



APPLICATION FORM

If you are not a Christian, have a history of serious mental illness, a current alcohol or drug habit, a felonious criminal record, are HIV positive, are an unmarried couple or a homosexual do not fill out this form. Small World is a Christian Agency designed as a response to James 1:27 and seeks Christian families to provide loving homes for orphan children.

PLEASE RETURN THIS FORM, A FAMILY PHOTO AND \$250 APPLICATION FEE BY MAIL TO OUR OFFICE OR BY EMAIL TO apply@smallworldadoption.com

YOU WILL BE INFORMED OF THE ACCEPTANCE OF YOUR APPLICATION WITHIN APPROXIMATELY ONE WEEK. FOREIGN COUNTRIES RESERVE THE RIGHT TO HAVE THE FINAL WORD ON ACTUAL APPROVALS OF PROSPECTIVE ADOPTIVE PARENTS.

**Small World, Inc.
P.O. Box 1109
Mount Juliet, TN 37121**

Phone: 615-754-6540

Fax: 615-754-6546

Web: www.SmallWorldAdoption.com

HOW DID YOU HEAR ABOUT US? NETWORK AGENCY CONFERENCE INTERNET OTHER

REFERRED BY:

TODAY'S DATE:

GENERAL INFO

PROSPECTIVE FATHER

PROSPECTIVE MOTHER

LAST NAME:		LAST NAME:	
FIRST:	MIDDLE:	FIRST:	MIDDLE:
DOB:	SS#:	DOB:	SS#:
ALIASES:		ALIASES/MAIDEN NAME:	

FAMILY INFO

CURRENT ADDRESS:		CITY:	STATE/ PROVINCE:
COUNTRY:	ZIP:	HOW LONG HAVE YOU LIVED HERE?	
MAILING ADDRESS:		CITY:	STATE/ PROVINCE:
COUNTRY:	ZIP:	PHONE:	CELL:
SKYPE:			
PRIMARY EMAIL ADDRESS:		OTHER EMAIL ADDRESS:	DATE OF MARRIAGE:
HOW WOULD YOU PREFER TO BE CONTACTED?		<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> SKYPE	

CURRENT CHILDREN	NAME	GENDER	DOB	BIOLOGICAL	ADOPTED	DATE OF ADOPTION	COUNTRY OF ORIGIN	LIVING IN HOME	ON OWN	JOINT CUSTODY
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DO ANY OTHER PEOPLE LIVE IN YOUR HOUSEHOLD?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE LIST NAMES, AGES AND RELATIONSHIP TO YOU:
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PERSONAL INFO

PROSPECTIVE FATHER

PROSPECTIVE MOTHER

PLACE OF BIRTH:			PLACE OF BIRTH:		
HEIGHT:	WEIGHT:	RACE/ETHNICITY:	HEIGHT:	WEIGHT:	RACE/ETHNICITY:
# PRIOR MARRIAGES:		DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	# PRIOR MARRIAGES:		DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>
DATE OF LAST DIVORCE:			DATE OF LAST DIVORCE:		
HAVE YOU EVER HAD MARRIAGE COUNSELING? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU EVER HAD MARRIAGE COUNSELING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE A PASSPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PASSPORT NUMBER:	US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A PASSPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PASSPORT NUMBER:	US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
ACTIVE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A CHRISTIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		ACTIVE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A CHRISTIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PRIOR RESIDENCES

LIST THE FULL ADDRESS OF EACH RESIDENCE SINCE YOUR 18TH BIRTHDAY AND THE DATES YOU LIVED THERE

PROSPECTIVE FATHER (ATTACH ADDITIONAL PAGES IF NECESSARY)

STREET	CITY	STATE	DATES

PROSPECTIVE MOTHER (ATTACH ADDITIONAL PAGES IF NECESSARY)

STREET	CITY	STATE	DATES

TOGETHER (ATTACH ADDITIONAL PAGES IF NECESSARY)

