

AAA PARTNERS IN ADOPTION, INC.

5665 Hwy 9, Suite 103-351
Alpharetta, Georgia 30004
(770) 844-2080

DOMESTIC AFRICAN-AMERICAN INFANT ADOPTION PROGRAM APPLICATION

The application fee is for the purpose of AAA Partners In Adoption Inc., to be able to determine eligibility for the family to be considered for the Domestic African-American Infant Adoption Program.

Information herein is confidential. Complete application and return to the above address with the \$250.00 application fee. **DO NOT SEND APPLICATION CERTIFIED, REGISTERED, OR EXPRESS MAIL THROUGH THE POST OFFICE.**

This application and fee should be submitted along with a copy of your current Home Study and any Updates to your Home Study, five (5) copies of your "Dear Birthparent Profile," and the completed Comfort Level Worksheet. AAA Partners In Adoption, Inc. cannot consider you an active client until your file is complete with the above listed documents.

PLEASE NOTE: It is very important that you retain copies of all documents provided to AAA Partners In Adoption, Inc., as you may be required to provide them at a later date.

Date: _____

Surname Husband Wife Maiden Name

Address Street City State Zip

County _____ How long at this address? _____

Telephone: Home _____

Husband Office: _____ Cell: _____ Email: _____

Wife Office: _____ Cell: _____ Email: _____

Emergency Contact Name: _____ Relationship _____ Phone: _____

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HUSBAND

WIFE

Date of Birth

Place of Birth

Naturalization Serial No.
Date and Place

Social Security No.

HUSBAND

WIFE

Ancestry

Race

Religious Affiliation

Extent of Education (List each degree)

School/ College

Date Completed

Date and Place of Marriage

Number of Previous Marriages

Termination Date(s) and Place(s)

Occupation

Employer

Annual Earnings

Other Income Sources

Amounts and Kinds of Insurance

Beneficiaries

Amount and Form of Savings

Have you ever been arrested? Yes/ No (circle one) If yes, please explain.

Type of Home: House Apartment No. Bathrooms No. Bedrooms

Type of Water/ Waste Disposal:

City Water _____ City Sewage _____

Well Water _____ Septic System _____

POST-PLACEMENT: According to state regulations, the Agency is to conduct a minimum of two visits after the placement of a child and monthly visits prior to the Petition for Adoption being filed. Additional post placement visits may be required. A fee of \$150.00 is due and payable at the time of each visit. **THIS FEE IS NON-REFUNDABLE.** Families residing outside of Georgia will need to contract with a licensed agency in their state to complete the post-placement supervision visits until a court date for finalization of the adoption is obtained.

The applicant(s) and AAAPIA understand that because each party has entered into this agreement voluntarily, either party may terminate this agreement and the adoption process by giving written notice to the other party.

I understand that in the course of the adoption process, certain documents, considered to be confidential, may be made available to persons for specific purposes related to the adoption process. I authorize AAAPIA to release such information as deemed necessary.

The withholding of information or the providing of incorrect information which is material to AAAPIA's legal responsibility to investigate an applicant's feasibility as an adoptive parent in connection with either existing or prospective adoption proceedings or in anticipation of the placement of a child by AAAPIA with the applicant for adoption, are grounds for the immediate termination of this contract by AAAPIA and a forfeiture of all payments made by the applicant to AAAPIA up to the date of termination. Examples of material omissions or misrepresentations of applicants which may prompt AAAPIA to terminate the contract are as follows: the withholding of information or the providing of incorrect information relating to an arrest or the alleged commission of a misdemeanor or felony, or any criminal record arising out of an arrest; the withholding of information or the providing of incorrect information concerning the applicant's biographical, social-economic or medical histories.

AAAPIA will complete the accompanying reports for the file, the State of Georgia, and/or cooperating agency, etc., and the necessary paperwork for the finalization of the adoption.

