



Thank you for considering American Adoptions for your home study! We look forward to helping you through the home study process. Here are a few key points as you begin:

- A home study determines your readiness to adopt and is necessary to complete any adoption. There are a series of documents and visits required, which we will assist you in completing.
- Getting started quickly on your home study documentation and planning ahead will help you avoid unnecessary delays through the process. We know you are eager to get through the adoption process, so please follow the directions carefully and accurately.
- The average time to complete the home study is 30-60 days. The estimated time frame to complete a home study depends on how quickly you start the process, gather documents, and complete in-home visits.

To help you get started, we have streamlined the process into two phases outlined below.

Phase I is contained within this packet. First, please complete and return the included home study application, agreement and application payment of \$250. Furthermore, please review and complete the required background checks per the included instructions. Once the Phase I packet and application fee payment are received, we will process your application and reach out to begin Phase II. These fees are non refundable.

Phase II will begin once your Phase I packet is processed. At this time, you will be invoiced for the remaining home study fee(s) outlined below. Once this full payment is received, we will assign you to a home study worker who will be in direct contact with you within two business days. We will assign your home study to the closest available social worker. During this phase, you will receive a second packet to begin gathering supporting documents and meet with your social worker in your home.

Schedule of Fees is provided below for the Standard Home Study package. Please see the enclosed Home Study Agreement for further explanation of fees and any additional fees that may apply.

Application: \$250

Due with submission of Phase I

Domestic Home Study: \$1,300

Due once Phase I is processed; upon receipt of invoice

Please note that travel costs associated with completing the home study and post-placement visits are charged at \$25.00 per hour of travel plus mileage. An invoice for travel costs will be sent once the location of the worker is determined.

American Adoptions accepts payment via credit card, personal check, and money order. If you would like to pay by credit card, please contact the Home Study Department, and they will provide an invoice for payment.

If you have any questions, do not hesitate to contact us at **1-800-ADOPTION** or email questions to homestudy@americanadoptions.com. We look forward to working with you.

Thank You,
The Staff of American Adoptions

	Parent 1	Parent 2
Full Legal Name (First, Middle, Last)		
Maiden Name or Any Other Names Used		
Social Security Number		
Driver's License Number		
Race and Gender		
Date of Birth		
City and State of Birth		
Marriage Date and Location		
Ever Been Divorced?	Y / N	Y / N
Highest Education Level		
Employer Name		
Occupation		
Work Phone Number		
Cell Phone Number		
Currently in Military	Y / N	Y / N
Previously in Military	Y / N	Y / N
Religion		
Height		
Weight		
Hair Color		
Eye Color		
Complexion		
Body Structure (i.e. Petite, Muscular, etc.)		
Ethnicity (i.e. Hispanic or Non-Hispanic)		
Heritage (Irish, Italian, etc.)		
Language(s) Spoken		
Citizenship		
Have you ever been arrested?	Y / N	Y / N
Have you ever been convicted of a crime?	Y / N	Y / N
Have you ever had an arrest expunged?	Y / N	Y / N
If YES, please explain:		
Have you ever initiated or completed a home study?	Y/N	If YES, when and with whom?

Other Household Members (children, residents, grandparents, etc)

Name	Gender	Birth Date	Relation to you (i.e. Child, etc.)	Adopted Date	Living in the home?
_____	M / F	_____	_____	_____	Y / N
_____	M / F	_____	_____	_____	Y / N
_____	M / F	_____	_____	_____	Y / N
_____	M / F	_____	_____	_____	Y / N

Are any of your children from a previous marriage? If so, please indicate above: Y / N

Do you have children outside the home or not listed above? Y / N

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

Parent 1	Parents Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

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

Parent 2	Parents Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

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

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

Payment is required prior to processing the home study application. American Adoptions will accept payment via credit card, personal check or money order. Please indicate your payment option below, sign and return the application and home study agreement.

- Payment by Credit Card (please contact the Home Study Department to receive instructions to pay online).
- Payment by Check or Money Order made payable to American Adoptions

Submission via email, mail, or fax is all acceptable options to submit the home study application and agreement.

American Adoptions
Attn: Home Study Department
7500 W. 110th Street
Suite 500
Overland Park, KS 66210
Fax: 913-383-1615
Email: homestudy@americanadoptions.com

By signing this application, you are verifying you were provided with the document: *Orientation Information for Prospective Georgia Adoptive Families* which included the following information:

- Services provided, eligibility requirements to receive services, and description of the procedures involved with adoption
- Types of children available for adoption
- Estimated time for assessment and process
- Legal procedures involved in adoption
- Minimum requirements and procedures for the home study
- Onboarding process including matching and placement
- Grievance Procedures
- Behavior Management Policy
- Georgia Adoption Reunion Registry
- Fee schedule and refund policy information

By signing this application, you are verifying you received the above orientation prior to submitting this application and fee and wish to proceed with the application process at this time.

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 AGREEMENT
AMERICAN ADOPTIONS OF KANSAS**

THIS HOME STUDY AGREEMENT (“Agreement”) is made by and between American Adoptions of Kansas, LLC d/b/a American Adoptions (hereinafter referred to as “American Adoptions”) and _____ (collectively referred to as “Adoptive Family” or “you”) on this ___ day of _____, 20__.

WITNESSETH:

WHEREAS, American Adoptions is a licensed domestic adoption agency;

WHEREAS, Adoptive Family desires to provide a stable, secure, and loving home to an adopted child; and

WHEREAS, it is the desire and intention of American Adoptions and Adoptive Family to have American Adoptions conduct a home study that will investigate Adoptive Family’s suitability for adoption of a child (or children) under the applicable laws, regulations, and guidelines;

NOW THEREFORE, in consideration of the mutual promises contained herein and with the intention of being legally bound hereby, American Adoptions and Adoptive Family agree as follows:

1. Home Study. Adoptive Family understands that the home study process is an assessment of Adoptive Family and their home as suitable for adoption. American Adoptions does not guarantee that this home study will result in Adoptive Family being recommended or approved for adoption. American Adoptions may decline approval of this home study for any reason. Adoptive Family understands that American Adoptions must comply with certain laws, regulations, and guidelines related to this home study. Adoptive Family agrees to hold harmless American Adoptions should Adoptive Family find the outcome of, or any individual finding within, this home study to be unfavorable. Adoptive Family agrees to hold harmless American Adoptions for any harm resulting from the communication of any finding discovered during the course of the home study to any governmental body, agency, or authority. Adoptive Family agrees to hold harmless American Adoptions for any harm resulting from the disclosure of the Home Study to third parties, including but not limited to adoption agencies, social workers, state agencies, federal agencies, and attorneys that may be involved in Adoptive Family’s adoption process. Adoptive Family agrees to cooperate with American Adoptions oral or written instructions or requests related to this home study. **ADOPTIVE FAMILY HAS A DUTY TO IMMEDIATELY UPDATE AMERICAN ADOPTIONS IF THERE ARE ANY SIGNIFICANT CHANGES TO ANY OF THE INFORMATION CONTAINED IN THE HOME STUDY OR ANY SERIOUS INCIDENTS INVOLVING THE ADOPTIVE FAMILY OR THE ADOPTED CHILD THROUGH FINALIZATION OF AN ADOPTIVE PLACEMENT.** Adoptive Family

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agrees that it will immediately notify American Adoptions of any such changes, including but not limited to any change to the following: criminal or child abuse records, medical status, employment status, marital status, the number or identity of persons who are household members, a change in the location of Adoptive Family's residence, or a significant change in Adoptive Family's finances. Adoptive Family understands that significant changes to the information in the home study may require a new home study, which would result in additional fees. Adoptive Family agrees that American Adoptions cannot be held liable for any harm or complications that arise from Adoptive Family's failure to fully or accurately disclose information used to prepare the home study. Adoptive Family understands that all documents provided to American Adoptions become the property of American Adoptions and American Adoptions may be required to retain these documents by applicable state laws or regulations.

2. Fees. Adoptive Family agrees to pay American Adoptions all fees before the related services are rendered. Adoptive Family will pay all fees by credit/debit card or personal check, cashier's check, money order, or wire transfer payable to American Adoptions. **ADOPTIVE FAMILY UNDERSTANDS THAT THE FEES PAID TO AMERICAN ADOPTIONS UNDER THIS AGREEMENT ARE NOT REFUNDABLE.** In order to maintain its level and scope of services, American Adoptions reserves the right to change all fees before the related services are rendered.

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3. Home Study Updates. It is the responsibility of Adoptive Family to keep their home study updated annually (sooner if there is a change in information, or if required by the relevant jurisdiction). It is Adoptive Family's responsibility to confirm how often their home study must be updated. To keep a home study updated, it is necessary for Adoptive Family to, within the applicable time period, have at least one home visit and update all documents that support or accompany the home study, including but not limited to all criminal records, child abuse records, physician's reports, insurance and registrations, and financial information. American Adoptions is happy to assist you with keeping your home study updated, but it is your responsibility to keep American Adoptions informed about: when the home study is set to expire; any significant dates or deadlines relevant to your adoption; any court requests or requirements; any significant family, work, health, or life changes; and when placement or finalization is scheduled to occur.