STREET	CITY	STATE	DATES

EDUCATION AND EMPLOYMENT

PROSPECTIVE FATHER

PROSPECTIVE MOTHER

PLACE OF EMPLOYMENT:			PLACE OF EMPLOYMENT:		
ADDRESS:		PHONE:	ADDRESS:		PHONE:
TITLE:	SALARY:		TITLE:	SALARY:	
DATE EMPLOYED:			DATE EMPLOYED:		
OTHER INCOME:			OTHER INCOME:		
HIGHEST LEVEL OF EDUCATION:	<input type="checkbox"/> ELEMENTARY	<input type="checkbox"/> COLLEGE	HIGHEST LEVEL OF EDUCATION:	<input type="checkbox"/> ELEMENTARY	<input type="checkbox"/> COLLEGE
	<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> GRADUATE SCHOOL		<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> GRADUATE SCHOOL
DEGREE:	MAJOR:		DEGREE:	MAJOR:	

FINANCIAL INFORMATION

ASSETS

HOME	<input type="checkbox"/> RENT	NUMBER OF BEDROOMS:	NUMBER OF BATHROOMS:	MONTHLY PAYMENT:	IF OWNED, PURCHASE PRICE:	DATE OF PURCHASE:
	<input type="checkbox"/> OWN					
CURRENT VALUE:		AMOUNT OWED:		OTHER REAL ESTATE CURRENT VALUE:		CHECKING, STOCKS, BONDS, SAVINGS, ETC. TOTAL CURRENT VALUE:

DEBT

BANK & PERSONAL LOANS	MONTHLY PAYMENT:	BALANCE:	MEDICAL BILLS	MONTHLY PAYMENT:	BALANCE:
AUTO LOAN	MONTHLY PAYMENT:	BALANCE:	OTHER ACCOUNTS	MONTHLY PAYMENT:	BALANCE:

LIFE INSURANCE

FATHER'S EMPLOYMENT POLICY VALUE:	FATHER'S PERSONAL POLICY VALUE:	MOTHER'S EMPLOYMENT POLICY VALUE:	MOTHER'S PERSONAL POLICY VALUE:	CHILDREN'S POLICY VALUE:
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GENERAL HEALTH AND CRIMINAL HISTORY INFORMATION

		FATHER		MOTHER	
		Yes	No	Yes	No
*IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE INCLUDE AN EXPLANATION LISTING THE THERAPIST/DOCTOR'S NAME ADDRESS AND PHONE NUMBER IN THE "NOTES" SECTION BELOW.					
HAVE YOU EVER BEEN HOSPITALIZED FOR A MENTAL HEALTH OR EMOTIONAL ISSUE?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER CONSULTED A PSYCHOLOGIST OR PSYCHIATRIST?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER BEEN DIAGNOSED INFERTILE?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU HAD MAJOR SURGERIES?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER BEEN DIAGNOSED WITH A SIGNIFICANT OR CONTAGIOUS DISEASE?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAS A COMPLAINT EVER BEEN FILED AGAINST YOU FOR CHILD ABUSE OR NEGLECT?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER BEEN A VICTIM OR PERPETRATOR OF CHILD ABUSE, SEXUAL ABUSE OR DOMESTIC VIOLENCE?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER EXPERIENCED OR BEEN TREATED FOR PROBLEMS WITH SUBSTANCE ABUSE OR CHEMICAL DEPENDENCY?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE MEDICAL INSURANCE THAT WILL INCLUDE YOUR CHILD BY ADOPTION?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER BEEN ARRESTED? (EVEN IF THE ARREST(S) HAS BEEN EXPUNGED)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATHER	CURRENT MEDICATIONS:	DOSAGE:		PURPOSE OF MEDICATION:	
	GENERAL STATE OF HEALTH:	DATE OF LAST PHYSICAL:			
MOTHER	CURRENT MEDICATIONS:	DOSAGE:		PURPOSE OF MEDICATION:	
	GENERAL STATE OF HEALTH:	DATE OF LAST PHYSICAL:			

NOTES:

CHILD DESIRED

INTERNATIONAL

DOMESTIC

EMBRYO

PLEASE SPECIFY
COUNTRY OR
COUNTRIES:

ETHNICITY

- AFRICAN-AMERICAN
 ASIAN
 HISPANIC
 CAUCASIAN

- CAUCASIAN / AFRICAN-AMERICAN
 CAUCASIAN / ASIAN
 CAUCASIAN / HISPANIC
 OTHER RACES OR MIXTURES

CHILD DESIRED: BOY GIRL EITHER

AGE RANGE DESIRED:

WOULD YOU LIKE INFORMATION ABOUT THE SPECIAL NEEDS PROGRAMS? YES NO

PRIOR AND PROSPECTIVE ADOPTION INFORMATION

NAME OF PRIMARY PROVIDER AGENCY IF OTHER THAN SMALL WORLD -

Yes

No

HAVE YOU EVER APPLIED TO ADOPT VIA OTHER MEANS?

