



<b>GUARDIAN</b>	
<b>MARRIAGE DATE</b>	
<b>ADVANTAGES OF NURTURING</b> ( <i>What you hope to offer a child</i> )	
<b>EXPECTATIONS FOR CHILD</b> ( <i>Briefly</i> )	

\*This information will not affect the status of your application but is required by CCAA, please do not leave blank.

**PREVIOUS MARRIAGES**

	<b>FATHER</b>	<b>MOTHER</b>
<i>How many?</i>		
<b>DATE OF MARRIAGE(S)</b>		
<b>DATE OF DIVORCE(S)/DEATH(S)</b>		

**PERSONAL HISTORY\*** (*for any YES response, please explain on the back of this sheet*)

<b>FATHER</b>	<b>MOTHER</b>
1. Have you ever been arrested or had any charges against you, even if a conviction did not occur?	
<b>YES</b> <b>NO</b>	<b>YES</b> <b>NO</b>
2. Are you suffering from or have you ever been diagnosed with a chronic illness?	
<b>YES</b> <b>NO</b>	<b>YES</b> <b>NO</b>
3. Do you have any history of a mental health concern (i.e. depression, anxiety, etc.)?	
<b>YES</b> <b>NO</b>	<b>YES</b> <b>NO</b>
4. Do you have any history of substance abuse/alcohol abuse?	
<b>YES</b> <b>NO</b>	<b>YES</b> <b>NO</b>
5. Are you taking any prescription medication? ( <i>if yes, please list medication and purpose</i> )	
<b>YES</b> <b>NO</b>	<b>YES</b> <b>NO</b>
6. Have you ever appeared in court for domestic issues or been involved in a child abuse allegation?	
<b>YES</b> <b>NO</b>	<b>YES</b> <b>NO</b>
7. CHINA REQUIRES THAT YOUR BODY MASS INDEX BE LESS THAN 40, PLEASE FIGURE YOUR BODY MASS INDEX USING THE INCLUDED CHART AND PROVIDE US WITH THAT INFORMATION.	
<b>HEIGHT</b> _____ <b>WEIGHT</b> _____ <b>BMI</b> _____	<b>HEIGHT</b> _____ <b>WEIGHT</b> _____ <b>BMI</b> _____

*\*Should you have any concerns about your own histories including ANY arrest record (even if it was dismissed or found not guilty) or any medical/mental health issue please discuss it with a staff member before submitting this application and/or research your records on your own if you are unsure. It is in your best interests to disclose these types of concerns before beginning your home study so that we may better understand your situation and can advise you about the documentation that may be required or additional risks that may exist for your adoption process. Failure to disclose this information may be grounds for CAWLI to decline your application.*

**CHILDREN**

<b>Names</b>	<b>D.O.B.</b>	<b>Biological/Adopted?</b> <b>(circle one)</b>	<b>If adopted, birth country:</b>	<b>Whose child?</b> <b>(circle one)</b>	<b>Reside w/you?</b>
		Biological / Adopted		Both / Husband / Wife	Yes No
		Biological / Adopted		Both / Husband / Wife	Yes No
		Biological / Adopted		Both / Husband / Wife	Yes No
		Biological / Adopted		Both / Husband / Wife	Yes No

Are there any others living in the household (please circle one)?    YES    NO  
If YES – Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_    FT PT Temp

**ADOPTION PREFERENCES**

Age range: \_\_\_\_\_ (please specify at least a 6-month range, i.e. 12-18 months, etc.)

Medical condition:     As healthy as possible     Special needs child (please list): \_\_\_\_\_

**HOME STUDY INFORMATION**

*If you live in a state other than MA/RI/NH/ME/FL, list information about your home study agency (if known):*

Name of Agency: \_\_\_\_\_ Social Worker: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Have you attended an informational meeting/orientation at CAWLI?    YES    NO    Date: \_\_\_\_\_

How did you hear about China Adoption With Love, Inc? \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date