



DILLON
INTERNATIONAL™

Affiliated with Buckner



BUCKNER®

ADOPTION AND MATERNITY SERVICES

ADOPTION APPLICATION—part #1

Applicant 1's Name _____ M F
 Last First Middle

Applicant 2's Name _____ M F
(if applicable) Last First Middle

Physical Address _____
 Street City State Zip

County of Residence _____ **Date of Marriage** *(if applicable)* _____

Primary Email Address _____ **Home Phone** _____
(This address will be used to communicate with your family throughout the adoption process.)

Alternate Email address _____

General information	Applicant 1	Applicant 2 (if applicable)
Name prefer to be called	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Country of citizenship	_____	_____
Birth date & Age	_____	_____
Height	_____	_____
Weight	_____	_____
Occupation	_____	_____
Annual Income	_____	_____
Education	_____	_____
Religious Affiliation	_____	_____
States and foreign countries resided in since your 18th birthday	_____	_____

Do you have previous marriages/divorces?	<input type="checkbox"/> NO <input type="checkbox"/> YES*	<input type="checkbox"/> NO <input type="checkbox"/> YES*
Have you been the victim of any childhood physical, sexual or emotional abuse?	<input type="checkbox"/> NO <input type="checkbox"/> YES*	<input type="checkbox"/> NO <input type="checkbox"/> YES*
Have you been the subject of a child abuse/neglect investigation?	<input type="checkbox"/> NO <input type="checkbox"/> YES*	<input type="checkbox"/> NO <input type="checkbox"/> YES*
Do you have a history of alcohol/substance abuse?	<input type="checkbox"/> NO <input type="checkbox"/> YES*	<input type="checkbox"/> NO <input type="checkbox"/> YES*
Do you have a history of any counseling or mental health treatment, including 12-Step or Celebrate Recovery programs?	<input type="checkbox"/> NO <input type="checkbox"/> YES*	<input type="checkbox"/> NO <input type="checkbox"/> YES*
Have you ever filed for bankruptcy?	<input type="checkbox"/> NO <input type="checkbox"/> YES*	<input type="checkbox"/> NO <input type="checkbox"/> YES*
Do you have a history of arrests or violating any laws? See enclosed <i>Documentation of Unlawful Incidents.</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES*	<input type="checkbox"/> NO <input type="checkbox"/> YES*
	If yes, attach detailed personal statement with explanation and dates.	If yes, attach detailed personal statement with explanation and dates.

Health/Medical Info <i>Current or Past</i>	Applicant 1	Applicant 2	List Diagnosis/Date/Treatment/Outcome & provide doctor's letter See enclosed <i>Letter to Healthcare Provider</i>
Arthritis, bone/joint disease	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Cancer, tumor	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Depression, anxiety	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Diabetes	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Heart disease, hypertension	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Hepatitis, liver disease	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Lupus or multiple sclerosis	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Operations, surgeries	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Physical disabilities	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Seizure disorder	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Tuberculosis	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Venereal disease, HIV+	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Other conditions not noted	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Hospitalizations	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Current medications	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	

Names of all children*	Gender	Birth date	Age	Residence	How Entered Family
					<input type="checkbox"/> Birth <input type="checkbox"/> Adopted
					<input type="checkbox"/> Birth <input type="checkbox"/> Adopted
					<input type="checkbox"/> Birth <input type="checkbox"/> Adopted
					<input type="checkbox"/> Birth <input type="checkbox"/> Adopted

*Include those that are deceased or those from a prior relationship. Attach additional sheet if you need more space.

INSURANCE	Do you have health insurance coverage for each family member?	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Will your health insurance provider:	
	cover your child upon placement with your family for the purpose of adoption?	<input type="checkbox"/> NO <input type="checkbox"/> YES
	cover your child's pre-existing condition(s) upon placement with your family?	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Does each applicant have a minimum of \$50,000 life insurance coverage?	<input type="checkbox"/> NO <input type="checkbox"/> YES
	<i>Note: Life insurance policy must be in place before Application-part #2 can be processed.</i>	

INTERCOUNTRY ADOPTION PROGRAMS

*Country Program is licensed through Buckner Adoption & Maternity Services, Inc.