ARE YOU CURRENTLY ATTEMPTING TO ADOPT VIA MEANS OTHER THAN SMALL WORLD?

ARE YOU REQUESTING SMALL WORLD TO BE YOUR PRIMARY PROVIDER AGENCY?

ARE YOU REQUESTING SMALL WORLD TO COMPLETE YOUR HOMESTUDY & POST REPORTS?

HAVE YOU EVER BEEN DISAPPROVED BY ANOTHER AGENCY?

IF SO, WHEN?

WHICH AGENCY?

TELEPHONE?

SOCIAL WORKER?

HAVE YOU EVER HAD A HOME STUDY COMPLETED OR ARE YOU IN THE PROCESS OF COMPLETING A HOME STUDY?

IF SO, WHEN?

WHICH AGENCY?

TELEPHONE?

SOCIAL WORKER?

HAVE YOU EVER HAD A CHILD REMOVED FROM YOUR HOME?

IF SO, BY WHAT AGENCY?

FOR WHAT REASONS?

NOTES:

AGENCY POLICIES & APPLICANT SIGNATURE

APPLICATION AND FEE POLICY

Your application will be canceled unless you inform us of the reason for your delay and your desire to be put "on hold" within 30 days from application. ***False information stated on this application is grounds to deny your application.***

The application fee is non refundable.

AGENCY POLICY

SINCE PROGRAM FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE, CLIENTS ARE RESPONSIBLE FOR KEEPING IN TOUCH WITH THE AGENCY TO BE UPDATED OF SUCH CHANGES.

SW cannot be responsible for the statements, acts or failure to act by attorneys, doctors, travel agencies, hotels, transportation companies, adoption agencies, orphanages, public officials, or any other third party.

CHILD DISCIPLINE POLICY

Household rules and the discipline of children must be fair, firm and consistently applied in order to help children learn self-discipline. Abusive physical or emotional punishment of children is not permitted.

GRIEVANCE AND APPEAL POLICY

The agency will respond in a thoughtful and systematic manner to concerns that are voiced by clients. If the client is not satisfied with a decision, action, or service delivered, the agency provides a formal grievance and appeal process.

1. When a verbal complaint is received, the appropriate department staff (Social Work Department or International Department, depending on where the client is in the adoption process) will respond directly to the complaint within two working days.
2. If the client indicates he/she is unsatisfied with the decision, a copy of the Grievance and Appeal Policy is sent to the client.
3. The client has the right to appeal to the SMALL WORLD Executive Director. The Executive Director must receive this appeal in writing within ten working days. The Executive Director reserves the right to consult the Social Work Staff, International Staff, SMALL WORLD Board Members, Quality Assurance Team and professionals should it be deemed necessary.
4. The Executive Director will inform the client of the decision in writing within twenty working days of the receipt of the appeal. A copy of this decision will be placed in the client file. All decisions are based on what is in the best interest of the child. This decision is final.

SW is accredited by the US Department of State via the Council On Accreditation (COA) and licensed by:

- Tennessee Department of Children's Services,
- Missouri Department of Social Services, and
- Georgia Department of Human Services

Inquiries and concerns regarding licensing issues may be directed to the licensing/accrediting authorities listed above.

SIGNATURES

By signing this application form I am claiming:

1. The information I have provided on this form is true.
2. I understand the Client's Rights as stated above.
3. I understand the Grievance and Appeal Policy stated above.
4. I have had an opportunity to review the Small World Adoption Services Agreement and Statement of Faith.

PROSPECTIVE FATHER: _____ **DATE:** _____

PROSPECTIVE MOTHER: _____ **DATE:** _____

STAFF ONLY

APPLICATION ON HOLD UNTIL:

REASON: