

CONFIDENTIAL APPLICATION:

PLEASE mail application to Joyful World Ministries, Inc. with your check for \$400 & mail a copy of this application to Americans for African Adoptions, Inc.

JOYFUL WORLD MINISTRIES, INC. (JWM)

DbA: ALL AGE ADOPTIONS PLUS

11811 Menaul Boulevard, NE, Suite 5, Albuquerque, NM 87112

505-323-6002

Adopt@Adoptionsplus.org

AMERICANS FOR AFRICAN ADOPTIONS, INC. (AFAA)

8910 Timberwood Drive

Indianapolis, IN 46234-1952

317-271-4567

amfaaUS@gmail.com

APPLICANT'S FULL NAME: _____

SPOUSE'S FULL NAME (include maiden name if applicable): _____

ADDRESS: _____

HOME PHONE # _____

APPLICANT'S CELL # _____ **SPOUSE'S CELL #** _____

APPLICANT'S OFFICE # _____ **SPOUSE'S OFFICE #** _____

APPLICANTS E-MAIL: _____ **SPOUSE'S E-MAIL** _____

APP. DATE & PLACE OF BIRTH: _____

SPOUSE'S DATE & PLACE OF BIRTH: _____

APPLICANT'S SOC. SEC. _____ **SPOUSE'S SOC. SEC.** _____

DATE & PLACE OF MARRIAGE: _____

APP. PREVIOUS MARRIAGE & DIVORCE DATES: _____

SP'S PREVIOUS MARRIAGE & DIVORCE DATES: _____

APPLICANT'S HT. & WT. _____ **SPOUSE'S HT. & WT.** _____

APP'S EDUCATION: LAST YEAR of SCHOOL COMPLETED & DEGREE:

SPOUSE'S EDUCATION: LAST YEAR of SCHOOL COMPLETED & DEGREE:

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APPLICANT'S EMPLOYER (name & address): _____

APP'S PREVIOUS OCCUPATIONS & EMPLOYERS (past 10 years): _____

SPOUSE'S EMPLOYER (name & address): _____

SPOUSE'S PREVIOUS OCCUPATIONS & EMPLOYERS (past 10 years): _____

APP'S RELIGION: _____ **SPOUSE'S RELIGION:** _____

APPLICANT'S MEDICAL CONDITIONS (if any): _____

SPOUSE'S MEDICAL CONDITIONS (if any): _____

PLEASE LIST ALL CHILDREN FROM PRESENT & PAST MARRIAGES:

NAME/DATE/ PLACE OF BIRTH	BIO or ADOPTED	PRESENT ADDRESS
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PLEASE LIST ALL OTHER PEOPLE *PRESENTLY* RESIDING IN THE FAMILY HOME:

NAME	AGE	RELATIONSHIP
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List ALL children who ever resided in your home, years in home, why they left – include information on any disrupted adoptive placements. Identify all agencies involved in any disrupted adoptions.

APPLICANT'S FATHER: _____ **AGE:** _____

IF DECEASED, AGE, DATE & CAUSE OF DEATH: _____

PRINCIPAL OCCUPATION: _____ **GENERAL HEALTH:** _____

EDUCATION (highest grade): _____ **PHONE #:** _____

PRESENT ADDRESS: _____

APPLICANT'S MOTHER: _____ **AGE:** _____

IF DECEASED, AGE, DATE & CAUSE OF DEATH: _____

PRINCIPAL OCCUPATION: _____ **GENERAL HEALTH:** _____

EDUCATION (highest grade): _____ **PHONE #:** _____

PRESENT ADDRESS: _____

SPOUSE'S FATHER: _____ **AGE:** _____

IF DECEASED, AGE, DATE & CAUSE OF DEATH: _____

PRINCIPAL OCCUPATION: _____ **GENERAL HEALTH:** _____

EDUCATION (highest grade): _____ **PHONE #:** _____

PRESENT ADDRESS: _____

SPOUSE'S MOTHER: _____ **AGE:** _____

IF DECEASED, AGE, DATE & CAUSE OF DEATH: _____

PRINCIPAL OCCUPATION: _____ **GENERAL HEALTH:** _____

EDUCATION (highest grade): _____ **PHONE #:** _____

PRESENT ADDRESS: _____

APPLICANT'S SIBLINGS:

NAME – AGE - CITY OF RESIDENCE – EDUCATION – OCCUPATION - MARITAL STATUS

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SPOUSE’S SIBLINGS:

NAME – AGE - CITY OF RESIDENCE – EDUCATION – OCCUPATION - MARTIAL STATUS

HAS EITHER APPLICANT EVER BEEN CHARGED WITH, OR CONVICTED OF, A MISDEMEANOR OR FELONY? IF YES, DESCRIBE ALL INCIDENTS ON A SEPARATE PAPER.