CHILD DESIRED	Country Programs <input type="checkbox"/> China-Waiting child <input type="checkbox"/> Ghana <input type="checkbox"/> Ethiopia* <input type="checkbox"/> Haiti <input type="checkbox"/> Honduras* <input type="checkbox"/> Hong Kong <input type="checkbox"/> Russia* <input type="checkbox"/> India <input type="checkbox"/> Korea <i>On occasion, applications may be placed on hold for a country program. Please check our website (www.dillonadopt.com) to confirm applications are being accepted.</i>	Age range(s) : <input type="checkbox"/> 0-12 mos <input type="checkbox"/> 12-24 mos <input type="checkbox"/> 24-36 mos <input type="checkbox"/> 3-5 yrs <input type="checkbox"/> 5-7 yrs <input type="checkbox"/> 7-10 yrs <input type="checkbox"/> 10-15 yrs <i>Check all that apply.</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either <i>Families adopting from Korea or India and first time parents adopting from Ethiopia and Russia must be open to a child of either gender as our agency receives more referrals of boys than girls in these countries.</i>	Open to considering the adoption of: <input type="checkbox"/> Twins <input type="checkbox"/> Siblings <input type="checkbox"/> Child w/ special needs <i>Check all that apply.</i>
	Requesting file for specific Waiting Child: Di 20 _____ - _____			

Name(s) of person(s) OTHER THAN CHILDREN living with you	Birth date	How long living with you	Relationship	States or foreign countries resided in since 18 years of age

HERITAGE FAMILIES

Chinese Heritage:	Applicant 1	Applicant 2
Were you born in mainland China, Hong Kong or Taiwan?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Were your birthparents born in mainland China, Hong Kong or Taiwan?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Indian Heritage:		
Were you born in India to Indian parents?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Were your birthparents born in India?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Korean Heritage:		
Were you born in Korea to Korean parents?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Were your birthparents born in Korea?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Are you a Korean adoptee?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes to any, you may qualify as a Heritage family. Please explain: _____		

Adoption Questionnaire

Please type or legibly print your answers on a separate sheet of paper and submit with your application.

- Section 1 – To be answered by all families:**
- Describe your motivation and reasons for wanting to build your family through adoption.
 - Describe any testing and/or treatment for infertility that you have pursued. Please give dates of any testing and/or treatment.
 - Have you shared your desire to adopt with family? If so, how do they feel about your plans?
 - If you have children, how do you anticipate the adoption affecting them?
 - How comfortable are you with unknowns regarding a child’s background, history and potential undiagnosed medical and/or emotional problems?
 - What unique issues or challenges do you think your family will encounter as an adoptive family?
 - What issues or challenges do you think the child you adopt will face as he/she grows and develops his/her identity?
 - What is your plan for financing your adoption?
- Section 2 – To be answered if either parent is a different race or ethnicity than the child they hope to adopt:**
- How do you feel about becoming a transracial, multicultural family?
 - How do you think your child and family will be accepted by your neighborhood and community?
 - How do you think you would respond in the face of racism and negative attitudes?
 - How will you meet your child’s need to embrace their race and cultural heritage? What resources have you identified (e.g., activities, role models) to meet these needs?
- Section 3 – To be answered by families who wish to adopt a child 2 years or older and/or a child with special needs:**
- Describe your motivation and reasons for wanting to adopt an older child and/or a child with special needs.
 - What personal experiences do you have that you think will be beneficial in parenting an older child and/or a child with special needs?
 - What resources and support do you have available that would help you care for an older child and/or a child with special needs?
 - Are there any behaviors you feel you could not handle? What would be your approach to dealing with these behaviors should your child exhibit them?
 - In what ways have you prepared (e.g., education training) for adopting an older child and/or child with special needs?

- 1) Are you a Dillon/Buckner employee or trustee or a relative of an employee or trustee? NO YES
 - 2) Have you had children in your home from another agency or private source? NO YES
 - 3) Have you applied or are you planning to apply to any other agency for a child? NO YES
 - 4) Is any other agency currently considering your home for a child? NO YES
 - 5) Have you been involved in any previous home studies, whether completed or not? NO YES
- If yes to any, explain here. Include dates, agency name, circumstances, etc.* _____

List your home study/post placement providing agency (name of agency, phone number, address, and social worker, if known). If you live in AR, CA (Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara or Ventura counties only), KS, MO, OK, or TX, Dillon International will provide these services.

* Please refer to the Dillon website for a current list of agencies that have entered into a Hague-compliant agreement with Dillon International to provide home study and post placement services. Go to www.dillonadopt.com/providers.htm.

How did you hear about our agency? Select one answer:

- | | |
|---|--|
| <input type="checkbox"/> Friend or family member (who? _____) | <input type="checkbox"/> Other adoption agency (which? _____) |
| <input type="checkbox"/> Dillon/Buckner staff member (who? _____) | <input type="checkbox"/> Adoption support group (which? _____) |
| <input type="checkbox"/> Dillon/Buckner information meeting | <input type="checkbox"/> Adoption fair/conference (which? _____) |
| <input type="checkbox"/> Area representative (who? _____) | <input type="checkbox"/> Adoption magazine (which? _____) |
| <input type="checkbox"/> Dillon/Buckner website | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Other website (www. _____) | <input type="checkbox"/> Yellow pages |
| <input type="checkbox"/> Social worker or home study provider | <input type="checkbox"/> TV or other media |

The following items must be included to process your Adoption Application-part #1

We value a trusting relationship with families and your honest, candid responses to the questions are required. Withholding information may be grounds for denying your adoption application. Make copies of all documents for your personal records.

- Non-refundable Application Part #1 fee (\$50) payable to Dillon International. *(waived for returning Dillon/Buckner families)*
- Completed and signed *Adoption Application—part #1*, including responses to Adoption Questionnaire
- Original signed and notarized *Adoption Services Contract* (entire document)
- Original signed *Explanation of Fees and Services* (entire document)
- Recent family photo including all members of household
- Additional documentation, if necessary (i.e. Unlawful incidents documentation, physician’s or counselor’s letter, personal statements regarding health, counseling, previous marriage, etc.)

Please check the appropriate box:

- I/We have completed the online Pre-Adoption Workshop and a copy of the Certificate of Attendance is included.
- I/We will complete the online Pre-Adoption Workshop and submit a copy of the Certificate of Attendance.

NOTE: We will not finish processing your Application-part #1 until we receive the workshop Certificate of Attendance.

I/We have read the *Adoption Services Contract, Explanation of Fees and Services* and *Adoption Policies & Procedures* and I/we agree to follow the policies stated therein. I/We understand that my/our honest, candid responses are required and that withholding information may be grounds for denying my/our application.

Signature of Applicant 1 _____ Date _____ Signature of Applicant 2 (if applicable) _____ Date _____

Office use only: Reviewer _____ Country _____ Date approved _____

**Return all requested documents to:
Dillon International, Inc./ 3227 East 31st Street, Suite 200 / Tulsa, OK 74105**

ATTENTION: This letter should be given to your healthcare provider **ONLY** if 1) you are (or were in the past) under the care of a physician to treat a medical condition, 2) you are (or were in the past) receiving mental health, marital, or substance abuse counseling, or 3) you exceed the weight guidelines posted in the *Adoption Policies and Procedures Brochure*. Your application may require prior country approval. If you have questions, contact the country representative.

Professional Statement Regarding Applicant(s)' Physical and/or Mental Health

Dear Healthcare Provider:

The couple or individual presenting this letter to you has applied to adopt a child through our agency. Our primary concern is that the best interest of the child will be served. We believe that prospective adoptive parents should be in good mental, emotional, and physical health and have no serious illnesses of a chronic, debilitating and/or life-threatening nature in order to parent a child.

