



## WELCOME TO THE ADOPTION ALLIANCE!

Dear Prospective Adoptive Parents,

Thank you for contacting us! We hope this packet answers some of your questions about adoption. In order to expedite your adoption process we have enclosed an Adoption Application and some adoption information for you to review.

If you decide to apply for adoption through The Adoption Alliance, we ask that you complete the Adoption Application and return it to the agency along with your application fee. We realize a tremendous amount of documentation is required at this stage of your adoption journey, but as soon as the Agency has all the required information we can approve you as "Parents in Waiting".

Please refer to the enclosed Adoptive Parent Checklist for the required documentation. Also, give your social worker a copy of the Home Study Checklist to insure your home study will meet Texas Standards. If you need a referral for a social worker in your area, please let us know.

**Please forward your application and all documents to our Iowa office address listed below:**

**Stacie A. Wiederin-Schmidt  
The Adoption Alliance  
P.O. Box 589  
Grimes, IA 50111**

Again, thank you for contacting the Adoption Alliance. Please do not hesitate to call us if you have any questions. We are here to assist you. We look forward to working with you on your adoption plan and we hope to help you build your family very soon!

Sincerely,

***Stacie A. Wiederin-Schmidt***  
Director/Administrator



**WELCOME BOOK**

## **INTRODUCTION TO THE ADOPTION ALLIANCE**

The Adoption Alliance is a 501 C (3) Charitable Organization, which is licensed to place children for permanent adoption. The Agency is licensed in Texas, New York, and Connecticut. We are also authorized to place children in most other states. The Agency received its provisional license in January 1989 and its permanent license on January 13, 1990. We currently have two office locations; one in San Antonio, Texas and the second Iowa. The staff of The Adoption Alliance is very proud of all of the Agency's accomplishments since becoming licensed. Working with an experienced and professional agency provides valuable services for both adoptive and birth parents. We would love to help your family with the adoption process.

The Agency has worked with adoptive parents living throughout the continental United States and in several foreign countries. The Agency's goal is to build happy, functioning families and to assist all parties through the adoption process with professional, caring guidance.

Counseling for the birth parent(s) and their families is perhaps the most important service we provide. It is generally recognized that young women who receive counseling during their pregnancies are more apt to follow through with their adoption decision. In addition, you will have complete background and health information on your child as possible. The Adoption Alliance employs a hard working, knowledgeable, and caring staff with many years experience in adoption and our legal counsel are considered the best available. There will be many questions throughout the adoption process. Our staff welcomes any and all inquiries concerning the Agency, its policies or the rules and regulations governing adoptions in Texas.

### **GENERAL INFORMATION**

During the adoptive parents initial contact The Adoption Alliance staff gathers general information. The Adoption Alliance staff does not believe long waiting lists are beneficial to anyone, and occasionally closes applications for this program. Upon return of the application and all required documentation to the Agency, the Agency will arrange or assist in arranging for a pre-adoptive Home Study.

The Director of Social Services must review and approve the application, supporting documents and Home Study. If the applicants are accepted as prospective adoptive parents, their adoption plan is discussed and they are advised of their status as "parents in waiting".

The following information has been compiled as a result of frequently asked questions. Everyone involved in an adoption plan understandably has many questions. If your questions are not answered in this packet, please call the Agency. Each adoption is handled on an individual basis and as mentioned no two adoptions are exactly alike. The Adoption Alliance staff will make this a special time for everyone involved.

## **Frequently asked Adoption Questions**

### **What is the application fee?**

\$500.00 (It is non-refundable.)

### **What is your agency fee?**

\$16,000 and we locate the birth mother.

### **What documents are necessary in order to be approved by the agency?**

All supporting documents, which include the application, home study, references, background checks, medical records, photos, and sometimes additional documents.

### **How much do the adoptive parents have to submit to the agency once they are approved?**

Once the adoptive parents are approved, the non-refundable retainer of \$6,000 and an additional \$1,500 as a minimum account balance for the escrow account is due (total \$7,500).

### **How long is the average wait to adopt a child?**

The *average* wait from the time the adoptive parents are approved as is approximately 12-18 months. However, the wait can be shorter, as it is the birth mother who selects the adoptive family for her child. An adoptive couple can also decrease their waiting period by being flexible and open to different situations; such as race of child, prenatal exposure to alcohol or drugs, etc. Please discuss the situations you may be comfortable with.

### **Do the adoptive parents have to talk to and meet the birth parents?**

In most cases, the birth parents do want to talk to the adoptive parents during the pregnancy, as well as meet them. The agency primarily does "semi-open" adoptions, which means that identifying information is not shared with the birth parents. (In many cases this means that the birth parents will know the adoptive parents first names and the state in which they reside, but may not know their last names or the city in which they reside.) Semi-open adoptions do not include visits between the birth parents and child once the child has been placed in the adoptive parents' home. Once the child is placed with the adoptive parents, the adoptive parents send pictures and letters for the birth parents through the agency. This is done once per month for the first six months and annually on the child's birth date.

### **What are the birth parent relinquishment laws in Texas?**

The birth mother cannot sign a relinquishment document until 48 hours after the birth in Texas. An unmarried birth father can sign prior to the birth, but his parental rights cannot be terminated until after the birth. A husband must also wait until 48 hours in Texas after the birth to sign a relinquishment document. Once the relinquishment document is signed, it is irrevocable.

**What is the adoption law related to absent birth fathers in your state?**

We must address a birth father's parental rights; even if the birth father is "unknown". Specific methods will be addressed on a case by case basis.

**What if the birth parents decide to parent before the relinquishment is signed?**

The adoptive parents are responsible for the funds which have already been expended pertaining to their match, but they do not lose the entire agency fee. (A case loss fee of \$1,000.00 is deducted from their account balance for the time spent on the case.) The agency cannot legally make the birth parents repay any of the support they had been given. The adoptive parents profile will be shown to new birth parents and another match will be made in the future.

**Will the birth parents receive counseling?**

The BPs will receive counseling during the adoption process. It remains available to them during their post-partum period as well.

**What is the average cost of an adoption including BP support, legal fees, and agency fees?**

The average total cost is approximately \$24,000 - \$28,000, but every case is different.

**Do most of the birth mothers have Medicaid?**

Most of the birth mothers are eligible for Medicaid, but must follow-through with a lengthy application process. The agency will assist them with this as much as possible. If the birth mother does not obtain Medicaid, the adoptive parents are responsible for all the medical expenses associated with their case.

**Will the adoptive parents receive prenatal records during the pregnancy?**

The agency will request prenatal records and forward them to the adoptive parents.

**Can a single parent or gay parent adopt?**

Non-traditional families can adopt through our Agency, but we also encourage all our families to locate a birth mother via their own advertising and/or networking.

**How many families are waiting for a match at this time?**

Our agency typically has 25 families waiting to be matched. We are constantly matching families and having new families "sign on", but the number of those waiting for a match remains rather consistent.

**What if the adoptive parents should walk from an adoption case, are funds refundable?**

If you decided not to proceed with a case once you had made a commitment you are responsible for all birth parent support expended to that point. Also the case loss fee of \$1,000.00 is deducted from your account to cover the time spent on that particular case. However, the balance of the agency fee and any other remaining funds on account are transferred to your next case with the agency.

**Does your agency have any special requirements regarding adoption education?**

The State of Texas regulations require adoptive parents to receive "adoption education". The agency meets this requirement by sending our "adoptive parents in waiting" informative adoption information. If the adoptive parents would like to seek more formal adoption education, they are welcome to do so.

**How long is the Home Study good in Texas?**

In Texas the home study needs to be updated every six months.

**What happens if we turn down a situation? Are we put at the bottom of the list?**

Nothing happens. We will continue showing your profile just as before. Remember the birth parents select the APs, we don't use a list system. All the APs are shown when appropriate.

**Why types of adoption do you do?**

All of our adoptions are domestic and a majority are semi-open. Although, we can do fully open adoptions if both parties agree to it. The Adoption Alliance's goal is to assist all parties of an adoption plan with the best services to meeting everyone's needs.

**What happens if we decide not to adopt through your agency and we have already retained you? What will we lose?**

The agency application fee and retainer are non refundable.

# **ADOPTIVE PARENT CHECKLIST**

## **REQUIRED DOCUMENTATION**

Along with your completed Adoption Alliance Application documents, the items listed below must be included in your file before the Director of Social Services can approve you for a placement from the Adoption Alliance. Without this specific documentation your file will not meet Texas Department of Family and Protective Services Minimum Standards.

- \_\_\_\_\_ 1. **Three (3) Letters of Reference**  
If the Social Worker preparing your Home Study uses a specified format, this will be acceptable to The Adoption Alliance. Please have your social worker provide us with copies of all your references. Should you need a Reference Questionnaire we have them available for our clients.
- \_\_\_\_\_ 2. **Home Study**  
Your home study must be prepared in compliance with the attached "Home study Checklist". The home study must be prepared by a licensed Social Worker; in some states the Social Worker must be affiliated with an adoption agency. Please read the "Home study Checklist" carefully and give a copy to your Social Worker to insure the Social Worker covers all requirements. If you have a home study from a previous adoption, the agency must receive a copy of the original home study and all subsequent updates.
- \_\_\_\_\_ 3. **Criminal Background, Child Abuse and FBI Clearance**  
Your home state will require you to complete a separate fingerprint process as well. All applicants and household members over the age of 14 years must submit Texas fingerprints to comply with Texas Standards.
- \_\_\_\_\_ 4. **Floor Plan** sketch of home showing dimensions & purposes of all rooms.
- \_\_\_\_\_ 5. **Photographs:** \_\_\_\_\_ a. Adoptive parents \_\_\_\_\_ b. Each child in your home
- \_\_\_\_\_ 9. **Medical Report** for each member of the home  
\_\_\_\_\_ a. Each adoptive parent.  
\_\_\_\_\_ b. Each child in your home.



## ADOPTION APPLICATION

Date Submitted: \_\_\_\_\_ Referred By: \_\_\_\_\_

Male Applicant: \_\_\_\_\_  
*LAST NAME FIRST NAME MIDDLE NAME*

Female Applicant: \_\_\_\_\_  
*LAST NAME FIRST NAME MIDDLE NAME (Not Maiden Name)*

Home Address: \_\_\_\_\_  
*STREET APARTMENT #*

\_\_\_\_\_ *CITY COUNTY STATE POSTAL CODE*

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

**MALE**

**FEMALE**

Work Phones: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

**MALE**

**FEMALE**

Religion: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Complexion: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Current Health: \_\_\_\_\_

Highest Education Level: \_\_\_\_\_

Degrees / Diplomas Earned: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Salary: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

**CURRENT MARRIAGE:**      Date of Marriage: \_\_\_\_\_

**CHILDREN**

<u>Full Name</u>	<u>D.O.B.</u>	<u>Date of Adoption or N/A</u>	<u>Health</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## CHILD TO BE ADOPTED

This information is to be used *only as a guideline* and does not necessarily mean there will be a child that fits any of the following descriptions. If married, please complete this section together, because we need the feeling of both applicants.

1. Race and Ethnicity: Please circle the races or ethnicities you could consider in a child. Circle more than one, if applicable. Please note the Agency may not be aware of the racial mix of a child.

- |                     |                           |
|---------------------|---------------------------|
| A) Anglo            | G) Native American Indian |
| B) Hispanic         | H) Asian                  |
| C) Anglo / Hispanic | I) Asian / Anglo          |
| D) Black            | J) Asian / Black          |
| E) Black / Anglo    | K) Other: _____           |
| F) Black / Hispanic |                           |

2. Sex: Please circle your preference regarding the child's sex. Remember having a sex preference can delay the placement of a child into your home. *Also, having a sex preference will require an additional \$3,000.00 non-refundable fee paid with the Agency retainer.*

- |               |         |           |
|---------------|---------|-----------|
| A) Either Sex | B) Male | C) Female |
|---------------|---------|-----------|

3. Age: Please indicate the age(s) you prefer.

- |                                |                                |
|--------------------------------|--------------------------------|
| A) Infant (Birth to 12 months) | B) Toddler (One to Four years) |
|--------------------------------|--------------------------------|

4. Number of Children: Please indicate the number of children you are willing to accept.

- A) We will accept \_\_\_\_\_ siblings up to \_\_\_\_\_ years old.  
B) Multiple births (*Please Circle*):            Twins            Triplets

5. If you have indicated an interest in an older, minority, or handicapped child, please comment on the strengths you believe your family has to meet the needs of these children.

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6. Would you be willing to accept a child with one or more of the following?

Premature Birth	Yes	No	Will Discuss
Difficult Birth	Yes	No	Will Discuss
Drug use by mother (Occasional)	Yes	No	Will Discuss
Drug use by mother (Frequent)	Yes	No	Will Discuss
Alcohol use by mother (Occasional)	Yes	No	Will Discuss
Alcohol use by mother (Frequent)	Yes	No	Will Discuss
Club Foot	Yes	No	Will Discuss
Cleft Palate or Lip	Yes	No	Will Discuss
Depression (Birth Mother)	Yes	No	Will Discuss
Mental Illness (Birth Mother)	Yes	No	Will Discuss
Mental Illness (Family Members):	Yes	No	Will Discuss
Epilepsy in child	Yes	No	Will Discuss
Epilepsy in Family	Yes	No	Will Discuss
Blindness	Yes	No	Will Discuss
Deafness:	Yes	No	Will Discuss
Diabetes (Birth Mother)	Yes	No	Will Discuss
Diabetes (Family Members)	Yes	No	Will Discuss
Congenital Heart Defect	Yes	No	Will Discuss
Minor Correctable Handicaps	Yes	No	Will Discuss
Non-Correctable Handicaps	Yes	No	Will Discuss
Major Correctable Handicaps	Yes	No	Will Discuss

7. Would you consider a child meeting most of your expectations if nothing is known about the...

Birth Father	Yes	No	Will Discuss
Birth Mother	Yes	No	Will Discuss

8. Would you consider a child conceived as a result of...

Rape	Yes	No	Will Discuss
Incest	Yes	No	Will Discuss

## TEN YEAR RESIDENT HISTORY

The Minimum Standards for Child Placing require the Agency to obtain the residence history of adoptive applicants for ten (10) years. List all residences even if the list duplicates that of your spouse. Please list them from the most recent to the oldest. List all additional residences on reverse.

Male Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

**Prior Residences** (Street, City, County, State, Zip)

**Dates** (Mo/Yr)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Female Applicant: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Previous Married Names: \_\_\_\_\_

Current Address: \_\_\_\_\_

**Prior Residences** (Street, City, County, State, Zip)

**Dates** (Mo/Yr)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### **Other Household Members and Children over 14 years of Age**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**Prior Residences** (Street, City, County, State, Zip)

**Dates** (Mo/Yr)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*Please us the reverse to list this information on any and all other household members over the age of 14.*

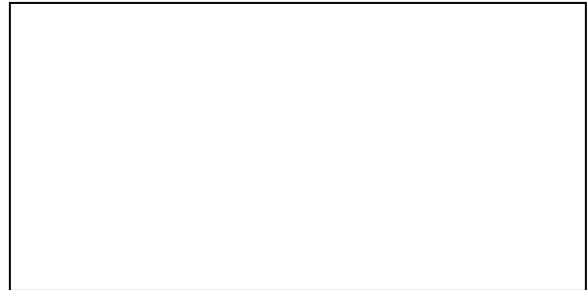
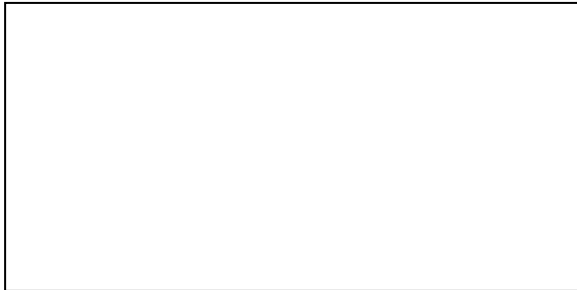
**PLEASE ATTACH PHOTO OF APPLICANTS**

PHOTOGRAPH  
OF  
YOURSELVES

ALL HOUSEHOLD MEMBERS SHOULD BE  
PRESENT

Please attach copies of your driver's license or other federally issues photo identification and your social security card below. This is required to comply with the State of Texas Guidelines for requesting FBI clearances.

**DRIVER'S LICENSES**



**SOCIAL SECURITY CARDS**



## **UNDERSTANDINGS & DECLARATIONS**

1. The information provided in this adoption application is true, complete and correct to the best of my/our knowledge and belief.
2. I/We agree to comply with the policies and procedures of the Adoption Alliance.
3. I/We agree to abide by the rules and regulations of our home state, the state of the child's birth and/or the state of placement.
4. I/We agree to abide by the rules and regulations of the Interstate Compact for Placement of Children (ICPC). We have read and understand the Interstate Compact insert.
5. I/We agree to and authorize the sharing of de-identified information (no last names, no street addresses, and identifying information removed), including a copy of our home study, with the birth parents if they request such information.
6. I/We understand a blood transfusion, if required at birth, will be done if the child's physician orders one.
7. I/We understand the birth parents may request a meeting with us and I/we will comply with this request.
8. I/We understand the birth parents may request photographs of the child after the supervisory period (up to at least five years of age) and I/we will comply with this request.
9. I/We understand the birth parents may send a gift, keepsake or letter for the child through the Agency. I/We will share these items with the child at the appropriate time.

### **ADOPTIVE FATHER**

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Signature

Date

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Printed Name

### **ADOPTIVE MOTHER**

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Signature

Date

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Printed Name



## **ADOPTIVE PARENT AGREEMENT**

This **Agreement** is entered into between the parties known as **The Adoption Alliance**, a Texas Non-Profit Organization (hereinafter called "**Agency**"), and the undersigned **Adoptive Parent(s)**. It is being executed in consideration of the mutual promises and covenants herein contained, with the understanding:

1. This agreement is not effective and there is no relationship between the parties until the adoptive parent(s) are accepted as agency clients, and the adoptive parent(s) non-refundable retainer has cleared the Agency's bank.
2. This agreement is enforceable only in San Antonio, Bexar County, Texas, the location of the corporate office of the agency.

### **I. AGENCY FEE**

A *non-refundable* retainer of the total *Agency Fee* is to be paid at the time the Agency accepts the adoptive parent(s) as clients. After the retainer is paid to the Agency, the entire retainer becomes non-refundable for any reason whatsoever. Although the Agency may have accepted the adoptive parent(s) as clients, the adoptive parent(s) are not necessarily approved for placement at that time. All supporting documents must be in the adoptive parent(s) file before the adoptive parent(s) will be approved for placement.

The entire unpaid balance of the *Agency Fee* and *Case Expenses* shall be due and payable prior to placement. The Agency will not hold checks for deposit at a later time. All funds owing from adoptive parent(s) must be cleared through the Agency's bank account prior to interstate compact approval being sought. The adoptive parent(s) agree that under no circumstances will placement be made until all amounts owing from the adoptive parent(s) to the agency are paid in full in accordance with the terms and conditions of this agreement. Once placement of a child has been made with the adoptive parents, such remaining balance of the *Agency Fee* becomes non-refundable for any reason whatsoever.

A Case Loss Fee of \$1,000.00 shall be considered earned by the Agency for each birthparent with whom the adoptive parent(s) are matched. [Example: If the adoptive parent(s) are matched with a birthmother and the adoption plan is terminated for any reason, \$1,000.00 in additional funds shall be required to cover agency costs, thus allowing a full retainer to be transferred to a subsequently matched birthparent.]

The *Agency Fee* **does not** cover the following (but is not limited to the following):

1. financial assistance provided to birth parent(s)
2. any case related expenses
3. legal fees
4. medical costs incurred for the pregnancy and delivery
5. costs for adoption lawsuits

## II. CASE EXPENSES

The adoptive parent(s) agree to make escrow deposits into the Agency's escrow account to cover medical costs, birth parent assistance, legal expenses, and all other case related expenses associated with the biological parent(s) they are matched with. At the time the adoptive parent(s) become clients, they are required to maintain a minimum account balance in the agency escrow account (amount of the minimum account balance is stipulated on your fee schedule). The initial escrow deposit for disbursements is due with the non-refundable retainer. Due to delayed medical bills and other case expenses, the adoptive parent(s) agree to maintain their minimum account balance until 90 days after their adoption finalization. At such time the adoptive parent(s) must submit a refund request for the balance on account, as well as provide the Agency with a current address.

The adoptive parent(s) agree to make additional escrow deposits *immediately* when requested by the Agency. The Agency is under no obligation whatsoever to forward support of any kind to, or on behalf of a birth parent if the funds on deposit are insufficient. The adoptive parent(s) understand the Agency has a moral duty to assist the birth parents in finding other support in the event adoptive parent(s) fail to send in the additional escrow deposit. Therefore, if such failure continues for five (5) business days after receipt of notice, such failure is hereby understood to constitute a release of the birth parents to be matched elsewhere.

Minimum Child Placing Standards allow for the Agency to legally pay reasonable expenses to, or on behalf of the birthmother, and be reimbursed therefore by the adoptive parent(s) for the following categories: housing expenses, food expenses, telephone service, utility expenses, maternity clothing, personal hygiene products, pregnancy related medical expenses, transportation directly related to a need for service, and legal fees directly related to termination of parental rights and finalization of adoption.

Once a financial needs assessment has been completed, a case estimate will be prepared and forwarded to the adoptive parent(s) for their review. The adoptive parent(s) must sign and return the case estimate and a statement of commitment for their case.

### III. CONTESTED TERMINATION OF PARENTAL RIGHTS

It is understood that periodically a birth parent will contest the termination of his or her parental rights. If such occurs prior to placement, the child will be placed immediately into foster care until a court order is obtained. If such occurs after placement, the Agency will immediately notify the adoptive parent(s) individually, or through their attorney or representative. The adoptive parent(s) must decide: (1) whether or not to fight the termination contest, (2) whether or not to place the child into foster care pending the outcome of the contest, and (3) establishing financial responsibility procedures for costs incurred as a result of these decisions. The adoptive parent(s) are responsible for legal costs incurred prior to the date they make their decision.

If the adoptive parent(s) decide to fight the contest, it is understood they must execute certain documents, including but not limited to the following: (1) instructing the Agency to proceed with the contest, (2) assuming full financial responsibility for all costs incurred as a result of their decisions, and (3) making necessary fee and cost deposits required by legal counsel retained in the case. All of the foregoing is necessary because the Agency is the Managing Conservator of the child and will be the Respondent/Defendant in the litigation. The adoptive parent(s) may or may not be parties thereto.

If the Agency has not received a final decision in writing as outlined above, with all necessary documents signed, within ten (10) business days from the date the adoptive parent(s) are initially advised of the birth parent contest, the Agency is **HEREBY DIRECTED TO PROCEED AS IF THE DECISION BY THE ADOPTIVE PARENTS WAS MADE TO ABANDON THE CASE AND NOT TO FIGHT THE CONTEST.**

### IV. VIOLATION OF RULES AND REGULATIONS

The adoptive parent(s) understand it would be in violation of the Departmental Regulations to make any payment to or on behalf of a biological parent other than as herein described.

