

Basic Qualifications' Checklist for an Adoption from China

The information provided in this document will be used to determine if your family meets the minimum requirements to adopt from China, according to the regulations posted from the China Center of Adoption Affairs. The accuracy of this information is very important. If permission to submit a dossier is issued by the CCAA based upon this information, your adoption documents (dossier) should not present any changes. Any discrepancy may require the family to compose a "Letter of Discrepancy" and could jeopardize your adoption. Should your family accept a Waiting Child, CCAI's Application for Adoption will still be required to begin the adoption process.

IDENTIFYING INFORMATION

Husband
Full Name:
Date of Birth (mm/dd/yyyy):
Citizenship:
Ethnicity:
Education Level:
Religion:

Wife
Full Name:
Date of Birth (mm/dd/yyyy):
Citizenship:
Ethnicity:
Education Level:
Religion:

Home Address:
Mailing Address:
Primary Phone #:
Primary Email Address:

CHINA'S QUALIFICATIONS TO ADOPT

1. Marriage Date:
2. Number of Previous Marriages for Husband:
3. Number of Previous Marriages for Wife:
4. Number of children in the home under 18 yr old:
5. Age of your youngest child:

6. Health history:	Husband		Wife	
Alcohol Abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cancer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drug Use/Experimentation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HIV Positive	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lupus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Major Organ Transplant in the last 10 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental Illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nervous Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical Impairments (e.g. blindness, deafness, paralysis, missing limbs, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seizure Disorder/Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Medication currently taken	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Purpose:		Purpose:	
8. Height				
9. Weight				
10. Currently pregnant:	N/A		Yes <input type="checkbox"/>	No <input type="checkbox"/>

11. Total household annual income (Husband's + Wife's + other)	
12. Total household Net worth (Total Assets - Total Liabilities)	

13. Have you ever been denied for the placement of a child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Has a child ever been removed from your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Have you ever been charged with child abuse, sexual abuse or domestic violence?	Husband	Wife
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Have you ever been arrested in the last 10 years? (for ANY reason, even if expunged, dismissed, dropped, sealed, etc. excluding traffic tickets)	Husband	Wife
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Do you currently have a complete dossier sent to China through another agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If either of you answered "YES" to questions 13-17, please provide a detailed explanation:

We attest that the information we have provided above is true, complete and accurate to the best of our knowledge, and we understand that any and all responses are subject to verification. We understand that by completing this checklist does not guarantee the placement of a child.

Husband's Signature & Date

Wife's Signature & Date

Note: This is a two-page document. Any changes to the questions will automatically void this document.

Please fax your completed and signed form to:

303-850-9997 Attn. Hillary

Or

Email ccai@chinesechildren.org