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4. Information about the Child or Birth Parent. Adoptive Family will obtain all information regarding a potential or prospective adoptive child or birth parent through either American Adoptions or the agency through which you will seek the placement. **Initial** ___/___

5. Information from the Adoptive Family. Adoptive Family will be required to disclose and provide a wide range of family and personal information to American Adoptions, social workers, attorneys and adoption professionals, as well as a family profile, photos and other written information. Adoptive Family agrees to assist in the gathering of needed information and, as necessary, to contact any parties from whom information is required. American Adoptions will consider requests that particular information regarding the Adoptive Family be kept confidential – e.g., address, social security number, last name, etc. – but cannot guarantee the confidentiality of the Adoptive Family’s information. Adoptive Family hereby authorizes American Adoptions to seek information from third parties relating to Adoptive Family’s suitability for adoption of a child (or children) under the applicable standards, laws, and regulations. Adoptive Family agrees to hold harmless American Adoptions and all such third parties should Adoptive Family find any such information to be unfavorable to Adoptive Family’s suitability for adoption under this Agreement. **Initial** ___/___

6. Time Frames. Adoptive Family understands that the time it takes to complete a home study varies according to a number of factors (some of which are beyond American Adoptions’ control), including but not limited to the following: the jurisdiction in which Adoptive Family resides, the speed with which Adoptive Family submits the appropriate documentation, and the time it takes to perform background checks. On average, it takes 4 to 8 weeks to complete a home study. Adoptive Family understands that American Adoptions cannot affect the speed with which states and the federal government process background checks, such as criminal and child abuse checks. Adoptive Family releases American Adoptions from any and all liability resulting from any delay in the processing of background checks. If Adoptive Family takes more than 3 months from the date of execution of this Agreement to submit the necessary documentation (typically submissions can be completed in 2 weeks), then Adoptive Family releases American Adoptions from any and all obligation to perform any further home study services and further agrees that all fees paid before the expiration of this three-month period will be non-refundable. **Initial** ___/___

7. Notification of Adoption Placement, Matching and Referrals. Adoptive Family acknowledges that state laws vary as to the types of persons and entities that may legally serve as adoption intermediaries, also known as “matching” or “referrals.” In many such cases, the home study provider (in this case, American Adoptions) is required to enter into a written agreement **Initial** ___/___

with the other matching entity, and to disclose to governmental officials the existence of that agreement, as well as the funds paid to the other matching entity. In order to avoid situations that may violate the laws of one or more states, or that involve unethical practices, Adoptive Family agrees to notify American Adoptions prior to contracting with, paying, or utilizing the services of any source of adoption opportunities, matches, or referrals. American Adoptions retains sole discretion to either approve, or to refuse to work with, any other matching or referral source, which approval shall not be unreasonably withheld. Should Adoptive Family contract with any person or entity of which American Adoptions does not approve, then American Adoptions shall have the right to terminate this Agreement for cause, resulting in termination of home study approval. Adoptive Family also agrees to notify American Adoptions immediately upon receipt of any adoption opportunity, potential match, or potential child referral. This ensures that American Adoptions can provide the appropriate services in a timely manner, including but not limited to ICPC services, post-placement services, and more. Adoptive Family agrees that if they fail to notify American Adoptions immediately at the time of referral, then American Adoptions will not be responsible for the timing of any post-placement visit, the completion of the home study, or any other harm related to or arising out of this failure. Adoptive Family agrees to pay American Adoptions an expedited scheduling charge of \$200 for expenses resulting from the last-minute processing of this information, with no guarantee that any requested services can be completed within the time requested by Adoptive Family.

8. Post-Placement Supervision. Adoptive Family acknowledges that they are required to have their post-placement visit(s) performed by American Adoptions. American Adoptions may be required to perform post-placement visits to satisfy licensing requirements, even if this is not required by your state or country's post-placement regulations. If you are adopting more than one child, there are additional fees for post-placement services. The number of post-placement visits is dependent on many factors, including but not limited to court jurisdiction and the state or country in which the adoption is being finalized. During the period of Post-Placement Supervision up until finalization, the Adoptive Family shall immediately notify American Adoptions of any significant changes to the home or any serious incidents involving the adoptive family or child and make the child available to American Adoptions upon request.

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9. Relocation. Prior to finalization of the adoption, Adoptive Family must notify American Adoptions of any pending or actual change to their primary residence as soon as they learn that a move will occur. A home visit must be conducted at the new residence and shall be accompanied by a home study update or addendum, or in some cases, a new home study, at the rates set forth herein. If Adoptive Family remains in or moves to a state where

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American Adoptions is licensed, then Adoptive Family agrees to pay American Adoptions for these services at the rates set forth herein. If Adoptive Family moves to a state where American Adoptions is not licensed, Adoptive Family must contact and contract with a properly-licensed adoption professional or agency in the new state, to obtain those services.

10. Medical Coverage. American Adoptions requires that Adoptive Family provide medical insurance for the child they wish to adopt. Adoptive Family must be willing to provide medical insurance on behalf of the child until the child reaches 18 years of age. 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 and authorized by such medical insurance. **Initial** ___/___

11. Mandatory Reporter Obligations Impact on Confidentiality. The Adoptive Family understands that American Adoptions, legal counsel, social workers and other agencies or individuals involved in their adoption process may find themselves in a situation where they reasonably believe they are legally required to report facts or circumstances that lead them to suspect that a child has been abused or neglected, and that, in such circumstances, they are no longer bound by confidentiality and must report information and cooperate with the appropriate officials. **Initial** ___/___

12. Best Interest. The Adoptive Family acknowledges and understands that circumstances may arise that require American Adoptions to take action that it deems to be in the best interest of the child, even though that action might appear to be in opposition to the Adoptive Family’s requests or best interests. The Adoptive Family agrees to waive this potential for conflict of interests as a condition to receiving services pursuant to this Home Study Agreement. **Initial** ___/___

13. Standard Home Study Fee Schedule **Initial** ___/___

A. Preliminary Application **\$250**

The application fee is paid upon the initial submission of the application by the Adoptive Family to begin home study services.

B. Domestic Home Study **\$1,300**

The standard domestic home study package includes the services typically needed to complete a domestic home study. Costs to run state clearances and expenses for the social worker’s travel to the Adoptive

Family's home will be paid separately at time of service.

The standard home study package fulfills the home study requirements for many domestic adoptions. However, some court systems, countries, and other adoption professionals require services in addition to the standard home study package.

14. Additional Services and Fees. American Adoptions will perform **Initial** services in addition to those included in the standard home study package per **___/___** the following fee schedule:

A. Home Study Case Management Services **\$500*** **Initial**
___/___

Case Management covers costs related to, but not limited to, preparation and provision of additional copies of home study, completion of forms and documents as requested by Adoptive Family and/or their placing entity, preparation and provision of home study to courts and other adoption professionals on behalf Adoptive Family and other associated tasks. This fee is due prior to American Adoptions completing forms or providing documents to other placing entities, courts or other adoption professionals on behalf of Adoptive Family. If Adoptive Family requires more than 3 hours of case management service, an additional hourly fee of \$100 will be incurred.

*If Adoptive Family is utilizing American Adoptions or its Affiliates for placement services, the home study case management fee is waived.

B. Home Study Update **\$750*** **Initial**
___/___

A home study update is a follow-up report to the initial home study and is often required if a placement has not occurred within one year of the initial home study. Some states require a home study update every six months. If the home study is more than 2 years old, a completely new home study must be completed.

*If Adoptive Family is utilizing American Adoptions or its Affiliates for placement services, the home study update fee is discounted to \$550.

C. Extensive Home Study Update

\$900*

Initial

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An extensive home study update may be necessary if you have, since your previous home study, placed an additional child in your home, moved, experienced a significant change in employment, or experienced other significant life changes. If the home study is more than 2 years old, a completely new home study must be completed.

*If Adoptive Family is utilizing American Adoptions or its Affiliates for placement services, the extensive home study update fee is discounted to \$700.

D. Addendum

Initial

—/—

Home Visit

\$300*

Telephonic/Video Conference

\$200*

An addendum may be required for minor changes in family status like a new job with similar pay and responsibility, a change in health insurance, or the request to be approved for additional child characteristics, etc.

*If Adoptive Family is utilizing American Adoptions or its Affiliates for placement, the addendums are discounted to \$250 for a home visit and \$150 for a telephonic/video conference.

E. Post-Placement Report

Initial

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Home Visit

\$350*

Telephonic/Video Conference

\$200*

Post-placement reports will be required after a child has been placed in your home. The exact number and timing of post placement reports are determined by the state involved. These post-placement reports are typically for the court and provide updates on the child and family. An additional charge of \$50 is added to the cost of the post-placement report for each additional child placed in your home through the adoption (e.g., twins, siblings, etc.).

*If Adoptive Family is utilizing American Adoptions or its Affiliates for

The Adoptive Family agrees they understand the fees listed above and agrees to pay all such fees to American Adoptions when the related services are rendered.

15. Forfeiture of Fees and Returned Checks. AS PROVIDED IN PARAGRAPH 2 ABOVE, THE FEES PAID BY ADOPTIVE FAMILY TO AMERICAN ADOPTIONS UNDER THIS AGREEMENT ARE NOT REFUNDABLE. If this Agreement terminates according to its terms (set forth below), or otherwise, all fees paid are forfeited to American Adoptions. Adoptive Family understands and specifically agrees to this forfeiture and further agrees to hold American Adoptions harmless, to indemnify American Adoptions, and to pay American Adoptions' reasonable attorney fees in the event that any person or entity sues American Adoptions for funds Adoptive Family paid and forfeited to American Adoptions under the terms of this Section. If a check is returned to American Adoptions because of insufficient funds, Adoptive Family will be charged a \$30 returned check fee.

