



Please note that completion of this document does not constitute an agreement for services. The acceptance and approval of this document does not ensure a completed adoption, nor does it guarantee acceptance by Frank Adoption Center into one or more of our adoption programs.

If interested in pursuing an adoption through our Primary Provider program, please submit the additional information requested on page 5 of this document.

This document should be sent both electronically and via hard copy to the address listed below, along with a \$200 pre-screening fee (payable by personal check; money order; or PayPal to mbk@frankadopt.org. If paying via PayPal, please add a \$6 processing fee to payment).

Application to Adopt

Adoptive Parent's Legal Name Preferred Name Social Security Number

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Home Address (Including Zip Code)

Home Telephone Work Telephone Work Telephone

Cell Phone Numbers: _____

_____ @ _____ Preferred E-Mail Address

_____ @ _____ Secondary E-Mail Address

If applicable, length/date and place of marriage (including county):

Number of children (both inside and outside the home), if any _____

Name: _____ DOB: _____ Sex: _____ Adopted/Biological _____

If you have already completed an international adoption, please list the country and the date of completion:

Home Study Agency (if chosen) Name: _____

Address: _____

Telephone: _____ Email: _____

Contact Person: _____

Have you ever filed any documentation with US CIS? No _____ Yes _____ If yes, document type and date filed: _____

If you have received US approval related to your current adoption process, please attach a copy of your approval form.

Have you ever applied to another adoption agency? No _____ Yes _____

If yes, please list agency name, date of relationship and contact person: _____

Emergency Contact while you are in-country: _____

Applicant 1 (Name)

Applicant 2 (Name)

Age Birth Date

Age Birth Date

Country of Birth

Country of Birth

City and State

City and State

U.S. Citizen Passport #

U.S. Citizen Passport #

Passport Expiration Date

Passport Expiration Date

If naturalized, give place, date and certificate number

Driver's License # and State of Issue

Driver's License # and State of Issue

Occupation

Occupation

Employer Name

Employer Name

Length of Current Employment

Length of Current Employment

Education

Education

Salary

Salary

Other Income

Other Income

Estimated Amount in Savings (current)

Estimated Amount in Savings (current)

Previous Marriages:
(date of marriage, date of
termination)

Previous Marriages:
(date of marriage, date of
termination)

Psychiatric or Psychological Counseling Dates and Circumstances:

Have either of you ever been a defendant in a civil suit? No _____ Yes _____
If Yes, please explain:

Have you ever had an order of protection filed against either of you? No _____ Yes _____
If Yes, please explain:

List all (whether expunged or not) criminal charges, arrests and convictions (Date and Circumstances):

Have you ever been the subject of an unfavorable home study? No _____ Yes _____ If Yes, please explain:

Child(ren) Interest Questionnaire

Gender Preference: Either _____ Male _____ Female _____

Number of Children: One _____ Two _____ Siblings _____ Two+ Unrelated _____

Age(s) of Child(ren): 6 to 24 mo _____ 2-5 yrs. _____ 5-8 _____ 8+ _____

Country of Placement: Nepal _____ Sierra Leone _____ Other: _____

Are you willing to consider a child(ren) with one or more correctable medical conditions?

Yes _____ No _____

Can you accept a child(ren) with medical or developmental issues that may require specialized care or surgical intervention? Yes _____ No _____

Additional notes related to child(ren) you hope to adopt: _____

For families interested in adopting a child(ren) through our Primary Provider program, please complete the last page of this document, providing additional information about the child(ren).

Signature

Date

Signature

Date

Refund Policy

If for any reason our working relationship is terminated within 45 days of Frank's receipt of your Application to Adopt and the Foreign Child Placing Services Agreement a refund of \$1200 of the agency fee will be returned. *After* 45 days of Frank's receipt of your Application to Adopt and the Foreign Child Placing Services Agreement no refund will be issued.

For Primary Provider Cases Only:

Please also submit a copy of the sending country's adoption laws (translated into English), along with a Legal Opinion Letter from an attorney in the country of origin.

ABOUT THE CHILD:

Child's Name: _____

Child's Date of Birth: _____

Child's Health Status: _____

Is he/she in school? _____ If yes, what year? _____

Where does the child to be adopted currently live (city, country)?

With whom do they currently live (name, relationship to child, relationship to adoptive family)?

Birth family history:

Name of Birth Mother: _____

Is she currently living? _____ If no, date and cause of death: _____

If yes, is she willing to consent to adoption? _____

What is/was birth mother's relationship to you? _____

Name of Birth Father: _____

Is he currently living? _____ If no, date and cause of death: _____

If yes, is he willing to consent to adoption? _____

What is/was birth father's relationship to you? _____

Any other extended family (including siblings): _____

Are they supportive of the adoption plan? _____

Do you currently provide monetary compensation for the child (living expenses, school tuition, etc.)?

If so, how much per month/year? _____

How often do you speak to the child per month:

By phone: _____

By Skype, Face Time, etc.: _____

Email: _____

How often do you see the child in person per year? _____

If you have an attorney in country, please provide their name, email and phone number:

Are they available via WhatsApp? _____

Please list any documentation currently in your possession related to the child or the adoption process (birth certificate, death certificates, school or medical records, Adoption Decree, etc.). Please attach copies of these documents or email them to mbk@frankadopt.org along with your application submission:

