



APPLICATION FOR ADOPTION



Family Last Name: _____
(If different or hyphenated last name, list both: Wife/Husband)

- ♥ Please print clearly, initial & sign in ink
- ♥ Use additional paper if necessary
- ♥ Please do not leave any fields blank
- ♥ Use N/A or None as applicable

The information you provide in this application is very important in determining your qualifications as an adoptive family. All information provided will remain confidential and will be used only by CCAI personnel and your social worker to assist you in the adoption process. This application will not go to China. Please do not omit items (i.e. number of divorces, arrest records, medical information and therapeutic issues). Failure to provide accurate and complete information may prevent CCAI from processing your application and may result in the closure of your file. CCAI reserves the right to perform its own confidential investigation pertaining to the information provided by you should CCAI deem it necessary.

Chinese Children Adoption International ♥ 6920 S. Holly Circle ♥ Centennial, CO 80112-1018 ♥ USA
♥ Phone: 303-850-9998 ♥ Fax: 303-850-9997 ♥ Email: mail@chinesechildren.org ♥ Website: www.chinesechildren.org ♥
Chinese Children Adoption International is a division of Chinese Children Charities

GENERAL INFORMATION

(Please do not leave any blanks)

WIFE

HUSBAND

FULL LEGAL NAME _____

NAME YOU GO BY _____

SOCIAL SECURITY NUMBER _____

BIRTHPLACE (City/State/Country) _____

DATE OF BIRTH/AGE DOB _____ AGE _____

DOB _____ AGE _____

COUNTRY OF CITIZENSHIP* _____

ETHNICITY _____

EDUCATION _____

OCCUPATION _____

PRIMARY EMPLOYER _____

HOBBIES/TALENTS _____

RELIGION _____

*Non-US citizens must submit a copy of their valid green card and current passport. Naturalized citizens must submit a copy of their Certificate of Citizenship or Certificate of Naturalization.

HOME ADDRESS: _____
STREET ADDRESS CITY COUNTY STATE ZIP CODE

MAILING ADDRESS: _____ Have you resided outside of Colorado in the past 5 years? _____

(_____) _____ (_____) _____ PRIMARY E-MAIL _____
HOME PHONE FAX

(_____) _____ (_____) _____ (_____) _____ (_____) _____
WIFE WORK HUSBAND WORK WIFE CELL HUSBAND CELL

Do we have your permission to contact you at work? Wife: **Yes / No** Husband: **Yes / No**

DATE OF CURRENT MARRIAGE: _____ **CITY/STATE/COUNTRY:** _____

HAVE EITHER OF YOU BEEN PREVIOUSLY MARRIED? Wife: **Yes / No** Husband: **Yes / No**

If previously married, please list how the marriage ended (i.e., annulment, divorce, death), date and previous spouse's name(s).

	How Ended	Date	Previous Spouse's Name
Wife			
Husband			

CHILDREN: Please list all children – born to or adopted by applicants.

Name	Age	Gender	Date of Birth	Birth/Adopted*	Ethnicity	Current Location/Custody
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Please note group number for families who have previously adopted through CCAI.

OTHERS IN HOUSEHOLD (including renters, relatives, live-in nannies)

Name	Gender	Date of Birth / Age	Relationship
_____	_____	_____/_____	_____
_____	_____	_____/_____	_____

ARREST HISTORY

HAVE YOU **EVER** BEEN ARRESTED FOR ANY REASON AT ANY AGE? (Even if it was expunged, dismissed, dropped, charged in another state or as a minor.) Please be aware that failure to disclose ANY arrest history, even if acquitted, not convicted, or not fingerprinted, will result in immediate closure of your adoption file.

WIFE: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ Clearance Attached

HUSBAND: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ Clearance Attached

If **YES**, please include the following with your application: 1) a copy* of current Police Clearance Report obtained from the Colorado Bureau of Investigation 2) a detailed explanation of the arrest, written by you and 3) a copy** of the disposition report obtained from the court in the jurisdiction **in which your arrest occurred**.

* Note: Request 2 originals and make a copy to accompany this application. You will use these originals for your adoption process.

**Note: Request 1 certified dispositional report from the related court for each arrest incident. Please make a copy to accompany this application.

HEALTH INFORMATION

	Height	Weight	BMI *	Eye Color	Hair Color
Wife	_____	_____	_____	_____	_____
Husband	_____	_____	_____	_____	_____

* To calculate your BMI take your weight in kilograms divided by height in meters squared.
 BMI=kg/m².