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16. Other Service Providers. American Adoptions is not responsible for the conduct or services delivered by other service providers, including but not limited to video producers, video hosting services, attorneys, counselors, social workers, other adoption professionals, foster parents, foster care workers or others, relating to any and all services they provide, including but not limited to video production, video hosting, relinquishment, counseling (whether in-person or otherwise), consent, Home Study, foster care and surrender services. The Adoptive Family agrees that they will hold harmless and indemnify American Adoptions for any damages, costs or reasonable attorney fees American Adoptions incurs in connection with any legal proceeding Adoptive Family initiates against American Adoptions for any conduct of or services provided by another service provider.

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17. ICPC. The Interstate Compact on the Placement of Children ("ICPC") applies to domestic adoptions occurring across state lines. When the ICPC applies, Adoptive Family and the adopted child must remain in the state in which the adopted child resides until Adoptive Family's state of residence approves the placement. This process can take between 7 to 10 business days after the paperwork has been filed with the ICPC office, but there is no way to know for certain how long this process will take. Adoptive Family understands that the wait for ICPC approval is outside of American Adoptions' control and may be longer depending on the circumstances of the particular adoption. Adoptive Family understands that they need to work with the attorney or agency that placed the child with them on issues related to the ICPC.

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18. Government Offices. Adoptive Family understands that they are not allowed direct contact with any court office or ICPC office unless directed by American Adoptions, their attorney, an ICPC administrator, or a court officer. This Section has been included in this Agreement at the request of ICPC administrators and court clerks and allows them to process your case more efficiently. **Initial** ___/___

19. Orientation. Adoptive Family understands that state licensing requires the Adoptive Family to complete an orientation before beginning the Home Study process. The orientation is typically conducted in person and immediately prior to your initial home visit. In some instances, the orientation may consist of educational material and/or an online video or other resources. Adoptive Family agrees to timely complete all necessary home study orientations. **Initial** ___/___

20. Medical Release. Adoptive Family agrees that American Adoptions cannot guarantee the health of any child. Adoptive Family further agrees that American Adoptions is not responsible for any adopted child’s medical, psychiatric, health, behavioral or other problems, whether those problems are present at the time of placement or manifest themselves at some time thereafter. Adoptive Family also agrees that it will not rely on any representation of American Adoptions (or any representation of any employee, agent, or representative of American Adoptions) related to the health of any child. Adoptive Family hereby waives any and all claims and releases American Adoptions from any and all liability related to any adopted child’s medical or other condition(s), any medical or other economic expenses incurred by Adoptive Family, or any non-economic damages sustained by Adoptive Family. **Initial** ___/___

21. Record Retention. Adoptive Family understands that the home study file will be kept indefinitely by American Adoptions and that the Home Study will be officially categorized as “approved”, “denied” or “withdrawn” as appropriate. All records relating to the Home Study are the exclusive property of American Adoptions. Criminal history record information will be kept for two years and then destroyed. Should criminal history records be needed after that time, Adoptive Family will be required to re-run their criminal background checks. **Initial** ___/___

22. Term. The term of this Agreement (the “Term”) shall commence on the date of the execution of this Agreement and, unless one of the below-enumerated termination events occurs, shall continue in full force and effect until an adoption reaches finalization and all fees and obligations owed under this Agreement have been paid or fulfilled. **Initial** ___/___

23. Events That Give American Adoptions Discretion to Terminate This Agreement. American Adoptions may, in its sole discretion, terminate this Agreement, and retain all fees paid through the date of termination, if any of the following events occur: **Initial** ___/___

- a. Adoptive Family undergoes a divorce, annulment, or legal or other separation before American Adoptions completes its obligations under this Agreement;
- b. Adoptive Family refuses to timely provide American Adoptions with information necessary for home study;
- c. Adoptive Family fails to disclose information or provides incomplete, false or misleading information to American Adoptions;
- d. Adoptive Family commits any other material breach of this Agreement not specifically enumerated in this Section; or
- e. Adoptive Family violates in any way the confidentiality of a birth parent or attempts to independently gather information on a birth parent, as prohibited by this agreement.

24. Attorneys' Fees. In the event of the breach of this Agreement, the non-breaching party shall be entitled, in addition to any other remedy provided by law, to the recovery of all costs and attorneys' fees incurred in the enforcement of the non-breaching party's rights hereunder. **Initial** ___/___

25. Choice of Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Kansas as if it were made and wholly performed there without giving effect to any principle of conflict of laws that would require the application of the law of any other jurisdiction. **Initial** ___/___

26. Choice of Venue. The Parties agree that any action or proceeding arising out of or related in any way to this Agreement shall be brought in a state or federal court located in Johnson County, Kansas. The Parties hereby irrevocably and unconditionally waive any defense of an inconvenient forum, to the maintenance of any action or proceeding in such court, and objection to venue with respect to any such action or proceeding, and any right of jurisdiction on account of the place of residence or domicile of any party hereto. **Initial** ___/___

27. Illegality, Reform, and Severability. If any law or governmental regulation is adopted or any court decision is promulgated after the date of this Agreement, and such law, regulation or court decision makes this Agreement or a provision hereof illegal, the parties agree to use their best efforts to restructure this Agreement in such a manner that will avoid such illegality and, to the extent practicable, will preserve the existing financial and business relationships among them. In the event any provision contained herein is deemed by a court of competent jurisdiction to be illegal, then the parties each agree that such provisions may be reformed and modified and enforced by such court to the maximum extent permissible under applicable law and principles of equity. **Initial** ___/___

28. Drafting. No provision in this Agreement is to be interpreted for or against any party because that party, or that party's legal representative, drafted the provisions. **Initial** ___/___

29. Headings are for Reference Only. The headings to the various sections of this Agreement have been inserted for reference purposes only and shall not modify, define, limit or expand the expressed provisions of this Agreement. **Initial** ___/___

30. Entire Agreement and Modification. This Agreement and any attachments constitute the final and complete agreement between Adoptive Family and American Adoptions, supersede all previous agreements or understandings, and may be amended or modified only by a written agreement signed by all parties hereto. **Initial** ___/___

31. Non-Waiver. No provision of this Agreement shall be deemed to have been waived unless such waiver is contained in a written notice given to the party claiming such waiver has occurred, provided that no such waiver shall be deemed to be a waiver of any other or further obligation or liability of the party or parties in whose favor the waiver was given. **Initial** ___/___

32. Acknowledgement of Understanding. The Adoptive Family acknowledges that they have read and understand this Agreement and its legal effect, that all signatories are signing this Agreement freely and voluntarily, and that no party has any reason to believe that the other party did not freely and voluntarily execute this Agreement. **Initial** ___/___

THE PARTIES AGREE THAT THIS AGREEMENT IS FOR HOME STUDY SERVICES ONLY AND IS NOT AN APPLICATION FOR ADOPTION SERVICES OR ANY OTHER SERVICES NOT EXPRESSLY PROVIDED FOR HEREIN. ADOPTIVE FAMILY AGREES THAT AMERICAN ADOPTIONS IS NOT PROVIDING ACCOUNTING, LEGAL OR OTHER PROFESSIONAL SERVICES, AND THAT ADOPTIVE FAMILY IS RESPONSIBLE FOR ARRANGING AND PAYING FOR THESE OTHER SERVICES AS NEEDED. ADOPTIVE FAMILY UNDERSTANDS THAT THEY HAVE THE RIGHT TO INDEPENDENT COUNSEL. ADOPTIVE FAMILY UNDERSTANDS THAT THE FEES PAID TO AMERICAN ADOPTIONS UNDER THIS AGREEMENT ARE NOT REFUNDABLE.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first set forth above.

_____ Adoptive Parent	_____ Adoptive Parent	_____ Date
_____ American Adoptions Staff Member	_____ Title	_____ Date

Orientation Information for Prospective Georgia Adoptive Families

As a licensed child placing agency in the state of Georgia, we are required to provide certain additional orientation information to families about our agency prior to you proceeding further, this information is provided below. You will be asked to verify that you have received this information and had the opportunity to speak with an Adoption Coordinator prior to submitting a preliminary application and fee.

In addition, prior to going active with American Adoptions, you will receive additional education and orientation about adoption processes and American Adoptions procedures, including but not limited to legal procedures, home study procedures, and the matching and placement process. This information will be provided throughout the process via educational materials and manuals, namely, *"Preparing for A Successful Adoption"* available in your online account and provided via emails and conversations with your Adoption Coordinator and Specialist.

American Adoptions provides the following services throughout the state of Georgia:

Home study and Post Placement supervision
Counseling and Assessment for biological parents considering adoption
Matching and Placement services for voluntary private domestic adoption

Description of Procedures Involved in Adoption:

The following is a description of the procedures involved in adoptions: Adoptive family completes the home study process, receives an adoption match, accepts placement of a child, participates in post placement supervision visits, and finalizes the child's adoption.

Eligibility Requirements for Prospective Adoptive Parents:

Home study: Married or single persons; 21 years of age or older; pursuing a private domestic adoption

Placement: Legally married for 2 years; Between ages of 25-50 years of age; at least one parent is US Citizen; no more than 2 children

**Exceptions to these requirements may be granted on case by case basis. Speak with Adoption Coordinator for more information.*

Types of Children Available for Adoption:

The majority of children available for adoption through American Adoptions are healthy newborns and infants. Occasionally, American Adoptions will place children up to 5 years of age. While many biological parents inquire about adoption of older children, the percentage who move to placement is minimal. American Adoptions places children of all races and those with prenatal substance exposure as well as some minor special needs. A family will have the opportunity to speak with their Adoption Specialist as they select adoption preferences and are also encouraged to speak with medical professionals.

Estimated time for Assessment and Process:

Home Study: The amount of time it takes to complete varies according to a number of factors including; location of adoptive family, the speed with which the family submits documentation, and the time it takes to perform background checks. A family can complete a home study assessment in 4-8 weeks, but it can take longer based on the above mentioned factors.

