



ALL BLESSINGS INTERNATIONAL

Finding Families for God's Children

Licensed in Kentucky, Indiana, Missouri and Tennessee
Applications and documentation may be sent to our main
office located in Kentucky.

3808 South Griffith Ave, Owensboro, KY 42301
Phone 270-684-2598

APPLICATION FOR ADOPTION SERVICES

Application Fee: \$250 ~ Home Study Only: \$50

Application processing fees are non-refundable

NAME:

Adoptive Father _____
(first) (middle) (last)

NAME:

Adoptive Mother _____
(first) (middle) (last) (maiden)

Address _____
(street) (city) (county) (state)(zip code)

How long have you resided at the above address? _____

List the states where each adult in the home has resided in the last 5 years. (Adam Walsh Child Protection & Safety Act requires child abuse clearances to be completed in these states). Please also notate any residences outside of the country.

List the states and countries where each adult in the home has resided since the age of 18

(The Universal Accreditation Act requires child abuse clearances in these states and countries. Even if you are not planning to adopt internationally at this time, please provide this information so that it is complete in the event of any program or requirement changes).

Home Phone _____ Fax Number _____

Cell Phone _____ Cell Phone _____
Adoptive Father Adoptive Mother

Work Phone _____ Work Phone _____
Adoptive Father Adoptive Mother

E-mail Address _____ E-mail Address _____
Adoptive Father Adoptive Mother

Is it okay to call you at work? Adoptive Father Yes No Adoptive Mother Yes No

What is the best times to reach you and where? _____

Email will be primary contact from ABI unless phone contact is directly requested.

Date of marriage _____ Place of marriage _____

AGENCY PERSONNEL ONLY	Information entered in AIRS: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Date Application Received: _____	Approved by: _____
Date HS Pckt & BA: _____	Sent by: _____
Payment Received: _____	CC/Check #: _____

Adoptive Father Information:

Date of Birth _____ Place of Birth _____

Social Security Number _____ Race _____ Weight _____ Height _____

Highest Level of Education Obtained _____

Name of College and major *(if applicable)* _____

Occupation _____ Employer's Name _____

Employer's Address _____

How long have you been employed by the above employer? _____

Weekly hours worked _____ Approx. Yearly Income _____

Religion (List Specific Denomination) _____

Have you been married previously? Yes No

If yes, please list the dates of prior marriages. _____

Are there any children from a prior marriage or relationship? Yes No

If yes, please list living and custody arrangements

Adoptive Mother Information:

Date of Birth _____ Place of Birth _____

Social Security Number _____ Race _____ Weight _____ Height _____

Highest Level of Education Obtained _____

Name of College and major *(if applicable)* _____

Occupation _____ Employer's Name _____

Employer's Address _____

How long have you been employed by the above employer? _____

Weekly hours worked _____ Approx. Yearly Income _____

Religion (List Specific Denomination) _____

Have you been married previously? Yes No

If yes, please list the dates of prior marriages. _____

Are there any children from a prior marriage or relationship? Yes No

If yes, please list living and custody arrangements

Please list all members of your household, including non-relatives, excluding the adoptive applicants. (Use additional paper if necessary)

Household Member #1

Full Name	Sex	
Race	Date of Birth	Occupation/School Grade
Relationship to Prospective Parent #1	Relationship to Prospective Parent #2	

Household Member #2

Full Name	Sex	
Race	Date of Birth	Occupation/School Grade
Relationship to Prospective Parent #1	Relationship to Prospective Parent #2	

Household Member #3

Full Name	Sex	
Race	Date of Birth	Occupation/School Grade
Relationship to Prospective Parent #1	Relationship to Prospective Parent #2	

Household Member #4

Full Name	Sex	
Race	Date of Birth	Occupation/School Grade
Relationship to Prospective Parent #1	Relationship to Prospective Parent #2	

Please list all children living away from home. Use additional paper if necessary.

- | | | |
|-----------|---------|-------|
| Full Name | Address | Phone |
|-----------|---------|-------|
- | | | |
|-----------|---------|-------|
| Full Name | Address | Phone |
|-----------|---------|-------|
- | | | |
|-----------|---------|-------|
| Full Name | Address | Phone |
|-----------|---------|-------|
- | | | |
|-----------|---------|-------|
| Full Name | Address | Phone |
|-----------|---------|-------|

Please answer the following questions as honestly as possible and if you have additional concerns about any of the issues that follow please contact this office. Use additional paper or the back for more space. Please note: A yes answer on the following questions does not necessarily preclude you from adoption or from working with our agency.

