



*An Oklahoma Not for Profit Licensed Agency*

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Dear Prospective Adoptive Parents:

Thank you for contacting our agency regarding private placement adoptions! We congratulate you on gathering as much information as possible, whether you are just now considering the option to adopt or have made the decision to adopt and are considering this your first step. We are very excited to share with you information regarding the adoption process and the services our agency has to offer. We take great pride in our staff at Adoption Choices. Our agency is able to provide valuable insight and knowledge on the joys and realities of the adoption process. Our staff works on a one to one basis with adoptive parents and birth mothers, therefore, our client base of prospective adoptive parents is small. We differ from other adoption agencies in that we are personally involved with our clients and birth parents, giving special attention to matching your needs with those of the birth mother and baby. At Adoption Choices, we work hard to provide you with that special service you require during this most critical process.

## **ABOUT OUR SERVICES**

Although there is no set formula for the adoption process, there are particular services we offer that we have found to be crucial to the success of an agency adoption. Again, our goal is to match the needs and wishes of the adoptive parents as closely as possible with those of the birth mother and baby.

We have a three-step process that we believe will be easy to understand as well as user friendly:

Step 1: Adoptive parents initially contact our agency and receive an adoptive parent packet. The fee to apply with our agency is \$550.00. This fee is non-refundable and is good for one year. It allows us to process all paperwork that has been submitted through our Child Placement Supervisor. You will also need to send five color profiles of your family so that birth mothers may choose their child's adoptive parents.

Step 2: After all paperwork has been submitted, we begin working on matching you with a birth mother! We keep a chart of all the adoptive couples that lists the following: ages, length of marriage, number of children already in the home, general occupation, religious preference, your preferences for a child, and adoption budget. Each birth

mother fills out a form listing her preferences for the adoptive couple. Some birth mothers want adoptive parents within a specific age range or of a certain religion; others do not care. We try to show each birth mother at least three profiles. Generally we will call you before presenting your profile and give you an opportunity to review her medical and social history and decide whether you want to be presented. You will also be given an estimate of the total cost of the adoption. In some cases, we are unable to get in touch with the adoptive parents ahead of time. In those situations, we ask the birth mother to choose a second and third choice so that we can proceed if the adoptive parents decide not to proceed with the match.

Step 3: Once a match has been identified, you will be asked to sign a contract, submit the funds, and come to Oklahoma for an interview/counseling session with an agency staff member. The interview and counseling session will take approximately two hours. After this interview, the case worker assigned to your birth mother will have arranged a time and place for you to meet the birth mother (and birth father if he is involved in the adoption).

Our services to adoptive applicants. The services listed below are provided to adoptive applicants:

1. Initial meeting to discuss the adoption process and answer your questions.
2. Separate meetings (personally or by telephone) with each birth mother to determine her commitment level and to screen her.
3. Referrals to caring counselors for the birth mother if needed or requested.
4. Coordinate meetings between the adoptive parents and the birth mother.
5. Obtain medical authorizations from the birth mother.
6. Assist in creating a hospital plan for the birth mother and adoptive parents.
7. Coordinate with hospital staff regarding the birth mother's stay, as well as the birth mother's and the child's release.
8. Assist in obtaining all medical and hospital records concerning the birth mother and the child.
9. Obtain the birth parents' background information, including health, ethnicity, and social history.
10. Arrange for drug and HIV screening of the birth mother if requested by the adoptive parents.
11. Assist the birth mother with transportation to and from treating physicians and hospitals.
12. Meet with the adoptive parents and the birth mother at the hospital after the child's birth (unless distance does not make this feasible).
13. Make follow-up telephone calls to the birth mother and adoptive parents.
14. Assist with obtaining approval from the Interstate Compact for the Placement of Children (ICPC).
15. Help with Federal tax information regarding adoption.
16. Assist with coordination between birth mother, birth father, attorney, agency, counselors and adoptive parents.

*Note: All legal work needed for finalization of the adoption is to be completed by the agency or attorney in your home state.*

We also:

1. Provide information about the availability of children in particular localities, including the critical need for parents for some of these children.
2. Provide information about how to collect appropriate documentation.
3. Prepare certain documents on behalf of clients.
4. Examine all required documents for sufficiency.
5. Assist with certain authentication procedures as required by the child's home state.
6. Submit documents to appropriate authorities.
7. Keep adoptive applicants informed about the progress of their applications.
8. Inform adoptive applicants about the child proposed for adoption by the appropriate organization in the child's home state.
9. Provide advice about traveling to the child's home state.

## **THE ADOPTION PROCESS**

Your "Dear Birth Mother" letter gives you an opportunity to portray who you are. It talks about your personality, career, lifestyle, hobbies, religion, and dreams for the future. It is your opportunity to reach out to a birth mother on a personal level and relay to her all the warmth and love you can offer a child. Please review the information entitled "Preparing a Family Profile" contained in this packet.

Our extensive outreach and advertising programs allow many birth mothers from different states access to our agency. Once we are contacted by a birth mother, our agency conducts a preliminary screening and obtains information from her regarding her personal and medical history. We discuss with the birth mother what she would like in an adoptive couple and what environment she would like for her child. Based on this information, we allow the birth mother to choose an adoptive couple through their "Dear Birth Mother" letter, "Profile at a Glance" (included in this packet), and the life book photo album each adoptive couple provides to our agency. The birth mother carefully considers each couple presented to her and selects the adoptive parents with whom she feels most comfortable. We then arrange for the birth mother to meet with the adoptive parents.

Be sure to send your home study as soon as it is available. We cannot actually match you with a birth mother until you have a completed home study. However, if your home study is still in the process, go ahead and send in your completed application, profiles and other information so our Child Placement Supervisor can begin reviewing your information.

## FEES

The cost of our adoption program consists of estimated birth mother living expenses, case worker fees, legal fees, counseling fees, and court costs. If your birth mother decides to parent her child, or miscarries, or the child has a non-correctable medical condition which is detected at birth, the only costs to you will be any approved living expenses you agreed to provide to your birth mother during her pregnancy, any court related costs, and the case worker/social worker fees expended, plus \$5,000 for administrative costs and expenses. When you are matched with a birth mother, you will be provided a breakdown of any anticipated living expenses so you will know the total cost of your adoption. This total can run anywhere between \$28,000.00 and \$35,000.00 depending on the individual situation and the birth mother's needs. All living expenses in Oklahoma are court approved and are paid to third party providers. We do not accept any fees (other than the application fee) until a birth mother has chosen your profile.

## FINALIZING YOUR ADOPTION

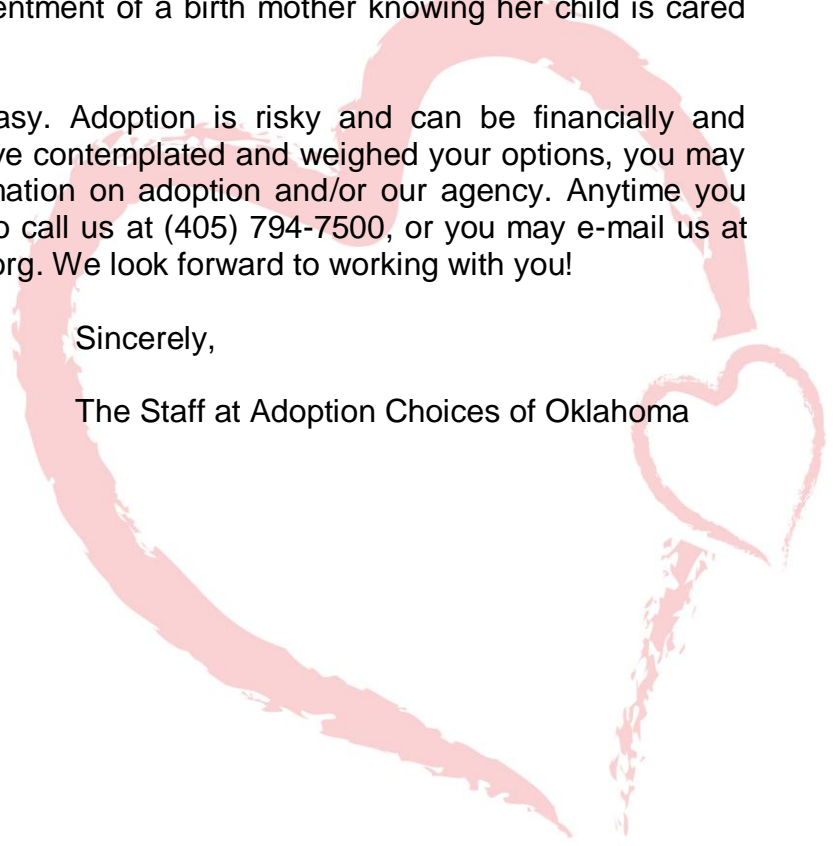
You should be able to finalize your adoption in your own state. You must obtain legal counsel or use an agency in your home state to finalize your adoption. The Agency will provide you and your attorney or agency with the birth mother's consent documents. Our agency will be happy to provide you with names of adoption professionals in your area upon request. If you are a resident of Oklahoma, there is a six month waiting period, and you will need an attorney to represent you. Our agency can help you set this up.

Through our work and efforts we experience the joys of helping adoptive parents' dreams come true and in the contentment of a birth mother knowing her child is cared for and loved so very much.

Deciding on adoption is never easy. Adoption is risky and can be financially and emotionally draining. Once you have contemplated and weighed your options, you may decide you would like more information on adoption and/or our agency. Anytime you have questions you are welcome to call us at (405) 794-7500, or you may e-mail us at [info@adoptionchoicesofoklahoma.org](mailto:info@adoptionchoicesofoklahoma.org). We look forward to working with you!

Sincerely,

The Staff at Adoption Choices of Oklahoma



## EXPLANATION OF AGENCY FEE

Our agency placement fee is \$17,500.00. This is the actual fee our agency receives for your adoption placement. We do not take this fee out of your account until the child is born. If the adoption fails, this fee remains in your account until you have received a child from a future match.

The services covered under this fee include the following:

1. Initial meeting (interview) to discuss the adoption process and answer your questions.
2. Separate meetings (personally or by telephone) with each birth mother to determine her commitment level and to screen her.
3. Referrals to caring counselors for the birth mother, if needed or requested.
4. Coordinating meetings between the adoptive parents and the birth mother.
5. Obtaining medical authorizations from the birth mother.
6. Assistance in creating a hospital plan for the birth mother and adoptive parents.
7. Coordination with hospital staff regarding the birth mother's stay, as well as the birth mother's and the child's release.
8. Assistance in gathering all medical and hospital records concerning the birth mother and the child.
9. Gathering background information on the birth parents, including health, ethnic, and social history.
10. Upon request of the adoptive parents, assistance in arranging for drug and HIV screening of the birth mother.
11. Assisting the birth mother with transportation to and from treating physicians and hospitals.
12. Meeting with the adoptive parents and the birth mother at the hospital after the child's birth (unless distance does not make this feasible).
13. Long distance telephone calls with the birth mother and/or the adoptive parents, if out of Oklahoma.
14. Assistance obtaining approval from the Interstate Compact for the Placement of Children (ICPC).
15. Access to Federal tax information regarding adoption.
16. Coordination assistance between birth mother, birth father, attorney, agency, counselors, and adoptive parents.
17. Assistance when needed in dealing with your insurance company regarding payment of child's medical expenses.

We also provide assistance with:

1. Information about availability of children in particular localities, including the critical need for parents for some of these children.
2. How to collect appropriate documentation.
3. Preparation of certain documents on behalf of clients.
4. Examination of all required documents for sufficiency.
5. Assistance with certain authentication procedures, as required by the child's home state.
6. Submission of documents to appropriate authorities.
7. Keeping applicants informed on the progress of their applications.

8. Informing applicants of the child who has been proposed for adoption by the appropriate organization in the child's home state.
9. Providing advice about traveling to the child's home state.

Our agency advertises extensively to attract new birth mothers, mostly through telephone book yellow pages, which results in a large turn over of birth mothers. This is why we are able to place couples within six months to a year in most situations, rather than the two or three years or more required by some agencies. A large portion of our fee goes towards payment for that advertising.

If you still have questions regarding the agency fee, please feel free to us at 405-794-7500.



## FREQUENTLY ASKED QUESTIONS OF ADOPTIVE PARENTS

The following are the most common questions that are frequently asked by prospective adoptive parents. Please note that these answers do not constitute legal advice, and you should seek the advice of an attorney in your birth mother's state of residence. Adoption Choices of Oklahoma has attorneys available in each state to answer your questions.

**What do you mean by “semi-open” adoption?** When you are first presented to a birth mother, we tell her basic information about you – first names, ages, religion, general occupation, etc. After you meet your birth mother, it is up to you to decide how comfortable you are with her as to how much information you reveal.

Our agency believes semi-open adoption is the best way to allow communication between birth parents and adoptive parents without invading anyone's comfort zone. Letters, photos, and small gifts may be sent between parties through our agency. This allows us to maintain confidentiality of your last name and address, along with the confidentiality of the birth mother. As we receive letters and photos for the birth mother, we make copies to put in our file, and then send the letter on to the recipient.

**How long does it take from the time of being placed on the active list to being matched with a birth mother?** We average anywhere between three months to a year until being matched. This time frame is not a guarantee of course, and in some cases may take a little longer or not as long. If you have been on our list much longer than ten months, we might want to review your profile to determine if changes should be made in the way you are representing yourselves.

**When do we come to Oklahoma?** When you have been matched with a birth mother, you will come to Oklahoma as soon as possible. You will first have an interview with our agency, at which time your birth mother's case worker will go over the process with you and have some documents for you to sign. After that meeting, you will meet your birth mother at a restaurant for lunch or dinner, depending on the time of day. The case worker will also be present at the meeting with the birth mother.

**Do we have to sign the contract before we meet her?** Yes. A contract will be emailed to you as soon as you are matched, and you will sign it and fax it back to us before coming to Oklahoma. If for any reason you decide not to proceed with the situation from that first meeting, or the birth mother does not wish to proceed with you, we will void your contract and return your funds to you.

**How long will we need to stay in Oklahoma after our initial meeting?** You may stay as long as you wish. Some families stay the weekend so as to be able to spend more time with the birth mother and her family (if that is her situation). Some are only able to come for that day.

**Can we talk to our birth mother on the phone before meeting with her?** If you wish to speak over the telephone prior to the actual meeting, you must sign your contract and fax it to us first. If you decide after the initial phone call that the situation is not for your family, the contract will be voided.

**Why would they need housing and/or living subsidy and what kind do you provide?** Some birth mothers need housing because they do not want anyone to know of the pregnancy while others may be struggling with finances to support themselves and/or family. While we cannot sign a lease, we will help her find a reasonably priced apartment.

**What percentage of the money is refundable?** If your birth mother decides to parent her child, or miscarries, or the child has a non-correctable medical condition which is detected at birth, the only costs to you will be any approved living expenses you agreed to provide to your birth mother during her pregnancy, any court related costs, and the case worker/social worker fees expended, plus \$5,000 for administrative costs and expenses. When you are matched with a birth mother, you will be provided a breakdown of all anticipated expenses and costs so you will know the total cost of your adoption. This total can run anywhere between \$28,000.00 and \$35,000.00. We do not accept any fees (other than the application fee) until a birth mother has chosen your profile.

**What percentage of birth mothers change their minds?** About ten percent of birth mothers change their minds, usually at the time of delivery. Our agency prides itself on the fact that our case workers are there for our birth mothers to help them throughout their pregnancy. We accompany them to doctor appointments, take them to buy groceries, etc. We work very hard to build a relationship with them. We offer counseling to all of our birth mothers, but even if they don't accept it, they have a case worker they can call twenty-four hours a day, seven days a week. We feel that this helps us stay in touch with how the birth mother is feeling about the adoption, and if it looks like she may be having doubts, we are aware of it and can help her deal with that decision.

**When does the birth mother's consent take place?** She gives her consent before a judge within a few days after being released from the hospital. Her consent is irrevocable from that point on.

The only exception is when the baby is eligible for membership in a Native American Indian tribe. If so, the birth mother (and birth father if he is signing) must wait ten days after delivery to give her consent, and she can revoke it up until the final decree is entered.

**What is the law concerning Native American (American Indian) heritage? Can a tribe legally take the baby away after the adoption has already been finalized? Do you need to know if we have Native American Indian in our background?** If a birth parent has Native American Indian heritage in his or her background and names a tribe, we must notify the tribe of the intention to place the infant for adoption, and request that

they provide us with a letter of non-intervention. As soon as we know of this situation we write to the tribe immediately. Failure to ask for tribal permission can result in the tribe overruling an adoption, even if it has been finalized. It is extremely important to acquire their permission if the child is tribally affiliated. We would like to know if you do have this in your background because we would be able to inform the Indian Counsel and let them know we had a couple for the baby.

**What happens if the birth father will not consent?** In most situations, the birth father does not consent. This does not mean that he plans to contest the adoption or is against it. In many cases, he just does not want to be involved, or he is afraid that by signing papers he is admitting paternity and possibly committing himself to child support if the mother decides to parent the child.

In Oklahoma, if the birth father is not married to the birth mother, he may sign an Extrajudicial Consent at any time prior to the birth, voluntarily relinquishing his rights to the child. The consent is then filed with the Paternity Registry, and he has fifteen days during which he can revoke his consent. To do so, he must notify the Paternity Registry in writing.

If the birth father is not involved and is not signing the consent, we will have an investigator attempt to locate him (if we do not already have his address), and serve him with a Notice of Plan for Adoption and Response to Notice of Plan for Adoption. The response form gives him several options, such as: admitting paternity but relinquishing his rights and waiving further notice; denying paternity, relinquishing his rights and waiving further notice, etc. He must then file his response with the Paternity Registry by either mailing it directly to the Registry or to our office. He has thirty days after the date of being served with the Notice in which to file his response. If he fails to respond, then after the baby is born we will request that the judge sign the termination order. If he does respond and does not waive his rights, we must then wait until the baby is born, and set a hearing before the judge. Notice of the hearing must be served to him at least fifteen days prior to the hearing date.

If we are unable to locate a birth father, then we request the judge allow us to serve him by publication, which as above entails setting a hearing after the baby is born. If the birth father does not appear in court on the day of the hearing, his rights are terminated at that time.

**What if the birth father wants to contest the adoption for any reason?** He must show the court that he supported the birth mother throughout the pregnancy. He must request DNA testing to prove he is the father, which he will have to pay for. He will also have to retain an attorney to represent him. Not only would he have to show that he can take proper care of the child, but that he can provide for the child better than you, the adoptive parents. Oklahoma has strict laws pertaining to birth fathers and their duties to the child before and after birth.

**What is ICPC?** ICPC is the Interstate Compact for the Placement of Children. Every state has an ICPC office, and all adoptions conducted between two different states must be approved by each participating state's Compact Administrator. In Oklahoma, the ICPC office is located in Tulsa, and they charge a fee of \$300.00 for every case coming into or going out of Oklahoma. However, they guarantee a twenty-four hour turnaround when a packet is complete. After the birth mother has given her consent to the adoption, we put together a packet of all the documents filed in the case, such as the consent documents, background information on the birth parents and the adoptive parents, medical discharge records for the baby, home study, etc. This packet is sent to the Compact office, where the administrator reviews it to be sure we have followed all of the proper procedures and laws for our state. When they have given their approval, they send the packet to the ICPC office in your home state, where it is again reviewed by the administrator there. When your state's administrator has reviewed the packet, he or she will telephone the Oklahoma Compact office and give a verbal approval for you to travel. The Oklahoma administrator will call our office, and we will call you at your hotel. Until we have received this verbal approval from your state's administrator, you are not allowed to take the baby out of the State of Oklahoma. How long this process takes varies from state to state. By law, each state has thirty days to approve a placement, however, in most cases the process takes approximately one week.

**What is the process of discharging the baby?** The baby will be discharged into the agency's custody. When leaving the hospital, the baby is normally handed to the person there representing our agency. After this, you will have physical custody of the baby and will be able to take the baby back to the hotel with you.

**Will we need a car seat, clothing, formula, etc. for when the baby is discharged from the hospital?** You will need a car seat for the baby during your stay. We also recommend you bring whatever outfit you would like for the baby to be discharged in. After all, those hospital outfits just aren't cute enough! When it comes to the formula, ask the nurse in the nursery what the baby has been using and if he or she seems to be taking to it. Some hospitals will give you plenty of samples to take with you, others may give you the brand name so you can purchase some prior to discharge.

**Who pays the medical and hospital bills for the birth mother and the baby?** Most of our birth mothers are on Medicaid, which covers the expenses for the birth mother. The adoptive parents are responsible for any expenses that are not covered by insurance or Medicaid. If a birth mother is unable to qualify for Medicaid and does not have insurance, then the adoptive parents must pay her medical bills.

By federal law, the adoptive parents' insurance company must cover the baby. You will have a placement agreement, which states that you have physical custody and financial responsibility for the baby with the intent to permanently adopt him or her. Generally this document is all you need to provide to your insurance company. However, if your insurance company balks at covering the baby, we will help you deal with them.

**Will a social worker visit our home between the time we receive the baby and the finalization?** Yes. Our agency requires three post placement visits before you finalize your adoption, one of which must be done in person in your home. There is no set time frame, as long as the three visits are completed within six months. Generally we suggest that you schedule your first visit as soon as you return home with your baby. The three visits should be at least a month apart.

**How long does it take to finalize the adoption?** Finalization takes place in your state of residence, so this will depend on the laws in your state. For Oklahoma residents, the state has a six month waiting period.



## ABBREVIATED POLICIES AND PROCEDURES OF ADOPTION CHOICES

**INTRODUCTION** The purpose of Adoption Choices is to assist in the placement of abandoned, orphaned, and special needs children with adoptive families in the United States. We believe each child, notwithstanding their family background, physical limitations, ethnic origin or class status, is worthy of love and deserves to have a happy and safe home. Adoption Choices is committed to assisting couples and individuals seeking to find that special child for their family. The staff of Adoption Choices is concerned about each family and shall support and guide them throughout the entire adoption process and beyond.

**PLACEMENT Criteria** It is the policy of this agency to place children with adoptive families after the birth mother has chosen from several adoptive families, if she chooses. The birth mother shall have final approval of the couple. Thereafter, the couple will be contacted and given all medical and social history of the birth mother available and will be asked if they want to proceed with this adoptive match. If all parties agree, the adoptive parents will come to Oklahoma for a personal interview with the Executive Director of the Agency, followed by a meeting between the birth mother, the adoptive parents, and the Agency. At this time the following information will be discussed: openness of the adoption, legalities of the adoption, rules and regulations of the Agency, counseling for the birth mother, and all other aspects relating specifically to the adoption.

### Eligibility Requirements:

1. Co-Applicants shall be married for at least two (2) consecutive years.
2. Applicants shall be at least twenty-one (21) years of age.
3. Applicants shall have a minimum combined family income of at least \$21,000.00.
4. Applicants shall maintain a minimum life insurance policy of \$20,000.00.
5. Each Applicant shall be a high school graduate or possess a GED equivalency.
6. Applicants shall give information upon inquiry to the Agency regarding United States Immigration Naturalization Service requirements for international adoption, if any.

Waiver of Eligibility Requirements for Special Needs Children: In situations involving special needs placements, Agency may waive one or more of the above requirements if Agency feels the placement situation is in the best interests of the special needs child involved.

**COMPLAINTS FROM ADOPTIVE APPLICANTS** If an adoptive applicant is not pleased with any aspect of the services of the Agency, the applicant may discuss his or her complaint with the Executive Director in an effort to resolve the situation.

If an adoptive applicant has been notified that this Agency will not assist the applicant in the desired adoption, the applicant may communicate with the Executive Director regarding this matter. If the applicant believes the application has been misunderstood or wishes to provide additional information which the applicant believes may cause the Agency's staff to determine that services shall be provided, a signed statement and any supplemental information may be provided to the Agency by the applicant. Should such a statement and any supplemental information be received by the Agency, they will be carefully considered. The applicant will then be notified of the Agency's decision.

Despite every effort made to provide high quality service, situations arise in domestic adoptions where any or all parties concerned can become frustrated or dissatisfied with the way other

parties are performing. Should adoptive applicants become displeased with any aspect of the adoption process, they are encouraged to discuss these matters with the Agency staff member who is working with their adoption. If resolution or understanding does not occur from this communication, the applicants may speak with the Executive Director about their concerns. Every reasonable effort shall be made to reach an understanding and resolve whatever problems have arisen.

This Agency understands that the time spent going through the adoption process can be an especially stressful time for the applicants, and that many applicants would like the process to be completed as quickly as possible. It is expected that the Interstate Compact for the Placement of Children will govern all adoptions out-of-state. This agency will make all parties aware of any delays of the Interstate Compact that could exist and any fees involved.

**Formal Review Procedures:** Should an applicant desire a more formalized review, the Agency shall review a complaint regarding the application or home study process, denial of an applicant for adoptive placement, or other pre-placement adoption services offered by the Agency.

1. The Agency review shall include a face-to-face meeting with the adoptive applicant requesting the Agency review, the adoptive family caseworker, and the Executive Director of the Agency, or his or her designee.
2. The Executive Director of the Agency, or his or her designee, shall render a written decision, including the reason for the decision. The decision shall be based upon the evidence presented at the review. A copy of the decision shall be provided to all parties to the Agency review within fifteen (15) days of the review.
3. All documents related to notifications regarding rights to an Agency review and written decisions of the Agency review shall be maintained in the adoptive applicant's case file.

