



Hopscotch Adoptions  
1208 Eastchester Drive  
Suite 235  
High Point, NC 27265  
hopscotchadoptions.org  
PH 336-899-0068

### HOPSCOTCH INTERNATIONAL ADOPTION APPLICATION

Please provide the following information and return to Hopscotch Adoptions, Inc. at the above address with a \$250.00 non-refundable processing fee. This fee will be applied to your total agency service fee if you are accepted into a Hopscotch program. Included with this application, is country specific program information (based on your stated country preference), agreements, waivers and service contracts. After review of this information we will schedule a telephone conference to further address outstanding questions, should you so desire.

Date: \_\_\_\_\_ *Please indicate:* Placement Only \_\_\_ Home Study only \_\_\_ Both \_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Primary applicant

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Secondary applicant (if married)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone (home): ( ) \_\_\_\_\_

Primary (cell): ( ) \_\_\_\_\_ (work): ( ) \_\_\_\_\_

Secondary (cell): ( ) \_\_\_\_\_ (work): ( ) \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Emergency Contact : \_\_\_\_\_, Emergency Phone: ( ) \_\_\_\_\_

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#### Adoption Program of Interest (check all that apply):

Armenia: \_\_\_\_\_ Bulgaria: \_\_\_\_\_ Georgia: \_\_\_\_\_ Ghana \_\_\_\_\_ Ukraine: \_\_\_\_\_ Home Study \_\_\_\_\_

Preferences about child age/gender/number/ethnicity/"extra needs" (describe or specify):

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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#### Adoption Process History

Have you ever had a completed home study  yes  no

If yes, date of home study: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Contact person, Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Home study updates(s), dates completed: \_\_\_\_\_

Have you ever been denied an adoptive home study **or** not completed a study?  yes  no. If yes, date and please explain: \_\_\_\_\_

Have you been a licensed or certified foster parent? If so, when \_\_\_\_\_

If so, for which agency/state \_\_\_\_\_

Have you ever had a disrupted placement or adoption? If so, explain \_\_\_\_\_

If Hopscotch is NOT completing your home study for this adoption, please provide the name of the licensed agency or licensed adoption professional in your state of residence who will be completing your home study. If you have not contracted with a home study agency, please contact Hopscotch prior to contracting with the agency.

Agency Name/Email address \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agency telephone \_\_\_\_\_ Caseworker/contact person \_\_\_\_\_

Status of home study (approved, denied, pending, in process, etc.) \_\_\_\_\_

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**Criminal record and child abuse clearances**

(Clearances are required during your home study process and again within your dossier.)

Do you or any member of your household have a record of an arrest or a charge of abuse or neglect, with or without conviction or dismissal? If so, whom?

\_\_\_\_\_

If so, explain charges and disposition of case:

\_\_\_\_\_

Use additional pages as necessary. *Please attach copies of any official documents or summaries regarding resolution or disposition of any arrests, charges, dismissals, convictions, sentencing, any, time served, community service, parole, etc. Also provide your own personal statement related to incidents, outcome, and lessons learned.*

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**How Did You Hear About Hopscotch?**

- |  |                                  |
|--|----------------------------------|
| ___ adopted through Hopscotch              | ___ friend                       |
| ___ from Hopscotch adoptive family         | ___ family member                |
| ___ Doctor, medical professional           | ___ media (please specify) _____ |
| ___ Hopscotch website                      | ___ adoption.com website         |
| ___ Other internet source (please specify) | ___ Consulate                    |

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**Applicant Information**Primary applicantSecondary applicant *(if applicable)*

Full Legal Name:

\_\_\_\_\_  
(Last)\_\_\_\_\_  
(Last)\_\_\_\_\_  
(First)\_\_\_\_\_  
(Middle)\_\_\_\_\_  
(First)\_\_\_\_\_  
(Middle)

Maiden Name/Nickname \_\_\_\_\_

Birth date: \_\_\_\_\_

Birthplace (city &amp; state): \_\_\_\_\_

Citizenship (list all): \_\_\_\_\_  
\_\_\_\_\_

Height &amp; Weight: \_\_\_\_\_

Eye &amp; Hair color: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

High School, date \_\_\_\_\_

College/prof.training,date \_\_\_\_\_

Hobbies/Interests/ \_\_\_\_\_

Community Activities: \_\_\_\_\_  
\_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Worship community: \_\_\_\_\_

Occupation \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_

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

(Indicate monthly or annual)

Savings: \_\_\_\_\_

**THE FOLLOWING PAGES ARE FOR ALL APPLICANTS:**

**Family**

1. List all children living in your home under 18 years: for each list name, birth date, school or occupation. If child is adopted please identify: age; if deceased, date of death listed under birthdate; school/occupation; if adopted, date of adoption, state or country, and placing agency.
2. List all children not currently living in your home , including those over 18. For each, list the same information as children in the home, adding information on current residence under each name.
3. List all adults in your home, (ages 18 or older) excluding yourselves. For each, list name, birth date, school or occupation. (Each person over 18 years old must have health, state of residence criminal clearance and child abuse clearances for each state and country resided in since the age of 18).

***Please use additional sheets as necessary.***

Name	Age	DOB	School/occupation	Adopted date	Adopted from	Placing Agency

**Descriptions:** *For each person listed above, describe their personality, their needs and strengths, how they have reacted to your adoption plans, and their probable interaction with the new child. Use another sheet, if necessary.*

**Home:** Own or rent? \_\_\_\_\_ Lot size: \_\_\_\_\_ Monthly Payments: \_\_\_\_\_

If owned, present market value: \_\_\_\_\_ Mortgage balance: \_\_\_\_\_

Does your community have services and resources for children with special medical needs and/or educational needs?

Please describe:

\_\_\_\_\_

\_\_\_\_\_

Does your community have a diverse ethnic population or specific to your child’s country of origin? Please explain. \_\_\_\_\_

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**Medical and Lifestyle Checklist - Primary Petitioner** (if married, one spouse is the primary)

Each country has its own rules as to lifestyles and medical issues they find acceptable in regard to people adopting from their country. In order to assist us in determining if you will successfully adopt from the country of your choice. Please check any medical conditions you have been diagnosed with or lifestyle issues that apply to you, either in the past (include approximate dates) and/or present (indicate current issue with a check), and answer the corresponding questions.

- |  |  |
|--|--|
| _____ Alcoholism   | _____ Liver Disease/hepatitis/jaundice |
| _____ Anemia   | _____ Lung Disease, Tuberculosis       |
| _____ Arthritis  | _____ Psychiatric conditions           |
| _____ Asthma   | _____ Mental Impairment                |
| _____ Blood Transfusion(s)   | _____ Mood Disorder                    |
| _____ Cancer or Tumor  | _____ Neurological Disorder            |
| _____ Depression   | _____ Obesity                          |
| _____ Diabetes   | _____ Personality Disorder             |
| _____ Drug Abuse   | _____ Physical Impairment              |
| _____ Epilepsy, Seizures   | _____ Sexually Transmitted Disease     |
| _____ Head Injuries  | _____ Smoking                          |
| _____ Heart Disease  | _____ Stroke                           |
| _____ High Blood Pressure/Cholesterol  | _____ Suicide Attempt                  |
| _____ HIV/AIDS   | _____ Thyroid Disease                  |
| _____ Kidney Problems  | _____ Ulcer in Stomach/duodenum        |
| _____ Communicable disease(s) (describe): _____                              |  |
| _____ Other: _____   | _____ More than one divorce            |
| _____ Record of arrest; <i>explain details and outcome on separate page.</i> |  |

Are there any medical conditions not listed above that you have been diagnosed with?

\_\_\_\_\_

Please indicate any medication you are currently taking with or without a prescription and the reason(s) you are taking this medication.

\_\_\_\_\_

\_\_\_\_\_

Any other lifestyle or medical issues: \_\_\_\_\_

\_\_\_\_\_

If you have had psychological counseling and/or psychiatric treatment, please indicate dates, reasons and/or diagnosis, type of treatment/medication, any in-patient care.

\_\_\_\_\_

\_\_\_\_\_

I state that I have been truthful, complete, and have provided information on all medical conditions and lifestyle issues that apply to me to the best of my knowledge. I understand that certain medical conditions or lifestyle issues may not be accepted by the program of my choice or by any of the Hopscotch current international programs.

\_\_\_\_\_  
Primary Petitioner (signature)

\_\_\_\_\_  
Date

*For all married applicants: this checklist is for the spouse of the primary petitioner*  
**Medical and Lifestyle Checklist - Secondary Petitioner**

Each country has its own rules as to lifestyles and medical issues they find acceptable in regard to people adopting from their country. In order to assist us in determining if you will successfully adopt from the country of your choice. Please check any medical conditions you have been diagnosed with or lifestyle issues that apply to you, either in the past (add dates) or present, and answer the corresponding questions.

- |   |   |
|---|---|
| <input type="checkbox"/> Alcoholism   | <input type="checkbox"/> Liver Disease/hepatitis/jaundice |
| <input type="checkbox"/> Anemia   | <input type="checkbox"/> Lung Disease, Tuberculosis       |
| <input type="checkbox"/> Arthritis  | <input type="checkbox"/> Mental Illness                   |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Mental Impairment                |
| <input type="checkbox"/> Blood Transfusion(s)   | <input type="checkbox"/> Mood Disorder                    |
| <input type="checkbox"/> Cancer or Tumor  | <input type="checkbox"/> Neurological Disorder            |
| <input type="checkbox"/> Depression   | <input type="checkbox"/> Obesity                          |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Personality Disorder             |
| <input type="checkbox"/> Drug Abuse   | <input type="checkbox"/> Physical Impairment              |
| <input type="checkbox"/> Epilepsy, Seizures   | <input type="checkbox"/> Sexually Transmitted Disease     |
| <input type="checkbox"/> Head Injuries  | <input type="checkbox"/> Smoking                          |
| <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Stroke                           |
| <input type="checkbox"/> High Blood Pressure/Cholesterol  | <input type="checkbox"/> Suicide Attempt                  |
| <input type="checkbox"/> HIV/AIDS   | <input type="checkbox"/> Thyroid Disease                  |
| <input type="checkbox"/> Kidney Problems  | <input type="checkbox"/> Ulcer in Stomach/duodenum        |
| <input type="checkbox"/> Communicable disease(s)(describe): _____                                     |   |
| <input type="checkbox"/> More than one divorce  | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Record of Arrest, <i>explain details and current status on separate page</i> |   |

Are there any medical conditions not listed above that you have been diagnosed with?

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Please indicate any medication you are currently taking with or without a prescription and the reason(s) you are taking this medication.

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Any other lifestyle or medical issues: \_\_\_\_\_

If you have had psychological counseling and/or psychiatric treatment, please indicate dates, reasons and/or diagnosis, type of treatment/medication, any in-patient care:

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I state that I have been truthful, complete and have provided information on all medical conditions and lifestyle issues that apply to me to the best of my knowledge. I understand that certain medical conditions or lifestyle issues may not be accepted by the program of my choice or by any of the Hopscotch current international programs.

\_\_\_\_\_  
Secondary Petitioner (signature)

\_\_\_\_\_  
Date

**Checklist for Considering Adoption of a Child;**

Please check the boxes (and also circle special items) that apply in your consideration of children for adoption. This checklist will assist Hopscotch to help find a child for you who will be comfortable in your family. Remember that children coming from orphanage care are generally considered somewhat medically and developmentally fragile, and that a child referred to you may have needs that have not been recognized or diagnosed before placement.

Child or children considered	Preferred	Would Consider	Least Preferred
Boy			
Girl			
Siblings/twins			
3 months -12 months old <i>at time of referral</i>			
1-3 years old <i>at time of referral</i>			
4-5 years old <i>at time of referral</i>			
5+ years old <i>at time of referral</i>			
Needs glasses			
Cross-Eyed, correctible by surgery			
Club foot/feet, correctible by surgery			
Allergies or asthma			
Cleft palate/cleft lip, correctible by surgery			
Smaller in size and weight than kids the same age			
Cosmetic issues: birth marks, scars, crooked teeth			
Congenital heart defect, needs surgery			
Delayed Development			
Impaired sight			
Impaired hearing			
Delayed emotional development			
Missing finger(s); missing toe(s)			
Fused fingers/toes, needs surgery			
Missing limb(s)			
Other Limb Difference			
Genitalia issues			
Extrophy of Bladder			
Hepatitis or other medical issues (specify)			
Other (specify)			
<p>This checklist should not be construed as the agency's absolute promise that a specific known or unknown condition(s) can either be guaranteed or will never occur, but simply as a general idea of how adoptive parents feel about certain conditions, and what conditions may be present for the child.  <i>This checklist <b>will NOT</b> be included in the dossier for an international adoption.</i></p>			

Hopscotch Adoption **shall/shall not** (circle one), be permitted to release an announcement of the child's placement with my family, and/or picture the child and/or family in any media forum.