1. Is any household member currently under the regular care of a doctor? Yes No
If yes, please explain: _____
2. Is anyone in your household taking medicine prescribed by a doctor? Yes No
If yes, please explain: _____
3. Does any household member have any serious or chronic medical condition? Yes No
If yes, please explain: _____
4. Does any household member now have or previously had, nervous or emotional difficulties?
Yes No If yes, please explain: _____
5. Is any household member currently under the care or receiving services from a psychologist, psychiatrist or other therapist?
Yes No
If yes, please explain: _____
6. Does any household member use drugs (other than prescribed by a doctor)? Yes No
Has any family member been treated for drug abuse? Yes No
If yes, please explain: _____
7. Does any household member frequently drink alcohol? Yes No
Has any household member received treatment for alcoholism? Yes No
If yes, please explain: _____
8. Has any household member been the victim of abuse? Yes No
If yes, please explain: _____
9. Is any household member involved in a civil suit or currently paying a judgment rendered in a civil action? Yes No
If yes, please explain: _____
10. Are any household members planning to be admitted to the hospital soon? Yes No
If yes, please explain: _____
11. Have any household members been fined, convicted or now under charges for violation of any laws?
Yes No If yes, please explain: _____
12. Does your household receive any type of state or federal financial assistance? Yes No
If yes, please explain: _____
13. Have any household members ever been investigated or convicted of child abuse? Yes No
If yes, please explain: _____
14. Has any household member filed for bankruptcy? Yes No
If yes, please explain: _____
15. Have you or any members of your household ever been the subjects of an unfavorable home study?
Yes No
If yes, please explain: _____
16. Have you or any members of your household ever received a home study denial and/or been asked to withdraw from pursuing a home study and/or adoption process?
Yes No
If yes, please explain: _____
17. Have you or any members of your household ever been a part of an adoption disruption and/or dissolution?
Yes No
If yes, please explain: _____

FINANCIAL INFORMATION

ASSETS -WHAT I OWN:

Home (estimated market value)	\$ _____
Total Savings and Checking Available Balance.....	\$ _____
Other Real Estate (estimated market value).....	\$ _____
Stocks and Bonds (estimated market value).....	\$ _____
Furniture and Appliances.....	\$ _____
Automobiles and Trucks.....	\$ _____
Travel Trailers, Motor Homes, Campers.....	\$ _____
Boats, Motors, Motorcycles, Snowmobiles.....	\$ _____
Valuables: Antiques, Coin Collections, Jewelry.....	\$ _____
Other Assets (describe):	\$ _____
.....	\$ _____
Total of All I Own	\$ _____

LIABILITIES - WHAT I OWE:

Mortgage on My Home.....	\$ _____
Other Real Estate Loans.....	\$ _____
Balance on Secured Loans.....	\$ _____
Balance on Unsecured Loans.....	\$ _____
Taxes and Assessments (past due).....	\$ _____
Medical Bills.....	\$ _____
Other Liabilities (describe):.....	\$ _____
.....	\$ _____
Total of All I Owe	\$ _____

ALL I OWN MINUS ALL I OWE	\$ _____
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MONTHLY EXPENSES

Mortgage/rent, property taxes, home owner's insurance, etc.....	\$ _____
Utilities (electric, gas, water, garbage).....	\$ _____
Telephone.....	\$ _____
Grocery Bill.....	\$ _____
Medical/Dental (out of pocket expenses)	\$ _____
Car Payment(s)	\$ _____
Car maintenance or transportation.....	\$ _____
Auto Insurance	\$ _____
Other Obligations (please describe)	\$ _____
Total Monthly Expenses	\$ _____

MONTHLY INCOME

Adoptive Parent #1 monthly net income.....	\$ _____
Adoptive Parent #2 monthly net income.....	\$ _____
Other monthly net income.....	\$ _____
.....	\$ _____
TOTAL MONTHLY NET INCOME	\$ _____

DISCRETIONARY INCOME (Remainder) (=NET MONTHLY INCOME-MONTHLY EXPENSES)	\$ _____
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ANNUAL INCOME

Annual Income of Applicant.....	\$ _____
Annual Income of Spouse.....	\$ _____
Other Income (describe):.....	\$ _____
TOTAL INCOME	\$ _____

ADOPTION INFORMATION

Please answer the following questions regarding the child/children you are interested in adopting.

