of Worship Name

Address

Pastor's Name Church Phone Number

Are You Full Members? Applicant #1 ☐ Yes ☐ No Applicant #2 ☐ Yes ☐ No

Distance from home

Activities Involved In

4. HEALTH

APPLICANT #1

APPLICANT #2

Physician's Name

Physician's Address

Telephone Number

List Medical Problems for which Treatment is needed

Specialists who have treated you

Name Address Phone #

Name Address Phone #

Have you had any mental health problems for which you have needed treatment and/or hospitalization? ☐ Yes ☐ No

Explain:

Are you undergoing any kind of therapy? ☐ Yes ☐ No

Explain:

Are you taking any medication? ☐ Yes ☐ No

Explain:

5. HOME AND COMMUNITY

List all the persons living in your home, excluding you (include children, relatives, boarders, etc.)

NAME	BIRTH DATE	RELATIONSHIP	OCCUPATION/SCHOOL GRADE

To which school would you send a child (name of school)

City Distance from your house

6. ECONOMIC CONDITION AND WORK HISTORY (CURRENT EMPLOYMENT)

APPLICANT #1

APPLICANT #2

Company Name

Position/Title

Date of Hire

Benefits

Supervisor's Name

Company Address

Gross Income

7. HOUSING AND AUTOMOBILE INFORMATION

HOME

Own ☐ Yes ☐ No

Monthly Payment

Square Footage

Rent ☐ Yes ☐ No

Number of Bedrooms

CAR(S)

Make and Year

Make and Year

Make and Year

Proof of Auto Insurance (for transporting children) ☐ Yes ☐ No

8. REFERENCES

List three (3) references that we may contact, giving ICA complete information below, who have known you well for a number of years.

Please DO NOT include relatives, family physicians, or pastors.

NAME	COMPLETE ADDRESS	TELEPHONE NUMBER	RELATIONSHIP

Are you working with another foster care, adoption or program agency? ☐ Yes ☐ No

Have you ever been rejected as a foster or adoptive parent or have you ever been the subject of an unfavorable Home Study? ☐ Yes ☐ No

Explain:

9. CRIMINAL HISTORY

Have you ever been accused or arrested for child abuse, neglect, and/or molestation? ☐ Yes ☐ No

Explain:

Have you ever been accused or arrested for spousal abuse? ☐ Yes ☐ No

Explain:

Have you ever been arrested? ☐ Yes ☐ No *If Yes, please list offenses and dates with an explanation.*

Explain:

***** Please provide ICA with a Notice of Final Disposition from the court records for any offenses listed above. *****

ICA carries liability insurance for the protection of our staff, families and children.

We have carefully and honestly completed this application. An agency representative may verify this information about our family. We understand that the acceptance of this application and approval of our family assessment is the decision of the staff. We will tell the staff of any changes prior to approval. We declare under penalty of perjury that the foregoing is true and correct. We release any and all information in our files to other appropriate adoption agency, foster care or other program, state and/or foreign authorities involved in our adoption process. (Failure to disclose information or make any misrepresentations can result in immediate termination.)

Applicant #1's Signature

Date

Applicant #1's Name (Print)

Applicant #2's Signature

Date

Applicant #2's Name (Print)

APPLICANT #1

Please list in FULL, your past resident addresses since you were 18 years old to the present.

Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	County <input type="text"/>
Country <input type="text"/>	Dates you lived here from <input type="text"/> to <input type="text"/>		

Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	County <input type="text"/>
Country <input type="text"/>	Dates you lived here from <input type="text"/> to <input type="text"/>		

Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	County <input type="text"/>
Country <input type="text"/>	Dates you lived here from <input type="text"/> to <input type="text"/>		

Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	County <input type="text"/>
Country <input type="text"/>	Dates you lived here from <input type="text"/> to <input type="text"/>		

Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	County <input type="text"/>
Country <input type="text"/>	Dates you lived here from <input type="text"/> to <input type="text"/>		

Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	County <input type="text"/>
Country <input type="text"/>	Dates you lived here from <input type="text"/> to <input type="text"/>		

APPLICANT #2

Please list in FULL, your past resident addresses since you were 18 years old to the present.

Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	County <input type="text"/>
Country <input type="text"/>	Dates you lived here from <input type="text"/> to <input type="text"/>		

Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	County <input type="text"/>
Country <input type="text"/>	Dates you lived here from <input type="text"/> to <input type="text"/>		

Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	County <input type="text"/>
Country <input type="text"/>	Dates you lived here from <input type="text"/> to <input type="text"/>		

Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	County <input type="text"/>
Country <input type="text"/>	Dates you lived here from <input type="text"/> to <input type="text"/>		

Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	County <input type="text"/>
Country <input type="text"/>	Dates you lived here from <input type="text"/> to <input type="text"/>		

ADDITIONAL ADULT LIVING IN THE HOME (18 AND OVER)

RFA Family Name

Name Relationship to Family

Please list in FULL, your past resident addresses since you were 18 years old to the present.