\_\_\_\_\_  
 Primary applicant Date

\_\_\_\_\_  
 Secondary applicant Date

**Agreement and Waiver:** – Statement of risk regarding the health of the child or children to be adopted

I/We, the undersigned, hereby acknowledge that I/we have been informed about various medical conditions that may exist for children adopted internationally, and that there are risks involved in the adoption that I/we are undertaking.

I/We are aware that there is often a lack of information or limited information regarding a child's health, that diagnosis for a child may be inaccurate, and that there is usually limited medical and social history on the biological parents.

I/We understand that a child will be referred to me/us in good faith with expectation of relative good health for a child who has been in orphanage care internationally, based on available testing and information made available to me/us or gathered by me/us, unless we are otherwise informed and specifically accept referral of a child with some type of special needs..

I/We agree to discuss the medical, emotional and psychological risks with a physician of our choice, which may be the International Adoption medical specialist whom I agree to contact for a review or evaluation of information about the child referred to me.

I/We acknowledge and understand that some conditions, behaviors, or issues may not be known until after the child returns home with me/us. I/We acknowledge, understand and accept the many risks involved in this adoption and hold harmless, Hopscotch and all employees and subcontractors arising out of the processing of out placement and adoption including but not limited to, the following:

1. Any medical, genetic, emotional, academic, or developmental problems of the adoptive child diagnosed before, during or after placement in the adoptive home.
2. Any death, injury or health threat to us, the undersigned, or the adoptive child during travel undertaken for the purposes of taking custody of the adoptive child.
3. Any deviation from the description of the child to be adopted.

The following conditions are among those that should be considered possible, reported or not, for waiting children, including, but not limited to:

Salmonella	Attachment/Bonding issues	Hepatitis A, B, & C
Ricketts	Polio	Milk Intolerance
Scabies/Lice; skin rashes	Parasites	Anemia
HIV	Lack of immunizations	Chronic Ear/Sinus Infection
Sensory Deprivation Effects	PTSD	Depression
Tantrums, Anger, Aggressive behavior	Other communicable disease	Birth Trauma
Syphilis	ADD/ADHD	Fetal Alcohol Syndrome/Effects
Developmental Delays	Hip Dysplasia	Autism
Culture shock	Emotional & Physical Delays	Hypoxia (reported or not)
Measles, Chickenpox	Allergies	Vision & Hearing Delays
Learning Disabilities	Post institutional Effects	Asthma
Decayed teeth	Malnutrition; nutritional deficits	Undiagnosed Genetic Problem
Hereditary conditions	Pneumonia	Tuberculosis

I/We acknowledge that beyond the preparation and completion of our homestudy and/or international adoption dossier, Hopscotch, its employees and sub-contractors with in the United States or abroad through its liaison activities cannot guarantee the actual placement of a child with a family or individual adoptive applicant and that unanticipated changes in document requirements, time, and process are common and beyond the control of Hopscotch. I/We understand that ultimately responsibility rests with foreign officials and such other persons in foreign countries having both custody of children and legal authority to control international adoption.

I/We understand that delays and additional costs in the adoption process can be caused by issues such as, but not limited to, vacations, sickness, holidays, political unrest, changes in the process or procedure, travel issues, and weather.

I/We understand that as adoptive applicant(s) we have a duty to disclose and must provide true, complete, and accurate information to the home study preparer, placement agency, sending country, and the U.S. government. This duty of candor is an ongoing duty and the agencies must be notified of any new information or event which might warrant submission of an updated or amended home study, post placement report or post adoption report, before or after visa issuance, legal adoption, placement, or post placement or post adoption services. I/We understand that certain conditions or lifestyle issues may not be acceptable by a particular program, country, or agency with which Hopscotch works.

I/We also understand the importance of my/our personal conduct and activities in the source country that are sensitive to the culture of the country so as not to jeopardize the adoption process.

I/We also understand that once fees are paid to the foreign service provider on our behalf, they are non-refundable. I/We understand that fees, both local & foreign, are subject to change, and agree to pay the fees according to the schedule that is current at the time this application is submitted.