HAVE YOU EVER HAD (W=Wife, H=Husband):

	NO	YES	DATE/EXPLAIN		NO	YES	DATE/EXPLAIN
Tuberculosis	___	___	_____	Cancer/Tumor (3)	___	___	_____
Heart Disease	___	___	_____	Liver Disease	___	___	_____
Sexual Disease	___	___	_____	Kidney Disease	___	___	_____
Mental Illness (1)	___	___	_____	Nervous Disorder	___	___	_____
Lupus	___	___	_____	Seizure Disorder/Epilepsy	___	___	_____
Genetic Disease	___	___	_____	Counseling or Therapy	___	___	_____
Other Communicable Diseases	___	___	_____	Any Physical Impairment (e.g. blindness, deafness, paralysis, missing limbs, etc.)	___	___	_____
Operations (2)	___	___	_____	Alcohol Abuse	___	___	_____
Illness/ Injury Requiring Hospitalization	___	___	_____	Drug Use/Experimentation (4)	___	___	_____

	NO	YES	DATE/EXPLAIN
❖ Have you ever tested positive for HIV and/or Hepatitis B?	___	___	_____
❖ Are you currently taking any medications? (1) and (2)	___	___	_____

If "YES" is checked in any category above, please attach a copy of your doctor's letter to this application. A separate letter is required for each applicant. Each letter should state in layman's terms: a simple description of the medical issue, onset, treatment, outcome (recovered, "controlled with medication," etc.) and recommendation for adoption (e.g., "This person is in good physical and mental condition necessary to provide responsible care for an adopted child"). Your current MD or DO can complete each letter. It does not necessarily need to be completed by the physician who treated the medical issue. Please see the footnotes below.

- (1) If either applicant is currently taking medication for depression, anxiety, bi-polar disorder, or schizophrenia, the applicant is not eligible to apply. If these medications have been taken in the past, the applicant must have been off the medication for at least two years at the time the dossier is submitted to the CCAA.
- (2) We **do not need** a doctor's letter for the following operations, medical issues, or their related medications: tonsillectomy, appendectomy, minor joint surgery, laser eye surgery, dental surgery, fertility-related issues, C-section, hyper/hypo-thyroidism, cholecystectomy, high cholesterol, cosmetic surgeries and allergies.
- (3) If an applicant has a history of cancer, please contact CCAI before completing this Application for Adoption.
- (4) Applicants with a history of illegal drug use, including experimentation are not eligible to apply.

Is infertility one of your reasons for pursuing adoption? Yes/No **Are you pregnant or could be pregnant? Yes/No**

HEALTH INSURANCE

HEALTH INSURANCE PROVIDER: _____
 Will they cover an adopted child? _____ Will they cover a child with a pre-existing condition? _____

CCAI recommends that adoptive families research their health insurance terms/limits to avoid delays in coverage. We also encourage you to begin thinking about guardianship for your adopted Chinese child. All families will be asked to provide this information during the adoption process.

EXTENDED FAMILY – Use additional paper if necessary. Please list all immediate family members (living or deceased).

If we are unable to reach you (e.g., on match day or for post adoption) do we have permission to contact members of your extended family? Please indicate “Yes” or “No” below.

WIFE

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

HUSBAND

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

EMPLOYER : CCAI will **NOT** contact your employer; however, we still need complete information in this application.

	WIFE	HUSBAND
Company Name	_____	_____
Supervisor	_____	_____
Street Address	_____	_____
City/State/ZIP	_____	_____
Phone	_____	_____

REFERENCES (Please print clearly)

Please list three personal references (no relatives please)

	Name	E-mail Address	Mailing Address	Phone Number
1.	_____	_____	_____	(____) _____
2.	_____	_____	_____	(____) _____
3.	_____	_____	_____	(____) _____

FINANCIAL INFORMATION

Name of Employer

Employment Dates

Verifiable Gross Annual Income

WIFE (Present): _____

If less than 3 years (Previous): _____

HUSBAND (Present): _____

If less than 3 years (Previous): _____

OTHER CURRENT ANNUAL INCOME (Source): _____

(Rental / Employment / Interest / Other income)

TOTAL ANNUAL INCOME

PRIMARY RESIDENCE ___ Rented ___ Owned Date of Purchase _____ Monthly payment or rent \$ _____ # of Bedrooms _____

