



**EuroAsian Adoption Consultants of Illinois, Inc.**

949 N. Plum Grove Road, Suite D  
Schaumburg, Illinois 60173  
t) 224.353.6241 f) 224.353.6249

**Thank you for choosing EuroAsian Adoption Consultants of Illinois as your Home Study and Post Placement Agency.**

Please complete the enclosed Home Study/Post Placement Application and return it along with your \$250.00 non-refundable application processing fee.

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Once your application and fee are received and reviewed, a staff member will contact you to schedule your initial interview. If your application is approved you will receive a packet in the mail with paperwork that must be filled out and returned to your social worker during the first visit or to our office before Post Placement. Please be sure to submit your payment for the services within 5 days from receiving the packet. This will ensure that your social worker is assigned promptly and begin the Home Study and/or Post Placement process.

All adoptive parents which are working on the Home Study Process are required to attend a six hour Adoptive Parenting Class and 4 additional hours of training which may be completed online or at a site. More information on this and other home study requirements are outlined in your Home Study packet.

Please feel free to contact our office with any questions or concerns which you may have. We are here to guide you every step of the way during this very important journey.



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**HOME STUDY/POST PLACEMENT APPLICATION**

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

**Applicant #1** \_\_\_\_\_  
Last First Middle (nickname/known as)

**Applicant #2** \_\_\_\_\_  
Last First Middle (nickname/known as)

**Home Address** \_\_\_\_\_  
\_\_\_\_\_

**Contact Information**

Home Phone	_____	Home Fax	_____
#1 Cell Phone	_____	#2 Cell Phone	_____
#1 Work Phone	_____	#2 Work Phone	_____
#1 Email address	_____	#2 Email address	_____

**Present Marriage:**

*(if applicable)*

\_\_\_\_\_ Place \_\_\_\_\_  
Date  
\_\_\_\_\_  
Length of Courtship

**PERSONAL INFORMATION**

**Applicant #1**

**Applicant #2**

Date of Birth	_____	_____
Age	_____	_____
Birthplace	_____	_____
Citizenship	_____	_____
Ethnic Heritage	_____	_____
Social Security #	_____	_____
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.

**Question One:**

Applicant #1	_____	_____	_____
	Physician's Name	Complete Address	Phone
Applicant #2	_____	_____	_____
	Physician's Name	Complete Address	Phone

**Question One - Reason for Treatment**

Applicant #1	_____
Applicant #2	_____

**Question Two:**

Applicant #1	_____	_____	_____
	Therapist's Name	Complete Address	Phone
Applicant #2	_____	_____	_____
	Therapist's Name	Complete Address	Phone

**Question Two - 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?**

**Child #1**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does the child live with you? Yes \_\_\_\_\_ No \_\_\_\_\_

**Child # 2**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does the child live with you? Yes \_\_\_\_\_ No \_\_\_\_\_

**Child # 3**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does the child live with you? Yes \_\_\_\_\_ No \_\_\_\_\_

**Child # 4**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does the child live with you? Yes \_\_\_\_\_ No \_\_\_\_\_

## REFERENCES

Please provide 4 non-relative character references who will be contacted as part of the Home Study 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. *(if applicable)*

Type	Name(s)	Phone	Complete Address
<b>Applicant #1 Additional Reference</b>			
<b>Applicant #1 Additional Reference</b>			
<b>Applicant #2 Additional Reference</b>			
<b>Applicant #2 Additional Reference</b>			

## BACKGROUND INFORMATION

1. 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 \_\_\_\_\_

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

**Applicant #1:** Yes \_\_\_\_\_ No \_\_\_\_\_      **Applicant #2:** Yes \_\_\_\_\_ No \_\_\_\_\_

3. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

<b>Applicant #1</b>	_____	<b>Applicant #2</b>	_____
	_____		_____
	_____		_____

## CERTIFICATION

Our signatures below certify all the preceding to be accurate to the best of our ability and authorize EuroAsian Adoption Consultants of Illinois, Inc. 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.

\_\_\_\_\_  
Applicant #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2 Signature

\_\_\_\_\_  
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? \_\_\_\_\_