I/We understand and agree to abide by all orders of the court of competent jurisdiction in the foreign country, including post placement reporting.

I/we agree to supply all required post placement reports as applicable and required by Hopscotch. I/We further agree to pay any Hopscotch post-placement fees and any costs for post placement services from the licensed agency in my/our State of residence contracted to provide these

I/We agree, in the event of a disruption of the adoption process, to cooperate with all necessary and appropriate agencies, court officials, and other responsible persons to obtain a proper resolution on behalf of the best interests of the child, and to notify Hopscotch should any such consideration of possible disruption and/or replacement arise.

\_\_\_\_\_  
**Primary Petitioner (signature)      Date**

\_\_\_\_\_  
**Secondary Petitioner (signature)      Date**

**Acknowledgement and Waiver for International Travel for Purpose of Adoption**

We/I understand and acknowledge that generally travel and a stay to meet and adopt the child is required for an international adoption and that we/I are willing and able to travel to the country where the child referred to us/me and accepted for adoption by us/me resides, based on the requirements of the country.

If married, both of us are prepared to travel and remain in country for the required amount of time specified by the country for international adoption.

We/I understand and acknowledge that there are potential risks associated with international adoption travel. Medical issues for adults include but not limited to: need to obtain immunizations; infectious diseases; traveler’s tummy; anxiety and anxiety attacks, jet lag and culture shock.; respiratory distress; skin disorders; colds, fever, flu. For children these include possible lack of required immunizations; fever, colds, ear infections; traveler’s tummy; stress and anxiety, jet lag, culture shock, trauma/PTSD; skin conditions; culture shock and disruption of attachments to places, people, language, everyday patterns; grieving and/or angry behavior, rejection of parents by child.

We/I understand and acknowledge that travel to, from, and within the United States, and Armenia, Bulgaria, Georgia, Ghana, Ukraine, or any other country can involve risk, including but not limited to, serious health risks, risk of being quarantined, and risk of injury or death,

We/I are/am aware of previous events that have caused concern with regard to domestic and international travel, including but not limited to, the Severe Acute Respiratory Syndrome (SARS) epidemic, other significant medical issues, severe weather or other natural disasters, political violence, kidnapping and recent terrorist events.

We/I acknowledge that it is our/my responsibility to check with the State Department (travel.state.gov), the World Health Organization (WHO) (www.who.int/en/), and the Center for Disease Control (CDC) (www.cdc.gov/travel/), for travel advisories, and to obtain the most up-to-date information on travel to and/or from Armenia, Bulgaria, Georgia, Ghana, Ukraine, or any other foreign country.

We/I accept responsibility for the costs involved with required international travel for our/my adoption, and understand that we/I take responsibility for any additional costs may arise from scheduling, rescheduling, or other issues of travel.

We/I acknowledge that it is our/my decision to travel within the United States and to Armenia, Bulgaria, Georgia, Ghana, Ukraine, or any other foreign countries.

We/I understand that we/I travel at our/my own risk.

We/I understand and acknowledge that Hopscotch Adoptions, Inc. will not be responsible for any travel-related losses, illnesses, injuries, delays, financials losses, or other problems that we/I, our/my child(ren), or any others traveling with us may experience.

\_\_\_\_\_  
Primary Petitioner (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Petitioner (signature)

\_\_\_\_\_  
Date

## ORIENTATION - INTERNATIONAL ADOPTION ADVISORY SUMMARY

**This section gives a very brief overview of some important international adoption issues.** Thousands of families decide to adopt internationally each year. While some parents start off with much thought and in-depth education on the issues and processes, others need more time and information to fully understand these. You are starting off towards what many parents have found to be an exciting, emotional and ultimately rewarding experience in life. From time to time the process will test your patience, perseverance, and emotional strength, so you will need the support of family and friends. Other international adoptive parents can also be very helpful, and we encourage you to seek out this valuable support system.

An international adoption can be a long and complicated process. Once you have completed the initial paperwork you have little, if any, control over steps and timing in the process. This can be frustrating. In international adoption the culture and way of getting things done abroad can be very different from how we do things here in the U.S.; political instability and anti-American or anti-international adoption attitudes can sometimes cause difficulties. There may be delays in your adoptive process, or even a halt, caused by things like holidays, weather, and changes in law, procedures, even governments. Children available for adoption from other countries are in the custody of their birth country. We do not have the authority to mandate activities or direct individuals there for the benefit of American families or even for the benefit of children. Although a child may be referred to you, that child is not yours until the finalization of the in-country adoption process by decree, and visa approval by the U.S. Embassy. Until that time, the child remains in the custody of his/her country of birth and could theoretically be withdrawn from adoption by the country, regardless of the adoptive family's wishes. We have no control over this.

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### Processing Time

Hopscotch cannot guarantee any time frame for any particular part of the international adoption process since there are so many variables. We can only estimate time frames. This is true for the time a family will wait for a referral, for court dates, and the status of adoptions in a specific country. The time for one family's adoption process may be longer or shorter than that of another family, even during relatively the same time period.

You have control over the adoption process only at the beginning, when you complete your home study, submit your immigration work, and prepare the international dossier. When these are completed and approved, you are considered ready to seek approval from your child's country, and the uncertain wait begins.

Also, families need to understand when traveling the importance of personal conduct and activities in the country that are sensitive to the culture of the country, so as not to jeopardize the adoption process.

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### Costs

Costs for an international adoption include, but are not limited to, items such as: cost of the home study, application fees, agency administrative and other fees, international fees and in-country adoption costs, translations, document certifications and authentications, postage and wire fees, telephone calls, immigration work, travel, child's visa, your visas, stay in-country, post-placement visits and reports. At the time of application and at referral, Hopscotch will provide an estimate of the current fees. **However, we cannot guarantee the final amount of your fees and expenses.**

All fees that are paid to Hopscotch Adoptions, Inc. or paid to a facilitator or to a governmental official or a foreign provider are non-refundable (refer to fee schedule for refund policy). If the foreign provider is unable to complete the adoption process of a child whom you have accepted and for whom you have paid the agency program fee to Hopscotch, we will continue to work with you until a new adoption for you is completed (if you choose). The agency program fee paid by you will be credited toward the current fees. **We have no control over any monies paid to foreign individuals, agencies or organizations neither in a foreign country nor for changes in the process, regulations, or laws. We are not responsible for refunding these fees and expenses.**

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## **The Child**

Children enter the child welfare system and become available for international adoption for a variety of reasons. Many of these reasons are similar in the U.S., although conditions in some other countries may be more extreme: poverty, illness, death, abuse, neglect, substance abuse, abandonment. Single parents and children born out of wedlock may not get the same level of social acceptance and practical assistance as in the U.S., so some mothers release their children for adoption in order to provide a better life for the child. Often, very little background information on the children and their families is available, and there is typically little significant medical, prenatal, social or development history for the child and birth family; sometimes even actual birth dates are unknown. Prospective adoptive families generally get at least a photo and some basic information about a child. Sometimes a current photo of a child may not be available at the time of referral, although hopefully photos are available at a later time during the process.

Certain conditions may be more common for children in orphanages, but medical practices in your child's country probably do not have the comprehensive screening, evaluation, and treatment that is available in the United States. Families who adopt internationally must understand the reality of such medical risks. More than half of children adopted internationally come home with undiagnosed illness or medical conditions; most of these are minor, some are more serious or long-lasting.

Waiting children may also have suffered emotional trauma or deprivation caused by institutional life, multiple moves, loss of a loved one, neglect or abuse, including sexual abuse. Developmental delays are common for these children, although such delays are often not diagnosed before referral and placement. It is usually not fully possible at time of referral or even at time of adoption in country to determine whether delays due to a lack of stimulation are correctable, or whether the child will always have slower development or learning issues.

Families should be familiar with the appearance and culture of the people of the country from which their child comes. If you have negative feelings toward people of a different culture, appearance, or ethnicity, you should not consider adoption of a child who may possibly fall within these descriptive limits. Adopting families need to fully understand that, just as in the rest of life, there are no guarantees for a child's health, intelligence, psychological stability, appearance, development, or behavior; with an international adoption there may be stronger needs for more guidance, patience, services, and stability for a child.

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## **How Will Hopscotch Help Me?**

Our goal at Hopscotch Adoptions is to bring families and children together. We know that international adoption requires patience, determination, and supports. Hopscotch will be there to help you along the way with the typical—and the less typical--bumps along the way. We will assist you with steps such as immigration and the dossier, education requirements, and planning travel, and keep you informed of the progress of your international adoption process as well as any changes in requirements or process. We will also encourage you to become part of a support network with other adoptive families and to educate yourselves about your child's culture and country. Hopscotch will be your guide and your partner in your international adoption experience.

As soon as we receive information about your international adoption process we will pass it along to you and explain the details as much as we can. Please understand that because of the nature of the process, there may be times when you will hear from us regularly, and then there may be times when you may not hear from us because there is no new information. Please contact us when you have questions or concerns. If we are not immediately available, we will get back you as soon as possible.

Despite complexities, changes, and frustrations, families successfully adopt internationally every day. Hopscotch has witnessed and celebrated the joy of many such families bringing home their beautiful new children and looks forward to helping you also build your family through a successful international adoption.

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**Statement of Adoption Orientation and Understanding of Risks**

Completing a successful international adoption through Hopscotch Adoptions, Inc. requires a serious commitment in time and finances on the part of both Hopscotch and the Client family. Hopscotch is firmly committed to helping each Client family so that the international adoption process can be as effective as possible, whatever the specific circumstances for each family. From the first consultation through the arrival home with your child, Hopscotch will provide you with information and guidance regarding the steps, requirements, challenges, and risks so that you will have a successful international adoption. Questions are always welcome.

I/We have read and understand the Hopscotch Orientation- International Adoption Advisory Summary.

I/We, as prospective adoptive parent(s), understand the process, procedures, policies, and laws for the country I/we have chosen, as described by Hopscotch Adoptions. I/We realize that governments, including the U.S., can institute changes in requirements and/or process at any time.

I/We also understand and acknowledge the possible emotional, financial, and legal risks that may be involved with an international adoption, and that the international adoption time frame or any part of the process described to me is subject to change at any time.

I/We have been informed of the particular needs and characteristics of children who need adoptive homes internationally, and specifically those of children waiting for adoption in the country I/we have chosen.

I/We understand the International Adoption Advisory information provided to us by Hopscotch, which include, but are not limited to, the services and resources Hopscotch provides, educational requirements, fee schedule, program statements, and the grievance procedures of Hopscotch Adoptions, Inc., a Hague accredited, not for profit program authorized in the State of New York and licensed in the State of North Carolina to place children for adoption.

I/We understand that Hopscotch Adoptions cannot work with a family which has a home study completed by an individual (non-agency) home study provider or with a family on an independent international adoption, that is, an international adoption which does not involve a licensed, Hague-accredited agency.

I/We understand the duty to disclose any information or event required for or related to our international adoption process, and the duty of candor to give true and accurate information to the home study agency and others involved in the process. This is an ongoing duty which requires notification from me/us of any new event or information that might warrant submission of an amended or updated home study or post adoption report, and continues through visa approval, legal adoption and placement, and post adoption services.

I/We understand and agree to comply with the policies and procedures set forth at Hopscotch, and accept the risks inherent in the process of international adoption.

\_\_\_\_\_  
Primary applicant (signature)

\_\_\_\_\_  
Secondary applicant (signature)

\_\_\_\_\_  
Primary applicant (printed)

\_\_\_\_\_  
Secondary applicant (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**NY and NC Hopscotch Home Study Applicants ONLY--- Personal information**

*If Hopscotch will be doing the family's NY or NC home study, each applicant should also fill out their own personal information, pages 4-7. Please make a copy for each person & use additional sheets if needed.*

Applicant Name: \_\_\_\_\_

Describe your personality: \_\_\_\_\_

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Describe your strengths: \_\_\_\_\_

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Describe what you feel are your challenges and limits, and how you address these:

\_\_\_\_\_

\_\_\_\_\_

What do you feel you still need to work on? \_\_\_\_\_

\_\_\_\_\_

How have you handled problems, crisis, stress in your life, including previous relationships; what have you learned from these experiences?

\_\_\_\_\_

\_\_\_\_\_

What is your experience with children? What is your child behavior management and discipline style?

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How much time will you take off when you adopt? \_\_\_\_\_

Describe your child care plans after your child arrives: \_\_\_\_\_

What do you think will change in your life when your child arrives \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What will you share with your child regarding their adoption history:

\_\_\_\_\_

Who will be guardians for your child in the event something happens to you (name, location, relationship, qualifications) \_\_\_\_\_

\_\_\_\_\_

If you are a naturalized U.S. citizen, please provide date & place, plus naturalization number: If not a US citizen, provide visa status and alien registration number

\_\_\_\_\_

**NY/NC Hopscotch Home Study Applicants ONLY: Personal Information... Family of Origin**

Use additional sheets if necessary.

