



Hopscotch Adoptions
1208 Eastchester Drive
Suite 120
High Point, NC 27265

Telephone: 1-336-899-0068
Fax: 1-888-837-3824

<https://hopscotchadoptions.org>

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. Upon receipt of this application, Hopscotch will forward program information (based on your stated country preference), and service documents. After review of this information we will schedule a telephone conference to further address outstanding questions.

Date: _____

Name: _____
Primary applicant

Birth date: _____

Name: _____
Secondary applicant (if married)

Birth date: _____

Marriage Date: _____

Address: _____

City/State/Zip: _____

Telephone (home): () _____

Primary (cell): () _____

(work): () _____

Secondary (cell): () _____

(work): () _____

Email Address(es): _____

Emergency Contact Person: _____, Emergency Phone: () _____

Adoption Program of Interest (check all that apply):

Armenian: _____ Georgian: _____ Other: _____

Child with "extra needs" (describe or specify): _____

Comments: _____

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? yes no. If yes, date: _____

If yes, 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.

Agency Name/Email address _____

Mailing Address: _____

Agency telephone _____ Caseworker/contact person _____

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

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, time served, community service, parole, etc.*

How Did You Hear About Hopscotch?

___ adopted through Hopscotch

___ from Hopscotch adoptive family

___ Doctor, medical professional

___ Hopscotch website

___ Other internet source (please specify) _____

___ other (please specify) _____

___ friend

___ family member

___ media (please specify) _____

___ adoption.com website

___ Consulate

Applicant Information

Primary applicant

Secondary applicant

Full Legal Name:

(Last)

(First) (Middle)

(Last)

(First) (Middle)

Maiden Name:

Birth date:

Birthplace (city & state):

Citizenship (list all):

Height & Weight:

Eye & Hair color:

Ethnicity:

Education:

Occupation:

Hobbies/Interests/

Community Activities:

Religious Affiliation:

Worship community:

Employer:

Job Title:

Annual Gross Income:

Other income:

(Indicate monthly or annual)

Savings:

If Married:

Date: _____ City and State: _____

Officiated by: _____ Location _____

Previous Marriages: Adoptive Father Adoptive Mother

To whom: _____

Dates; location: _____

Reason for termination: _____

Number of divorces: _____

Please use additional sheet if needed.

Family

1. List all children living in your home under 17 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 criminal and child abuse clearances).

Please use additional sheets as necessary.

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

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? Please explain. _____

Medical and Lifestyle Checklist - Primary 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 (include 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"/> Ling 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"/> Record of Arrest, explain: _____ | |
| <input type="checkbox"/> More than one divorce | |

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: _____

I state that I have been truthful 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 medial conditions or lifestyle issues may not be accepted by the program of my choice or by any of our current international programs.

Primary Petitioner (signature)

Date

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"/> Ling 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"/> Record of Arrest, explain _____ | |
| <input type="checkbox"/> More than one divorce | |

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: _____

I state that I have been truthful 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 medial conditions or lifestyle issues may not be accepted by the program of my choice or by any of our current international programs.

Secondary Petitioner (signature)

Date

Checklist for Considering Adoption of a Child;

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 for waiting children, including, but not limited to:

Salmonella	Tuberculosis	Hepatitis A, B, & C	Rickets
Milk Intolerance	Scabies/Lice;	Parasites	Anemia
Lack of immunizations	Chronic Ear/Sinus Infection	Depression	Polio
Tantrums, Anger, Aggressive behavior	other communicable disease	Skin rashes; lice	HIV
Fetal Alcohol Syndrome/Effects	Developmental Delays	Hip Dysplasia	PTSD
Emotional & Physical Delays	Hypoxia (reported or not)	measles, chickenpox	allergies
Vision & Hearing Delays	Learning Disabilities	Decayed Teeth	asthma
Malnutrition; nutritional deficits	Undiagnosed Genetic Problems	hereditary conditions	pneumonia
Attachment and Bonding Issues	Post Institution Effects	Culture shock	ADD/ADHD
Sensory Deprivation Effects	Birth Trauma (reported or not)	Syphilis	autism

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 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.

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 Services.

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.

I/We understand that certain medical conditions or lifestyle issues may not be accepted by the program of our choice or by any of Hopscotch's current international programs.

Date

Primary Petitioner (signature)

Secondary Petitioner (signature)

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, Armenia, Georgia, 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, 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 or Georgia 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 or Georgia 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.

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 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.

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 in a foreign country. We are not responsible for refunding these fees.**

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 family; sometimes even actual birth dates are unknown. Prospective adoptive families generally get at least a photo and basic information about a child, but sometimes a current photo 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.

Waiting children may also have suffered emotional trauma or deprivation caused by institutional life, multiple moves, loss of a loved one, neglect or 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.

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.

How Will Hopscotch Help Me?

Our goal at Hopscotch Agency 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. 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 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.

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 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, the fee schedule, program statements, and the grievance procedures of Hopscotch Adoptions, Inc., a not for profit program authorized in the States of New York and Kansas to place children for adoption.

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