



**The first step to working with us is to submit an application with the application fee. Please fill in the information over the next 5 pages and submit it with the following items:**

- Family Photo
- Photocopy of home study if complete
- Photocopy of first two pages of your passport
- Photocopy of your drivers license
- Photocopy of your USCIS approval (if complete)
- Non-refundable application fee of \$250

**Applicant**

**Spouse**

Last Name:	Last Name:
First Name:	First Name:
Middle Name:	Middle Name:
Address: _____	
Street	City State Zip
Home Phone:	Fax Number:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:
Employer Address:	Employer Address:
Annual Salary:	Annual Salary:
Circle all that apply: Married Single Divorced Widow	Circle all that apply: Married Single Divorced Widow
Number of Previous Marriages:	Number of Previous Marriages:
Date and Place of Current Marriage:	
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
Country of Citizenship:	Country of Citizenship:
Social Security #:	Social Security #:
Passport Number:	Passport Number:
Date of Issue:	Date of Issue:
Date of Expiration:	Date of Expiration:
Place Passport Issued:	Place Passport Issued:

**Federal Express Account Information - Required**

We require that you have a federal express number (if parents choose another provider, there may be pick-up charges). We use the account frequently on you account, in matters relating only to your adoption. Please visit the website [www.fedex.com/us/](http://www.fedex.com/us/) or call them at 1-800-463-3339 to set up an account.

**Your Federal Express Account Number:** \_\_\_\_\_



**Children Currently Living in Your Home:**

Name	M	F	Birthday	Bio	Adopted	Place/Date Adopted

Do any of your children have a medical condition? \_\_\_\_\_ If yes, which child(ren) and what is the diagnosis?  
 \_\_\_\_\_  
 \_\_\_\_\_

Does either parent have a medical condition? \_\_\_\_\_ If yes, which parent and what is the diagnosis?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Are you currently in the process of, or planning to start another adoption with another adoption agency, attorney, or facilitator?** \_\_\_\_\_

**Has either parent ever been arrested?** \_\_\_\_\_ **If yes, please describe when, where, the nature the offense, and provide Kids To Adopt with your arrest record:** \_\_\_\_\_  
 \_\_\_\_\_

**Home Study Agency Information**

Name of Home Study Agency: \_\_\_\_\_  
 Name of your Social Worker: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Study Complete (circle one): YES NO If no, please list the date to be completed: \_\_\_\_\_

**USCIS (INS) Information**

Do you have your I-171H (or USCIS Approval)? \_\_\_\_\_  
**Yes:** Date Received: \_\_\_\_\_ Country: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
**No:** Date Filed: \_\_\_\_\_ Country: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
 If completed, what is the date of your FBI Fingerprint Clearance? \_\_\_\_\_



**Tell us about the Child(ren) You Would Like to Adopt**

Please fill out the information in the table below for each child you wish to adopt

	Age Range	Boy	Girl	Either Sex	Healthy	Special Needs
<b>Child 1</b>						
<b>Child 2</b>						
<b>Child 3</b>						
<b>Child 4</b>						

If you would like to adopt more than one child, please indicate if you wish them to be siblings or do not mind unrelated children (circle one): SIBLINGS      UNRELATED      NO PREFERENCE

Please list any other special preferences you have on the child(ren) you wish to adopt:

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If interested in adopting a child with special needs, please check those conditions that you would consider:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Alcohol Exposure       | <input type="checkbox"/> G-Tube                   | <input type="checkbox"/> Muscular Dystrophy      |
| <input type="checkbox"/> Arthrogyposis          | <input type="checkbox"/> Genital Deformity        | <input type="checkbox"/> Non-Ambulatory          |
| <input type="checkbox"/> Attachment Disorder    | <input type="checkbox"/> Hearing Impaired         | <input type="checkbox"/> Osteogenesis Imperfecta |
| <input type="checkbox"/> Autism                 | <input type="checkbox"/> Heart Defect             | <input type="checkbox"/> Paralysis               |
| <input type="checkbox"/> Blind                  | <input type="checkbox"/> Hepatitis B              | <input type="checkbox"/> Polio                   |
| <input type="checkbox"/> Cerebral Palsy         | <input type="checkbox"/> Hepatitis C              | <input type="checkbox"/> Polydactyly             |
| <input type="checkbox"/> Cleft lip/palate       | <input type="checkbox"/> Hemangioma               | <input type="checkbox"/> Prematurity             |
| <input type="checkbox"/> Club Foot              | <input type="checkbox"/> Hermaphrodite            | <input type="checkbox"/> Ptosis (droopy) eyes    |
| <input type="checkbox"/> Cystic Fibrosis        | <input type="checkbox"/> Hernia                   | <input type="checkbox"/> Rickets                 |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Hip Dysplasia            | <input type="checkbox"/> Sexual Abuse            |
| <input type="checkbox"/> Deaf                   | <input type="checkbox"/> HIV                      | <input type="checkbox"/> Shunt                   |
| <input type="checkbox"/> Deformed Limbs         | <input type="checkbox"/> HIV exposure             | <input type="checkbox"/> Sickle Cell Anemia      |
| <input type="checkbox"/> Developmental Delay    | <input type="checkbox"/> Hydrocephalus            | <input type="checkbox"/> Speech Delay            |
| <input type="checkbox"/> Disrupted Adoption     | <input type="checkbox"/> Immune Deficiency        | <input type="checkbox"/> Speech Impairment       |
| <input type="checkbox"/> Down Syndrome          | <input type="checkbox"/> Incontinent              | <input type="checkbox"/> Spina Bifida            |
| <input type="checkbox"/> Drug Exposure          | <input type="checkbox"/> Learning Disability      | <input type="checkbox"/> Strabismus              |
| <input type="checkbox"/> Dwarfism               | <input type="checkbox"/> Leukemia                 | <input type="checkbox"/> Syndactyly              |
| <input type="checkbox"/> Emotional Disability   | <input type="checkbox"/> Mental Retardation       | <input type="checkbox"/> Tumor                   |
| <input type="checkbox"/> Facial Deformity       | <input type="checkbox"/> Missing Arm(s)           | <input type="checkbox"/> Unknown Parents         |
| <input type="checkbox"/> Failure to Thrive      | <input type="checkbox"/> Missing Leg(s)           | <input type="checkbox"/> Ventilator Dependent    |
| <input type="checkbox"/> Fetal Alcohol Syndrome | <input type="checkbox"/> Missing Finger(s)/Toe(s) | <input type="checkbox"/> Visually Impaired       |

