



## Russian Eastern European Adoption Association, Inc.

777 N. Rainbow Blvd., Suite 250 Las Vegas, Nevada 89107 Phone: 702-933-2599 Fax: 702-838-5130 www.reeaa.com info@reeaa.com

### APPLICATION

\_\_\_\_\_  
DATE OPENED

\_\_\_\_\_  
CASE NO.

#### PROSPECTIVE MOTHER

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE INITIAL

#### PROSPECTIVE FATHER

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE INITIAL

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
POSTAL CODE

\_\_\_\_\_  
COUNTRY

( ) \_\_\_\_\_  
HOME PHONE

( ) \_\_\_\_\_  
HOME FAX

\_\_\_\_\_  
EMAIL ADDRESS (hers)

\_\_\_\_\_  
EMAIL ADDRESS (HIS)

#### MOTHER

\_\_\_\_\_  
AGE      DATE OF BIRTH

\_\_\_\_\_  
CITIZENSHIP

\_\_\_\_\_  
PASSPORT NUMBER

\_\_\_\_\_  
OCCUPATION

\_\_\_\_\_  
EMPLOYER

( ) \_\_\_\_\_  
WORK PHONE NUMBER

( ) \_\_\_\_\_  
MOBILE PHONE NUMBER

#### FATHER

\_\_\_\_\_  
AGE      DATE OF BIRTH

\_\_\_\_\_  
CITIZENSHIP

\_\_\_\_\_  
PASSPORT NUMBER

\_\_\_\_\_  
OCCUPATION

\_\_\_\_\_  
EMPLOYER

( ) \_\_\_\_\_  
WORK PHONE NUMBER

( ) \_\_\_\_\_  
MOBILE PHONE NUMBER

May we contact you at work? \_\_\_\_\_ If yes, how should we identify ourselves? \_\_\_\_\_

How did you learn about REEAA? \_\_\_\_\_

Have you ever applied to another adoption agency? \_\_\_\_\_ NO \_\_\_\_\_ YES      If YES, name of agency \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Name(s), Gender, and Age(s) of other children living in the home: \_\_\_\_\_

Gender and Age of child you are wishing to adopt: \_\_\_\_\_

Would you be willing to consider a Eurasian child? \_\_\_\_\_ NO \_\_\_\_\_ YES

Have either of you ever been treated for alcoholism or drug addiction? If YES, please explain: \_\_\_\_\_

Has anyone in your immediately family ever been diagnosed or treated for a mental illness, alcoholism, or substance abuse? If YES, please explain: \_\_\_\_\_

Have either of you ever been charged with or convicted of any misdemeanor or felony? If so, describe nature of event and dates, even if records have been sealed or expunged: \_\_\_\_\_

Have either of you ever filed for bankruptcy? If so, please explain: \_\_\_\_\_

Have either of you ever been diagnosed with cancer or any chronic disease? If so, please explain: \_\_\_\_\_

Are either of you currently under a physician's care for any medical reason? \_\_\_\_\_

**Please list all medications that either of you are taking on a regular basis:** \_\_\_\_\_

**Are you taking medications for depression, anxiety, or any mental health condition?** \_\_\_\_\_

We would like to apply for an adoption through REEAA. We agree to disclose fully and truthfully any required information for the completion of the adoption process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

REEAA Application can be submitted by mail, fax, or electronically.

**To expedite the process, we recommend using an online application form at [www.reeaa.com/apply](http://www.reeaa.com/apply)**

Our mailing address is REEAA, 777 N. Rainbow Blvd., Suite 250, Las Vegas, Nevada 89107.

Our fax is 702-838-5130. Our email address is [info@reeaa.com](mailto:info@reeaa.com).

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