Placement: The amount of time it takes to officially become active varies depending on how quickly the family submits documentation and completes necessary steps. Some families are ready to activate in 3 months and some will take much longer.

Legal Procedures Involved in Adoption:

There are many legalities and intricacies in adoption and every state has its own laws that govern how adoptions are performed. Legal procedures for an adoption will be dictated by what states are involved. In Georgia, a biological parent cannot sign surrenders until after birth and has a right to revoke within four days after signing the surrender. A family may finalize their adoption in Georgia after termination of parental rights and completion of

post placement supervision. The selection of legal counsel is an important decision and you are solely responsible for the legal proceedings necessary to lawfully adopt your child and the choice of a finalizing attorney.

Minimum Requirements and Procedures for the Home Study:

Phase I: The first step is to review, complete, and return the Phase 1 Home Study Packet and application fee which will be reviewed by a Home Study Coordinator. After the review, you will be invoiced for the home study fee and travel fee.

Phase II: Next, you will receive the Phase II Home Study packet which includes a home study manual, checklist, and required supporting documents including birth certificates, physician's reports, reference letters, background clearances, etc. You will be assigned to a local home study worker who will contact you within 2 business days to answer questions about the home study process and schedule the first visit (Georgia requires a minimum of 3 interviews on separate days for a home study). During the visits, the home study worker will meet and interview you and all members of your household (both together and separately) and complete a tour of the home. After the interviews are complete, the home study worker will review your documents and write the home study report. Once written, a copy of the report will be sent to you and the agency's supervisor for review. When the review process is complete, the home study report will be finalized and you will be notified via email of its completion. The final signed report will be provided to you electronically and can be sent via mail upon request.

Onboarding Process Including Matching and Placement:

American Adoptions provides matching and placement services to families working with the agency for placement. If you are working with American Adoptions for placement services, you will be provided an adoption preparation manual with additional information on the agency's process for onboarding, matching, and placement after receipt of your preapplication. Families will provide their adoption preferences and be shown to prospective birth parents who fit the criteria given. Biological parents select the adoptive family they want to place in most adoptions. If you are working with American Adoptions only for home study services, your placement professional should provide additional information on their matching and placement services.

Grievance Procedures:

As a licensed agency in the state of Georgia, all families working with American Adoptions may file a complaint. You may file a grievance by submitting a complaint in writing to the Executive Director who will review and notify the complainant no later than 30 days after it was filed. Further, the agency's licensing information for Georgia can be found on American Adoptions' website under Certifications.

Behavior Management Policy:

American Adoptions' discipline policy prohibits the use of corporal or unusual punishment. We believe that using positive discipline is healthier for the child; physically, developmentally and emotionally. The following actions are prohibited and shall not be used in any circumstances: Assignment of excessive or unreasonable work tasks; Denial of meals and hydration; Denial of sleep; Denial of shelter, clothing, or essential personal needs; Denial of essential services; Verbal abuse, ridicule, or humiliation; Restraint, manual holds, and seclusion used as a means of coercion, discipline, convenience, or retaliation; Corporal punishment; Seclusion or confinement of a child in a room or area which may reasonably be expected to cause physical or emotional damage to the child; or Seclusion or confinement of a child to a room or area for periods longer than those appropriate to the child's age, intelligence, emotional makeup and previous experience, or confinement to a room or area without the supervision or monitoring necessary to ensure the child's safety and well-being; Children shall not be permitted to participate in the behavior management of other children; and Emergency Safety Intervention (ESI).

When managing children's behavior, families should use American Adoptions suggested alternative methods: for newborns and infants: swaddling, holding and cuddling, gently rocking; for toddlers and older children: distraction, redirection, reasoning, "time-out", cause and effect learning techniques.

Georgia Adoption Reunion Registry:

American Adoptions completes open adoptions, however, the State of Georgia also maintains a voluntary Adoption Reunion Registry that makes it possible for birth parents and adoptees to be reunited when the adoptee

is 18 years of age. Contact will be possible only if both the adoptee and birth parent register. You may find more information about the Georgia Adoption Reunion Registry here: <https://www.ga-adoptionreunion.com/>

Fee Schedule and Refund Policy Information:

Fees listed here are subject to change prior to a family going active or upon an adoption match. Families are encouraged to speak with their specialist to get a better understanding of services and costs outlined below.