Geographic Area of Families to be Served Families seeking adoptive services will be served throughout the United States, and United States citizens will be served worldwide.

Additional Adoption Services In addition to the services described above, the following is a description of additional services which shall be provided to the adoption applicants prior to the finalization of their respective adoptions.

1. Information about availability of children in particular localities, including the critical need for parents for some of these children.
2. Information about the completion of procedures before adopting a foreign child.
3. How to collect appropriate documentation.
4. Preparation of certain documents on behalf of clients.
5. Examination of all required documents for sufficiency.
6. Assistance with certain authentication procedures, as required by the child's home state.
7. Submissions of documents to appropriate authorities.
8. Keeping the applicants informed on the progress of their applications, as progress is made.
9. Informing applicants of the child who has been proposed for adoption by the appropriate organization in the child's home state.
10. Providing advice about traveling to the child's home state.

**BEHAVIOR MANAGEMENT** The Agency's policy concerning the behavioral management of children shall be to discourage applicants from using physical punishment such as shaking, striking, or cruel treatment, harsh, humiliating, cruel, abusive or degrading language, the denial

of food, shelter or sleep, assignment of degrading or unnecessary work tasks inappropriate to the child's age or ability, medications or chemical agents, forced isolation, mechanical restraints, or extreme physical exercise. The Agency shall encourage applicants to lovingly discipline their child with age appropriate punishment such as object removal, time out or cooling off time, or the denial of privileges such as television and special treats. If cooling off time is used it should be for only a short duration and the room should be left unlocked.

**SERVICES FOR SPECIAL NEEDS CHILDREN** Adoption Choices shall be committed to identifying and assisting in the placement of special needs children. Specific factors or conditions creating special needs includes, but is not limited to, the child's ethnic background, age, membership in a minority or sibling group, or medical condition (physical, mental or emotional disability). This Agency shall make every effort to place siblings with the same adoptive parents. If this is not in the best interest of the siblings, the record shall include what efforts were made and the reasons and supporting evidence for such separate placement. If placement of siblings together is impossible, the Agency shall discuss with the adoptive parents the importance of siblings maintaining contact. When siblings cannot be placed together, the Agency shall prepare a written statement, to be signed by the adoptive parents and an Agency representative, verifying that the family will encourage and allow on-going contact between the siblings unless it is not in the best interest of the children.

**SERVICES PROVIDED RELINQUISHING PARENT(S)** The Agency's services to relinquishing parents can include, but not limited to, the following:

- A. Casework services to the parent to reach a decision regarding plans for the child and to ensure that a relinquishing parent understands the meaning of surrender of parental rights. When such counseling is not possible or is contraindicated, the reasons will be documented in the case record.
- B. Casework services to help each birth parent (if available in all areas/cities of the US), as an individual, meet his or her physical, emotional and material needs. When indicated, the Agency will assist the mother in obtaining the following:
  - 1. Living arrangements away from her home.
  - 2. Medical care, including prenatal, obstetrical, dental, and hospital care.
  - 3. Psychiatric and psychological services.
  - 4. Vocational planning.
  - 5. Legal aid.
  - 6. Financial assistance.
- C. Casework services to ensure that relinquishing parents understand the Agency's policy on open and closed adoptions and the state law regarding openness.

**OPEN AND CLOSED ADOPTION** It shall be the policy of this Agency to be sensitive to the expectations of openness for all members of the triad. In most instances, the policy of openness will be determined by the comfort level between the birth mother and the adoptive parents. Each adoption will be specific and will have its own adoption plan.

**DISRUPTED PLACEMENTS** The adoptive family and child in placement shall be provided post placement services to assist them with the integration of the child into the family and to reduce the risk of disruption. Once the applicants have finalized the adoption, the child cannot be returned to the Agency.

**PROCEDURE FOR ADOPTIVE PARENTS TO  
APPLY WITH ADOPTION CHOICES OF OKLAHOMA**

1. You send in your profile and adoption information with the following:
  - a. Non-refundable application fee of \$550.00.
  - b. Dear Birth Mother letter: Write a letter telling potential birth mothers as much as you can about yourselves. Include hobbies and interests, your occupations, your personalities, your experience and loss at not having children (or more children), your pets, your favorite vacations, your extended family, your dreams, and a description of your home.
  - c. Pictures: Include at least ten to twenty pictures of yourselves, fun times, vacations, pets, your home, relatives, etc. Place your pictures on 8½ by 12 paper and write or type in captions explaining each photo. Then put them in a notebook with your birth mother letter. You will not get your profile back, so you may wish to send us copies, which can be made at Kinko's or another copying place. Be as creative as you wish when putting your profile together. Please send us five copies.
  - d. Home Study: You must have a completed and approved home study before you can be matched with a birth mother. We will need at least one original (with and original signature). Under Oklahoma statute, a home study is valid for one year. If it is older than one year, you must obtain an update. Your home study and/or updated must be completed by a private organization. We cannot accept a home study and/or update completed by a state or county worker.
  - e. Below you will find a Memo of documents needed to complete your application. We must have all of these documents in order to complete your adoption with our agency.
2. Our Child Placement Supervisor reviews your application packet and contacts you regarding any missing items or information that she may need.
3. Adoption Choices shows your pictures and letter to birth mothers once they have signed a statement of intention to place their child for adoption with our office. Usually three couples are presented to each birth mother.
4. You are chosen! You sign a contract and deposit agency fees and living expenses in Adoption Choices' client funds account. You must come to Oklahoma for a personal interview with the agency, and then you may meet your birth mother. Keep in touch with us and with your birth mother throughout the pregnancy.
5. Go to the city where the child is to be born close to the date of delivery. Sometimes you will be allowed to be present at the delivery. This is the birth mother's option. Usually you can be with the baby while it is in the hospital.
6. When your baby is born, you will receive a temporary custody placement agreement allowing the baby to leave the hospital with you. Thereafter, the hospital releases the baby and the adoptive couple takes the baby with you to the hotel and wait. The placement agreement should be faxed to your insurance company so the baby will have medical coverage. If your baby is delivered outside of Oklahoma, other states have similar documents which you will receive that will allow you to provide the child with medical care while you are waiting for a final decree.
7. In Oklahoma, the birth mother or birth parents consent to the adoption before a judge within a day or two after hospital release. Their consent cannot be revoked.
8. In Oklahoma, our office will overnight the packet to the Oklahoma Compact in Tulsa, and Oklahoma approves the adoption. The fee that is charged by the Interstate Compact

office in Oklahoma is \$300.00. This fee is paid at the time the packet is fully completed and given to the compact officer. The ICPC office will overnight the packet to your home state and they will review it. They have thirty days to approve it, but **generally approval is received within seven to ten days** from the day the child's state receives your packet.

9. Return home and have three post placement home studies performed.
10. Set up the Final Decree hearing.
12. Congratulations! You now have a new member in your family!

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## FINANCIAL AID INFORMATION:

Adoption is not inexpensive! Here are a few resources for help in financing an adoption:

[www.helpusadopt.org](http://www.helpusadopt.org). Awards grants up to \$15,000 twice a year, beginning June 2008. Applicants must be US citizens and have a valid home study.

Three websites on adoption subsidy rates and policies have been updated to include 2005 contacts and rates. They are:

[www.nacac.org/adoptionssubsidy.html](http://www.nacac.org/adoptionssubsidy.html);  
[naic.acf.hhs.gov/parents/prospective/funding/adopt\\_assistance](http://naic.acf.hhs.gov/parents/prospective/funding/adopt_assistance)  
[ndas.cwla.org/whatsnew/061505.asp](http://ndas.cwla.org/whatsnew/061505.asp)

**The Dave Thomas Foundation for Adoption.** Founded in 1992 by Dave Thomas, founder of Wendy's Old fashioned Hamburger Restaurants. The Foundations three goals: 1) Educate Americans about benefits of adoption; 2) Make adoption more affordable by helping public and private sectors initiate innovative programs; and 3) Cut red tape from the process. For more information contact: Dave Thomas Foundation for Adoption in Columbus, Ohio, at 614-764-3009.

**JSW Adoption Foundation.** Grants of \$2,000 or more awarded on the basis of need. Preference given to childless couples with an income under \$35,000. Average grant amount is \$3,000 but can go as high as \$5,000. Contact person: Gene Wyka. Call 262-268-1386 for application; 127 E. Main Street; Port Washington, WI 53074

**God's Grace Adoption Ministry.** Grants and Loans. Call 209-572-4539 for more information. P.O. Box 4, Modesto, CA 95353

**National Adoption Foundation.** Grants and Loans. Call 203-791-3811 or 203-791-9811.

**A Child Waits**, [www.achildwaits.org](http://www.achildwaits.org). Loans for International Adoption (7% int). 914-962-0886

**National Adoption Foundation Loan Program.** Fixed-rate MBNA Home Equity Loans and MBNA Home Equity Lines of Credit. Contact your MBNA representative today by calling 1-800-841-1982 (code AAAP). 100 Mill Plain Road Danbury, CT 06811

**First Union Bank**, Att: Norman Hecht, 502 Hunger Drive, Tockville, MD 20850; 888-314-KIDS or 888-314-5437.

**The DOMOI Foundation.** Promotes international adoptions, primarily from Russia and Eastern European countries, by providing interest-free loans and financial assistance. 1915 Polk Curt, Mountain View, CA 94040; 650-969-1980.

**Employee Adoption Assistance Benefits Program.** Many employers will help with costs by reimbursing adoption expenses with a cash benefit of up to several thousand dollars. If your employer does not offer this benefit, call Adoption and the Workplace, National Adoption Center, (800-862-3678) for material to guide you in requesting adoption assistance from your employer.

**Adoption Tax Credit.** A federal income tax credit up to \$5000 is allowed in the tax year in which an adoption is completed for families who meet income guidelines. For detailed information, order Publication 968 from the IRS at 800-829-3676.

**Subsidies for Military Families.** The U.S. Armed Forces offers financial assistance to active members of the military who are adopting a child. Adopting parents can receive up to \$2000 reimbursement on adoption expenses for one child or \$5000 for siblings.

**Capital One.** [www.222.capitalone.com](http://www.222.capitalone.com). Offering a credit card with a limit of up to \$20,000 at a fixed rate of 9.9% over the long term (not just an introductory rate).

For a list of corporations who give grants for adoption contact The National Adoption Center in Philadelphia, 1500 Walnut St., Ste 701, Philadelphia, PA, 19102; 215-735-9988; Fax 215-735-9410; Email [nac@adopt.org](mailto:nac@adopt.org)



## ADOPTION INFORMATION/APPLICATION FOR ADOPTION CHOICES OF OKLAHOMA

Application fee is \$550.00 made out to Adoption Choices and must accompany application. This fee is non-refundable. (All information will remain confidential unless your permission is granted, in writing, to release part or parts of it.) Please remember that with the new age of technology and the internet, your name, address and phone can possibly be located through diligence by a birth parent.

Domestic Application

Date: \_\_\_\_\_

First Applicant's full name: \_\_\_\_\_

Second Applicant's full name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone number: (\_\_\_\_) \_\_\_\_\_

First Applicant's cell/mobile number: (\_\_\_\_) \_\_\_\_\_

Second Applicant's cell/mobile number: (\_\_\_\_) \_\_\_\_\_

Home fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date and place of marriage: \_\_\_\_\_

Names and birth dates of children of this marriage. State whether adopted or biological.

Who referred you to us? \_\_\_\_\_

### PERSONAL INFORMATION

Please provide pictures in the blocks below:

<b>Picture of yourselves</b>	<b>Picture of your home</b>
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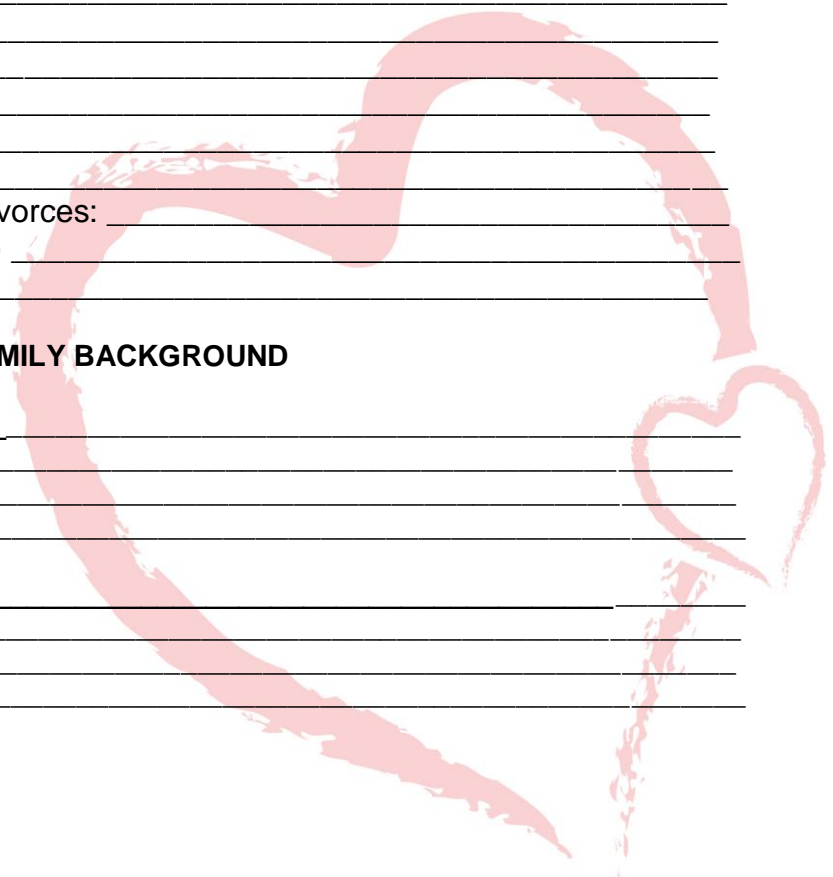


**FIRST APPLICANT:** Age and date of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Race/Nationality: \_\_\_\_\_  
Weight & Height: \_\_\_\_\_  
Education: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
How long? \_\_\_\_\_  
Office address: \_\_\_\_\_  
Office telephone: \_\_\_\_\_ Fax \_\_\_\_\_  
Office e-mail: \_\_\_\_\_  
Annual income: \_\_\_\_\_  
Religious preference: \_\_\_\_\_  
Dates of previous marriages and divorces: \_\_\_\_\_  
Children: (ages and custody status) \_\_\_\_\_  
\_\_\_\_\_

**SECOND APPLICANT:** Age and date of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Race/Nationality: \_\_\_\_\_  
Weight & Height: \_\_\_\_\_  
Education: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
How long? \_\_\_\_\_  
Office address: \_\_\_\_\_  
Office telephone: \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail : \_\_\_\_\_  
Annual income: \_\_\_\_\_  
Religious preference: \_\_\_\_\_  
Dates of previous marriages and divorces: \_\_\_\_\_  
Children: (ages and custody status) \_\_\_\_\_  
\_\_\_\_\_

**FAMILY BACKGROUND**

**FIRST APPLICANT:** Father's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Age and occupation: \_\_\_\_\_  
  
Mother's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Age and occupation: \_\_\_\_\_



Brothers and/or sisters:

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Age and occupation: \_\_\_\_\_

Marital status and spouse's name: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Age and occupation: \_\_\_\_\_

Marital status and spouse's name: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Age and occupation: \_\_\_\_\_

Marital status and spouse's name: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Age and occupation: \_\_\_\_\_

Marital status and spouse's name: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

\_\_\_\_\_

**SECOND APPLICANT:** Father's name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Age and occupation: \_\_\_\_\_

Mother's name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Age and occupation: \_\_\_\_\_

Brothers and/or sisters: Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Age and occupation: \_\_\_\_\_

Marital status and spouse's name: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

\_\_\_\_\_



Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Age and occupation: \_\_\_\_\_

Marital status and spouse's name: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Age and occupation: \_\_\_\_\_

Marital status and spouse's name: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Age and occupation: \_\_\_\_\_

Marital status and spouse's name: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

### MEDICAL PROBLEMS

Past or present

First Applicant: \_\_\_\_\_

Second Applicant: \_\_\_\_\_

### REFERENCES

Please list three references who have written letters on your behalf. Please also enclose the letters. It is the policy of our agency to call these references to verify that the individual(s) actually wrote the letters.

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

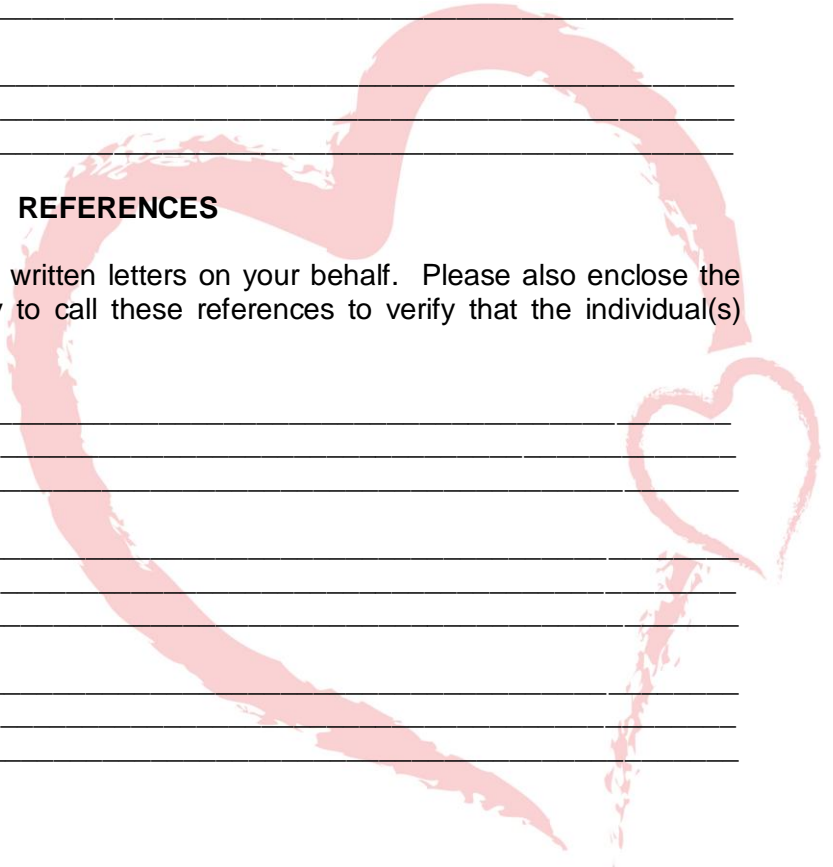
Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_



Have you had an adoption fail or fall through? If so, briefly describe the circumstances.

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Have you had a home study done by anyone for adoption purposes? If so, who did it and when? Please enclose a copy if you were given one.

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Have you ever been denied a favorable home study? If so, when and for what reason?

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What other methods are you using to try and adopt?

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How long have you been trying to adopt?

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Have either of you ever had psychiatric problems or problems with alcohol or drug abuse? Please explain.

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Have you applied for a child elsewhere? If so, when and where? What were the results?

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### INFORMATION ON CHILD YOU WISH TO ADOPT

Sex and age preference: \_\_\_\_\_

Would you accept twins? \_\_\_\_\_

Nationality you would accept:

Caucasian: \_\_\_\_\_

Hispanic: \_\_\_\_\_

African American: \_\_\_\_\_

Asian/Oriental: \_\_\_\_\_

Hawaiian \_\_\_\_\_

Other: \_\_\_\_\_

Hispanic mix: \_\_\_\_\_

African American mix: \_\_\_\_\_

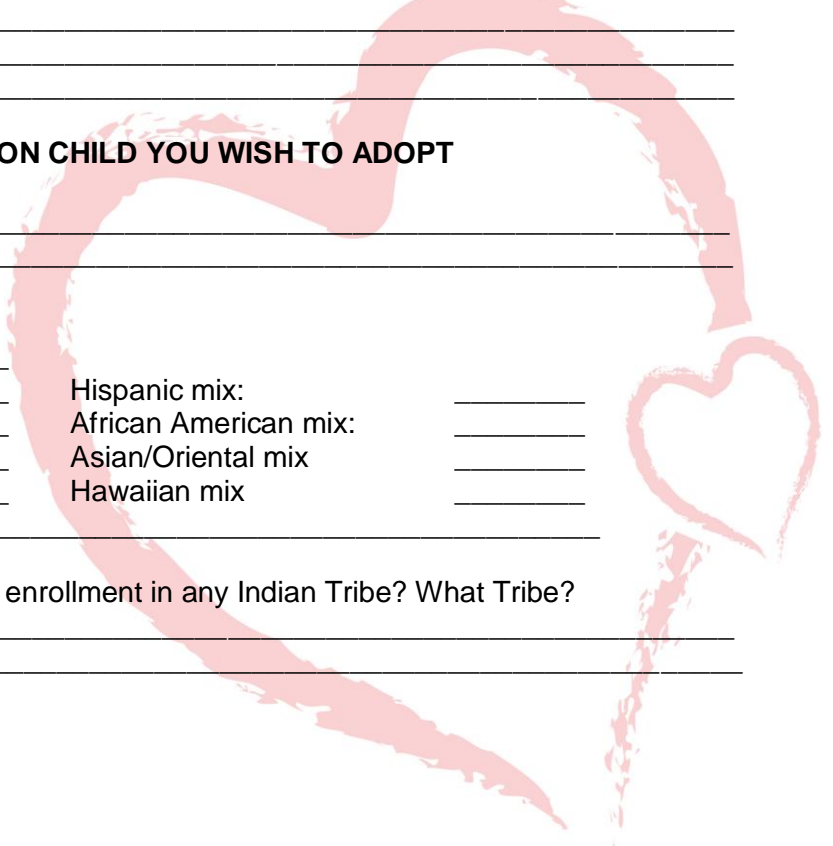
Asian/Oriental mix \_\_\_\_\_

Hawaiian mix \_\_\_\_\_

Are either of you enrolled or eligible for enrollment in any Indian Tribe? What Tribe?

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Would you accept:

An older child? \_\_\_\_\_ To what age? \_\_\_\_\_

More than one older child if siblings? \_\_\_\_\_

A child with a correctable medical condition? \_\_\_\_\_

A child with a non-correctable medical condition? \_\_\_\_\_

INDICATE  
YES NO MAYBE

### Openness in Your Adoption

Would you accept a semi-open adoption where the agency would show your profile to the birth mother and you would meet the birth parent(s). Your first names would only be given to the birth parent(s) unless you choose to give them more information.

Would you accept an adoption, where the birth parents know your names and possibly meet with you before placement? For example, with the introduction of the internet, a birth parent who knows your first name, your profession and the state in which you live could easily find you through the internet or other technological means.)

Would you accept an open adoption, where the birth parents would periodically meet and visit the child after the adoption is final?

Our agency requires you to send pictures of the child, through our office, on a yearly basis. Are you willing to do so?

Would you be willing to send pictures and/or letters more often?

Indicate your level of acceptance of a child who has the following problems:

#### NEWBORNS

A. Low APGAR score, prognosis uncertain

#### DRUGS

Would you accept a child whose biological mother:

A. Is drug addicted?

B. Had previously used drugs?

C. Had previously been drug addicted?

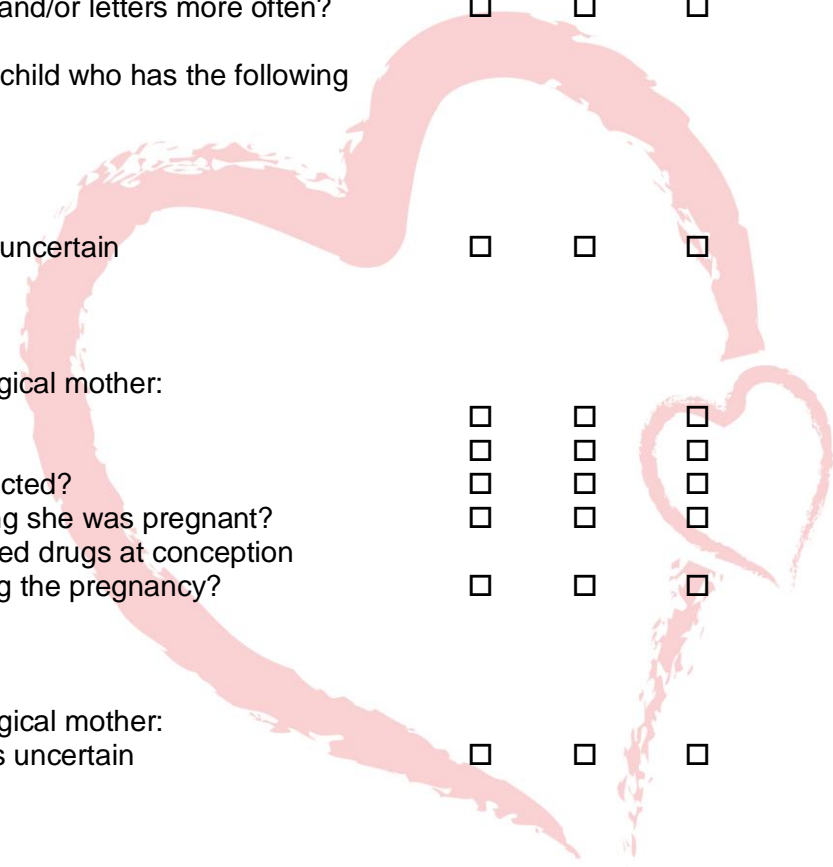
D. Had used drugs before realizing she was pregnant?

E. whose biological father had used drugs at conception or was addicted to drugs during the pregnancy?

#### ALCOHOL

Would you accept a child whose biological mother:

A. Had abused alcohol, prognosis uncertain



		INDICATE		
		YES	NO	MAYBE
B.	Was presently using alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Is alcohol addicted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Had previously been alcohol addicted but is not at time of conception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Had used alcohol before realizing she was pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## CHILDREN

A.	Slight limp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Leg braces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Missing limb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Is in a wheel chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Is paraplegic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Is quadriplegic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SEIZURES

A.	Seizure disorder controlled by medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Seizure disorder not controlled but has infrequent seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Seizure disorder not controlled and has frequent seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## BLOOD DISORDERS

A.	Blood disorder requiring blood transfusions every 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Blood disorder requiring hospitalization once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Blood disorder resulting in a limited lifespan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HEART PROBLEMS

A.	Heart murmur, activity not curtailed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Heart murmur, vigorous activity curtailed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	May require open heart surgery at a later date but at placement needs only to be watched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Definitely will require open heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Will require more than one open heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SIGHT PROBLEMS

A.	Sight in both eyes but vision is limited/glasses needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Sight in one eye only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Blind but surgery may give partial sight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Blind and will never have sight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HEARING PROBLEMS

A.	Hearing problem with only partial hearing/surgery may help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Hearing problem with partial hearing/surgery will not help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Hearing in only one ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	No hearing, deaf and does not speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		INDICATE		
		YES	NO	MAYBE
<b>PHYSICAL DEFORMITIES</b>				
A.	Deformed hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Deformed arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Deformed leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Deformed face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Two deformed arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Two deformed legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL NEEDS CHILDREN</b>				
A.	In special education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	In EMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	In TMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Retarded and will always need supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Downs Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HYPERACTIVE PROBLEMS (OLDER CHILDREN)</b>				
A.	Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Hyperactive, requires medication/functions normally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Hyperactive, requires medication and some kind of special classroom setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EMOTIONAL PROBLEMS (OLDER CHILDREN)</b>				
A.	Emotionally damaged, very withdrawn and will require therapy for an extensive period of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	So emotionally damaged he/she is very abusive toward other people; a child who is abusive to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Emotionally damaged; he/she is very abusive toward his/her person (pulling hair, pinching self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPEECH PROBLEMS (OLDER CHILDREN)</b>				
A.	Stutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Lisp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Speech at age 6 is very hard to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Will always have trouble speaking and being understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CLEFT PROBLEMS (OLDER CHILDREN)</b>				
A.	Hare lip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Cleft palate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Both hare lip and cleft palate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SICKLE CELL ANEMIA DISORDER (OLDER CHILDREN)</b>				
A.	Sickle Cell carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Sickle Cell Anemia but relatively controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Sickle Cell Anemia with frequent episodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BURNS (OLDER CHILDREN)</b>				
A.	Burn scars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Slight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Extensive, needing surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		INDICATE		
		YES	NO	MAYBE
<b>BIRTH MARKINGS (OLDER CHILDREN)</b>				
A.	Birth marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Large or extensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BI-POLAR DISORDER</b>				
A.	Had one parent diagnosed with bi-polar disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Had both parents diagnosed with bi-polar disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Had grandparent(s) diagnosed with bi-polar disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Had one parent who was taking medication during pregnancy for bi-polar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SCHIZOPHRENIA</b>				
A.	Schizophrenic child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Had one parent diagnosed as schizophrenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Had two parents diagnosed as schizophrenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Had grandparents diagnosed as schizophrenic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DEPRESSION</b>				
A.	Had one parent who was depressed but not on medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Had two parents who were depressed but not on medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Had one parent who was depressed and on medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### YOUR HOME

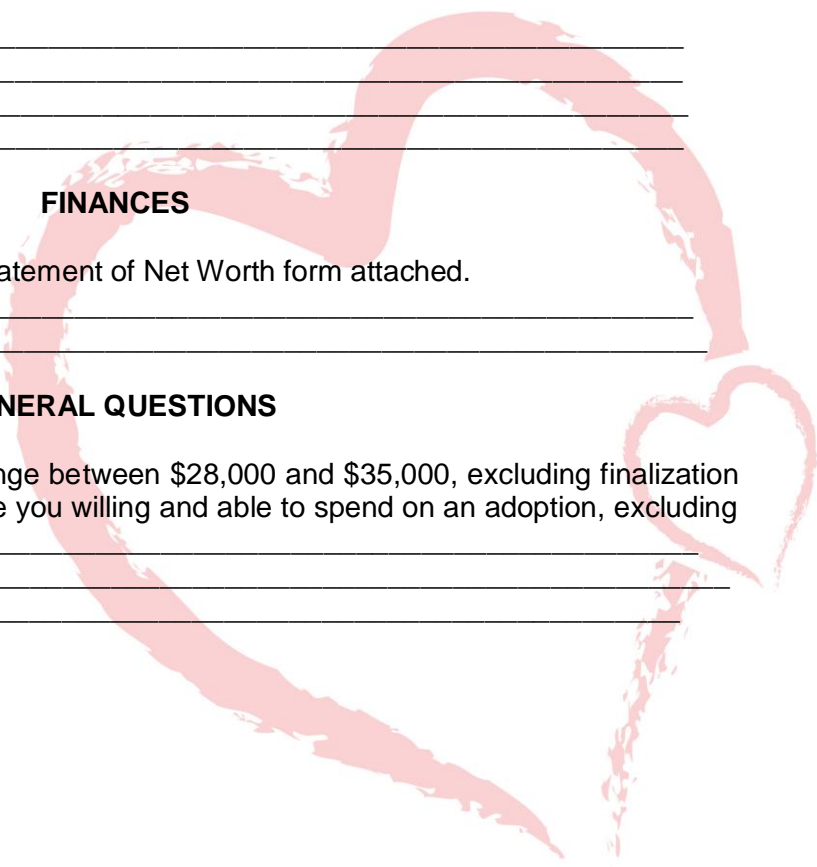
Do you own or rent your home? \_\_\_\_\_  
 If own, value of home: \_\_\_\_\_  
 Mortgage left on home: \_\_\_\_\_  
 Rent or house payment: \_\_\_\_\_

### FINANCES

List your assets and liabilities on the Statement of Net Worth form attached.  
 Do you have health insurance? \_\_\_\_\_  
 Life insurance? How much? \_\_\_\_\_

### GENERAL QUESTIONS

The cost of our adoptions generally range between \$28,000 and \$35,000, excluding finalization and all travel expenses. How much are you willing and able to spend on an adoption, excluding finalization and travel expenses? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Why do you wish to adopt a child? \_\_\_\_\_

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Have you ever been arrested, or do you have any type of criminal record? If yes, please explain: \_\_\_\_\_

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Any other comments or information you would like to add: \_\_\_\_\_

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We understand and acknowledge that our application fee of \$550.00, which is non-refundable, guarantees our being on Adoption Choices' waiting couples list for a period of one year. We further understand that adoption costs vary from situation to situation, and that upon our being matched with a birth mother and/or child we will be responsible for paying the full estimated amount of that particular situation. We understand that those funds will be placed in an escrow account and costs incurred by the agency on behalf of our birth mother will be paid from that account. We further understand that if the adoption fails, the agency placement fee, minus a \$5,000.00 Agency Services fee, will be credited to another birth mother/child situation. All other fees and costs are at risk.

**SIGNATURES:**

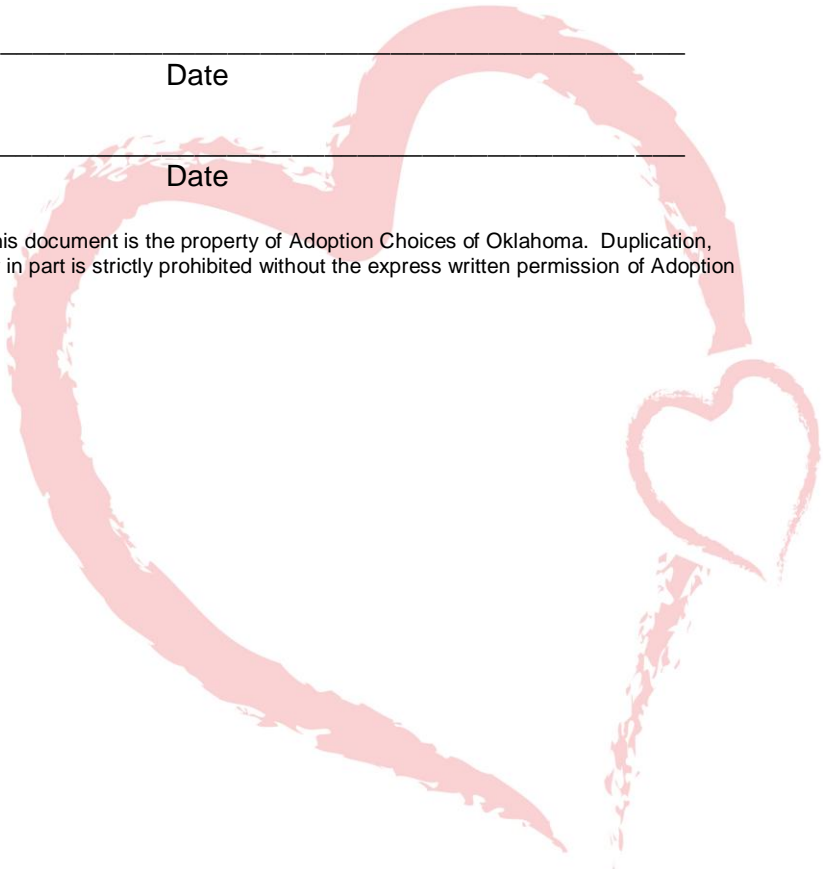
\_\_\_\_\_  
First Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Date

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**MEDICAL STATEMENT**  
**Medical Statement for Adoptive Applicant**  
**And all Household Members for Domestic Adoption**

Name (Last, First, Middle)	Date of Birth:
Address (Street, City, State & Zip):	

1. Have you had treatment for a serious or chronic illness:  Yes  No  
 Have you been hospitalized in the past five years?  Yes  No  
 Have you ever received, or been advised to seek, mental health services?  Yes  No  
 Have you ever received, or been advised to seek, treatment for Alcohol/substance abuse?  Yes  No  
 Have you ever had a communicable disease?  Yes  No

If the answer to any of these questions is yes, please explain:

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2. Do you have or have you had any of the following? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Arthritis _____ | <input type="checkbox"/> Heart Disease _____  |
| <input type="checkbox"/> Asthma _____    | <input type="checkbox"/> Hypertension _____   |
| <input type="checkbox"/> Cancer _____    | <input type="checkbox"/> Kidney Disease _____ |
| <input type="checkbox"/> Epilepsy _____  | <input type="checkbox"/> Tuberculosis _____   |
| <input type="checkbox"/> Diabetes _____  | <input type="checkbox"/> Ulcers _____         |

If any are checked, please explain: \_\_\_\_\_

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3. Is there a history of other hereditary disease?  Yes  No

If yes, please explain: \_\_\_\_\_

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby affirm that I have completed this form to the best of my ability, and that the information provided is true and correct. I further authorize the physician completing the reverse side of this form to release any information he/she may have concerning my physical or mental health to:

Name/Address of Agency:

<b>Signature of Applicant:</b>	<b>Date:</b>
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COMPLETION OF THIS FORM IS REQUIRED FOR THE AGENCY TO PROCEED WITH YOUR APPLICATION.

**MEDICAL STATEMENT**  
**Medical Statement for Adoptive Applicant**  
**And all Household Members for Domestic Adoption**

(This form to be completed by a licensed physician.)

Patient's name: \_\_\_\_\_

Date you last completed a physical exam of this individual:	Date you last treated this individual:
Do you provide medical services to this individual: <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> First Time	

Please respond to each of the following to the best of your knowledge:

1.      Does this individual suffer from an illness, including a communicable disease that would be detrimental to the care of an adoptive child placed in his/her home?       Yes    No
2.      Are there any chronic or serious disorders for which this individual has received treatment?       Yes    No
3.      Is this individual currently taking medication?       Yes    No
4.      Is this individual experiencing any physical, behavioral or emotional problems that would be detrimental to an adoptive child placed in his/her home?       Yes    No
5.      Have you ever referred this individual to other medical services, mental health services or treatment for alcohol/substance abuse?       Yes    No

If the answer to any of the above questions is YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6.      In your opinion, does the individual have a normal life expectancy? \_\_\_\_\_

7.      Physical Examination:

Weight:	Blood Pressure:	Pulse
Height:	Temperature:	Lungs:
Heart:	Abdomen:	Nervous System:

8.      Laboratory Tests:

HIV:	Urinalysis:
Hep B:	Tine or Mantoux:
Hep C:	CBC:

9.      Any recommendations for medical care? \_\_\_\_\_  
 \_\_\_\_\_

Please state your professional opinion regarding this individual's suitability as an adoptive parent from the standpoint of health, considering the individual's medical history as given on the medical statement completed by the individual and from knowledge you have of the individual. \_\_\_\_\_  
 \_\_\_\_\_

Physician's Signature:	Date:	Name of Physician (Print or Type)
Physician's Work Address:	Physician's Work Phone Number	Physician's State License Number

## STATEMENT OF NET WORTH

Name(s) \_\_\_\_\_

ASSETS		LIABILITIES AND NET WORTH	
Cash on hand and in Banks	\$ _____	Mortgage and real estate notes	\$ _____
Investments	\$ _____	Notes payable	\$ _____
Savings accounts	\$ _____	Credit card (balances)	\$ _____
Cash surrender value of life insurance	\$ _____		\$ _____
Other stocks and bonds	\$ _____		\$ _____
Real estate:			\$ _____
1. _____	\$ _____	Loans (balances)	\$ _____
2. _____	\$ _____	_____	\$ _____
Automobiles	\$ _____	_____	\$ _____
	\$ _____	_____	\$ _____
Trucks, boats, planes	\$ _____	_____	\$ _____
Personal property	\$ _____		
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

NET WORTH\* \$ \_\_\_\_\_  
 (\*Net worth is the difference between Assets and Liabilities)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



## PARENTS' PROFILE AT A GLANCE

Please complete this form and return it to our office along with your application. **This information will be shown to birth parents giving them preliminary information. Do not place your identifying information on this form unless you want all information given at the onset of your adoption.** Please be concise on comments, as space is limited. Please type or print the information. Thank you.

**FIRST NAMES** \_\_\_\_\_

**LENGTH OF MARRIAGE** \_\_\_\_\_

**NUMBER OF CHILDREN** \_\_\_\_\_

**PARENTING PHILOSOPHY** \_\_\_\_\_

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## CHARACTERISTICS OF ADOPTIVE FAMILY MEMBERS

	FIRST APPLICANT	SECOND APPLICANT
Age and/or birth date		
Height		
Weight		
Build		
Hair color		
Eye color		
Birth order		
Siblings		
Personality		
Sense of humor		
Family role		
Most disliked chore		
Education		
Religion		
Occupation		
Favorite date with spouse		
Hobbies/interests		
Favorite color		
Food		
Restaurant		
Dessert		
Ice cream flavor		
Sport to play and/or watch		
Animal/pet		

	FIRST APPLICANT	SECOND APPLICANT
Music		
Book		
Author		
Movie		
TV show		
Toy/plaything		
Family activity		
Vacation spot		

### CHILDREN IN THE HOME

Age and birth date		
Height		
Weight		
Build		
Hair color		
Eye color		
Birth order		
Adopted Or biological		
Personality		
Sense of humor		
Most disliked chore		
Grade		
Hobbies/interests		
Favorite color		
Food		
Restaurant		
Dessert		
Ice cream flavor		
Sport to play and/or watch		
Animal/pet		
Music		
Book		
Author		
Movie		
TV show		
Toy/plaything		
Family activity		
Vacation spot		

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# HEALTH HISTORY INFORMATION OF ADOPTIVE APPLICANTS

Please make a copy of this form or print two copies so you can each fill one out separately. Thank you.

NAME: \_\_\_\_\_

## MENTAL HEALTH

Have you or anyone in your family received counseling or other mental health treatment? \_\_\_\_\_ If yes, please provide additional information, including date(s), reason for care, and medications prescribed. \_\_\_\_\_

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## PHYSICAL HEALTH

Describe your general health \_\_\_\_\_

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Please check any of the following childhood diseases you have had:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Measles                    | <input type="checkbox"/> Rubella (3 days) | <input type="checkbox"/> Rubella (2 weeks) |
| <input type="checkbox"/> Mumps                      | <input type="checkbox"/> Chicken Pox      | <input type="checkbox"/> Whooping Cough    |
| <input type="checkbox"/> Roseola                    | <input type="checkbox"/> Asthma           | <input type="checkbox"/> Hay fever         |
| <input type="checkbox"/> Encephalitis               | <input type="checkbox"/> Meningitis       | <input type="checkbox"/> Ear infections    |
| <input type="checkbox"/> Heart murmur               | <input type="checkbox"/> Scarlet Fever    | <input type="checkbox"/> Rheumatic fever   |
| <input type="checkbox"/> Urinary/bladder infections |   |  |
| <input type="checkbox"/> Other (specify) _____      |   |  |

Have you had any major surgeries? If yes, please provide reasons and dates.

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**HEALTH HISTORY  
SELF, YOUR PARENTS, AND OTHER RELATIVES**

Indicate by checking the appropriate box if you or any relatives (for example, your parents, brothers, sisters, aunts, uncles, grandparents, children, etc.), have or have had any of the medical conditions listed below. If yes, please indicate that person's relationship to you and complete the COMMENTS section. If a medical condition resulted in the death of a family member, please indicate and give the person's approximate age at the time of death in the COMMENTS section.

<b>Medical Condition</b>	<b>Yes, No, or Unknown</b>	<b>Relationship To You</b>	<b>Comments</b>
<b>CONGENITAL IMPAIRMENTS</b> Club foot or any orthopedic problem (i.e., flat footed, etc.)			
Harelip (cleft lip) or cleft palate			
Downs Syndrome			
Other chromosome abnormality			
Hydrocephalus			
Muscular Dystrophy			Areas affected and age at onset
Dwarfism			
Spina Bifida			
Congenital heart defect			
Tay-Sachs Disease			
<b>ALLERGIES</b> Eczema or other skin condition			Treatment or medication received
Hay fever			
Medication allergy			To what medication?
Food allergy			To what foods?

Medical Condition	Yes, No, or Unknown	Relationship To You	Comments
EYE, DENTAL, EAR AND DEVELOPMENTAL DISORDERS Blindness, Glaucoma, color blindness, or other visual problems			
Corrective glasses or contact lenses			At what age were prescription lenses necessary?
Farsighted or nearsighted			
Astigmatism (inability to focus)			
Strabismus (cross-eye)			
Other (explain)			
Braces on teeth or other orthodontic work			What orthodontic work and for how long?
Deafness or other ear problems			Special education? Age at onset
Speech problems			Special education? Age at onset
Learning disability			Any diagnosis/hospitalization?
Retardation - mental or physical			Any diagnosis/hospitalization?
CIRCULATORY DISORDERS Hemophilia			
Sickle Cell Anemia or trait			
Hypertension (high blood pressure)			Age at onset, what treatment? Hospitalization?
Stroke			Age, treatment?
Heart Attack (coronary)			Age, treatment?

Medical Condition	Yes, No, or Unknown	Relationship To You	Comments
Arthritis			What kind? Age at onset and areas affected
Hepatitis			What type? Age at onset and treatment
Kidney disease			Age at onset and treatment
HORMONAL DISORDERS Diabetes			Age at onset and treatment
Thyroid Disorder			Age at onset and treatment
Obesity (overweight)			Age at onset and treatment
RESPIRATORY DISORDERS Asthma			Treatment
Tuberculosis			What kind and age at onset
Emphysema			Age at onset
MENTAL AND BEHAVIORAL DISORDERS Diagnosed Schizophrenia			Age at onset and treatment. Hospitalization?
Diagnosed Manic Depressive			Treatment
Other mental illness			<b>Describe, using additional paper if necessary</b>
Alcoholism or heavy drinking			Treatment/hospitalization?

Medical Condition	Yes, No, or Unknown	Relationship To You	Comments
Drug usage			Kind, amount and when taken?
LYMPHATIC DISORDERS Cancer			Kind, age at onset, areas affected
Tumors			Kind, age at onset, areas affected
Cystic Fibrosis			Age at onset, areas affected
Hodgkin's Disease			Age at onset, areas affected
NERVOUS SYSTEM DISORDERS Multiple Sclerosis			Age at onset, areas affected
Huntington's Disease			Age at onset, areas affected
Cerebral Palsy			Age at onset
Seizures or convulsions			Frequency, age at onset, what treatment
Epilepsy			Frequency, age at onset, what treatment
INFECTION, HOSPITALIZATION Repeated attacks of fever with known Infection			Diagnosis
Repeated severe infection necessitating hospitalization			Diagnosis
Hospitalization, operation or injury			When and for what

<b>Medical Condition</b>	<b>Yes, No, or Unknown</b>	<b>Relationship To You</b>	<b>Comments</b>
OTHER MEDICAL OR HEALTH PROBLEMS			Describe

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

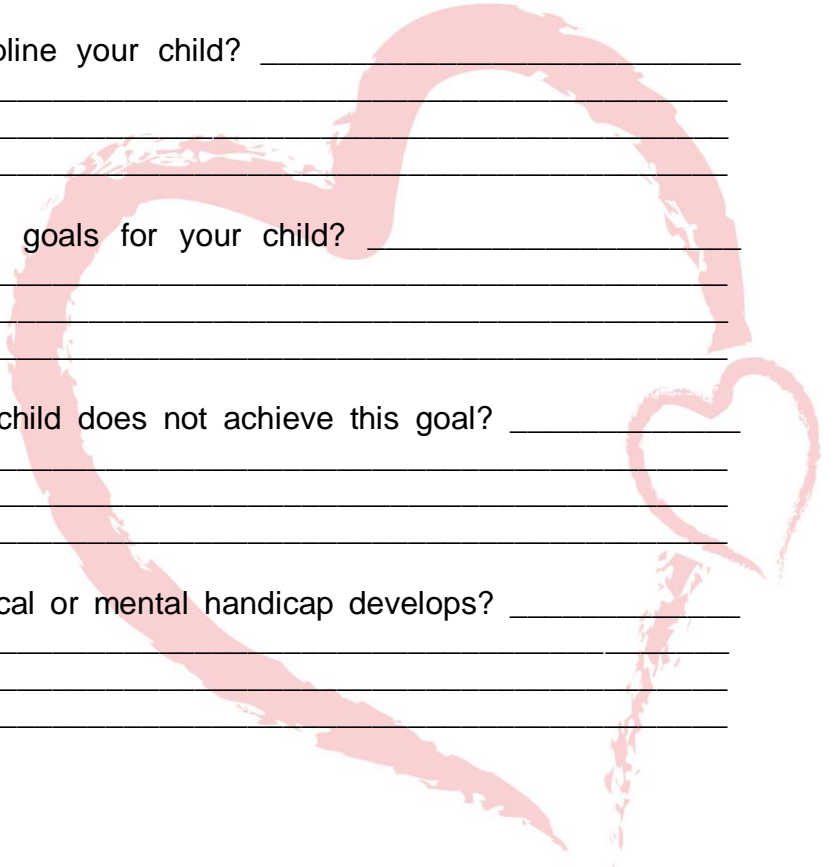


## QUESTIONS FOR BIRTH MOTHERS

Please answer the following questions as thoroughly as you can. Your answers will be given to your birth mother so she can have an idea of what kind of parents you will be and how you plan to raise your child. Please do not include your name on this document. **We will not delete identifying information from this or any other form if the adoptive parents place the information on this form.**

First Names: \_\_\_\_\_

1. When do you plan to tell your child he/she was adopted? How will you approach this subject? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What do you believe will be the effect on your adopted child if you have a biological child after your adoption? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. If you already have children, how will the adoption of this child affect them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How do you plan to discipline your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What are your educational goals for your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How will you react if your child does not achieve this goal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What will you do if a physical or mental handicap develops? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



8. What is your plan for religious training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you given care to children in your home prior to your plan to adopt?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Why do you want to adopt? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. If you are adopting a child of another race or nationality, how do you plan to preserve your child's ethnic and cultural heritage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## PROSPECTIVE ADOPTIVE PARENT QUESTIONNAIRE

Please make a copy of this questionnaire or print two copies so you can each fill one out separately. Thank you.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Describe yourself (hair, eyes, height, weight, complexion, personality).

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2. Describe your spouse's personality.

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3. If you have children, describe their physical appearances and personalities.