The adoptive parent(s) understand and agree that should the Agency discover that any illegal payment has been made; the Agency will not be a party to the placement. The Agency will immediately notify the appropriate authority and after the relinquishment of the child (by the biological parent on whose behalf or to whom said illegal payment was made) the Agency will place the child in foster care and/or a permanent adoptive home considering only the best interests of the child.

## V. MISCELLANEOUS PROVISIONS

The adoptive parent(s) understand the Agency also provides services to biological parents and by the very nature of an adoption plan, the Agency in many instances will be acting as a mediator, and as such, will not act in a prejudicial fashion to either the adoptive parent(s) or the biological parents. The Agency will perform its duties and responsibilities in this regard as set forth by the Minimum Standards for Child Placement and shall only be liable to the adoptive parent(s) for damages if the Agency is guilty of gross negligence in such performance of its duties and responsibilities. Further, should any such litigation evolve from the relationship between the adoptive parent(s) and the Agency, the successful party in such litigation shall be entitled to recover from the other party any and all costs of every kind and character including attorneys fees incurred as a result of such litigation.

The Agency will strive to the best of its ability to protect the anonymity of the adoptive parent(s) to the level adoptive parents instruct the Agency in writing. Every adoption plan is different in this regard, ranging from being totally open to being totally closed. The adoptive parent(s) understand that on rare occasions unintentional mistakes are made by hospital staff, Courthouse staff, Court staff and Agency staff. It is therefore important for adoptive parent(s) to make their wishes in this regard known to the Agency in writing as soon as possible.

As part of the adoption plan, the Agency may be required to enter into both oral and written contracts with leasing agents, physicians, counselors, attorneys, taxi companies, etc. The adoptive parent(s) agree to indemnify and hold the Agency harmless for any expenditures the Agency incurs as a result of such contracts (whether oral or written). Such indemnification shall also include any costs the Agency may incur for legal defense should the Agency be sued under one of these contracts for services provided to, or for the benefit of, the adoptive parent(s), biological parent or child placed with the adoptive parent(s).

The adoptive parent(s) understand the Agency Fee is a flat fee, and is in no way dependent on how long, or how short, the period of time the Agency works with a birth mother during her pregnancy.

The adoptive parent(s) acknowledge that they have been advised to read this document thoroughly and to review it with an attorney and/or counselors of their choice for clarification.

The adoptive parent(s) agree that by execution of this document they will abide by all of the terms and conditions set forth herein, the laws and regulations of the state of their residence, and the State of Texas governing adoptions, as well as the Interstate Compact for Placement of Children (where applicable).

The adoptive parent(s) agree to execute one copy of the Agreement and return it to the Agency for approval. Each page of this Agreement must be initialed by each adoptive

parent. Please keep a copy of this Agreement for your records.

All adoptive parent(s) funds are initially deposited into an escrow account from, which case expenses are distributed. Adoptive parent(s) will not be responsible for bank charges to maintain the account, and therefore waive any right to interest earned on such account, if any.

If you receive placement of a child through another resource, OR place your file on hold due to pregnancy OR your file is placed on hold for any reason whatsoever, your non-refundable retainer can be applied toward an adoption with the Adoption Alliance **IF** you reactivate your file within 18 months from the date your file was placed on hold. The adoptive parent(s) agree to immediately inform the Agency in writing of any reason their file should be placed on hold. If the 18 month timeframe has expired, you must submit another non-refundable retainer, at the prevailing fee structure, to pursue an adoption through the Adoption Alliance. In either event, you will be required to submit a new application, application fee and updated supporting documents.

**ADOPTIVE FATHER**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

**ADOPTIVE MOTHER**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name



## **FEE SCHEDULE**

<b>Application Fee</b> <i>(non-refundable)</i>	<b>\$ 500.00</b>
<b>Agency Fee</b> \$6,000.00 <i>(non-refundable retainer)</i> \$10,000.00 <i>(balance of fee due before placement)</i>	<b>\$ 16,000.00</b>

### **Case Expenses**

<b>Minimum Escrow Account Balance</b> <i>(refunded if not used)</i>	<b>\$ 1,500.00</b>
<b>Risk Evaluation Fee</b> <i>(if required)</i>	<b>\$ 500.00</b>
<b>Birthmother Living Expenses</b>	<b>As billed</b>
<b>Birthmother Medical Expenses*</b>	<b>As billed</b>
<b>Infant Medical Expenses*</b>	<b>As billed</b>
<b>Travel Expenses</b>	<b>As billed</b>
<b>Case Loss Fee</b> <i>(explained in the Adoptive Parent Agreement)</i>	<b>\$ 1,000.00</b>
<b>After Hours Services</b>	<b>\$ 90/hour</b>
<b>Gender Specific Fee</b> <i>(non-refundable)</i>	<b>\$ 3,000.00</b>
<b>Childcare</b> <i>(\$100/day)</i>	<b>\$ 100/day</b>

### **Legal Fees (Texas Only) \*\***

<b>Termination</b> <i>(Both Birth Parents Signing)</i>	<b>\$ 1,850.00</b>
<b>Additional Birth Father Terminations</b>	<b>\$ 1,850.00</b>
<b>Adoption Finalization</b>	<b>\$ 1,850.00</b>
<b>Court Filing Fees</b>	<b>As billed</b>

*\*Adoptive Parents are responsible for all pregnancy and birth related medical expenses, not covered by insurance or Medicaid.*

*\*\*Any legal fees charged by your personal attorney are not included herein. These fees are only applicable for the Agency attorney in Texas and are subject to change.*

**Agency Refund Policy**

After the retainer of the total *Agency Fee* is paid to the Adoption Alliance, the entire retainer becomes non-refundable for any reason whatsoever.

The remaining balance of the *Agency Fee* shall be paid prior to placement. Once placement of a child has been made with the adoptive parents, such remaining balance of the fee becomes non-refundable for any reason whatsoever.

**I/we understand, agree to and accept the Fee Schedule outlined above.**

**ADOPTIVE FATHER**

---

Signature

Date

---

Printed Name

**ADOPTIVE MOTHER**

---

Signature

Date

---

Printed Name

# HOME STUDY CHECKLIST

Adoptive Applicants: \_\_\_\_\_

Social Worker Completing Study: \_\_\_\_\_

## PLEASE GIVE THIS CHECKLIST TO YOUR SOCIAL WORKER.

**A Home Study may not be more than six (6) months old at the time of placement of a child. In the event the Home Study is more than six (6) months old, an "Update" will be required before Placement.**

The items listed below must be specifically documented in adoptive parents' Home Study. Without this specific documentation the Home Study will not meet Texas Minimum Standards for Child Placement. In the event the adoptive parents' Home Study does not include the following items, an "Addendum" will be required.

The Home Study must be prepared by:

- a. A Social Worker with an M.S.W (Master of Social Work) degree or
- b. A Social Worker with a B.S.W. (Bachelor of Social Work) degree and who is supervised closely by a person with an M.S.W.
- c. A person with a Bachelor's Degree in a Human Services field and reviewed and approved by the Agency's Level I Staff.

Date Home Study completed: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_

1. The Home Study must document the following dates:

- a. At least one (1) individual interview with each of the following:

\_\_\_\_\_ i. Adoptive Mother

\_\_\_\_\_ ii. Adoptive Father

\_\_\_\_\_ iii. Each child in the home over the age of three years.

\_\_\_\_\_ iv. Any other person residing in the home.

- b. At least one (1) joint interview with the couple, jointly or as a family unit.

\_\_\_\_\_ The joint interviews may be conducted during the home visit and may be on the same day as the individual interviews. Initial orientation may not be included.

- c. At least one (1) home visit conducted with all household members present.

\_\_\_\_\_ All household members, including domestic staff.

- d. Names of all household members present, with date of birth.

\_\_\_\_\_ The full names and dates of birth of each member of the household, including domestic staff.

- e. Contacts with children of adoptive parent(s) who do not reside in the home; including adult children.

\_\_\_\_\_ At least one contact (by phone, in person, or by letter) with each child of the adoptive applicant(s).

2. All available information obtained about adoptive applicants, including:

\_\_\_\_\_ a. **Age of adoptive parents.** All adoptive applicants must be at least 21 years or older. You must include documentation of how the ages were verified.

\_\_\_\_\_ b. **Marital Status.** Please note the Marital Status. If the adoptive applicants are married, you must review and document the marriage license. You must document information about any previous marriages, divorces, or deaths of former spouses. Discuss the quality of Marital Relationship, roles, conflict resolution, expression of affection, decision-making process and shared interests in relation to their ability to provide an adoptive home.

\_\_\_\_\_ c. **Citizenship status**

\_\_\_\_\_ d. **Residence history** for last 10 years (street address, city, state), including the length of time spent at each residence and an assessment of available community resources to meet children's needs at the current residence.

\_\_\_\_\_ e. **Financial status.** Adoptive applicants must be able to meet the child's basic material needs. You must include the family's ability to support a child, employment history, income, expenses, and ability to manage money. You must verify income, health insurance and life insurance coverage.

\_\_\_\_\_ f. **Clearances.** Criminal Background, Child Abuse and FBI Clearances. Background checks must be completed for all members of the household age 14 or older; including domestic staff.

- \_\_\_\_\_ g. **Health status.** (\*physical, \*mental, and \*emotional) of all household members in relation to family's ability to provide an adoptive home. Was any professional evaluation of adoptive parents necessary & requested as a result of the information revealed in the course of the Home Study process?
- \_\_\_\_\_ h. **Disabilities** of adoptive parents. A person must not be prohibited from adopting a child solely based on a disability. You must evaluate individuals who are disabled in relation to their adjustment to the disability and any limits the disability imposes on the adoptive applicants' ability to care for a child. This evaluation must be documented in the home study.
- \_\_\_\_\_ i. **Motivation for adoption.** Discuss and assess the adoptive applicants' motivation for adoption. You must assess the applicants' motivation and its effect on their ability to accept and parent an adopted child. Readiness to adopt, including sources and degree of knowledge about adoption issues.
- \_\_\_\_\_ j. **Fertility.** Discuss and assess information about the couple's fertility. The applicants' fertility is important only in relation to unresolved feelings about their infertility and their ability to accept and parent a child not born to them. If there are no fertility issues, please document.
- \_\_\_\_\_ k. **Relationships.** Describe the quality of marital and family relationships in relation to the family's ability to adopt and parent a child. You must assess the stability of a couple's relationship, the strengths and problems of the relationship, and how those issues will relate to an adopted child. You must assess the quality of the relationships between the prospective adoptive parents and their biological children, living in or out of the home, strengths and problems of those relationships, and how those issues will relate to an adopted child.
- \_\_\_\_\_ l. **Applicants feelings about their childhood.** Discuss and assess adoptive applicants' feelings about their childhoods and parents, including any history of abuse or neglect and their resolution of the experiences or a statement that no such history exists.
- \_\_\_\_\_ m. **Adopted Child's Religion.** Evaluate the Adoptive parents' on their willingness to respect / encourage child's religious affiliation, their willingness to provide child opportunity for religious and spiritual development. Discuss the health protection they plan for the child if their religious beliefs prohibit certain medical treatment *or statement that the couple's religious beliefs do not prohibit medical treatment for a child.*
- \_\_\_\_\_ n. **Child Care and Discipline.** Discuss and assess the applicants' knowledge of child development and their child-care experience. Discuss and assess the ways the applicants were disciplined as children and their reactions to the discipline they received. Discuss and assess the prospective adoptive parents' discipline styles, techniques, and their ability to recognize and respect differences in children and use discipline methods that suit the individual child. If their current discipline methods are different than those that you approve, discuss and assess how they would change their child care practices to conform with your approved methods.

- \_\_\_\_\_ o. Discuss and assess the adoptive applicants' understanding of the dynamics of child abuse and neglect. Discuss and assess their understanding of how these issues and experiences affect them, their families, and the children they may adopt. Assess the adoptive family applicants' ability to help children who have been abused or neglected. If the adoptive applicants experienced abuse or neglect as a child, assess the handling of those experiences and assess the impact of those experiences on the applicant's ability to help children deal with their own experiences. Evaluate the availability of family and community resources to meet the needs of the children adopted by the family.
- \_\_\_\_\_ p. Discuss and assess the adoptive applicants' understanding of the dynamics of separation and loss and the effects of these experiences on children. Discuss and assess their personal experiences with separation and loss and their processing of those experiences. Assess the applicants' acceptance of the process of grief and loss for children and assess their ability to help children through the grieving process.
- \_\_\_\_\_ q. Discuss the adoptive applicants' feelings about the birth parents, including those parents who abused or neglected the child. Assess their sensitivity and reactions to the birth parents. Discuss and assess their sensitivity to and acceptance of a child's feelings about his parents and assess their ability to help the child deal with those feelings. Discuss and assess the applicants' sensitivity to and acceptance of the child's relationships with his siblings. Discuss and assess their reactions to the possibility of contacts between the child and his biological family in the future.
- \_\_\_\_\_ r. Discuss and assess the attitudes of other family and household members toward the plan of adoption. Discuss and assess their involvement in the care of children, their attitudes toward the children, and their acceptance of the adoption plan.
- \_\_\_\_\_ s. **Support System.** Discuss and assess the support systems available to the adoptive family and the support they may receive from these resources.
- \_\_\_\_\_ t. **Languages Spoken.** Document the languages spoken by each adoptive parent.
- \_\_\_\_\_ u. Discuss and assess the prospective adoptive parent's expectations of the child and the flexibility of their expectations in relation to the child's actual needs and abilities. Assess their capacities to recognize and emphasize the strengths and achievements of the child and their capacities to adjust their expectations according to the abilities of the child.
- \_\_\_\_\_ v. Discuss and assess the adoptive applicants' ability to work with and/or willingness to accept specific behaviors, backgrounds, special needs and/or disabilities and other characteristics of children.
- \_\_\_\_\_ w. Description of the home, inside and outside. Safety of the home and its grounds (i.e. fire escape plan, smoke alarms, swimming pools, high-rise apartment windows, firearm safety). If the home does not have a pool and firearms, please document such.

- \_\_\_\_\_ x. Number, ages, and sex of child(ren) the adoptive home has been approved for. The social worker should document his or her approval of the child the adoptive parents are seeking to adopt; not simply state the adoptive parents' desired child.
  - \_\_\_\_\_ y. Telephone numbers for entities where adoptive parents can file complaints about how the home study was conducted. (Include supervisor and local governing authority)
3. Request and assess the following background information (if provided) from any child-placing agency that previously conducted a foster screening, pre-adoptive home screening, post placement adoptive report, or home study:
- \_\_\_\_\_ a. The screening, report, home study, and related documentation;
  - \_\_\_\_\_ b. Documentation of supervisory visits and evaluations;
  - \_\_\_\_\_ c. Any record of deficiencies and their resolutions; and
  - \_\_\_\_\_ d. The most current fire and health inspections.
4. The following items concerning the person completing the Home Study must accompany, appear on or be attached to the Home Study:
- \_\_\_\_\_ a. Complete name of person preparing Home Study
  - \_\_\_\_\_ b. Complete address of person preparing Home Study
  - \_\_\_\_\_ c. Complete telephone number of person preparing Home Study
  - \_\_\_\_\_ d. Certifications/Degree level of person preparing Home Study
  - \_\_\_\_\_ e. Signature of person preparing Home Study
5. Will the worker preparing the Home Study be willing to do the post placement supervision? Texas requires two face to face visits with the adoptive parents, at least one of those visits must be in the family home. The second (or last) visit must take place after child has resided in home for 5 months.
- Yes \_\_\_\_\_ No \_\_\_\_\_

# HOME STUDY UPDATE CHECKLIST

Adoptive Applicants: \_\_\_\_\_

Social Worker Completing Update: \_\_\_\_\_

## PLEASE GIVE THIS CHECKLIST TO YOUR SOCIAL WORKER.

**A Home Study or Home Study Update *may not* be more than six (6) months old at the time of placement of a child.**

The items listed below must be specifically documented in adoptive parents' Home Study. Without this specific documentation the Home Study will not meet Texas Minimum Standards for Child Placement. In the event the adoptive parents' Home Study does not include the following items, an "Addendum" will be required.

The Home Study Update must be completed by:

- a. A Social Worker with an M.S.W (Master of Social Work) degree or
- b. A Social Worker with a B.S.W. (Bachelor of Social Work) degree and who is supervised closely by a person with an M.S.W.
- c. A person with a Bachelor's Degree in a Human Services field and reviewed and approved by the Agency's Level I Staff.

Date Home Study Update completed: \_\_\_\_\_

Date of last Home Visit: \_\_\_\_\_

1. The Home Study Update must document the following:

- \_\_\_\_\_ a. Date of at least one (1) home visit conducted as a part of the update process. All members of the household must be present, including any live-in domestic staff.
- \_\_\_\_\_ b. Names of all those household members present at the home visit.
- \_\_\_\_\_ c. If the update is being conducted for a subsequent adoptive placement, the dates of at least one individual interview with each applicant must be documented.

2. Review of all Original Home Study items (listed on *Home Study Checklist*) with the following documented:

\_\_\_\_\_ a. Descriptive narrative of changes in any area.

\_\_\_\_\_ b. Statement that all other areas of Original Home Study remain the same.

3. If the update is being conducted for a subsequent adoptive placement the following must be documented:

\_\_\_\_\_ a. Adjustment of the children in the family.

\_\_\_\_\_ b. How each child feels about the addition of another child.