HAS EITHER APPLICANT EVER HAD A HOME STUDY REFUSED BY US IMMIGRATION (USCIS)? IF YES, PLEASE EXPLAIN ON A SEPARATE PAPER.

SIX REFERENCES: (Three non-relatives & three relatives.)

1. NAME: _____ LENGTH OF FRIENDSHIP: _____

ADDRESS: _____ PHONE#: _____

2. NAME: _____ LENGTH OF FRIENDSHIP: _____

ADDRESS: _____ PHONE#: _____

3. NAME: _____ LENGTH OF FRIENDSHIP: _____

ADDRESS: _____ PHONE#: _____

4. NAME: _____ LENGTH OF RELATIONSHIP: _____

ADDRESS: _____ PHONE#: _____

5. NAME: _____ LENGTH OF RELATIONSHIP: _____

ADDRESS: _____ PHONE#: _____

6. NAME: _____ PHONE#: _____

ADDRESS: _____ LENGTH OF RELATIONSHIP: _____

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ADOPTED CHILD PREFERENCE: **MALE**_____ **FEMALE**_____

AGE RANGE AT TIME OF PLACEMENT:_____

ARE YOU INTERESTED IN SIBLINGS?_____ **IF YES, #, AGE & GENDER:** _____

COUNTRY PREFERANCE: _____ **LIBERIA**

ARE YOU INTERESTED IN A SPECIAL NEEDS CHILD (medical problems?)

WHICH PARENT WILL BE PRIMARY CARETAKER OF THE ADOPTED CHILD?_____

WHICH PARENT CAN TAKE LEAVE WHEN THE CHILD ARRIVES?_____

WHEN CHILD IS ILL?_____

HAVE YOU EVER APPLIED TO AN ADOPTION AGENCY BEFORE?_____

IF SO, WHOM & WHEN? WHAT WAS THE OUTCOME?_____

HAVE YOU EVER ADOPTED A CHILD INTERNATIONALLY?_____

IF SO, WHEN & FROM WHAT COUNTRY?_____

DO YOU HAVE A CURRENT HOME STUDY ? _____ **DATE OF STUDY:**_____

(name, address, phone # & social worker's name at home study agency):_____

HOW DID YOU HEAR OF EITHER OF OUR AGENCIES?_____

WHY WOULD YOU LIKE TO ADOPT AN AFRICAN CHILD ?_____

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PLEASE WRITE SEPARATE BIOGRAPHIES OF YOUR CHILDHOOD, TEEN YEARS, COURTSHIP WITH SPOUSE, MARRIAGE & DIVORCE, IF APPLICABLE, YOUR RELATIONSHIPS WITH YOUR SPOUSE, CHILDREN, PARENTS & SIBLINGS. THIS SHOULD BE TYPED, 3 OR 4 PAGES AND ONE FOR EACH SPOUSE.

I/WE CONFIRM THAT THE INFORMATION CONTAINED IN THE SIX PAGES OF THIS JWM/AFAA APPLICATION ARE TRUE, CORRECT AND COMPLETE. I/WE AUTHORIZE THE DISCLOSURE OF MY/OUR INFORMATION TO JWM/AFAA.

I/WE UNDERSTAND THAT OUR (MY) JWM/AFAA APPLICATION DOES NOT GUARANTEE THAT I/WE WILL RECEIVE THE SPECIFIC CHILD WE ARE REFERRED OR THAT THE AFRICAN GOVERNMENT WILL ACCEPT OUR APPLICATION AND APPROVE OUR FAMILY. IF THE REFERRED CHILD BECOMES UNAVAILABLE, FOR ANY REASON, JWM/AFAA WILL SECURE ANOTHER CHILD REFERRAL FROM THE SAME COUNTRY, OR ANOTHER COUNTRY, FOR OUR FAMILY.

I/WE UNDERSTAND THAT ALL FEES PAID TO JWM/AFAA ARE USED TOWARDS THE PROCESSING OF OUR ADOPTION APPLICATION AND THE JWM/AFAA PROGRAMS ASSIST AFRICAN CHILDREN AND ARE NOT REFUNDABLE.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SPOUSE

DATE

The above individual personally appeared before me, a Notary Public, in and for the State or County of _____, this _____ day of 20_____.

Notary Public Signature

Notary Public Printed Name

I reside in _____ County or Country. My commission expires _____.

2.17.16