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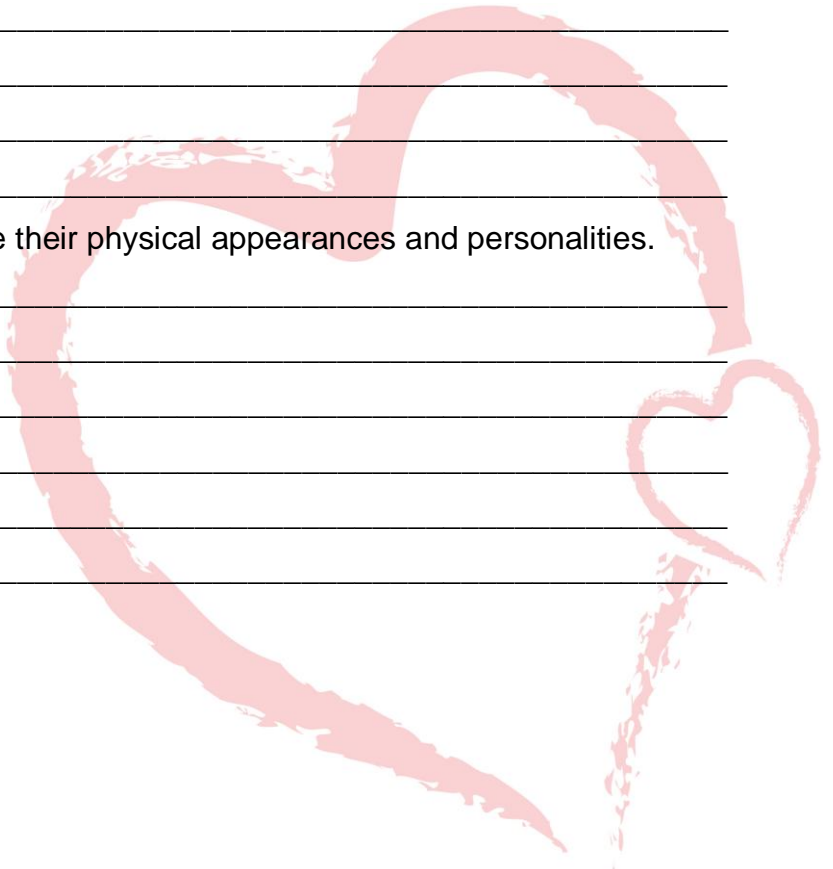
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4. Do you have pets? If so, what types?

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5. What do you feel are the strong points in your marriage?

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6. What qualities do you appreciate most in your spouse?

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7. If you could change anything about him/her, what would it be?

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8. Describe your views and approaches to parenting, including discipline.

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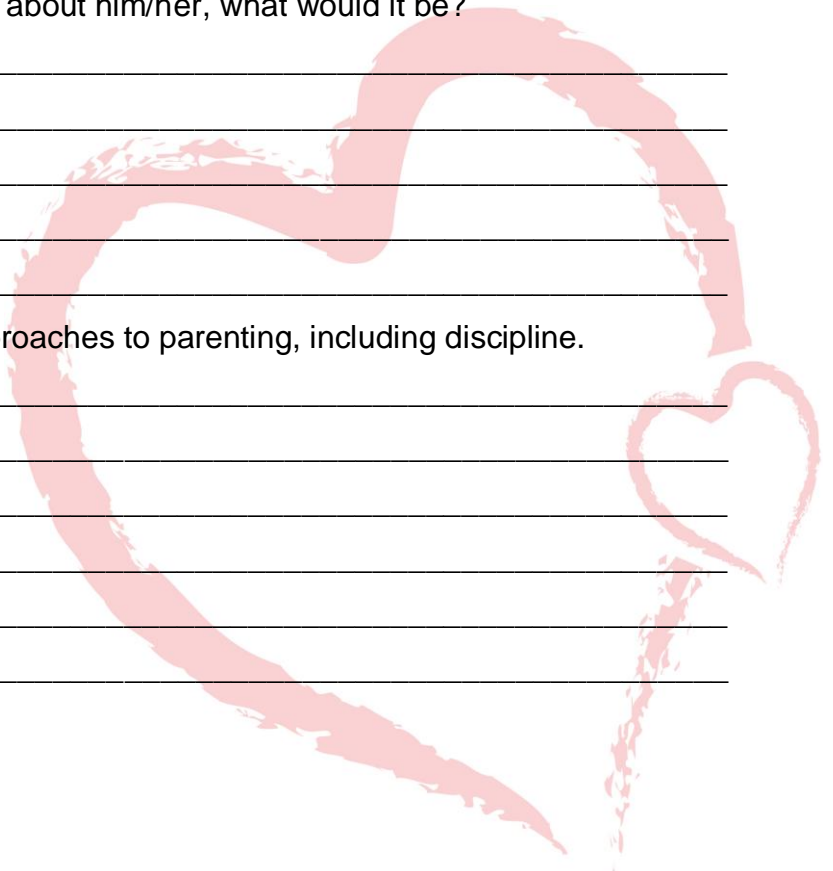
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9. What activities do you enjoy sharing with your spouse?

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10. What activities do you enjoy separately from your spouse?

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11. What things do you do for fun as a family?

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12. What goals are you working toward in your marriage?

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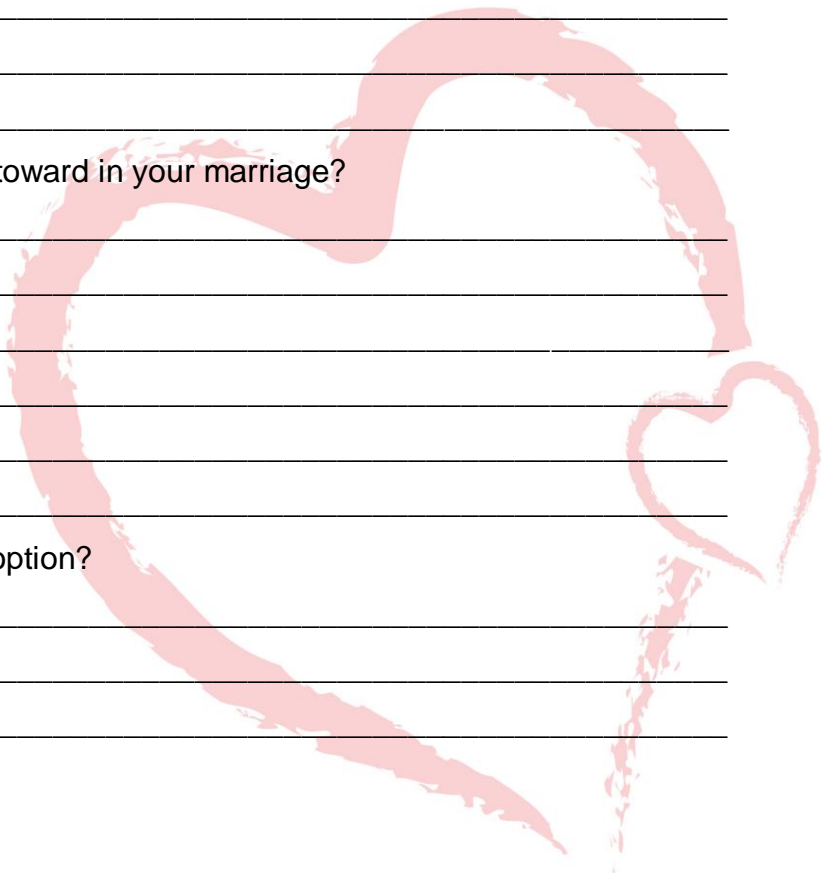
13. Why are you applying for adoption?

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14. At this time, what type of child do you feel you can parent?

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15. What are the experiences and strengths you feel you have that will enable you to parent this type of child?

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16. What are your expectations for this child?

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17. How will you handle the situation if your child does not meet your expectations?

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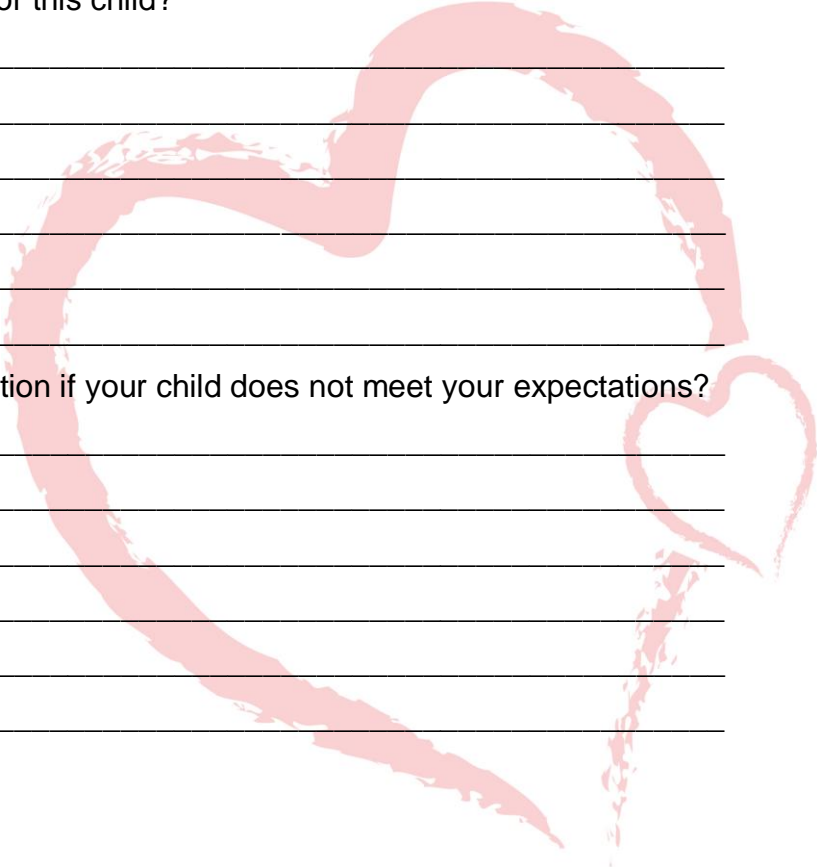
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18. What things could you absolutely not accept in a child, and why?

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19. What are your views on religion, and what is its role in your life?

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20. If you are working outside of the home, what is your child care plan?

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21. What is your greatest fear concerning adoption?

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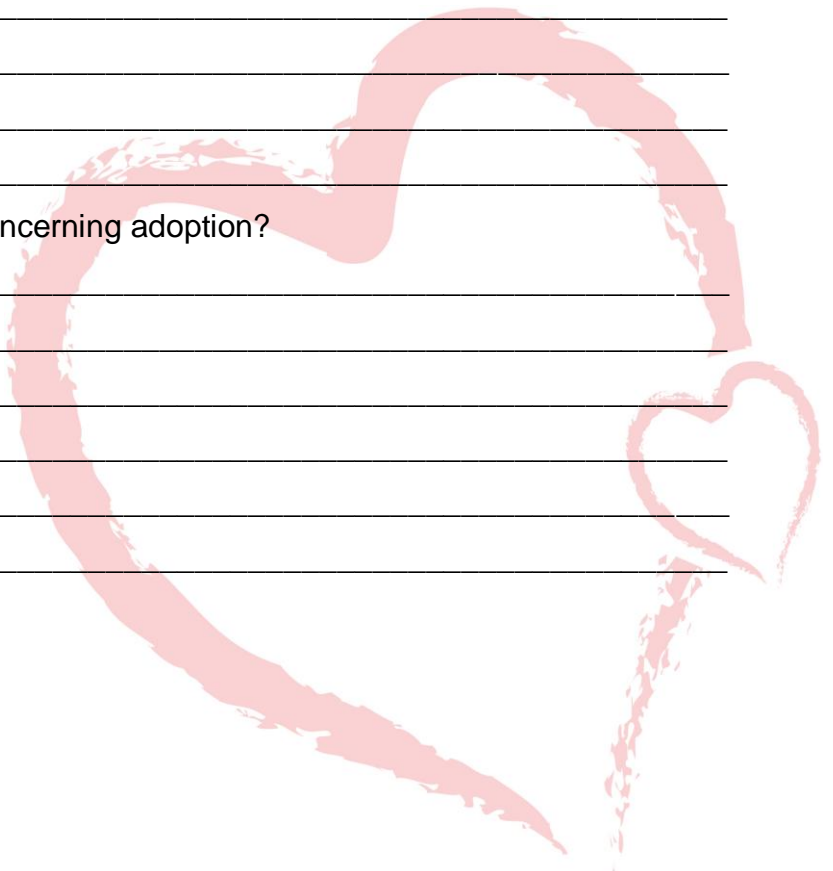
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## PREPARING A FAMILY PROFILE

Your family profile is often a birth parent's first introduction to your family, so it should provide a picture of what the child's life will be like with you. Show your unique personality and lifestyle through specific and descriptive examples of your activities, feelings, and relationships. Think about what you like to know about people when you first meet them, and share that information about yourselves. As you write, it may sound like the biographical information in your home study. However, this is written TO THE BIRTH PARENTS, who will not see your home study. **Any identifying information that is provided by the adoptive parents on any forms that are given to the birth parents will not be deleted since it is presumed that it is intentionally placed on the documents.**

### CONTENT IDEAS

**Opening/Introduction.** Begin with any informal greeting that is comfortable. Describe to the birth parents how you feel about being considered. You could also use this first paragraph to acknowledge their courage in deciding to make an adoption plan.