4. Will the worker preparing the Home Study be willing to do the post placement supervision? Texas requires two face to face visits with the adoptive parents, at least one of those visits must be in the family home. The second (or last) visit must take place after child has resided in home for 5 months.

Yes \_\_\_\_\_ No \_\_\_\_\_

5. FBI Clearances and Child Abuse Clearances up to date:

Clearance Dates:

\_\_\_\_\_ a. FBI

\_\_\_\_\_ b. Criminal

\_\_\_\_\_ c. Child Abuse

Although adoptive parents may reside in a state other than the State of Placement, the Home Study and all updates must be in compliance with Minimum Child Placements Standards of their home State, State of child's birth, and State in which placement occurs.



## MEDICAID/INSURANCE MEMO

*Please read each statement and sign and date below. This form must be returned to the agency.*

- We understand the biological mother may now be, or may in the future become, a recipient of MEDICAID/INSURANCE and there is always a possibility of denial of MEDICAID/INSURANCE benefits by one or all of the medical care providers.
- We understand the agency cannot provide any guarantee that MEDICAID/INSURANCE will pay any of the medical bills incurred.
- We understand and agree that should MEDICAID/INSURANCE be denied, we will be responsible for payment of all medical costs incurred concerning prenatal care, the delivery and hospital care for both the birth mother and the child.
- We understand that payment of these medical bills is due upon demand and we will promptly remit the amounts due for medical payments.
- We understand the agency will provide all medical care providers with the appropriate information so they can submit billing statements in a timely fashion. The agency will also assist the birth mother with the Medicaid process.

### **ADOPTIVE FATHER**

### **ADOPTIVE MOTHER**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name



## CONVICTION STATEMENT

Each person seeking to adopt a child must execute a conviction statement. Please read this very carefully before you sign the form. This form will may be made part of the Interstate Compact for Placement of Children (where applicable).

Adoptive Applicant: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Drivers License:                      Number \_\_\_\_\_ State \_\_\_\_\_

I, \_\_\_\_\_, hereby state that I have not been charged or convicted of any crime, other than minor traffic violations. I have never been charged or convicted of child abuse or neglect. I have not been charged or convicted of any offense by (1) any Court in any state of the United States, (2) any Federal Court of the United States, or (3) any Court in any foreign country. Additionally, I state there are no charges pending against me for any allegation of the commission a criminal act.

I, \_\_\_\_\_, hereby state that I have been charged or convicted of a crime, other than minor traffic violations. If previously convicted or charges pending please explain below.

1. Crime of conviction: \_\_\_\_\_
2. Date of conviction: \_\_\_\_\_
3. Place of conviction: \_\_\_\_\_
4. Penalties imposed for the conviction: \_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**



## CONVICTION STATEMENT

Each person seeking to adopt a child must execute a conviction statement. Please read this very carefully before you sign the form. This form will may be made part of the Interstate Compact for Placement of Children (where applicable).

Adoptive Applicant: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Drivers License:                      Number \_\_\_\_\_ State \_\_\_\_\_

I, \_\_\_\_\_, hereby state that I have not been charged or convicted of any crime, other than minor traffic violations. I have never been charged or convicted of child abuse or neglect. I have not been charged or convicted of any offense by (1) any Court in any state of the United States, (2) any Federal Court of the United States, or (3) any Court in any foreign country. Additionally, I state there are no charges pending against me for any allegation of the commission a criminal act.

I, \_\_\_\_\_, hereby state that I have been charged or convicted of a crime, other than minor traffic violations. If previously convicted or charges pending please explain below.

1. Crime of conviction: \_\_\_\_\_
2. Date of conviction: \_\_\_\_\_
3. Place of conviction: \_\_\_\_\_
4. Penalties imposed for the conviction: \_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**





# Adoption Taxpayer Identification Number

The following **must be** initialed and signed by each Adoptive Parent.

\_\_\_\_\_ \_\_\_\_\_ We understand we need to talk with our accountant about our adoption placement, an Adoption Taxpayer Identification Number, and once the adoption is finalized a Social Security Number.

\_\_\_\_\_ \_\_\_\_\_ We understand An ATIN is an Adoption Taxpayer Identification Number issued by the Internal Revenue Service as a temporary taxpayer identification number for the child in a domestic adoption where the adopting taxpayers do not have and/or are unable to obtain the child's Social Security Number (SSN).

\_\_\_\_\_ \_\_\_\_\_ We understand the ATIN is to be used by the adopting taxpayers on their Federal Income Tax return to identify the child while final domestic adoption is pending.

\_\_\_\_\_ \_\_\_\_\_ We understand If you are in the process of adopting a child and are able to claim the child as your dependent or are able to claim a child care credit, you may need an ATIN for your adoptive child.

\_\_\_\_\_ \_\_\_\_\_ We understand that It will generally take 4 to 8 weeks to get an ATIN once the IRS receives a completed Form W-7A. After 8 weeks if you have not heard from the IRS about your application, you may call the Austin Service Center at (512) 460-7898. This is not a toll-free call.

## **ADOPTIVE FATHER**

## **ADOPTIVE MOTHER**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name



## ACKNOWLEDGMENT RECEIPT

I / We have received and read the following:

1. a copy of "Letter of Understanding"
2. a copy of "Adoptive Parent Agreement"
3. a copy of "Fee Schedule"
4. a copy of "Interstate Compact Process"
5. a copy of "Adoption Taxpayer Identification Number"

I/We understand these documents are very important. I/We further understand these documents will be made part of my/our permanent adoption case file. I/We fully understand these documents. I/We further understand that should I/We have any questions, I/We should discuss them with my /our attorney or a representative of my home agency prior to signing below. I/We understand The Adoption Alliance cannot be held responsible should a birth parent decide to parent his/her child. I/We understand it is my/our responsibility to insure my/our case file documentation is kept current.

Home Study must be updated by my/our Social Worker documenting a visit to my/our home within six months of placement if my child is born in Texas.

### ADOPTIVE FATHER

### ADOPTIVE MOTHER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name