

AMERICANS FOR INTERNATIONAL AID & ADOPTION

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PREAPPLICATION

FAMILY NAME: _____ HUSBAND: _____ WIFE: _____

(SINGLE) MAN: _____ WOMAN: _____

ADDRESS: _____ CITY _____ STATE/ ZIP _____
(No. & Street)

COUNTY: _____

PHONE NUMBER: _____ DATE OF MARRIAGE: _____

DAYTIME PHONE: _____ E-MAIL ADDRESS: _____

AGE OF MAN: _____ DOB: _____ AGE OF WOMAN: _____ DOB: _____

NUMBER, AGE AND SEX OF CHILDREN IN HOME: _____

ADDITIONAL ADULTS IN HOME, 18 YEARS AND OVER: _____

HAVE YOU ADOPTED BEFORE: _____ INTERNATIONALLY: _____ ANNUAL INCOME: _____

DO YOU HAVE A COMPLETED HOME STUDY: _____ DATE OF COMPLETION: _____

NAME & ADDRESS OF HOMESTUDY AGENCY: (IF ANY) _____

SOCIAL WORKERS NAME AND PHONE NUMBER: (IF ANY) _____

PLEASE STATE NUMBER, SEX, AGE RANGE, AND COUNTRY FROM WHICH YOU WOULD LIKE TO BE CONSIDERED FOR A CHILD:

HOW DID YOU HEAR ABOUT AIAA? _____

WOULD YOU CONSIDER A CHILD WITH A MINOR OR CORRECTABLE MEDICAL PROBLEM: _____

SIGNIFICANT MEDICAL PROBLEM: _____

BLACK OR PART-BLACK BI-RACIAL CHILD: _____

COMMENTS: _____

THIS QUESTIONNAIRE WILL BE USED TO DETERMINE WHETHER WE FEEL WE CAN WORK WITH YOU. WE CANNOT, HOWEVER, GUARANTEE THAT WE WILL BE ABLE TO SEND YOU A FORMAL APPLICATION.

SIGNATURE OF HUSBAND OR SINGLE MAN: _____ DATE: _____

SIGNATURE OF WIFE OR SINGLE WOMAN: _____ DATE: _____

DATE RECEIVED:

ABOVE SECTION FOR OFFICE USE ONLY

DATE DUE:

DATE:

MARITAL STATUS:

COUNTRY

AGE

SEX

CH. IN FAMILY

MEDICAL

FORMAL

INS

CORRESPONDENCE

CLOSED