



**APPLICATION FORM**

**PLEASE RETURN THIS FORM TO OUR OFFICE OR BY EMAIL TO**

[apply@smallworldadoption.com](mailto:apply@smallworldadoption.com)

YOU WILL BE INFORMED OF THE ACCEPTANCE OF YOUR APPLICATION WITHIN APPROXIMATELY ONE WEEK.

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

Web: [www.SmallWorldAdoption.com](http://www.SmallWorldAdoption.com)

Phone: 615-754-6540

Fax: 615-754-6546

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

REFERRED BY:

TODAY'S DATE:

**GENERAL INFO**

**HUSBAND**

**WIFE**

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:		DATE OF MARRIAGE:	
PRIMARY EMAIL ADDRESS:		OTHER EMAIL ADDRESS:	

<b>CHILDREN TRAVELING</b>	NAME	GENDER	DOB

**PERSONAL INFO**

**HUSBAND**

**WIFE**

PLACE OF BIRTH:		PLACE OF BIRTH:	
HEIGHT:	WEIGHT:	RACE/ETHNICITY:	
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
ACTIVE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A CHRISTIAN? <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

## PRIOR RESIDENCES

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

### HUSBAND (ATTACH ADDITIONAL PAGES IF NECESSARY)

STREET	CITY	STATE	DATES

### WIFE (ATTACH ADDITIONAL PAGES IF NECESSARY)

STREET	CITY	STATE	DATES

### TOGETHER (ATTACH ADDITIONAL PAGES IF NECESSARY)

STREET	CITY	STATE	DATES

## GENERAL HEALTH AND CRIMINAL HISTORY INFORMATION

**\*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.**

	FATHER		MOTHER	
	Yes	No	Yes	No
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 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"/>
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"/>

<b>HUSBAND</b>	CURRENT MEDICATIONS:	DOSAGE:	PURPOSE OF MEDICATION:
	GENERAL STATE OF HEALTH:	DATE OF LAST PHYSICAL:	
<b>WIFE</b>	CURRENT MEDICATIONS:	DOSAGE:	PURPOSE OF MEDICATION:
	GENERAL STATE OF HEALTH:	DATE OF LAST PHYSICAL:	

NOTES:

## POLICIES & APPLICANT SIGNATURE

### APPLICATION AND FEE POLICY

Your application will be canceled unless you inform us of the reason for your delay within 10 days from application. ***False information stated on this application is grounds to deny your application.***

**The application fee is non refundable.**

### 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.

**HUSBAND:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WIFE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### STAFF ONLY

APPLICATION ON HOLD UNTIL:

REASON: