



EuroAsian Adoption Consultants of IL, Inc.
 949 N Plum Grove Road Suite D Schaumburg, Illinois 60173
 Phone 224 /353-6241 Fax 224 / 353-6249

APPLICATION FOR HOME STUDY

Applicant #1 _____
 Last First Middle (nickname/known as)

Applicant #2 _____
 Last First Middle (nickname/known as)

(Please list your names as they appear on your passport.)

Address _____

Contact Home Phone _____ Home Fax _____

Information Cell Phone _____ #1 Work Phone _____

Email address _____ #2 Work Phone _____

Present Marriage: _____
(if applicable) Date Place

Length of Courtship _____

PERSONAL INFORMATION

Applicant #1

Applicant #2

Birth date _____

Age _____

Birthplace _____

Citizenship _____

Ethnic Heritage _____

SSN _____

Physical Description

Height _____

Weight _____

Hair/Eye Color _____

MEDICAL INFORMATION

1. If either of you is undergoing medical treatment for a chronic or serious condition, please give the name, address and phone number of the physician and indicate for which one of you the information applies.

2. If you are currently undergoing psychological counseling of any kind or have been involved in psychological counseling within the past five years, please indicate the therapist's name, address, phone number and for whom the service is being provided.

Ques. 1

Applicant #1 _____
Physician's Name Complete Address Phone

Applicant #2 _____
Physician's Name Complete Address Phone

Reason for Treatment

Applicant #1 _____

Applicant #2 _____

Ques. 2

Applicant #1 _____
Therapist's Name Complete Address Phone

Applicant #2 _____
Therapist's Name Complete Address Phone

Reason for Treatment

Applicant #1 _____

Applicant #2 _____

Additional information regarding medical/mental health treatment:

Previous Marriage(s)/Children in the Home

Have either of you been married before?

Applicant #1: _____ Dates(s) of marriage(s) _____

Applicant #2: _____ Date(s) of marriage(s) _____

Do you have children from **this** or a previous marriage?

Child #1

Name _____ Birthdate _____

Does the child live with you? Yes _____ No _____

Child # 2

Name _____ Birthdate _____

Does the child live with you? Yes _____ No _____

Others:

REFERENCES: Please provide 4 nonrelative character references who will be contacted as part of the homestudy process

Name(s)	Phone	Complete Address

The Illinois Department of Children and Family Services, our licensing agency, requires two additional non-relative references from those applicants who have resided in Illinois less than five years. These additional references must be people who live in the area from which you moved recently. If applicable, please add the additional references

Type	Name(s)	Phone	Complete Address
Additional Reference 1			
Additional Reference 2			

Has either applicant ever had a history of substance abuse, child abuse, sexual abuse, mental illness or domestic violence?

Applicant #1: Yes _____ No _____ **Applicant #2:** Yes _____ No _____

Has either applicant ever been arrested/fingerprinted in conjunction with a criminal act (whether or not there was a conviction and whether or not is has been expunged)?

Applicant #1: Yes _____ No _____ **Applicant #2:** Yes _____ No _____

Has either applicant ever been the subject of an unfavorable Home Study with any child welfare agency or been rejected as a prospective adoptive parent?

Applicant #1: Yes _____ No _____ **Applicant #2:** Yes _____ No _____

If yes, please explain in the space below:

List all states and countries you have lived in since the age of 18:

Applicant #1 _____ Applicant #2 _____

Our signatures below certify all the preceding to be accurate to the best of our ability and authorize EuroAsian Adoption Consultants to contact any resource for verification and/or additional information. A photocopy of this statement and our signatures constitute authorization as if it were the original.

When submitting this application to EAAC in IL, please be sure to send the homestudy application fee of \$250.00 made out to EuroAsian Adoption Consultants. (non-refundable)

Signature, Applicant #1

Date

Signature, Applicant #2

Date

Have you completed your application for EAC in OH? _____ Date completed: _____

Have you submitted your I-600A to CIS? _____ (not applicable for China)

Date completed: _____

Have you received your filing date; if so, what is it? _____