**Father**

**Mother**

Name of Parent \_\_\_\_\_

Current age \_\_\_\_\_  
(or date and age at death)

Employment \_\_\_\_\_

...date retired, if applicable \_\_\_\_\_

Current residence (city, State) \_\_\_\_\_

If not still married, date divorce \_\_\_\_\_

If applicable, names of spouse(s) \_\_\_\_\_

Family and friend support or reactions to your adoption plan  
\_\_\_\_\_  
\_\_\_\_\_

Please describe past and present relationship and involvement of each parent with you and with your siblings and current family, and their probable relationship and involvement after adoption.

\_\_\_\_\_  
If you have had other important parent figures in the past, such as foster parent, relative, step parent(s), family member, close friend, describe past and present relationship and involvement. \_\_\_\_\_  
\_\_\_\_\_

Siblings: \_\_\_\_\_ Number of Siblings; I am number \_\_\_\_\_ in birth order of siblings.

Any other children part of your family growing up: \_\_\_\_\_

Name any siblings no longer living, approximate date and cause of death: \_\_\_\_\_  
\_\_\_\_\_

How did you and are you coping with their loss: \_\_\_\_\_  
\_\_\_\_\_

Please list your sibs in birth order on this list

Full Name	Age	Gender	City/State	Occupation	Marital Status	Spouse's Name	Ages of Children

Describe past and present relationships, communication, and involvement with siblings. Are they or will they be supportive of your adoption plans, how will they be involved after your child arrives?

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**NY/NC Hopscotch Home Study Applicants ONLY: Personal Information --- If married:**

Describe what attracted you to your spouse at first: \_\_\_\_\_

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What qualities attract you to your spouse now? \_\_\_\_\_

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What do you think are your spouse's strengths, challenges, and limits? \_\_\_\_\_

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How do you think your spouse would describe you and your strengths and challenges? \_\_\_\_\_

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Describe the ways that you communicate with each other \_\_\_\_\_

---

What are your areas of disagreement and how do you cope with these \_\_\_\_\_

---

How do you cope as a family with problems, conflict, stress \_\_\_\_\_

---

Describe what you think are the strengths in your marriage \_\_\_\_\_

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Describe what you see as the challenges in your relationship. What are the areas you are working on and how are you working on these areas?

---

How will you divide responsibilities for child rearing and child care? \_\_\_\_\_

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How do you differ on child rearing and discipline, and where do you have similar ideas and practice?

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What are your family goals \_\_\_\_\_

Marriage date \_\_\_\_\_ city and state \_\_\_\_\_  
Officiated by \_\_\_\_\_ Location \_\_\_\_\_

**NC/NY Hopscotch Home Study Applicants ONLY: Personal Information - Previous Marriages:**

Adoptive Father

Adoptive Mother

To whom: \_\_\_\_\_

Marriage date, location: \_\_\_\_\_

Date of marriage end \_\_\_\_\_

Reason for termination: \_\_\_\_\_

*If there has been the death of a spouse, please indicate approximate date and cause of death.*

Number of divorces: \_\_\_\_\_

**Please use additional sheet if needed.**

**NC/NY Hopscotch Home study Applicants ONLY: Personal Information - If Single:**

What back up and emergency child care plans will you have? \_\_\_\_\_

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Who will be the opposite sex role model for your new child (name, relationship)? \_\_\_\_\_

What needs do you expect your child might have when coming home, and how will you address these?

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What needs do you expect that your child might have long-term, and how will you address these?

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Describe your support systems; how will these assist you in your single parent role? \_\_\_\_\_

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What other supports might you need to use and how might these be available to you? \_\_\_\_\_

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What changes have you already made to get ready to be a single parent, and what changes will you need to make? \_\_\_\_\_

I attest that all information that I have provided has been truthful and complete.

\_\_\_\_\_  
Primary Home Study Applicant (signature)

\_\_\_\_\_  
Secondary Home Study Applicant (signature)

\_\_\_\_\_  
Primary Home Study Applicant (printed)

\_\_\_\_\_  
Secondary Home Study applicant (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date