Other: \_\_\_\_\_

**Grievance Procedure for Clients**

Any birth parent, prospective adoptive parent, adoptive parent, or adoptee may submit directly to the Executive Director a signed and dated grievance or complaint about any of the services or activities of Kids To Adopt, its employees or contractors. The following procedures should be communicated to the client:

1. When a client has a complaint, the complaint should first be discussed with the program coordinator. The program coordinator will investigate the complaint and discuss the findings with the client. If the client feels that a suitable agreement has not been reached, the client is encouraged to exercise his or her right to proceed to the second step of this plan. If the complaint involves the client's program coordinator, the client will start the complaint procedure at the second step.
2. The client must now alert the Case Manager of the complaint. The Case Manager will interview individuals involved and investigate the complaint as needed. The Case Manager has ten business days to respond to the client's complaint. If the client still feels dissatisfied with the outcome, he or she is encouraged to exercise his or her option to take the next step in the procedure.
3. The client may present the complaint in person or in writing to the Executive Director. After investigation and careful consideration, the Executive Director will make a final decision regarding the complaint and respond in writing within ten business days of receipt. If the client still feels dissatisfied with the outcome, he or she is encouraged to exercise his or her option to take the next step in the procedure.
4. Exhaustion of the foregoing grievance procedure, including all appeals, is required before any arbitration of a client's or applicant's complaint or claim may take place. Any complaint or claim which cannot be resolved by this grievance procedure, and any other dispute, controversy or claim which cannot be resolved by good faith negotiation among the parties, shall be resolved by arbitration, as specified below.
5. At any time the client may file a complaint with the Hague Complaint Registry, a web-based system established by the Department of State and/or the State Licensing Office.
6. Kids To Adopt provides an expedited review of such complaints that are time sensitive or that involve allegations of fraud.

I have read and fully understand the procedures listed above concerning the Kids To Adopt Grievance Procedure for Clients.

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Applicant

Date

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Spouse

Date



**Agreement to Arbitrate Disputes**

I/We understand and agree that any dispute, controversy or claim between Kids To Adopt and Adoptive Parent(s) which cannot be settled through the Client Grievance Procedure shall be resolved by arbitration conducted by a single arbitrator in accordance with the rules of the American Arbitration Association. In the event of arbitration, the arbitrator shall have the right to award the prevailing party the costs of arbitration, including but not limited to, attorney's fees. Judgment on the award rendered pursuant to such arbitration may be entered in any court having jurisdiction thereof. This Agreement and any dispute, controversy or claim between Kids to Adopt and Adoptive Parent(s), shall be governed by and construed under the laws of the State of Washington without regard to conflicts-of-laws rules or principles. The place of such arbitration shall be within Clark County, Washington. I understand that arbitration will take the place of a court trial or jury trial.

I/We have read, understand, and agree to the terms set out immediately above in the Agreement to Arbitrate Disputes.

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Applicant	Date	Spouse	Date
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**Permission to Release Information**

I/We give permission to Kids To Adopt to disclose to third parties such information provided by Adoptive Parents as they deem necessary to facilitate the adoption process.

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Applicant	Date	Spouse	Date
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**Information Packet**

I/We have read the Kids To Adopt Information Packet and understand the information within.

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Applicant	Date	Spouse	Date
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**Please let us know how you first heard about Kids To Adopt:**

Please Specify:

- Search Engine \_\_\_\_\_
- Kids To Adopt Website \_\_\_\_\_
- Another Adoption Site \_\_\_\_\_
- Adoption Seminar \_\_\_\_\_
- Newspaper \_\_\_\_\_
- Phone Book \_\_\_\_\_
- Friend \_\_\_\_\_
- Family Member \_\_\_\_\_
- E-mail List \_\_\_\_\_
- Bulletin Board \_\_\_\_\_
- Other \_\_\_\_\_

**Please send the completed application with the items listed to the following address:**

Kids To Adopt  
2012 Broadway  
Vancouver, WA 98663