



INTERAGENCY CLIENT APPLICATION FORM

Husband or Single/Primary Applicant

Wife

Name: First Middle Last Name: First Middle Last
Use names as they appear in passports

Address: Street

Town/City State ZIP

Contact Information:

Home Phone: Fax (most frequently used):
Cell Phone: Cell Phone:
Work Phone: Work Phone:
Email (most frequently used): Email (most frequently used):

Personal Information:

Date of Birth Date of Birth
Place of Birth Place of Birth
Citizenship Citizenship
Social Security # Social Security #
Occupation Occupation
Income Income
Employer Employer
Passport nr. Passport nr.
Issue date: Issue date:
Issued by: Issued by:

Date of Marriage Place of Marriage Previous Marriage(s) – if applicable
List date(s) of marriage/divorce

Names of Children from all Marriages/Relationships (indicate if not living with you)	Age	Date of Birth	Date of Arrival (if adopted)	Country of Birth (if adopted)

Name, relationship, and age of any/all other persons living in your home:

HOMESTUDY AGENCY INFORMATION

Name and address of your Home Study agency:

Adoption Counselor's Name: _____ Phone Number: _____

Counselor's E-mail: _____

Adoption Supervisor's Name: _____ Phone Number: _____

Status of CIS Filing: _____

CHILD PREFERENCE:

Please indicate preferred age range of child _____

Gender preference? No Yes If yes, which one? _____

Are you open to considering a child with medical problems that may require long term care and/or surgical intervention?
 Yes No

Are you requesting siblings?
 No Yes

Please sign and date this document. Thank you!

I/We agree that the information provided above is true and accurate to the best of our knowledge. By signing this application, I/we understand I/we are giving consent for The Cradle to communicate with our home study agency named above. I/We hereby acknowledge that I/we have read and fully understand the policies, procedures, and requirements of The Cradle as stated in the International Adoption Services Agreement and Program Description.

Husband or Single Applicant

Wife

Signature

Signature

Date: _____

Date: _____

**Please send this completed application and \$250 application fee payable to:
The Cradle, 2049 Ridge Avenue, Evanston, IL 60201. Attn: Russia Program**

Please include a photocopy of the information page of your passports along with any name-change pages, if applicable.

It is necessary for you to set up your own FedEx account at this point to facilitate the shipping of visas and documents in a timely manner.

FedEx Account: # _____

If you have questions, please contact us at (847) 239-3956, or send e-mail to JStigger@cradle.org

Thank you!

2049 Ridge Avenue ☎ Evanston, Illinois ☎ 847-475-5800 ☎ FAX 847-475-5871
www.cradle.org