**Biographies.** Briefly describe your lives, and include highlights. Have you always lived in the same town? Did your family travel during summer vacations? Where did you go to college? Does one of you have a mischievous nature?

**Your relationship.** How did you meet? How long have you known each other? What strengths do you each bring to your marriage?

**Your lives now.** What do you both do for a living? What do you both enjoy about your jobs? What hobbies do you pursue? Do you have pets? Do you attend church? Do you go out regularly with a special group of friends?

**Your family.** Do you have siblings? Do you visit each other frequently? Do you have relatives who are adopted or adoptive parents? How does your family feel about your decision to adopt?

**Your community.** Do you live in or near a large town? Are you in a house or an apartment? Are there a lot of children in your neighborhood? Do you enjoy attending cultural festivals, theater presentations, or concerts in your community? Describe any special features about your home that makes it enjoyable for you and that makes it a positive environment for a family, but do not make it sound like a real estate ad!

**Life as parents.** Why do you want to adopt? How do you expect your lives to change when a child enters your life? What experiences with children have you had? Given your work situations, who will be available to be with the child after placement? What are your long-range childcare plans – flexible schedules, one parent at home, in home care?

**Child desired.** If you are interested in a child of another race or ethnic group, you may want to mention this, either within the profile or in a separate cover letter to our office.

**Relationship with birth parents.** You may want to mention how you see your relationship with the birth parents, especially the birth mother. Do you want to meet her? Exchange letters and pictures? How flexible are you about the openness in your relationship?

**Photographs.** Like the text, photos should convey your personality and lifestyle. Include pets, your home, hobbies or activities, and at least one shot of the two of you that shows your faces clearly. Photos should be in focus and not be over or under developed. Be sure to include captions.

## FORMATTING IDEAS

**Organization.** Each family's profile is different from all the others. After the introductory paragraph, group thoughts together as you feel they are important. You may intersperse photographs with text, or follow the text in a group. You may want to use subheadings, or you may prefer a more free-flowing style.

**Style.** Use the first person, and refer to each other by first names only. Write as though you are conversing with someone, or writing to a friend. Some couples will each write about the other, or will write about themselves first, then "combine authorship" on other parts. Use specific examples. Check for grammatical and spelling errors.

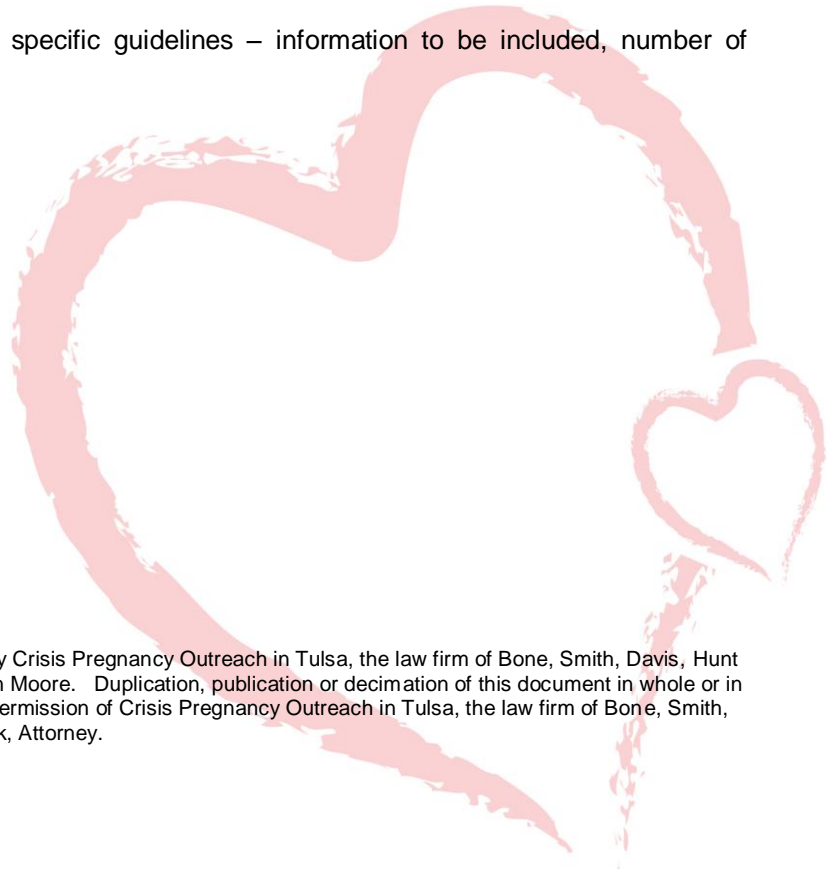
**Printing.** Type your text with a typewriter or computer. Use a standard font size and style for legibility. Type photograph captions also. Sign your names at the end.

**Presentation.** You may want to enclose your profile in a 3-ring notebook, 3-prong folder, or other cover for protection. You may use white, pastel, or other decorative paper. You may want to slide pages into sheet protectors. Or you want to create your profile using Shutterfly or a similar service. If you are working with more than one intermediary, you may wish to create a master profile with original photographs, and make a color photocopy of pages with photos for the profile. Your profile should look like a thoughtful well-put-together presentation of yourselves. Your profile should contain between ten and twenty photographs, with no more than three or four photographs on one page.

### DO NOT...

- Try to present yourselves as what you think a birth parent might want, but as you really are.
- Include identifying information (last names, address, telephone number, name of workplace or church) unless your intermediary has requested it.
- Hand write information unless specifically requested by your intermediary.
- Forget to ask your intermediary for specific guidelines – information to be included, number of photographs, length, etc.

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## DOCUMENTS NEEDED TO COMPLETE APPLICATION

The following documents will be needed in order to complete your application with our office. Many of these documents will have already been obtained by your home study professional. You may need to contact them and request that they attach those documents to your home study, or provide you or us with copies. Your home study and all information below need to have been completed within one year of your pending adoption. Otherwise, you must also provide our agency with a home study update along with updating all correlating documents. Please note that Oklahoma law requires that you have a face-to-face meeting for your updated home study, and that your reference letters and criminal background checks also be updated at that time.

1. Birth certificate(s)		
2. Financial statement		
3. Divorce Decree from previous marriages (if applicable)		
4. HIV test results; Hep B and Hep C test results		
5. Home Study (and update if applicable) (with an original signature from your home study professional)		
6. Income tax returns for last three years for <u>both</u> Adoptive Parents (first page only)		
7. Verification of income (letter from employer) and current employment history (where and for how long)		
8. Copy of Indian Heritage enrollment card (if applicable)		
9. Marriage license		
10. Verification of medical insurance under which child will be covered		
11. Military discharge papers (if applicable)		
12. Updated physician's report		
13. Three reference letters, with date, address and phone number (for example, minister, employer, friend) No family members		
14. Copy of social security cards		
15. FBI fingerprints, State Bureau of Investigation report, Sex Offender and Child Abuse Registry, where available		
16. Picture profile / "Dear Birth Mother" letter (five copies)		
17. Prospective Adoptive Parent Questionnaire		
18. Medical History form		

We do not need originals of any documents EXCEPT the home study and update. For your convenience we have provided a column on the right hand side of the page so you can check off the items you are providing to our agency. Please call our office at 405-794-7500 or email us at [info@adoptionchoicesofoklahoma.org](mailto:info@adoptionchoicesofoklahoma.org) if you have any questions about the requested documents.

Memo for Home Study Agency or Preparer:

Adoption Choices of Oklahoma is an adoption agency that matches adoptive parents with children from various states. To meet the requirements of all of the states in which we receive or place children and to assist you in preparing the home study, we are listing the required information as follows:

- ❑ **At least one joint & one individual interview** with the adoptive couple (also, if they have children, please include information about them & document an interview if they are old enough);
- ❑ **Child desired;**
- ❑ **Current FBI & state criminal history investigations including fingerprints** (attach copies);
- ❑ **Current child abuse registry clearances** (attach copies);
- ❑ **Social history**, e.g., childhood, how discipline was handled, current information about extended family, marriage(s);
- ❑ **Family lifestyle/marital relationship**, e.g. how they spend their time, degree of satisfaction; how they handle stress, resolve differences;
- ❑ **Employment/income** (verify);
- ❑ **Financial management;**
- ❑ **Health**, including current doctors' statements (attach copies);
- ❑ **Health insurance coverage for the adopted child** (verify);
- ❑ **Home**, e.g., description, verification of health and safety;
- ❑ **Adoption/parenting**, e.g., motivation to adopt; attitudes re. themselves, infertility, the child's biological parents; open vs. closed adoption; how they will explain adoption to the child; parenting philosophy & practices; expectations of the child;
- ❑ **3 current letters of reference** from non-relatives (attach copies);
- ❑ **Assessment & recommendation;**
- ❑ **Credentials of person preparing the study & authority to place.**

An annual home study update is needed if the original home study is over a year old at the time of placement and must include:

- ❑ **Home visit;**
- ❑ **Joint interview;**
- ❑ **Inquiry re. significant changes**, e.g., relocation, job change, children added to the family;
- ❑ **Current criminal background checks including FBI fingerprints;**
- ❑ **Current child abuse clearances;**
- ❑ **Current doctor's statements;**
- ❑ **3 current letters of reference (non-relatives).**

Additionally, please forward a signed original of the study or update. If you have any questions, please feel free to contact us at [info@adoptionchoicesofoklahoma.org](mailto:info@adoptionchoicesofoklahoma.org) or 405-794-7500.

## OKLAHOMA HOME STUDY REQUIREMENTS

### OKLAHOMA TITLE 10, CHAPTER 2A, SECTION 60.13, HOME STUDIES AND REPORTS

- A. Upon the filing of a Petition for Adoption, the Court shall order or receive a home study or report to be made by:
1. The agency having custody or legal guardianship of the child; or
  2. The State Department of Human Services; or
  3. A licensed child-placing agency or certified adoption agency; or
  4. A person designated by the Court who meets one of the following qualifications:
    - a. A master's degree in social work and one year of experience in children's services;
    - b. A member of the Academy of Certified Social Workers (ACSW) and one year of experience in children's services;
    - c. A master's degree in a behavioral or social science and two years experience in children's services;
    - d. A doctorate in a behavioral or social science and one year of experience in children's services; or
    - e. Is a member of the clergy with two years of experience in family counseling; or
  5. A person who is supervised by a person described in paragraph four of this subsection, and who meets one of the following qualifications:
    - a. A bachelor's degree in social work; or
    - b. A bachelor's degree in behavioral or social science and one (1) year of experience in children's or family services.
- B. The Court shall order that a report of such home study be filed with the Court by the designated investigator within the time fixed by the Court and in no event more than sixty (60) days from the issuance of the order for home study, unless time therefore is extended by the Court.
- C. The home study shall:
1. Include appropriate inquiry to determine whether the proposed home is suitable for the child; any other circumstances and conditions which may have a bearing on the adoption and of which the Court should have knowledge; in this entire matter of investigation, the Court is specifically authorized to exercise judicial knowledge and discretion;
  2. Consist of documentation of at least one individual interview with each parent, each school-age child, and any other household member, one joint interview, a home visit, and three written references;
  3. Include verification that the home is a healthy, safe environment in which to raise a child, as well as verification of marital status, employment, income, access to medical care, physical health and history, and a criminal background check. Your home study must include a copy of the criminal background check.
- D. A supplemental report, including a determination as to the legal availability or status of the child for adoption, shall be filed prior to the final adoption Petition.
- E. The Court may order agencies named in subsection A of this section located in one or more counties to make separate investigations on separate parts of the inquiry, as may be appropriate.
- F. The report of such home study shall become a part of the files in the case and shall contain a definite recommendation for or against the proposed adoption and the reasons therefore.
- G. Provided, that if the child petitioned to be adopted shall be the natural or adopted child or either of the petitioners, then no investigation shall be made.
- H. The Department of Human Services shall not be required to make a home study and report to the Court on adoptive placements made by private adoption agencies or persons providing private adoption services.

If your home study is over one year old and you are having an update done, please be aware that Oklahoma requires a face-to-face meeting, and that your reference letters and criminal background check be updated as well.