ASSETS

Primary Residence (appraised value): \$ _____

Real Estate (other than primary residence): \$ _____

Vehicles: _____ \$ _____

_____ \$ _____

Savings Account(s): \$ _____

Checking Account(s) (usual balance): \$ _____

Bonds: _____ \$ _____

Stocks: _____ \$ _____

Contents of home based on insurance replacement value: \$ _____

(Obtained from home/renters insurance policy)

401K/Retirement: _____ \$ _____

Other*: _____ \$ _____

(*IRA, PERA, etc)

TOTAL ASSETS: \$ _____

LIABILITIES

Owed

Monthly Payment

Mortgage Balance: \$ _____ \$ _____

Credit Cards: _____ \$ _____

_____ \$ _____

_____ \$ _____

Bank Loans: _____ \$ _____

_____ \$ _____

_____ \$ _____

Other: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL LIABILITIES: \$ _____

NET WORTH: \$ _____

What significant changes do you anticipate in your financial situation, if any? _____

Have you ever filed for bankruptcy? **NO / YES** (if yes, please list date(s)) _____

Please share with us how you are going to finance this adoption.

Your home study will be completed by a CCAI social worker who will be assigned to your family.

IMPORTANT ADOPTION INFORMATION

There are certain risks involved in international adoption. While CCAI will attempt to provide you with all available information about the prospective adoptive child and assist you with the entire adoption process, some unpredictable problems and/or events which are beyond CCAI's control may nevertheless occur. These unpredictable problems and/or events include, but are not limited to: Sudden changes in the adoption requirements or policies promulgated by the Chinese or U.S. governments and changes in international relations between China and the United States.

In addition, a child may be placed with you with physical and/or emotional problems, minor or major, that have remained partially or totally undiagnosed and which were unknown to CCAI. Therefore, your motivation for adoption and an honest assessment of your strengths and weaknesses in parenting are extremely important.

SIGNATURES

We attest that the information we have provided in this application is true, complete and accurate to the best of our knowledge, and we understand that any and all responses are subject to verification. We have read and understand the information regarding Chinese Children Adoption International (CCAI) and the risks involved in international adoption. We understand that the approval of our application does not guarantee the placement of a child. We understand that CCAI reserves the right to close our file at any time if we fail to disclose requested information fully and accurately.

We understand that by signing this application we agree to notify CCAI immediately upon any changes in our personal or family situation including job change, change of address, separation, arrest, divorce, pregnancy, placement of foster or adopted child(ren), significant changes in physical or mental health status, significant changes in financial status or any other significant event at any time during the adoption process. We understand that CCAI reserves the right to close our file should any of these changes disqualify us for China adoption.

Wife: _____ Date: _____
Signature

Husband: _____ Date: _____
Signature

Return with a non-refundable \$200 application fee (\$100 for families who have previously adopted through CCAI).
Make checks payable to CCAI.

**Mail to: CCAI
Attention: Application Dept.
6920 S. Holly Circle
Centennial, CO 80112-1018**

Before submission please complete:

COLORADO FAMILIES CHECKLIST

- Application
- Fee \$ _____
- Applicable Attachments
- Child Abuse Record Search Signature Page
- Background Investigation Unit Inquiry Form
- Make a copy of this application for your records

STATE OF COLORADO



Colorado Department of Human Services
people who help people



EMPLOYMENT & REGULATORY AFFAIRS
BOARDS & COMMISSIONS DIVISION
Background Investigations Unit
1575 Sherman Street
Denver, Co 80203-1714
Phone: 303-866-4614
FAX: 303-866-5340

Bill Ritter, Jr.
Governor

Karen L. Beye
Executive Director

BACKGROUND INVESTIGATIONS UNIT FACILITY INQUIRY FORM

One of the following must be marked in order for BIU to process your request: Day Care/Preschool____
Day Treatment____ RCCF____ TRCCF/PRTF____ Adoption____ Foster Care____ Camp____

Please note: This form must be accompanied by a check or money order for \$30.00 made payable to: CDHS, BIU, Records & Reports. Please return to CDHS, BIU, 1575 Sherman Street, Denver, CO 80203-1714