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Zip	<input type="text"/>
	Dates you lived here from		<input type="text"/>
			to <input type="text"/>

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Zip	<input type="text"/>
	Dates you lived here from		<input type="text"/>
			to <input type="text"/>

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Zip	<input type="text"/>
	Dates you lived here from		<input type="text"/>
			to <input type="text"/>

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Zip	<input type="text"/>
	Dates you lived here from		<input type="text"/>
			to <input type="text"/>

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Zip	<input type="text"/>
	Dates you lived here from		<input type="text"/>
			to <input type="text"/>

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Zip	<input type="text"/>
	Dates you lived here from		<input type="text"/>
			to <input type="text"/>

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Zip	<input type="text"/>
	Dates you lived here from		<input type="text"/>
			to <input type="text"/>

CAREGIVER(S) (MUST BE 18 AND OVER)

RFA Family Name

Name Relationship to Family

Please list in FULL, your past resident addresses since you were 18 years old to the present.

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Zip	<input type="text"/>
	Dates you lived here from		<input type="text"/>
			to <input type="text"/>

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Zip	<input type="text"/>
	Dates you lived here from		<input type="text"/>
			to <input type="text"/>

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Zip	<input type="text"/>
	Dates you lived here from		<input type="text"/>
			to <input type="text"/>

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Zip	<input type="text"/>
	Dates you lived here from		<input type="text"/>
			to <input type="text"/>

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Zip	<input type="text"/>
	Dates you lived here from		<input type="text"/>
			to <input type="text"/>

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Zip	<input type="text"/>
	Dates you lived here from		<input type="text"/>
			to <input type="text"/>

ARRESTS AND CONVICTIONS

NO MATTER ...

- WHAT AGE YOU WERE AT THE TIME
- HOW LONG AGO
- IF IT OCCURRED IN ANOTHER STATE
- HOW MINUTE

NO EXCEPTIONS ...

1. YOU ARE TO GO TO THE COURT IN THE JURISDICTION OVER YOUR PARTICULAR CASE(S) FOR CERTIFIED DOCUMENTS. *(THE WHO, WHAT, WHERE, HOW, AND WHY OF YOUR CASE).*
2. IF THE COURT NO LONGER HAS RECORDS OF YOUR CASE, YOU MUST GO TO THE DEPARTMENT OF JUSTICE (DOJ) AND OBTAIN A PRINT OUT OF YOUR RECORD.
3. YOU MUST WRITE OUT AN EXPLANATION *(WHO, WHAT, WHERE, HOW, WHY, AND END RESULT)* FOR EACH OFFENSE.

Initial

Initial

ASSESSMENT TOOL QUESTIONNAIRE

1. How did you hear about ICA?

2. ☐ Single ☐ Married Number of years married

Is the decision to have a child in your home mutual? ☐ Yes ☐ No

3. Number of children in the home

Birth Date Grade ☐ Boy ☐ Girl ☐ Biological Child?

Birth Date Grade ☐ Boy ☐ Girl ☐ Biological Child?

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Birth Date Grade ☐ Boy ☐ Girl ☐ Biological Child?

4. Are other adult(s) residing in your home agreeable to child coming into your home? ☐ Yes ☐ No

Adults' relationship to you

5. Reason/motive for desiring a child in your home?

6. Extended family members' feelings about a child coming into your family?

7. What challenges/concerns do you foresee in having a child placed in your home?

8. Have you encountered any recent grief/loss? (infertility, miscarriage, death, victimization, etc.) Please explain:

9. Have you recently experience a significant life change? (change of residence, employment, family dynamic, etc.)

10. How do you feel about a child's desire to gain information/continue a relationship with birthparents?

ASSESSMENT TOOL QUESTIONNAIRE (continued)

11. Do you consider yourselves to be Christians? Husband ☐ Yes ☐ No ☐ Undecided Wife ☐ Yes ☐ No ☐ Undecided

Name of Church

12. Significance of religion/religious beliefs in your family life?

13. Your ideas about child-rearing and discipline methods:

14. Experiences/opportunities you feel important to provide a child:

15. Brief description of your home/neighborhood:

16. Do you have any dogs, cats, birds, small animals or bodies of water? Please give details:

17. Does anyone in your home smoke, if so, who?

18. Are you ready to step into an involved assessment process with full disclosure of your life details and information?

19. Are you open to extensive parent training regarding trauma and understanding the needs of the child in order to assist them toward healing?

20. Are you open to parenting a traumatized child?