



Madison Adoption Associates

1009 Woodstream Drive • Wilmington, DE 19810

Phone: (302) 475-8977 • FAX (302) 529-1976

APPLICATION FOR CHINA SPECIAL NEEDS ADOPTION

DATE OF APPLICATION: _____

FAMILY NAME: _____

ADDRESS: _____

Street

City

State

Zip Code

TELEPHONE: _____

Home

Work

Cell

Fax

Other - Please specify

EMAIL ADDRESS: _____

HUSBAND's Name: _____

Last

First

Middle (full)

Date of Birth: _____ **Age:** _____

Employment: _____

Occupation / Title

Employer

Annual Salary

Other Income

WIFE's Name: _____

Last

First

Middle (full) & Maiden

IF DIVORCED, LAST NAME OF WIFE'S FORMER SPOUSE(S): _____

Date of Birth: _____ **Age:** _____

Employment: _____

Occupation / Title

Employer

Annual Salary

Other Income

HOW WERE YOU REFERRED TO MADISON ADOPTION ASSOCIATES?



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CHILDREN AT HOME:

Name

Gender

Date of Birth

Bio / Adoption Country

➤ HAVE YOU EVER BEEN TURNED DOWN FOR ADOPTION? YES NO

IF "YES", PLEASE EXPLAIN:

➤ ARE YOU IN THE PROCESS OF COMPLETING AN ADOPTION WITH ANOTHER AGENCY? YES NO

IF "YES", PLEASE EXPLAIN:

➤ HAVE YOU EVER BEEN ARRESTED? YES NO

IF "YES", PLEASE EXPLAIN:

HOME STUDY AGENCY

HOME STUDY AGENCY:

CONTACT PERSON:

EMAIL ADDRESS:

PHONE NUMBER:

ADOPTION PREFERENCES

COUNTRY OF ADOPTION:

GENDER OF CHILD:

AGE RANGE OF CHILD:

OTHER INFO OR NAME OF SPECIFIC CHILD:

PLEASE INCLUDE THE \$500.00 NON-REFUNDABLE APPLICATION FEE, FAMILY PHOTO, PHOTO OF HOME, 2 (2X2) PASSPORT PHOTOS, FAMILY INFORMATION SHEET AND SN QUESTIONNAIRE WITH SUBMISSION OF THIS APPLICATION. WE LOOK FORWARD TO WORKING WITH YOU!

HUSBAND- SIGNATURE

WIFE- SIGNATURE



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ADOPTION SPECIAL NEEDS QUESTIONNAIRE

Please complete this questionnaire thoughtfully and thoroughly if you are not yet matched with a waiting child.

MAA will work to 'lock-in' children through the on-line system based on your answers to this questionnaire.

Adoptive Parents:

Rate the significance of each factor in being matched with a child:

(#1 = most important ... #5 = least important)

- _____ Gender
 - _____ Age
 - _____ Timing (*want to be matched with a child as soon as possible*)
 - _____ Special Need – Correctable (*example: cleft lip, heart condition*)
 - _____ Special Need – No Surgery Needed (*example: missing limb, albinism*)
-
-

GENDER: *check only one*

- Boy Only
 - Girl Only
 - Either
 - Preference is for a boy, but will accept a girl.
 - Preference is for a girl, but will accept a boy.
-
-

AGE RANGE:

*If you are open to more than one age range, please rank in order of preference (1, 2, 3, 4).
If you prefer only one specific age range, please check that box.*

- _____ Infant (under 18 months)
 - _____ Toddler (18 months – 3 years)
 - _____ Pre-School (4 - 6 years)
 - _____ Older (over 7 years)
-
-



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ACCEPTABLE SPECIAL NEEDS:

**Indicate only the special needs that you would be confident in accepting in a child.*

For each condition marked, you are agreeing to fully research and educate yourselves about the condition, including contacting medical specialists to discuss treatment, risks and long-term effects.

By marking a special need condition below, you are authorizing MAA to match you with a child who has that condition.

1 = will accept (MAA can match child without further discussion and/or confirmation)

2 = will consider if gender and age range preferences are met

- | | |
|---------------------------------------|--|
| _____ Albinism | _____ Funnel / Pigeon Chest |
| _____ Ambiguous Genitalia | _____ Fetal Alcohol Effects |
| _____ Amniotic Band Syndrome | _____ Heart Condition |
| _____ Anal Atresia / Imperforate Anus | _____ Hemophilia |
| _____ Burns / Scars | _____ Hepatitis B |
| _____ Blind / Sight Impaired | _____ Hepatitis C |
| _____ Birthmark | _____ Hydrocephalus |
| _____ Cerebral Palsy | _____ Hypospadias |
| _____ Cleft Lip / Palate | _____ Joint Disorder |
| _____ Club Foot | _____ Limb Difference - Missing/Extra Digits |
| _____ Deaf / Hearing Impaired | _____ Limb Difference - Missing Limbs |
| _____ Developmental Delays | _____ Meningocele |
| _____ Diabetes | _____ Mental Delays |
| _____ Down Syndrome | _____ Nerve Disorder |
| _____ Dwarfism | _____ Spina Bifida |
| _____ Eczema / Ichthyosis | _____ Premature Birth |
| _____ Failure to Thrive | _____ Urinary / Reproductive System Disorder |

CONCURRENT SPECIAL NEEDS:

Will you accept a child who has more than one special need? Yes No

PLEASE DESCRIBE YOUR IDEAL MATCH:

Signature of Adoptive Parent

Date

Signature of Adoptive Parent

Date