Name of Facility: _____ CDHS License Number: _____

Mailing Address: _____

City State Zip
Name of individual requesting information: _____ Phone: _____

PLEASE PRINT LEGIBLY

Applicant Information

First Name Middle Name Last Name Alias/Maiden Name

Date of Birth Sex: M/F Race Social Security Number

Current Address City/State/Zip Timeframe at address

Previous Address City/State/Zip Timeframe at address

SPOUSE/FORMER SPOUSE/PARENT(S) OF YOUR CHILDREN (Add additional names on the back of this form)

First Name Middle Name Last Name Alias/Maiden Name

Date of Birth Sex: M/F Race Social Security Number

CHILDREN/STEPCHILDREN – Use full names. (Add additional children on the back of this form)

1) Complete Name Date of Birth Sex: M/F

2) Complete Name Date of Birth Sex: M/F

Any person who willfully permits or who encourages the release of data or information related to child abuse or neglect contained in TRAILS to persons not permitted access to search information commits a class 1 misdemeanor pursuant to §18-1.3-501, C.R.S.

Applicant Signature (if under the age of 18, parent signature required) Date of Request

Residential History
Other State & Other Country Child Abuse Registries

Wife:

Full Legal Name: _____
Previous Names used: _____
Race: _____
DOB: _____
SS#: _____

Husband:

Full Legal Name: _____
Previous Names used: _____
Race: _____
DOB: _____
SS#: _____

States or Countries **and** Years Lived in **OTHER** than Colorado since age 18.

Wife:

States or Countries **and** Years Lived in **OTHER** than Colorado since age 18.

Husband:

Please return to Hillary Karsten with your Application for Adoption:

CCAI, 6920 S. Holly Circle, Centennial, CO 80112

Fax: 303-962-9196 Email: ccai@chinesechildren.org

* Please note: Due to the Hague Convention adoption home study requirements, we are required to complete child abuse registry checks for all states and/or countries that you have lived in since you were 18 years old. There may be an additional \$50.00 search fee, per country, assessed for child abuse registry checks requested for foreign countries listed on this form.

CCAI China Adoption Fee Policy/Agreement for Colorado Families

Chinese Children Charities, *d.b.a.* Chinese Children Adoption International (CCAI), is a non-profit 501c (3) charitable child-placement agency. The purpose of this Fee Policy/Agreement is to: 1) disclose to adoptive families all CCAI fees and the services those fees cover prior to the payment of the first fee; 2) inform families of the conditions under which fees are charged, refunded, or reduced; 3) inform families of the consequences of non-payment; and 4) inform families of non-CCAI costs/fees that they will be responsible for throughout the adoption process.

CCAI does not allow any money or considerations to be released as payment for a child or inducement to release a child. Adoptive families are paying CCAI and other adoption service providers for services; families are not “paying for children.” Additionally, no part of CCAI program fees will be used to fund programs or services that do not pertain to your adoption.

1. CCAI Program Fees

Because families will receive CCAI services over a period of many months during the adoption process, CCAI divides its program fees into three payments - collecting fees only when the family is ready to receive services.

Payment	What Services The Fee Covers	Due
1 st Fee - \$3,400	Adoption Orientation, Adoption Assessment/Home Study, Child Abuse Record Search & USCIS Filing, Dossier Assistance/Review & Assessment Sealing, Domestic Communication, State Required Adoption and Parent Training and Administration	After application approval
2 nd Fee - \$2,250	Translation Part I, CCAI In-China Services Part I, Child Match Preparation & Coordination, China Adoption Trip Training, USCIS & Hague Processing and International Communication	When family submits their dossier
3 rd Fee - \$1,700	Translation Part II, CCAI In-China Services Part II, Adoption Travel Arrangements and Post Adoption Support	Prior to child match

2. Payments, File Closure, Refunds, Reductions, or Changes

- A. All fees must be paid in full when they are due.
- B. Adoptive families are entitled to request for their adoption file to be closed at any time during the adoption process by submitting a written request, signed by both parents.
- C. Refund Policy and Schedule:
 - First CCAI Program Fee: 50% refundable within 30 calendar days, 30% refundable within 60 calendar days, and 0% refundable after 60 calendar days of receipt of full payment.
 - Second CCAI Program Fee: 50% refundable within 3 months, 25% refundable within 6 months, and 0% refundable after 6 months of receipt of full payment.
 - Third CCAI Program Fee: 50% refundable within 30 calendar days, 25% refundable within 60 calendar days, 0% after 60 calendar days of receipt of full payment.
 - * You may request that all or part of your refund be donated to the Chinese Children Charity Fund. A tax exempt letter will be provided.
 - ** 90 days following closure of your file, all unclaimed refunds will be transferred to the Chinese Children Charity Fund and a tax exempt letter will be provided.
- D. The amount of the CCAI program fees will not change throughout your adoption. CCAI is not responsible for other non-CCAI service related adoption fees/costs that may change/fluctuate while the adoptive family is in process.
- E. CCAI is not responsible for adoption related fees and costs paid to other governmental and/or private agencies, such as USCIS, CCAA, US and Chinese Consulates, State Department, travel agencies, etc.

