

BEACON HOUSE ADOPTION SERVICES, INC.
...lighting the way for new beginnings

376 West Chase St, Pensacola Florida 32502 (850) 430-4005
5917 Jones Creek Rd., Ste 100B, Baton Rouge, LA (225) 753-5551
Toll Free: 1-888-987-6300

INTERNATIONAL APPLICATION FORM

Date _____

Applicant 1 _____
 Last Name First Middle

Spouse _____
 Last Name First Middle

Address _____

Email address _____ Home phone _____

	APPLICANT	SPOUSE
Date of current marriage		
Date of birth		
Place of Employment		
Employment address		
Employment phone		
Employment fax		
Occupation		
Annual Income		
Amount in savings		
Social Security No		
Number of divorces		
Last date divorced		
Any medical diagnoses		
Any mental health history** use addition pages if necessary		
Medications		
Criminal convictions		
Arrests		

Passport No		
Passport place of issue		
Passport expiration		
Country of citizenship		
Religious affiliation		
Children: This includes all children in the family, whether or not living in the home, regardless of age, and from all previous marriages		

Do any others live in the home with you? _____ Yes _____ No

If yes, describe relationship

Do you currently have a home study _____ completed or _____ in process?

Name of agency _____

Address and phone _____

Caseworker [Name, email address, phone number]

Have you ever been denied approval for a home study? _____ Yes _____ No

Aside from the previous question, have you ever been rejected as an adoptive or foster parent? If yes, please explain, if No, write "N/A" below.

Are you working with any other resource besides BHAS?

Name _____

Address _____

Phone _____

Have you applied for or received CIS advance processing approval?

_____ Yes Date approved _____

_____ No

Applicants may specify gender and/or age of desired child. BHAS will use this information as a guide and attempt to meet your request. The overseas coordinators/office/governmental entities must approve all adoptive placements.

Please indicate preferences below.

Country _____ Preferred age _____

Preferred Gender _____ Number of children desired _____

The following questions must be answered for your application to be considered complete.

1) Does either applicant have any history of substance abuse as indicated by counseling, treatment, arrest or conviction?

2) Is there any history of mental illness or treatment for mental illness at any time in the past?

3) Is either applicant taking any medication? If so, list medications and the reason it was prescribed:

4) Has either applicant completed any pre-adoptive educational training at this time? If so, describe such training, who provided it, how many hours, class/online, etc.

5) Briefly state why you wish to adopt a child internationally.

6) Have you attended any informational seminars on adoption? Where and when?

By signing this application I/we authorize BHAS to obtain information about me/us from any and all resources listed above and from all adoption agencies or home study agencies that are now or have in the past provided services to me/us. I/We agree that BHAS is authorized to maintain and display my/our information on BHAS premises, and to provide and share confidential information to my/our home study agency and BHAS coordinators and representatives in foreign countries. I/we understand that laws and regulations of the foreign governments and agencies in countries where BHAS maintains programs may change without notice; that adoptions in any country may be delayed, suspended or

terminated at any time without notice; and that consequently, I/we may be subject to changing requirements and/or programs for international adoption. I/we agree that a photocopy of this authorization is as valid as the original. I/we understand that this application is preliminary in nature and as such application does not guarantee acceptance into a particular program; applicants must meet program criteria as provided by the foreign country or the agency. I/we further state that to the best of our knowledge, information and belief, all of the information contained in this application is true. I/we understand that in the event that we have misrepresented information to BHAS, our adoption process may be terminated immediately and all fees shall be due immediately.

Signature

Please return this form along with:

1. One photograph of the adoptive couple (may be color copies of passport pictures)
2. Non-refundable check or money order in the amount of \$250.00

TO:

376 West Chase Street
Pensacola, FL 32502

Applications not accompanied by the fee will not be returned, nor will they be processed MasterCard/Visa accepted – call (225) 753-5551 for processing.