Country you have chosen: _____

Are you considering adopting more than one child? Yes No

Briefly discuss why you would like to adopt: _____

Ages & # of child(ren) you are interested in adopting _____

Sex of child(ren) you are interested in adopting _____

Are you considering trans-racial adoption? Yes No

If yes, explain: _____

Are you considering special needs adoption? Yes No

If yes, what special needs would you consider: _____

Have you adopted before? Yes No From Where? _____

Have you ever applied to other adoption agencies? Yes No

If yes, Name of Agency? _____

Agency Address _____

Phone: _____

Date of Application _____ Is this an active case? Yes No

Did you apply for foster care or adoption? _____

Was a child placed in your home? Yes No If yes, Date placement was made _____

Do we have permission to contact this agency? Yes No

Are you willing to participate in seminars or other training opportunities? _____

Will you secure the best possible education and medical care for your child/children? _____

What services do you desire from ABI? _____

- | | |
|---|---|
| <input type="checkbox"/> Haiti Adoption Services | <input type="checkbox"/> Central African Republic |
| <input type="checkbox"/> Hong Kong Adoption Services | <input type="checkbox"/> Korea Adoption Services (KY, MO, IN, TN families only) |
| <input type="checkbox"/> Latvia Adoption Program | <input type="checkbox"/> Domestic Adoption Program (KY, MO, IN, TN families only) |
| <input type="checkbox"/> Taiwan Adoption Services | <input type="checkbox"/> Home Study Services (KY, MO, IN, TN families only) |
| <input type="checkbox"/> Burkina Faso Adoption Services | <input type="checkbox"/> Other (please explain) _____ |

How did you hear of our adoption services?

The Yellow Pages Phone Book Internet Newspaper Social Media Radio

Personal Referral (List Name) _____

Physician Referral (List Name) _____

Other (Please Explain:) _____

Are you currently pregnant or trying to conceive? _____

Adoptive Parent Signature

Date

Adoptive Parent Signature

Date

Select Payment Type Below:

Check # _____ Cash   (MasterCard or CC Below) **Payment Amount:**

Credit Card Information: A 4% processing fee will be charged to all credit card transactions. Please calculate this into the amount that you are approving to be charged to your credit card.

Name on Card: _____

Card Number :

Expiration Date:

CVV2:

Card Holder's Signature

Date

If no action is taken within 12 months of application date, your application will be disregarded.

ABI, Inc. Criteria for Agency Acceptance and Preliminary Application Guidelines

Basic Guidelines for Eligibility:

The following criteria are based on child welfare policy, Kentucky Revised Statutes, agency policy and foreign government requirements:

- Applicants must have an earned income that is at least 125% of the poverty level for the number of family members as mandated by federal guidelines (see following page).
- Applicants must be free of severe emotional or mental health problems and be free of life ending illnesses.
- Applicants must not have any child/spouse abuse convictions and cannot have a currently open case with any Division of Social Services pertaining to accusations of abuse. Applicants should not have had any sexual related convictions. All criminal history will be evaluated on a case by case basis, taking into consideration the time since the incident, the nature of the incident and rehabilitation.
- Applicants should have no more than three divorces between both partners. Additional divorces may be evaluated on a case by case basis and acceptance is possible with a favorable psychological evaluation.
- Applicants should be married a minimum of one year. If single and divorced, Applicants should be divorced for at least one year prior to making application with ABI. Limited exceptions may be made on a case by case basis.
- Single applicants are welcome.
- Applicants desiring to adopt internationally should be at least 25 years of age. Applicants desiring domestic adoption should be at least 21 years of age and no more than 45.
- ABI does not accept unmarried cohabitating couples.
- Applicants cannot be currently using illicit drugs or have used illicit drugs in the recent past. Applicants should not have a recent history of recovery from alcoholism or other addictions.
- Applicants cannot have been convicted of any alcohol or drug related offenses within the last seven years.
- Applicants cannot have been convicted of a felony. (Applicants with felony convictions over 20 years past may be considered on a case by case basis.)
- Applicants may not have any pending criminal charges.
- Applicants must truthfully disclose all requested information on all ABI forms and to their home study worker.
- Clients desiring to adopt from a country that requires travel must be physically capable of travel.
- Infertility diagnosis is not required.
- Clients desiring to adopt internationally should be at least 25 years of age. Clients desiring domestic adoption should be at least 21 years of age and no more than 45.
- Applicants must use age appropriate disciplinary measures that do not include any cruelty.
- Applicants for international adoption must also satisfy the eligibility requirements of the sending country.