Initials _____

3. Consequences of Non-Payment

After notices at 30 and 60 days, if payment of the first fee is not received within 90 days of application approval, and no other written payment arrangements are made, CCAI will close the adoptive family's file. Adoptive families should inform CCAI if they may not be able to make timely payments, as an alternative payment plan may be possible.

4. Non-CCAI Fees/Costs (Please refer to "Adoption Expense & Chronology" for details)

- A. Your child abuse clearance report, approval of placement by CO State Department, police clearance report, fingerprints, and filing I-800A to USCIS.
- B. Certification/authentication of your dossier by the Secretary of State(s) and by the Chinese Embassy(s)/consulate(s).
- C. Your passport(s) and visa(s).
- D. Your international travel and accommodations.
- E. Central and local Chinese government fees that include dossier processing, child match, and adoption finalization and notarization.
- F. Child-rearing fee paid to the local Chinese orphanage where your child was cared for.
- G. Your child's passport and visa, physical examination, and international travel for him/her to enter the USA.

We have read the CCAI Fee Policy/Agreement carefully and understand that it is our responsibility to pay all fees on time in order to receive child placement services from CCAI. We understand that while CCAI's fees will NOT change throughout our adoption, non-CCAI fees/costs may change/fluctuate while we are in process. We further understand that non-CCAI fees/costs paid throughout this adoption are our responsibility and are not refundable through CCAI should we discontinue the adoption.

We have enclosed a check or money order, payable to CCAI, for the first CCAI program fee of \$3,400 (see front page).

We understand that signing this agreement indicates that we acknowledge and agree to pay the fees and costs of our adoption through CCAI.

DO NOT SIGN – SAMPLE ONLY

Husband's Printed Name

Wife's Printed Name

DO NOT SIGN – SAMPLE ONLY

Husband's Signature

Wife's Signature

DO NOT SIGN – SAMPLE ONLY

Date

Date

This document has been subscribed and affirmed before me in the County of _____
State of _____, this ____ day of _____, 20____. My Commission Expires: ____/____/____

DO NOT SIGN – SAMPLE ONLY

Notary's Signature

Note: This two-page document is not valid unless both pages are initialed/signed and returned to CCAI.

CCAI Service Agreement

Colorado Families

This service agreement was created by and between Chinese Children Charities, d.b.a. Chinese Children Adoption International (hereafter referred to as “CCAI”), and _____ (hereafter referred to as the “Adoptive Family”) for the purpose of ensuring high-quality child placement service and mutual understanding between CCAI and the Adoptive Family.

Based on the information in your application, **CCAI** agrees to do the following for the Adoptive Family:

- Provide the Adoptive Family with personalized service throughout the adoption journey.
- Maintain confidentiality of all the Adoptive Family’s identifying information according to CCAI’s Confidentiality Policy.
- Provide the Adoptive Family with accurate and current information about how to prepare for the adoption process, compile the dossier, prepare for child match and travel, fill out United States Citizenship and Immigration Services (USCIS) paperwork, complete post adoption requirements, and access information regarding current match and travel timelines.
- Prepare a home study that will meet the requirements of the State of Colorado, the USCIS, and the China Center of Adoption Affairs (CCAA).
- Guide the Adoptive Family through USCIS requirements.
- Provide information and services to the Adoptive Family regarding Colorado pre-adoption requirements.
- Review the Adoptive Family’s completed dossier and prepare it to be sent to the CCAA.
- Provide the Adoptive Family with at least 24 hours of adoption and parent training as required by the state of Colorado.
- Act as the Adoptive Family’s liaison to the CCAA between dossier submission and child match.
- Be the Adoptive Family’s link to their child’s orphanage and request special care from the orphanage for the Adoptive Family’s child between match and travel.
- Translate various adoption documents from Chinese to English or from English to Chinese.
- Arrange the Adoptive Family’s international travel, in-China hotels and transportation, and appointments with the Chinese and U.S. government agencies to finalize the adoption.
- In the event of potential disruption (relinquishing a child during the first twenty-four hours prior to adoption finalization in China), provide counseling service and support, and in the event of disruption, contact the appropriate Chinese authorities to return the child to the orphanage.
- In the event of potential dissolution (relinquishing a child at any point after adoption finalization in China), provide counseling service and support, and in the event of dissolution, provide referral services.
- Provide post adoption support to the Adoptive Family and the Adoptive Family’s adopted Chinese child for one year or if necessary, beyond one year until the child is granted U.S. citizenship.

Agency Initial _____ (CCAI Representative)

During our adoption journey we, the **Adoptive Family**, agree to:

- Provide CCAI with the needed documents and participate in the home study visits and process.
- Submit the necessary USCIS forms and documents to CCAI in a timely manner according to USCIS regulations and CCAI’s instructions.
- Compile our adoption dossier for submission to the CCAA within twelve months of submission of this Service Agreement. CCAI reserves the right to close our file if we do not complete the dossier process in the specified time frame, following a 30-day written notification.
- Comply with the 24 hours of state required adoption and parent training, prior to travel to China.
- Review, sign, and return our child match acceptance to CCAI in a timely fashion. Should we fail to communicate our decision regarding our child referral within 45 days, the CCAA will withdraw our referral and close our file, and CCAI will close our adoption file.
- Travel to China (at least one parent) to finalize our adoption within 90 days of the date our Travel Approval is issued. CCAI reserves the right to close our file should we allow the Travel Approval to expire.

- Comply with the post adoption requirements of the CCAA and Colorado.
- Notify CCAI upon any changes in our personal or family situation including job change, change of address, separation, divorce, pregnancy, placement of foster or adopted child(ren), significant changes in physical or mental health status, significant change in financial status, or any other significant events.
- Discuss with our social worker realistic expectations of the China adoption process as well as expectations regarding the physical and developmental conditions of our future adopted child.
- Stay informed about current match and travel timelines and other important information by reading all agency-issued information including CCAI's newsletters, informational memos, website updates, etc.
- Sign the Adoption Placement Agreement and the Adoption Travel Release before travel to China.

Adoptive Family Initials _____

We acknowledge and understand that the **USCIS** is responsible for:

- Receiving our initial USCIS filing and inviting us to be fingerprinted.
- Reviewing all our USCIS documents, including the home study, and issuing the Approved Form I-800A which allows us to adopt an orphan from China.
- Issuing our adopted Chinese child's visa to enter the United States through the U.S. Consulate in Guangzhou, China, at the end of our adoption trip.

We acknowledge and understand that the **CCAA** is responsible for:

- Setting the standards for qualified adopters and dossier requirements for China adoptions.
- Receiving and reviewing our dossier documents.
- Placing our file "on hold" for up to six months should a relevant situation arise after the dossier is submitted to the CCAA and before a child referral is made. If we do not request to go "off hold" within six months, the CCAA and CCAI will close our file.
- Matching us with a child based on their requirements, our adoption petition, and our home study approval.
- Inviting us to travel to China to adopt our pre-matched child.

We, the Adoptive Family, understand the responsibilities of the **USCIS** and the **CCAA**.

Adoptive Family Initials _____

We, the Adoptive Family, have read the "Basic Steps and Timeline" document which was sent to us with the Information Packet. We understand that the timeframe referred to may change during our adoption process depending on factors such as the speed of dossier preparation, how quickly the USCIS processes our application, the current child match and Travel Approval issuing timeline of the CCAA, etc.

Adoptive Family Initials _____

We understand that, upon its completion, we have the opportunity to read and review our home study, excluding the confidential reference section, at the CCAI office.

Adoptive Family Initials _____

Based on our application, we understand that we are qualified to adopt a child with no known medical conditions who is _____ months old.

Adoptive Family Initials _____

Should at any point in our adoption process we cease to qualify for China adoption according to the *Adoption Law* of the People's Republic of China (published 11/4/1998), current Chinese government policies and practices, and/or U.S. immigration laws, we understand that the CCAA may return our dossier and CCAI may close our adoption file.

Adoptive Family Initials _____

We understand the information provided on the Family News portion of the CCAI website and the copyrighted Dossier Guide is intended for the sole use of our CCAI adoption. We agree not to transmit this information to any other individuals.

Adoptive Family Initials _____

