

## China Adoption Program Questionnaire

As a potential family for our China adoption program, we want you to be aware of the requirements that the China Center of Adoption Affairs (CCAA) has set for couples adopting their children. The CCAA has a very specific list of qualifications that both parents must meet. Please understand these preferences are set by the CCAA and not by our agency. While a family that does not meet all these preferences might still be able to adopt from China, it is our understanding that China will offer referrals to those families who meet their requirements first.

If you have any questions about these qualifications please feel free to call Carol Nelson, Director of Intake for Christian World Adoption, 828-693-7007 x307 or email her at [cwa@cwa.org](mailto:cwa@cwa.org). We want you to be fully informed and understand your potential for being an approved family before we process your application for adoption.

Please fill out this form and fax it to **828-693-8113**, or send it by may mail to: Carol Nelson, 777 South Allen Rd, Flat Rock, NC 28731. Once you have submitted this form we will contact you just as soon as possible to discuss your answers and the potential for approval by the CCAA. We will do our best to contact you within 24-48 hours.

Blessings,

Carol Nelson  
Director of Intake  
Christian World Adoption

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### New China Center of Adoption Affairs Eligibility Guidelines

(published in December 2006, effective May 1, 2007)

The China Center of Adoption Affairs describes the “preferred” family in the following way:

1. Applicants should be at least 30 years old and under 50 years old. Applicants adopting an older child should be under 55 years old.
2. Applicants should be in a stable marriage of one man and one woman, of at least two years duration. (China no longer accepts single applicants.) China prefers applicants who have not been previously divorced, and will not accept an applicant with more than two previous divorces. If either applicant has been divorced, they must have been in the current marriage for at least 5 years.
3. Applicants must both be physically and mentally healthy. They should not have any of the following conditions:
  - a. AIDS
  - b. “mental handicap”
  - c. Infectious disease

- d. Blindness, deafness, except when adopting special needs children with the same condition
  - e. Physical disabilities
  - f. Severe facial deformities
  - g. Serious diseases requiring long-term treatment and which may affect life expectancy, such as malignant tumor, lupus, nephrosis, epilepsy, etc.
  - h. Transplants of major organs, unless surgery occurred more than 10 years ago
  - i. Schizophrenia
  - j. Mental disorders such as depression, anxiety, mania, or neurosis, etc. Medications for these conditions must have been discontinued at least 2 years previously.
  - k. Applicants should have body mass index of 40 or less.
4. Either wife or husband must have a stable job. Family income must meet the standard formula of \$10,000 per family member (including adopted child) per year, and cannot include sources such as welfare income, relief funds, pensions, unemployment insurance or government subsidies. The family's net worth must be at least \$80,000.
  5. Applicants must have achieved at least a high school education or vocational training at the same level.
  6. Families may have up to four children under the age of 18 already in the home. The youngest child must be at least one year old. Exceptions to this policy may be made for families adopting special needs children.
  7. Applicants shall have no criminal history. Exceptions may be made in cases where there are fewer than three criminal records of "slight severity", and these occurred at least 10 years ago. Exceptions may be made in cases where there are fewer than five traffic violations, "with no severe outcomes".
  8. Applicants shall have no history of taking opium, morphine, marijuana, cocaine, heroin, methamphetamines, or history of abusing prescription medications.
  9. Applicants shall have no history of alcohol abuse. Exceptions may be made if the applicant stopped drinking at least 10 years ago.

| Family Information                               |    |     |  |
|--|----|-----|--|
| Family Last Name                                 |    |     |  |
| Daytime Phone                                    |    |     |  |
| Email Address                                    |    |     |  |
| Date of Current Marriage                         |    |     |  |
| Approximate Family Assets                        | \$ |     |  |
| Children living in your home age 17 and younger: |    |     |  |
| First Name                                       |    | DOB |  |
| First Name                                       |    | DOB |  |
| First Name                                       |    | DOB |  |
| First Name                                       |    | DOB |  |
| First Name                                       |    | DOB |  |

| Mother Information  |   |     |
|---|---|-----|
| First Name  |   | DOB |
| Is this your first marriage?  | <input type="checkbox"/> Yes <input type="checkbox"/> No If No, then enter # of previous marriages:   |     |
| Health. Have you ever been diagnosed with or currently suffer from:   |   |     |
| AIDS  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Infectious diseases   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Blindness   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Deafness  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Dysfunction of any limbs  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Facial deformity  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Lupus   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Organ transplant  | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of transplant:                  |     |
| Any treatment for mental health or psychological issues?  | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:                      |     |
| Any surgeries in the past 10 years?   | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list date and type of surgery:       |     |
| Any history of alcohol or drug abuse?   | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:                      |     |
| Have you ever been arrested?  | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:                      |     |
| Body Mass Index   | Please use the body mass index calculator found at the URL below and then enter your BMI number here: |     |
| <a href="http://www.cdc.gov/nccdphp/dnpa/bmi/adult_BMI/english_bmi_calculator/bmi_calculator.htm">http://www.cdc.gov/nccdphp/dnpa/bmi/adult_BMI/english_bmi_calculator/bmi_calculator.htm</a> |   |     |
| Are you employed outside the home?  | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, approx. annual income: \$            |     |
| Are you a high school graduate?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |

| Father Information  |   |     |
|---|---|-----|
| First Name  |   | DOB |
| Is this your first marriage?  | <input type="checkbox"/> Yes <input type="checkbox"/> No If No, then enter # of previous marriages:   |     |
| Health. Have you ever been diagnosed with or currently suffer from:   |   |     |
| AIDS  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Infectious diseases   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Blindness   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Deafness  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Dysfunction of any limbs  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Facial deformity  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Lupus   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |
| Organ transplant  | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of transplant:                  |     |
| Any treatment for mental health or psychological issues?  | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:                      |     |
| Any surgeries in the past 10 years?   | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list date and type of surgery:       |     |
| Any history of alcohol or drug abuse?   | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:                      |     |
| Have you ever been arrested?  | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:                      |     |
| Body Mass Index   | Please use the body mass index calculator found at the URL below and then enter your BMI number here: |     |
| <a href="http://www.cdc.gov/nccdphp/dnpa/bmi/adult_BMI/english_bmi_calculator/bmi_calculator.htm">http://www.cdc.gov/nccdphp/dnpa/bmi/adult_BMI/english_bmi_calculator/bmi_calculator.htm</a> |   |     |
| Are you employed outside the home?  | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, approx. annual income: \$            |     |
| Are you a high school graduate?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |