



Madison Adoption Associates

1009 Woodstream Drive ♦ Wilmington, DE 19810

Phone: 302-475-8977 ♦ Fax: 302-529-1976

www.MadisonAdoption.com

APPLICATION FOR INTERNATIONAL ADOPTION

DATE OF APPLICATION: _____

FAMILY NAME: _____

ADDRESS: _____

Street

City

State

Zip Code

TELEPHONE: _____

Home

Work

Cell

Fax

Other - Please specify

EMAIL ADDRESSES: _____

HUSBAND's Name: _____

Last

First

Middle (full)

Date of Birth: _____ **Age:** _____

Place of Birth – City: _____ **State:** _____

Country of Citizenship: _____ **Passport No.:** _____

Education (Degree, Specialty): _____

Employment: _____

Occupation / Title

Employer

Annual Salary

Other Income

Health Status: *All medical conditions and history of serious or chronic illnesses must be disclosed; a doctor letter may be required for child matching.*

Medications: *Taken for what condition?*

Height: _____ **Weight:** _____ **BMI:** _____

Criminal record: No Yes (provide date, offense, penalty)



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WIFE's Name:

Last

First

Middle (full) & Maiden

IF DIVORCED, LAST NAME OF
WIFE'S FORMER SPOUSE(S):

Date of Birth:

Age:

Place of Birth – City:

State:

Country of Citizenship:

Passport No.:

Education (Degree, Specialty):

Employment:

Occupation / Title

Employer

Annual Salary

Other Income

Health Status: *All medical conditions and history of serious or chronic illnesses must be disclosed; a doctor letter may be required for child matching.*

Medications: *Taken for what condition?*

Height:

Weight:

BMI:

Criminal record: No Yes (*provide date, offense, penalty*)

Date of Marriage:

No. of Previous Marriages for Husband:

No. of Previous Marriages for Wife:

Number of Children living at Home:

CHILDREN:

Name

Gender

Date of Birth

Bio / Adoption Country

Please use
additional paper if
necessary.

FINANCIAL INFORMATION

Total Assets: \$

Liabilities: \$

Net Worth: \$

**MAA can provide a Net Worth Worksheet if needed.*

Updated 3.11.2014



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Have you ever been turned down for adoption? No Yes

If “Yes”, please explain: _____

Have you ever been arrested for or accused of child abuse? No Yes

If “Yes”, please explain: _____

Have you ever **DISRUPTED** or **DISSOLVED** an adoption? No Yes

If “Yes”, please explain: _____

HOME STUDY AGENCY

HOME STUDY AGENCY: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

ADOPTION PREFERENCES

COUNTRY OF ADOPTION: _____

IS THERE A PARTICULAR CHILD YOU WISH TO ADOPT? _____

Name	Gender	DOB	China Province
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Must be sent Madison Adoption Associates:

- \$500 Non-Refundable Agency Application Fee
- Passport photograph of each parent
- Picture(s) of family & home
- Health Letter from doctor, if applicable

If you are matching with a waiting child who is already identified, you must include:

- Waiting Child Agreement
- Letter of Intent for specific child – 2 notarized originals (*must name the doctor who reviewed referral for you*)

If you are NOT matched with a waiting child at this time, please complete the **ADOPTION SPECIAL NEEDS QUESTIONNAIRE**.

HUSBAND- SIGNATURE

WIFE- SIGNATURE



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ADOPTION SPECIAL NEEDS QUESTIONNAIRE

Adoptive Parents Names: _____

GENDER: *check only one*

- Boy Only
- Girl Only
- Either
- Preference is for a boy, but will accept a girl.
- Preference is for a girl, but will accept a boy.

AGE RANGE: *If you are open to more than one age range, please rank in order of preference (1, 2, 3, 4). If you prefer only one specific age range, please check that line only.*

- _____ Infant (under 18 months)
- _____ Toddler (18 months – 3 years)
- _____ Pre-School (4 - 6 years)
- _____ Older (over 7 years)

ACCEPTABLE SPECIAL NEEDS: *Indicate only the special needs that you would be confident in accepting in a child. For each condition marked, you are agreeing to fully research and educate yourselves about the condition, including contacting medical specialists to discuss treatment, risks and long-term effects.*

By marking a special need condition below, you are authorizing MAA to match you with a child who has that condition.

1 = will accept (MAA can match child without further discussion and/or confirmation)

2 = will consider if gender and age range preferences are met

- | | |
|---------------------------------------|--|
| _____ Albinism | _____ Hemangioma |
| _____ Ambiguous Genitalia | _____ Hemophilia |
| _____ Amniotic Band Syndrome | _____ Hepatitis B |
| _____ Anal Atresia / Imperforate Anus | _____ Hepatitis C |
| _____ Burns | _____ HIV Positive |
| _____ Blind / Sight Impaired | _____ Hydrocephalus |
| _____ Cerebral Palsy | _____ Hypospadias |
| _____ Cleft Lip / Palate | _____ Ichthyosis |
| _____ Club Foot | _____ Joint Disorder |
| _____ Deaf / Hearing Impaired | _____ Limb Difference – Missing/Extra Digits |
| _____ Developmental Delays | _____ Limb Difference – Missing Limbs |
| _____ Down Syndrome | _____ Meningocele |
| _____ Dwarfism | _____ Mental Delays |
| _____ Epilepsy / Seizures | _____ Nerve Disorder |
| _____ Funnel / Pigeon Chest | _____ Premature Birth |
| _____ Fetal Alcohol Effects | _____ Spina Bifida |
| _____ Hairy Nevus | _____ Thalassemia |
| _____ Heart Condition | _____ Urinary / Reproductive System Disorder |



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Other Needs. Please list:

CONCURRENT SPECIAL NEEDS:

Will you accept a child who has more than one special need? Yes No

MATCHING PRIORITIES:

Rate the significance of each factor in being matched with a child (#1= most important,#5 = least important):

- _____ Gender
- _____ Age
- _____ Timing (*want to be matched with a child as soon as possible*)
- _____ Special Need – Correctable (*example: cleft lip, heart condition*)
- _____ Special Need – No Surgery Needed (*example: missing limb, albinism*)

PLEASE DESCRIBE YOUR IDEAL MATCH:

PLEASE LIST ANY OTHER INFORMATION THAT WILL BE HELPFUL FOR US TO FIND AN APPROPRIATE MATCH FOR YOUR FAMILY:

DO YOU ACKNOWLEDGE AND UNDERSTAND THAT ANY CHILD MAY HAVE UNDIAGNOSED OR UNDISCLOSED SPECIAL NEEDS? _____

Signature of Adoptive Parent

Date

Signature of Adoptive Parent

Date

WE LOOK FORWARD TO WORKING WITH YOU!