

AAI AUTUMN ADOPTIONS INC.

APPLICATION FOR UPDATE OR ADDENDUM TO ADOPTION

To request an update or amendment to your adoption home study, contact the agency with regard to fees and then mail this application along with your payment, payable to AUTUMN ADOPTIONS INC. If AAI did not complete your original report please submit a copy of your home study report along with your application. Be sure to answer **ALL** questions. **Incomplete applications will be returned.**

Click onto the highlighted sections and type in your responses:

I. GENERAL INFORMATION:

Adoptive Parent(s) Name(s): _____

Contact Information: _____

Street Address _____ City _____ State _____ Zip _____

Home Tel: _____ Work (Husband): _____ Work (Wife): _____

Adoptive Father's Cell: _____ Adoptive Mother's Cell: _____

Adoptive Father's Email: _____ Adoptive Mother's Email: _____

CHILDREN: (List all other persons living in your home, include children, relatives, boarders, roommates and employees.)

Name	Birth Date	Relationship	School Grade or Occupation

II. PLEASE ANSWER THE FOLLOWING QUESTIONS: (Required only for non AAI families or AAI families for whom 3 years or more has elapsed since your home study was completed or if there is a change in your answer since your home study was completed. If you answer yes to any of the questions below, please attach an explanation of the circumstances)

- | | <u>FATHER</u> | <u>MOTHER</u> |
|--|--|--|
| 1. Do you have a history of substance abuse or addiction? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have a history of substance abuse or mental health treatment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you have a history of child abuse or neglect as a victim or perpetrator? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have a history of domestic violence? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you have an arrest and/or criminal history? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever had a home study completed or been the | | |

subject of a home study that was not approved?*

Yes No

Yes No

*If yes, please provide the date the home study was completed and the agency that completed the home study.

III. REASON(S) FOR NEEDING AN AMENDMENT/UPDATE TO YOUR HOMESTUDY: (Please check all that apply & explain as applicable)

HOME STUDY EXPIRED PRIOR TO ADOPTION BEING FINALIZED: Date of your original home study*: _____
Name and Contact Information for your placement agency: _____

CHANGE IN RESIDENCE: Please list your previous address: _____
Do you own or rent your home? _____ No. Of Rooms: _____ Bedrooms: _____ Bathrooms: _____
Square footage: _____ Mortgage /rental payment: _____ Previous mortgage/ rental payment: _____

CHANGE IN FINANCIAL INFORMATION/ LOSS OF EMPLOYMENT/JOB CHANGE /PROMOTION: You will also need to submit an updated employer letter verifying this information as well as a new financial statement of net worth, monthly statement of expenses and most recent tax information.

Previous Employer: _____ Previous Position: _____ Previous Salary: _____
Current Employer: _____ Current Position: _____ Current Salary: _____

I-171H or I-797C FORM EXPIRATION: If this update is required by the USCIS please provide a copy of your letter.

Approval Expiration date: _____

CHANGE IN CHILD APPROVED:

What was your original approval? _____

What are the new specifications, i.e. age, gender, nationality and any special needs you are willing to accept or consider?

Why are you requesting this change? _____

Name of Placement Agency: _____

Address: _____

Telephone and Email Address of Contact Person: _____

CHANGES IN FAMILY COMPOSTION - i.e. birth of a child, a new member to your household. Please state the name and date of birth of the child or new member of your household and include a copy of their birth certificate.

OTHER (Please Explain) _____

ADOPTIVE PARENT SIGNATURE(S): _____
ADOPTIVE FATHER

ADOPTIVE MOTHER

DATE OF APPLICATION: _____
For AAI Only: Payment Received: YES NO Date: _____ Check #/Amount: _____
Date of Visit(s): _____ Persons Present: _____
(if applicable)