The agency **reserves the right**, at ABI's sole discretion to deny the applications of persons:

- who have any misdemeanor convictions
- who have been accused of abuse or neglect
- who have a significant medical condition
- who are single and age fifty or older, or if both members of a couple are age fifty or older
- who use unhealthy disciplinary plans or actions. Families must use age appropriate disciplinary measures, that do not include striking a child with any object, withholding of food or drink, excessive isolation or other cruel punishments.
- Any other concerns that ABI identifies

Medical Care:

ABI will place children only into homes with parents who agree to seek medical attention when necessary for the child. In addition, parents must agree not to withhold medical treatment for the child against the advice of medical personnel.

This policy extends to vaccinations in that adoptive families must agree to have all children in the home vaccinated in accordance with the current recommendations of the U.S. Centers for Disease Control and Prevention, unless a licensed physician has contraindicated vaccinations for medical reasons.

Pregnancy/Birth/Adoption - International Adoption:

In order to serve the best interests of children and families, All Blessings International has instituted the following policies to ensure that children enter the household with sufficient time between arrivals so as to allow the family to accord each child the care and attention he needs to thrive.

When a family's dossier is placed on hold, this means that All Blessings International will communicate to our Foreign Service Provider partners that the family should not be suggested as a referral for a child, nor will the family be allowed to accept the referral of a child during the hold period. Families may continue to work on dossier documents during a hold period, with the understanding that the referral holds described below will apply:

If no referral has been made:

Prospective adoptive families that become pregnant prior to the referral of a child will be required by the agency to place their adoption process on hold for a minimum period of six months. Families must report pregnancies to the agency within 90 days.

If a new child is born, the family will be required by the agency to place their adoption process on hold for a minimum period of six months. Following the six month hold, a complete home study update and assessment of the family with the new child must be submitted to the agency before the adoption case can be reactivated.

If the prospective adoptive family adopts or accepts the referral of another child before the referral of a child from an ABI program, the family will be required by the agency to place their ABI adoption process on hold until the first adopted child has been in the home for a minimum period of six months.

Following the six month hold, a complete home study update and assessment of the family with the newly adopted child must be submitted to the agency before the dossier can be reactivated.

If a referral has been made:

The case may either continue or be placed on hold until six months after the arrival of the new child, as stated above, dependent upon:

- Sending country policies
- ABI staffing decisions
- Needs and characteristics of the newly arrived child in the family and of the referred child
- Wishes of the adoptive family

Under no circumstances will ABI allow a child to be placed on hold for a family due to the arrival of a new child or pregnancy.

Please note, exceptions to the pregnancy policy may be made on a case by case basis.

Applicant Approval:

After receiving the completed Preliminary Application, it will be reviewed to determine if your family meets the basic requirements for adoption services from All Blessings International, Inc. and the sending country, if one has been selected. If these requirements are met, the family will be permitted to proceed. Approval for the continuation of the Home Study and/or adoption process can only be given after all pertinent information has been received and approved. The above standards only apply to this agency, as various placement agencies and countries may have different requirements. Please contact our offices if this causes confusion.

All Blessings International reserves the right to require additional documentation, references, psychological evaluations, meetings, education, or other certifications prior to approving any family for adoption to ensure that children are placed with safe and loving families.

All clients have the right to refuse any recommended or suggested service. Failure to accept recommended or suggested services could result in the inability to complete an adoption utilizing the services of this agency.

Adoptive Parent Signature

Date

Adoptive Parent Signature

Date