AAA Partner In Adoption, Inc.
Comfort Level Worksheet

This worksheet is intended to be a guide to assist AAA Partners In Adoption Staff in assessing the comfort levels of adoptive parents in situations or circumstances that may arise with birth parents of the child. Feel free to make any additional comments on this form to define your comfort level. If your caseworker has any questions or comments regarding your answers, he/she will contact you on a case-by-case basis.

CHILD DESIRED

What age child (children) would you accept? How would you accept? (please check)

- | | |
|--|------------------------------------|
| <input type="checkbox"/> 0 – 6 months | <input type="checkbox"/> One child |
| <input type="checkbox"/> 6 months to 12 months | <input type="checkbox"/> Twins |
| <input type="checkbox"/> 12 months to 18 months | <input type="checkbox"/> Triplets |
| <input type="checkbox"/> 18 months to 24 months | <input type="checkbox"/> Siblings |
| <input type="checkbox"/> 24 months to five years | |

*Siblings

- | |
|---|
| <input type="checkbox"/> a) One infant under one year and one sibling under three |
| <input type="checkbox"/> b) One infant under one year and one sibling over three |
| <input type="checkbox"/> c) Two siblings under three |
| <input type="checkbox"/> d) Two siblings over three, yet under five |

Please indicate which ethnic backgrounds you would feel comfortable with regarding your child?

- | | |
|--|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Cauc/Native American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Cauc/European Hispanic |
| <input type="checkbox"/> European Hispanic | <input type="checkbox"/> Cauc/Mexican Hispanic |
| <input type="checkbox"/> Mexican Hispanic | <input type="checkbox"/> Cauc/Asian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Cauc/Eastern Indian |
| <input type="checkbox"/> Eastern Indian | <input type="checkbox"/> Cauc/Middle Eastern |
| <input type="checkbox"/> Middle Eastern/Arabic | <input type="checkbox"/> Bi Racial* |
| <input type="checkbox"/> African American | |

*Bi-racial children are African American and any other ethnic background.

BIRTH FATHER INFORMATION

- | | Yes | No | Will discuss |
|------------------------|--------------------------|--------------------------|--------------------------|
| Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Multiple Birth Fathers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rape | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Incest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SOCIAL AND MEDICAL HISTORY OF BIRTH PARENTS AND CHILD

Birth parents come to AAA Partners In Adoption, Inc. with a wide range of social, medical and developmental circumstances. Please consider the following and indicate your level of comfort.

Comfortable (C): Readily accept
Somewhat Comfortable (SC): Willing to discuss
VeryUncomfortable (VU): Will not accept

Smoking by Birth Mother:

	C	SC	VU
Up to ½ pack per day	_____	_____	_____
1 pack per day	_____	_____	_____
More than 1 pack per day	_____	_____	_____

Drugs and Alcohol used by Birth Mother:

Minimal is three or four times during pregnancy.
Occasional is monthly during pregnancy.
Frequent is more than two or three times monthly during pregnancy.

1) Marijuana:
 None _____ Minimal _____ Occasional _____ Frequent _____
 If occasional or frequent, during which trimesters: 1st _____ 2nd _____ 3rd _____

2) Cocaine:
 None _____ Minimal _____ Occasional _____ Frequent _____
 If occasional or frequent, during which trimesters: 1st _____ 2nd _____ 3rd _____

3) Alcohol:
 None _____ Minimal _____ Occasional _____ Frequent _____
 If occasional or frequent, during which trimesters: 1st _____ 2nd _____ 3rd _____

Birth Family Medical History:

Please indicate what you would consider with the immediate birth family:

	C	SC	VU
Schizophrenia	_____	_____	_____
Manic Depression a.k.a. Bi Polar	_____	_____	_____
Attention Deficit Disorder	_____	_____	_____
Learning Disabilities	_____	_____	_____
Physical Handicap	_____	_____	_____
Diabetes	_____	_____	_____
Heart Disease	_____	_____	_____
Hepatitis in birth mother	_____	_____	_____
Lupus	_____	_____	_____
Hemophilia	_____	_____	_____
Cystic Fibrosis	_____	_____	_____
HIV	_____	_____	_____

Please state any concerns or comments below:

Adoptive Father Date

Adoptive Mother Date