

International Adoption Net

2305 E. Arapahoe Rd., #248
Centennial, CO 80122
Phone: 303-691-0808

*The information submitted in this
Application will be held strictly
Confidential within the limits of state law.*

<i>FOR AGENCY USE ONLY</i>	
Application Received Date: _____	Check Enclosed: Yes / No
Approved for formal app: Yes _____ No _____	File number: _____
Social Worker assigned to case: _____	Rev 12/04

IAN Preliminary Application Form

Applicant: _____ W) _____ C) _____ Age: _____

Spouse: _____ W) _____ C) _____ Age: _____

Address: _____
Mailing address with apartment number city/state/zip

Home phone: _____ FAX: _____ Email: _____

Date and place of marriage: _____ Date of application: _____

Please give year of previous marriages and divorces, if any:

Applicant: _____ Spouse: _____

Children: age of birth children: _____ age of adopted children: _____

Citizenship: Applicant _____ Spouse: _____

Why do you wish to adopt? _____

I am/we are interested in adopting the following child(ren):

Male _____ Female _____ Either _____ Age range: _____ How many _____ siblings? Yes ___ no ___

I am/we are interested in adopting a child from: United States _____ Country: _____

I/we are using an out of state placement agency, (name and phone) _____

Are you willing to adopt a child who has an incomplete social or medical history? Yes ___ No ___

Are you willing to adopt a child you have never met, or have only met briefly? Yes ___ No ___

Will both parents be able to travel to another country to complete the adoption? Yes ___ No ___

Are you willing to attend training and support group meetings before and after placement? Yes ___ No ___

Are you strongly motivated and willing to work hard toward completing an adoption? Yes ___ No ___

Are you willing to adopt a child that is not a newborn baby? Yes ___ No ___

Are you willing to accept a child with medical conditions that can be cured? Yes ___ No ___

Are you willing to accept a child who has temporary physical and developmental delays? Yes ___ No ___

Have you carefully considered your financial resources and planned for adoption expenses? Yes ___ No ___

Have you carefully considered your ability to give time and emotional energy to adoption? Yes ___ No ___

Are you particularly eager to parent a child with a specific problem, condition or situation? Yes ___ No ___

If yes, please explain: _____

How did you learn about International Adoption Net?

Friend/acquaintance referral _____ Internet _____ Yellow pages _____ Other: _____

It is imperative that you disclose up front all requested information in an accurate manner, as the FBI fingerprint and criminal clearance process required by law will disclose all police charges and convictions. Charges or convictions do not necessarily preclude you from an approved homestudy. All cases are reviewed on a case-by-case basis. All information contained in this application will be held strictly confidential within the limits of state law.

Have either of you been charged with, or convicted of a crime? Yes ___ No ___

If yes, charge and date: _____

Have either of you had problems with substance abuse, i.e., alcohol, prescription drugs or other? Yes ___ No ___

Do either of you have medical conditions that may effect your ability to parent a child? Yes ___ No ___

Have either of you ever been involved in, accused of, or convicted of child abuse or neglect? Yes ___ No ___

Have either of you ever been involved in, accused of, or convicted of domestic violence? Yes ___ No ___

Have you ever had a homestudy completed by another agency or social worker? Yes ___ No ___

If yes, please list whether you were approved or not, and the agency name and phone number:

For any of the above that you answered as "yes", please attach a letter of explanation with the signature of both the applicant and the spouse.

Applicant's Employer _____

Job Title: _____ Annual Salary: _____

Spouse's Employer _____

Job Title: _____ Annual Salary: _____

References: Please list 3 references not related to you (their name, address and phone number and, if available, their email).

- 1. _____
2. _____
3. _____

STATEMENT OF UNDERSTANDING

I/We understand that we are submitting this Preliminary Application for the agency to assess whether International Adoption Net can offer us adoptive services. I/we state that the information we have given is true and complete. I/we understand the Preliminary Application fee is non-refundable, and does not guarantee an offer of adoption services through International Adoption Net nor does it guarantee the placement of a child.

I/We have thoroughly read and understand the information regarding the adoption services provided by International Adoption Net and wish to obtain a formal application with the intent of applying for adoption services if this Preliminary Application is approved.

I/We hereby give our permission for International Adoption Net and our previous and/or current adoption agency(s) to share information about us concerning our application(s) and assessments as adoptive parents.

Applicants Signature Date Spouse's Signature Date

Please return your Preliminary Application with your application fee to:
International Adoption Net,
2305 E. Arapahoe Road, Suite #248
Centennial, CO 80122