



Main: 315 S. 2nd St., Renton, WA 98057
 Email: familyfinders@wacap.org
 Phone: 800-732-1887 | Fax: 206-575-4148

Family Finders International Waiting Child PRE-application

To learn about adopting from the U.S., email wacap@wacap.org

Section 1 – Getting started We invite you to call or email us with questions at any time.

- Please type or print clearly in ink. If you need more space, please type your responses on Page 3 or attach a separate sheet.
- Your application and contact information are confidential and will not be shared with anyone.

Section 2 – Family information

Applicant one: (select one) Mr. Ms. Mrs. Miss **Applicant two:** (select one) Mr. Ms. Mrs. Miss

Name _____ Name _____

Date of birth _____ Age _____ Date of birth _____ Age _____

Height _____ Weight _____ Height _____ Weight _____

Occupation _____ Occupation _____

Annual income _____ Annual income _____

Combined estimated net worth (assets minus debt) _____

Arrest history _____ Arrest history _____

Medical history (ANY conditions/medications):
 _____ Medical history (ANY conditions/medications):

Religion _____ # of divorces _____ Religion _____ # of divorces _____

Education level _____ Ethnicity _____ Education level _____ Ethnicity _____

Phone number _____ Phone number _____

Applicant 1 email _____ Applicant 2 email _____

Address _____ City _____ State _____ ZIP _____

Date of present marriage (if applicable) _____ Number of children living in home _____

Please list ALL children (**include placement date if child was adopted**):

Name	DOB	Gender	Birth	Adopted	Date of placement
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Section 3 – About Waiting Children To best serve you, the Family Finders team would like to know as much as possible about the child(ren) you hope to adopt. Your responses on this form are not binding. Rather, this form will be used as a tool to help WACAP identify a child or children who might be a good match for your family.

I/We are interested in adopting a waiting child(ren) from the following countries (number in order of preference):

Bulgaria China Democratic Republic of Congo Haiti India Korea Thailand Taiwan

Name(s) of Waiting Child(ren) interested in adopting _____.

Understanding some countries do not permit a gender preference to be specified, the gender of the child I/we prefer to adopt is:

Either gender Male Female

I/We are interested in adopting siblings.

Understanding that for some children there is insufficient information with which to determine age, I/we would like to have an opportunity to consider a child/children as young as _____ and as old as _____.

I/We would like to have an opportunity to consider adopting a child who has been diagnosed with correctible special needs.

I/We would like to have an opportunity to consider adopting a child who has been diagnosed with special needs that may require long term treatment and/or care.

Children seeking families through the Family Finders program often have conditions, known and unknown, diagnosed and undiagnosed, which may require particular treatment and services. The following is a list of just some of the conditions that may affect children in the Family Finders program. It is provided to you primarily as a tool for discussion with your home study and medical professionals. This list also may be used to identify a child or children, with already-diagnosed conditions, whom you would like the opportunity to consider for placement in your family.

It is important to note that WACAP cannot guarantee the current health status of any child available for adoption. Limited resources often prevent or delay the diagnosis of health conditions, including the conditions listed below. Children often suffer from conditions, both included and not included on the below list, that are not yet known or diagnosed. Consequently, while this list is provided as a tool to facilitate discussion, WACAP cannot guarantee that a child placed with your family does not have any of the conditions below.

Understanding the above, please give careful thought to your available resources and indicate below whether you are open to considering children who already have been diagnosed with any of the following conditions. In using the list below as a tool for discussion, you agree that WACAP cannot guarantee the health condition of any child placed for adoption (initial _____).

- | | | |
|----------------------------------------------|------------------------------------|-------------------------------------|
| Albinism | Deaf Partial hearing impairment | Neurological disorders |
| Attention deficit hyperactivity disorder/ADD | Dental issues | Physical developmental delays |
| Autism spectrum disorders | Disorders of sexual development | Premature/medically fragile |
| Behavioral issues | Down syndrome | Rectal/vaginal fistula |
| Blindness Partial vision impairment | Emotional/social delays | Respiratory illness |
| Birthmarks/nevus | Epilepsy/seizures | Sexual/physical abuse/neglect |
| Blood disorders (anemia, hepatitis, etc.) | Fetal alcohol spectrum disorder | Short stature/dwarfism |
| Bowel/anal issues | Gastrointestinal disorders | Skeletal anomalies (arthrogryposis) |
| Burns | HIV/AIDS | Speech impairment |
| Cerebral palsy Mild Moderate | Heart defects | Spina bifida |
| Cleft lip/cleft palate | Hypospadias | Tumor/cyst |
| Club foot/feet | Kidney/bladder issues | Wheelchair use |
| Cognitive delays | Limb differences | Micro or Macro-cephaly |
| Craniofacial anomalies | Malnourishment | Other _____ |

Please describe any experience you have with children with special needs below: