

Thank you for considering American Adoptions! We have successfully completed thousands of home studies and have helped many couples in their journey to become parents. We are happy for the opportunity to help you through the home study process.

We will begin your Home Study as soon as you return the enclosed Home Study Application. Below is a breakdown of fees for a Standard Home Study.

Domestic Home Study: (30 – 60 days average completion time) \$1,000

International Home Study: (45 – 90 days average completion time) \$1,395

Please refer to the Home Study Service Guide (enclosed) for a complete list of optional fees.

American Adoptions, Inc accepts personal checks, money orders or credit card payments.

Please note that travel costs associated with the completion of the home study and post placement visits are charged at \$25.00 per hour of travel and are paid by you directly to your home study worker.

In order to complete the home study process in a timely manner, please follow all directions precisely, which will help you avoid any unnecessary delays. Since the home study process usually takes the longest of all adoption paperwork to complete, we have streamlined this process into two phases. We have found the Home Study process to be much easier to complete by breaking it into two phases for adoptive families. Phase I is a two-step process consisting of completing and returning the home study application and fee and completing all background checks and forwarding those per the instructions.

Phase II begins immediately upon our receipt of your Home Study Application. Once we receive your Home Study Application we will assign you to a home study worker who should be in direct contact with you within two business days. If you want to get a head start, you can find the supporting document checklist on our website under the Home Study section. If you have any questions, do not hesitate to contact us at 1-800-ADOPTION or email the home study coordinator at homestudy@americanadoptions.com

Thank You,

The Staff of American Adoptions

STEP 1

Complete and return application to American Adoptions with fee (credit card from enclosed)

HOME STUDY APPLICATION

Couple Information:

Names: _____

Home address: _____

_____ County: _____

Home phone: _____

If you have lived in your current state for less than 5 years, please list the previous states for the past 5 years only and include the dates that you resided there. _____

*(** If you have lived in your current state for less than 5 years we must obtain criminal and child abuse clearances from each previous state for the past 5 years only. Please notify your social worker know about this!)*

Email address(s): _____

Please list the name, address, phone number, contact name and email address of the agency/attorney you joined or are joining? _____

Do you have an identified child or potential birth mother? Yes No

How did you hear about American Adoptions? _____

If you attended a seminar please state who presented the seminar: _____

If you do not already have health insurance, please state your plans to provide coverage for your adopted child: _____

Please note: American Adoptions requires that a prospective adoptive family provide medical insurance for the child they wish to adopt. The prospective adoptive family must be willing to provide medical insurance on behalf of the child until such time as the child reaches the age of eighteen (18) years. The prospective adoptive family must also be willing to secure the best medical care and treatment available to the child as needed and required by the child's attending physician.

Adoption Information:

What race or race combinations are you considering? Please check all that apply:

Caucasian Asian African American Hispanic Other

What special situations are you willing to consider? Please check all that apply:

Twins Premature Special needs (mild, correctable) Sibling group

Legal:

Have either of you ever been arrested? Yes No

Have either of you been convicted of a crime? Yes No

Have either of you ever been reported for child abuse/neglect? Yes No

	<u>Father</u>	<u>Mother</u>
Full Legal Name	_____	_____
Social Security Number	_____	_____
Drivers License Number	_____	_____
Race	_____	_____
Date of Birth	_____	_____
Marriage Date	_____	_____
Marriage Place	_____	_____
Ever Been Divorced	Y / N	Y / N
Highest Education Level	_____	_____
Employer	_____	_____
Occupation	_____	_____
Work Phone Number	_____	_____
Cell Phone Number	_____	_____
Currently or Previously in the Military	Y / N	Y / N
City and State of birth	_____	_____
Religion	_____	_____
Height	_____	_____
Weight	_____	_____
Hair Color	_____	_____
Eye Color	_____	_____
Complexion	_____	_____
Body Structure	_____	_____
Heritage (Irish, Italian, etc.)	_____	_____

Other Household Members (children, grandparents, etc):

Name	Gender	Birth Date	Relation to you (i.e. child, parent, sibling)	Adopted Date	Living in the home?
_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	Y / N

Are any of your children from a previous marriage? Yes No

Background Information on Extended Family Members: (if deceased please indicate)

Father	Parents Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

	Siblings Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Mother	Parents Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

	Siblings Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Please list any health / medical concerns for yourselves or immediate/extended family:

Please sign this document and return this application along with your home study fee. If you need a domestic home study the fee is \$1,000 and if you want an international home study the fee is \$1,395 (please include attached International form).

Send or fax this application and payment to:

American Adoptions Inc.
 Attn: Home Study Coordinator
 9101 West 110th Street; Suite 200
 Overland Park, KS 66210
 Fax: 913-383-1615

By signing this application, you are verifying all information on this application is true and accurate and understand that fees paid are non-refundable.

 Adoptive Parent Signature

 Adoptive Parent Signature

HOME STUDY SERVICE GUIDE

The standard package includes typical services needed to complete a domestic or an international home study.

Domestic Home Studies: \$1000, International Home Study: \$1395
Travel: \$25.00 per hour (paid by you directly to your worker upon visit)

The above pricing fulfills the requirements for many domestic and international home study services. However, some court systems, countries, and other domestic/international adoption professionals require or request services in addition to a typical home study. We will perform these services only at a client's request.

Home Study Update **\$400 for Domestic, \$600 for International**

An update is a follow up report to the home study if a placement has not occurred by the one-year mark. A few states require an update to occur every six months. If home study is more than 2 years old, a completely new home study must be completed.

Extensive Home Study Update **\$600**

If you have had a child placed in your home since the last home study, moved, have significant changes in employment or community, etc. If home study is more than 2 years old, a completely new home study must be completed.

Addendum **(Home Visit) \$250** **(Telephonic) \$150**

This is for a minor change in family status like a new job with about the same pay and responsibilities, change in insurance, etc.

Post Placement Report **(Home Visit) \$250 for Domestic, \$350 for International** **(Telephonic) \$150 for Domestic, \$250 for International**

Visits that occur after a baby is placed in your home, these post placement reports are provided to the court and provide updates on the child and family. \$50 per extra child (twins, siblings)

Home Study Update at Post Placement Visit **\$200**

An update may be required for finalization and the home visit can be completed at the same time that the Post Placement visit occurs.

Court report **\$250**

Some courts require a report in addition to the home study and/or post placement reports. This report typically summarizes the home study and post placement and ultimately recommends the permanent placement of the child for the final adoption hearing.

Country Change **\$200**

For International home studies, if you decide to change countries from what was originally written on your home study application or are in the middle of your home study and a home visit has already been completed.

Dual Home Study **\$250**

Completion of both an International and Domestic home study. The fee will be \$1395 plus \$250.

Extra Home Visit **\$150**

Miscellaneous **\$50-\$200**

Providing additional copies of the home study, additional counseling for issues beyond a home study, additional request of documents outside of our standard home study package.



Please use this form for credit card services only

CREDIT CARD AUTHORIZATION

I, _____, hereby authorize American Adoptions, Inc. to charge my Visa or MasterCard credit card.

- **Account no.** _____
- **Expiration:** ____/____ (MM/YY)
- **Amount:** \$ _____

This credit card charge is for payment of services associated with American Adoptions, Inc. These costs are incurred on _____, 20____ on my behalf.

I hereby represent that I am authorized to charge on this credit card.

Date _____, 20____

Signature _____

Address: _____

Telephone: _____

E-mail: _____

STEP 2

Complete and forward the attached forms per these instructions

Background Checks Required: State Central Registry Check and LA State Criminal and the Federal Bureau of Investigations Criminal checks. Complete and forward the Criminal Background Records Check form and the Child Abuse Central Registry form. Follow the directions to complete your FBI background checks. Several copies of forms are enclosed and one must be completed for each person living at your residence 18 years of age or older. FBI instructions are provided as well.

Central Registry Check- Child Abuse Registry

1. Fill out the State Central Registry Check form completely
2. Follow the instructions below for mailing and addressing the envelope

ENVELOPE INSTRUCTIONS FOR REGISTRY CHECK

The return address must read:

American Adoptions, Inc
9101 W. 110th Street, Suite 200
Overland Park, KS 66210

The envelope should be addressed to:

Office of Community Services
This address will depend on your Parish
Attention: Adoption Petition Unit

Call your local Office of Community Services to obtain the correct mailing address for your Parish.

Criminal background forms

1. Fill out the Louisiana State Police background forms attached
2. Mail the completed form, completed fingerprint card and a cashier's check or money order for \$26.00 per person to the address on the top of the form – **NO PERSONAL CHECKS ACCEPTED.**

Once these are processed, the results will be returned to our office and placed in your permanent file.

****NOTE:** If during the course of your criminal and child abuse background screening process this office receives a "hit" on an applicant, the main office will notify the applicant. The applicant must then obtain a full disposition or full disclosure of the incident by the reporting entity. In addition, probation reports, court documents, counseling reports and evaluations will also be required. The home study procedure will be suspended until the requisite documents are received in our office. Those documents will be forwarded to your social worker for full assessment. If an applicant declines to cooperate with this policy, the home study or activation will be terminated and no refund of fees will be granted.

Federal Bureau of Investigation Check-go to www.fbi.gov/hq/cjis/fprequest.htm. Follow the instructions for FBI Criminal Clearances. When addressing the envelope to send these background checks for processing, write this additional information on the front of the envelope: "Adoption". You must include the Release of Information for FBI contained at the back of this packet. Note: You will need "Adobe" to access this process. Contact the agency if you have any problems.

BACKGROUND CHECK AUTHORIZATION

SUBMIT TO: Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896 DPSSP 6696 (R. 07/05)

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$24 FEE.

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****

******FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

****PLEASE PRINT****

American Adoptions, Inc. - Rebecca Krebs

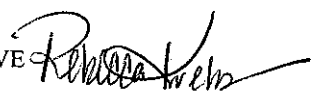
FACILITY OR AGENCY FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

9101 W. 110th Street, Suite 200

MAILING ADDRESS SIGNATURE OF AUTHORIZED REPRESENTATIVE

Overland Park, KS 66210 800-236-7846

CITY STATE ZIP CODE FACILITY OR AGENCY PHONE NUMBER



Request For: (pick one only)

- | | |
|---|--|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> CASA | <input type="checkbox"/> POSTSECONDARY EDUCATION |
| <input type="checkbox"/> CONCEALED HANDGUNS | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input checked="" type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DEPARTMENT OF LABOR | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY | <input type="checkbox"/> PUBLIC TAG AGENT |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> GAMING | <input type="checkbox"/> RIVERBOAT PILOTS |
| <input type="checkbox"/> HEALTH CARE PROVIDER | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> IMMIGRATION | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> MANUFACTURED HOUSING | <input type="checkbox"/> VENDOR (FINGERPRINTS REQUIRED) |
| <input type="checkbox"/> MEDICAL EXAMINERS | <input type="checkbox"/> VOLUNTEERS WITH YOUTH |
| <input type="checkbox"/> OCS FOSTER/ADOPTIVE | <input type="checkbox"/> SERVING ORGANIZATION |
| <input type="checkbox"/> OCS PERSONNEL | <input type="checkbox"/> WORKING WITH CHILDREN |
| <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS | |

APPLICANT'S FULL NAME: _____

****PRINT - USE INK**** last first middle {include maiden name & previous married names if applicable}

APPLICANT'S SIGNATURE: _____

APPLICANT'S SOCIAL SECURITY # _____ DATE OF BIRTH: ____/____/____

DRIVER'S LICENSE # _____ & STATE _____ RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

**APPLICANT PROCESSING – DISCLOSURE – CPA
 BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
 P.O. Box 66614 (MAIL SLIP A-6)
 BATON ROUGE, LA 70896**

LSPAPP2/R10.03

American Adoptions, Inc
 AGENCY

9101 W. 110th St, Suite 200
 MAILING ADDRESS

Overland Park, KS 66210
 CITY STATE ZIP CODE

NOTICE

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 INFORMATION, EXCLUDING
 ADMINISTRATOR'S SIGNATURE.
 INCOMPLETE FORMS WILL NOT
 BE PROCESSED.

CASA VOLUNTEERS WORKING WITH CHILDREN
 PRIVATE ADOPTION OTHER
 SCHOOLS

 APPLICANTS NAME DATE OF BIRTH RACE SEX

 SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED PERTAINING TO THIS EMPLOYEE MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST

DO NOT WRITE BELOW THIS LINE: For Bureau of Criminal Identification and Information Use Only

CRIMINAL HISTORY INFORMATION PROVIDED ACCORDING TO APPLICABLE STATE STATUTE MANDATES:

CHARGE	DATE	CHARGE	DATE	CHARGE	DATE
14:30	_____	14:80-86	_____	14:106	_____
14:30.1	_____	14:89	_____	14:282	_____
14:31	_____	14:89.1	_____	14:286	_____
14:41-45	_____	14:92	_____	40:966(A)	_____
14:74	_____	14:93	_____	40:967(A)	_____
14:78	_____	14:93.2.1	_____	40:968(A)	_____
14:79.1	_____	14:93.3	_____	40:969(A)	_____
				40:970(A)	_____

Other Convictions: (Authorized by L.R.S. 15:587.1 for Educational Requests)

CHARGE	DATE	CHARGE	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BACKGROUND CHECK AUTHORIZATION

SUBMIT TO: Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896 DPSSP 6696 (R. 07/05)

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American Adoptions, Inc. - Rebecca Krebs

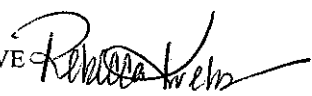
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Overland Park, KS 66210 800-236-7846

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| <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS | |

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****PRINT - USE INK**** last first middle {include maiden name & previous married names if applicable}

APPLICANT'S SIGNATURE: _____

APPLICANT'S SOCIAL SECURITY # _____ DATE OF BIRTH: ____/____/____

DRIVER'S LICENSE # _____ & STATE _____ RACE _____ SEX _____

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CHARGE	DATE	CHARGE	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE OF COMMUNITY SERVICES

State Central Registry Check For Licensed Private Child Placing Agencies

To: Registry Check OCS Regional Office

From: American Adoptions, Inc Licensed Private Agency

Signature of Person Initiating this Request

Attention: [X] Adoption Petition Unit - for adoptive parent/couple clearance

[] Home Development Unit - for foster parent/couple/other adults clearance

In compliance with the Minimum Licensing Requirements for Child Placing Agencies With and Without Adoption Programs and the State Central Registry Rule, we are requesting a State Central Records abuse/neglect clearance check on the adoptive/foster parent applicant(s) identified below. The applicant(s)' signed consent authorizing release of the information to us, as required by law, is also provided below. We understand the information released to us is confidential and is not to be released to sources outside our agency.

I, (Adoptive/Foster Father Applicant) to American Adoptions, Inc (Licensed Private Agency) confirmation of my State Central Record finding status.

I understand that my permission to release this information may be canceled at any time except when the information has already been released. My permission to release this information will expire: (no more than 90 days)

Applicant's signature: Witness: Date:

I, (Adoptive/Foster Mother Applicant) to American Adoptions, Inc (Licensed Private Agency) confirmation of my State Central Record finding status.

I understand that my permission to release this information may be canceled at any time except when the information has already been released. My permission to release this information will expire: (no more than 90 days)

Applicant's signature: Witness: Date:

Parent or Couple: Mr.

First Name Middle Last Other Names Birthdate Race Social Security No.

Ms.

First Name Middle Maiden Last Other Names Birthdate Race Social Security No.

Address

City State Parish Zip

No Valid Record Found

Valid Record Found For

Circumstances: Name(s) DOB(s)

Clearance Worker's Name & Signature

Date of Record Check

OCS Form 29-A Reissued: 9/2006 Replacing: 4/2006

This section reserved for other adult household members of foster family applicant

I, _____, give permission for the Office of Community Services to
 (Adult Foster Family Member)
 release to _____ confirmation of my State Central Record finding status.
 (Licensed Private Agency)

I understand that my permission to release this information may be canceled at any time except when the information has already been released. My permission to release this information will expire: ____/____/____
 (no more than 90 days)

Adult member's signature: _____ Witness: _____ Date: _____

* * *

I, _____, give permission for the Office of Community Services to
 (Adult Foster Family Member)
 release to _____ confirmation of my State Central Record finding status.
 (Licensed Private Agency)

I understand that my permission to release this information may be canceled at any time except when the information has already been released. My permission to release this information will expire: ____/____/____
 (no more than 90 days)

Adult member's signature: _____ Witness: _____ Date: _____

Adult Member(s): Mr./Ms./Mrs.