If you are providing medical care or mental health counseling (or have in the past) for this couple or individual, we need a detailed statement from you describing his/her situation to include the following:

- patient's name
 - medical history and/or mental health history including specific diagnoses
 - date diagnosis given
 - treatment recommended and received (e.g., medications and dosages, surgeries, type of counseling)
 - dates of treatment or counseling sessions
 - primary goals and outcome of treatment or counseling sessions
 - any hospitalizations related to the specific diagnoses
 - prognosis and/or statement that the patient has been free from cancer, substance abuse, or other significant medical condition for five (5) years or that the patient's mental health has been stable with drug therapy or other treatment for at least five (5) years (if longer than 5 years, note the specific amount of time)
- PLEASE NOTE EXCEPTION:*** *If patient is adopting from China or Hong Kong, the period of time should be at least ten (10) years.*
- recommendation that your patient's illness, health condition or mental health issue will not interfere in his/her ability to parent a child
 - statement from you giving Dillon International and Buckner Adoption and Maternity Services permission to share this information with the prospective adoptive family **or** a statement requesting that our agency keep your information regarding the patient as confidential.

Your patient's adoption application will not be processed until our agency receives your letter outlining the above. The letter should be typed on your letterhead. The letter may be faxed to Dillon International at 918/749-7144, but an original copy of your letter must also be mailed to:

Dillon International, Inc.
Attn: Adoption Supervisor
3227 East 31st Street, Suite 200
Tulsa, OK 74105

We appreciate your help. Should you have any concerns or questions regarding this request, please feel free to contact our Adoption Supervisor at 918/749-4600.

DOCUMENTATION FOR HISTORY OF UNLAWFUL INCIDENTS

Our agency makes every effort to uphold our ethical responsibility to adequately screen adoption applicants and assure the countries in which we work that we are placing children in safe, nurturing homes. Applicant(s) must have no arrests within the previous three (3) years (ten years for China and Hong Kong). If older unlawful incidents exist, additional information must be submitted (see below). Approval of your adoption application is contingent on case review. If approved, the circumstances of any incident will be discussed with your case worker and included in the home study. It is very important that the incident and any consequences are explained in an honest, thorough and straightforward manner. US Citizenship and Immigration Services is very particular about certain requirements for your application to adopt a child from a foreign country.

Please answer the following questions for each adult member of your household 18 years of age and older. At any time in your life, have you **ever**, whether in or outside the U.S.:

- NO YES Been cited, charged, arrested, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant, even if the record has been expunged, sealed, pardoned, or the subject of any other amelioration or the incident occurred as a juvenile?
- NO YES Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?
- NO YES Received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?
- NO YES Been the subject of any investigation by any child welfare agency, court, or other official authority in any State or foreign country concerning the abuse or neglect of any child or adult, *other than* an investigation that has been completed and formally closed based on a finding that the allegation of abuse or neglect was unfounded or unsubstantiated?
- NO YES Been an offender of substance abuse, sexual abuse, child abuse, or domestic violence, even if it did not result in an arrest or conviction?

If you answered "Yes" to any of the above statements:

- ✓ Submit a current, certified copy of the police/sheriff report from the city/county where the incident occurred OR a notarized statement on the department's letterhead stating that they no longer have a record of the incident and the reason why (e.g., it occurred too long ago, there was no conviction, etc.).
- ✓ Submit a current, certified copy of the court report for your case showing the final disposition of the incident OR a notarized statement on the court's letterhead stating that they no longer have a record of your case and the reason why (e.g., it occurred too long ago, there was no conviction, etc.).
- ✓ Submit a signed and notarized personal statement, including the statement, "*Signed under penalty of perjury under U.S. law,*" describing all details (who, what, where, when, why) of the incident including, 1) date the incident occurred, 2) place the incident occurred (city/town, State/province, country), 3) name of police/sheriff department or other law enforcement entity involved, 4) dates of incarceration and name of facility (if applicable), 5) description of any consequences (e.g., jail, court, fines, probation, community service, restitution), 6) description of any type of counseling or rehabilitation, 7) description of how the event impacted you personally, including what steps you took to repair any harm caused by your actions and to prevent it from occurring again.

Please submit this form and any required documentation with Adoption Application-Part #1.
Your application will not be processed until all required documentation is received.
Withholding information may be grounds for denying your application.