

## Adoption Application

To be considered as an adoptive parent/family, please fill out the following pre-application and mail your \$25 application fee to:  
**AAC Adoption and Family Network, Inc.**

735 East HWY 56  
P.O. Box W  
Berthoud, CO 80513

Before completing the application, please feel free to call us with any questions you have about our agency or our programs.

Please make sure you meet the requirements for the country you are applying for before you send your application.

Phone: (970) 532-3576 or (303) 444-5001 (in Metro Denver)

Fax: (970) 532-9879

Email: [info@aacadoption.com](mailto:info@aacadoption.com)

### Husband's Information

Husband's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Race: \_\_\_\_\_ Religion: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Previous Marriage: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_

### Wife's Information

Wife's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Race: \_\_\_\_\_ Religion: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Previous Marriage: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_

### Contact Information

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Other Information

Do you or your spouse have any major health concerns (Ex. diabetes, cancer).

Have you or your spouse had any arrests, charges and/or convictions of any criminal offense (ex. DUI, trespassing)

Date of Marriage: \_\_\_\_\_  
Number of Children: \_\_\_\_\_  
Number of Children Adopted: \_\_\_\_\_  
Children's Age(s): \_\_\_\_\_

Please Share your reasons for adoption:

**Type of child you are interested in**

Sex:	Male	Female	Either
Age:	<input type="text"/>		
Siblings:	Yes	No	
Country of Child's Origin:	China	Korea	
Will your insurance cover the child upon arrival?	Yes	No	
Will any pre-existing conditions be covered?	Yes	No	

Comments:

**Homestudy Status**

Have you had a study previously completed?      Yes      No

IF YES

Date: \_\_\_\_\_  
Homestudy Agency: \_\_\_\_\_

Agency Address

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_

Would you like a formal application sent?      Yes      No

Homestudy can start: \_\_\_\_\_

**\*\* Colorado Families \*\***

It is a requirement of A.A.C. that families interested in our programs participate in a pre-adoption meeting. Please call our office for appointment.

**Statement of Understanding**

To the best of my/our knowledge, the attached information is true.

I/We have thoroughly read the information regarding the A.A.C. adoption programs | and would like to receive a formal application packet.

I/We understand that the application fee of \$25.00 is non-refundable, and that it does not guarantee the receipt of a formal application, and that our application will not be processed until the fee is received by mail.

**Signed:** \_\_\_\_\_