First Name	Middle/Maiden	Last	
Other Names			
Birthdate	Race	Social Security No.	

First Name	Middle/Maiden	Last	
Other Names			
Birthdate	Race	Social Security No.	
Address			
City	State	Parish	Zip

- No Valid Record Found
- Valid Record Found For

Name	DOB
Name	DOB

Circumstances: _____

Clearance Worker's Name & Signature

Date of Record Check

OFFICE OF COMMUNITY SERVICES

State Central Registry Check For Licensed Private Child Placing Agencies

To: Registry Check OCS Regional Office

From: American Adoptions, Inc Licensed Private Agency

Signature of Person Initiating this Request

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Applicant's signature: Witness: Date:

I, (Adoptive/Foster Mother Applicant) give permission for the Office of Community Services to release to American Adoptions, Inc confirmation of my State Central Record finding status.

I understand that my permission to release this information may be canceled at any time except when the information has already been released. My permission to release this information will expire: (no more than 90 days)

Applicant's signature: Witness: Date:

Parent or Couple: Mr.

First Name Middle Last

Other Names

Birthdate Race Social Security No.

Ms.

First Name Middle Maiden Last

Other Names

Birthdate Race Social Security No.

Address

City State Parish Zip

No Valid Record Found

Valid Record Found For

Name(s) DOB(s)

Circumstances:

Clearance Worker's Name & Signature

Date of Record Check

OCS Form 29-A Reissued: 9/2006 Replacing: 4/2006

This section reserved for other adult household members of foster family applicant

I, _____, give permission for the Office of Community Services to
 (Adult Foster Family Member)
 release to _____ confirmation of my State Central Record finding status.
 (Licensed Private Agency)

I understand that my permission to release this information may be canceled at any time except when the information has already been released. My permission to release this information will expire: ____/____/____
 (no more than 90 days)

Adult member's signature: _____ Witness: _____ Date: _____

* * *

I, _____, give permission for the Office of Community Services to
 (Adult Foster Family Member)
 release to _____ confirmation of my State Central Record finding status.
 (Licensed Private Agency)

I understand that my permission to release this information may be canceled at any time except when the information has already been released. My permission to release this information will expire: ____/____/____
 (no more than 90 days)

Adult member's signature: _____ Witness: _____ Date: _____

Adult Member(s): Mr./Ms./Mrs.

First Name	Middle/Maiden	Last	
Other Names			
Birthdate	Race	Social Security No.	

First Name	Middle/Maiden	Last	
Other Names			
Birthdate	Race	Social Security No.	
Address			
City	State	Parish	Zip

- No Valid Record Found
- Valid Record Found For

Name	DOB
Name	DOB

Circumstances: _____

Clearance Worker's Name & Signature

Date of Record Check

AUTHORIZATION FOR RELEASE OF INFORMATION for FBI

I, _____, authorize the FBI to release the results of the fingerprint search of Criminal Justice Information Services Division's files to the following individuals/ agency:

Individual/ Agency: **American Adoptions**
9101 W. 110th St. Suite 200
Overland Park, KS 66210
(800)-236-7846

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 USC Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 USC 522a(i)(3) by a fine of not more than \$5,000.

Your Signature: _____
(to be signed in the presence of a notary)

NOTARIZATION

Subscribed and sworn to before me this _____ day of
_____ of the year _____.

Signature of Notary: _____
Expiration Date of Commission: _____
(seal)

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Your Signature: _____
(to be signed in the presence of a notary)

NOTARIZATION

Subscribed and sworn to before me this _____ day of
_____ of the year _____.

Signature of Notary: _____
Expiration Date of Commission: _____
(seal)