



2308 North Cole Road, Suite E., Boise, Idaho 83704

Phone: (800) 376-0558 ♥ Fax: (208) 376-1931

Email: info@adoptcasi.org www.adoptcasi.org

APPLICATION

PARENT 1			PARENT 2 (if applicable)		
Name:	First M.I. Last	First M.I. Last			
	Nickname:	Nickname:			
Mailing Address:	Street:	City:	State:	Zip Code:	
Contacts:	Home Phone:	Fax:	Date of Application:		
	Work Phone:	Fax:	Work Phone:	Fax:	
	Email:	Cellular:	Email:	Cellular:	
Birthplace:	Date: Place:	Date: Place:			
Citizenship	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ethnicity:		Parent 1	Parent 2	Parent 1	Parent 2
	African American	<input type="checkbox"/>	<input type="checkbox"/>	Caucasian	<input type="checkbox"/>
	American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
	Asian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>
Marriage:	Date: Place:	Number of years:			
Previous Marriage(s):	Termination Date(s):	Reason(s):	Termination Date(s):	Reason(s):	
Convictions/ Investigation	Previous Convictions or Investigations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Previous Convictions or Investigations: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Health Status:	Are you being treated for any medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you being treated for any medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Highest Education Completed:	Year: Degree: Major:	Year: Degree: Major:			
	School:	School:			
Present Employment:	Occupation: Employer:	Occupation: Employer:			
	Date of Employment: Salary:	Date of Employment: Salary:			
Additional Income:	Source: Amount:	Source: Amount:			
Health Insurance:	Company: Coverage (med, dental, vision):	Company: Coverage (med, dental, vision):			
Life Insurance:	Company: Amount:	Company: Amount:			

OTHER HOUSEHOLD MEMBERS

Name	Age	Gender	Relationship	Biological/Adopted	Birthplace

HOME STUDY SERVICES

Are you using CASI as your home study and/or post placement agency?

Yes

If yes, please check the type of service(s) requested:

- International Home Study U.S. Home Study
 International Post Placements U.S. Post Placements

No

If no, please provide home study/ post placement agency contact information:

Name of Agency _____ Contact _____
 Address _____ Email _____
 Phone _____ Fax _____

Have you ever applied for and/or completed a home study?

Yes

If yes, please provide the agency information and date of completion below:

Name of Agency _____ Contact _____
 Address _____ Email _____
 Phone _____ Fax _____
 Date of completion _____

No

CASI ADOPTION PROGRAMS

Are you applying to one of CASI's adoption programs?

Yes

If yes, please select the program you are applying to:

- China Haiti U.S. Foster/Adopt
 China Special Needs Ukraine U.S. Infant

No

If no, please provide adoption agency/attorney contact information:

Name of Agency _____ Contact _____
 Address _____ Email _____
 Phone _____ Fax _____

Please indicate adoptable child preferences:

Gender _____ Race/Ethnicity (optional) _____

Age Range _____ Number of children _____

I attest that the above provided information and responses are true and accurate to the best of my knowledge.

Signature _____ Date _____

Signature _____ Date _____

Please mail this application along with your non refundable processing payment of \$150 (payable to CASI Foundation for Children) to: 2308 N. Cole Rd., Suite E, Boise, ID 83704