Standard Home Study Fee Schedule:

Preliminary Application	\$250	Payable upon initial submission of the application for home study services. This fee is nonrefundable.
Domestic Home Study	\$1,300	Payable when family submits initial documents to begin home study. Additional costs include: costs to run state clearances and mileage costs for social worker’s travel to adoptive family’s home. Once services have begun, these fees are nonrefundable.
Post Placement Report	\$350	Payable at time of each post placement visit; Additional costs include: mileage costs for social worker’s travel; \$50 for each additional child placed in home; \$300 is the cost for each post placement report if family receives placement through American Adoptions. These fees are nonrefundable.
Home Study Updates	\$750/ \$900	Payable when family begins home study update. If the family has experienced significant changes since the previous home study, an extensive home study update may be needed and the cost will be \$900. Additional costs include: Mileage for social worker’s travel to family’s home and costs to rerun clearances. These fees are nonrefundable.

Placement Services Fee Schedule:

Fees for placement services are paid in two different timeframes: Pre-Activation Stage and Post-Activation Stage.

Pre-Activation Stage:

Pre-Activation Stage is when a family prepares to activate with American Adoptions. Fees due during this stage cover costs for a family to join American Adoptions.

Preliminary Application	\$995	Payable to American Adoptions upon initial submission of the application to join the agency. This fee is nonrefundable unless family paid prior to orientation.
Home Study Review	\$300	Payable to American Adoptions for adoptive families who have their home study completed by another adoption professional will submit this fee to American Adoptions with their home study for review. This fee is nonrefundable.

Activation	\$5,000	Payable to American Adoptions once family has successfully completed steps to become active (Orientation, Adoption Planning Questionnaire plan, home study, print profile and video profile). This fee covers costs for services for activating a family. This fee is non-refundable and does not have an expiration date. The Activation Fee is valid until a family successfully adopts a child.
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Other Expenses due at this Stage:

Video Profile	\$1,995	Payable to Show Pro Media for the production of the family's video profile. This fee is nonrefundable once work on the video production has occurred.
Online Marketing Services	\$17,500	Payable to American Family Media when the family is ready to activate with American Adoptions. This fee goes directly toward advertising to locate prospective birth parents considering adoption. American Family Media oversees the marketing across various media platforms. This fee is nonrefundable, does not have an expiration date and is valid until a family successfully adopts.

Post-Activation Stage:

Post-Activation Stage occurs after activation and fees are required to be paid when an adoptive family accepts an adoption match. The total fees due during this stage are unique to each adoption and many of the costs are directly dependent on the particular match dynamics with the mother and state in which the adoption is to be completed. Families will set a maximum budget inclusive of all fees and costs related to a prospective match and due at this stage. If the match is disrupted, it may take 30-60 days to refund a family's fees, and if a new match arises during the interim, the fees may be transferred to that new match as a credit against that match.

Placement	\$12,000	Payable to American Adoptions when family accepts an adoption match from a licensed state, such as GA. Fee may vary by state. This fee is refundable if successful placement does not occur.
Support and Education	\$8,500	Payable to American Adoptions when family accepts an adoption match. This fee is refundable if successful placement does not occur.
Agency Administrative	\$8,500	Payable to American Adoptions when family accepts an adoption match. This fee is refundable if successful placement does not occur.

Other Expenses due at this Stage:

Risk Sharing	\$5,500	This fee is collected once at time of the family's first adoption match. This fee is nonrefundable, but will not be collected again on subsequent opportunities should the first match fail. This fee is subject to change. This fee allows the family to receive a refund of all living expenses, medical expenses, and legal fees up to \$5,000 paid out on an adoption match that does not lead to a successful placement. In the case of a disruption, the family may expect to receive the refund of the fees paid in for a disruption in 30-60 days.
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Living Expenses	varies	Provided to the expectant mother during and for a period directly after birth for pregnancy related living expenses. These costs vary based on the needs of the birth mother and the state laws.
Medical Retainers	varies	Fees collected to offset potential medical bills not covered by Medicaid or insurance for the biological mother's prenatal care, delivery and for the newborn child. Also covers assistance in helping her secure insurance coverage and for coordination of all medical billing and requests. Medical retainers can take up to two years to refund after a finalized adoption and will not be refunded until no earlier than thirty days after Finalization and American Adoptions is satisfied that all medical bills have been paid.
Legal Fees	varies	Fees collected to offset potential medical bills not covered by Medicaid or insurance for the biological mother's prenatal care, delivery and for the newborn child. Also covers assistance in helping her secure insurance coverage and for coordination of all medical billing and requests.

PHASE I - BACKGROUND CLEARANCE DIRECTIONS

The following are required for all persons residing in the home (18 years of age or older). Please note background checks must be less than 6 months old at the time of home study completion.

Federal (FBI) Fingerprint Check

Federal (FBI) fingerprints are required for all persons residing in the home (18 years of age or older). Please follow the below directions:

1. Go online to: <http://www.fieldprintfbi.com>
2. Click "Schedule Appointment"
3. If this is your first time here, you will need to create a new user profile by clicking "Sign Up". Returning users can Log In and skip the sign-up process.
4. Create username and password. Save this information as you will need this to view your results later.
5. Log in to your account
6. Select "Continue Without Fieldprint Code"
7. Enter your demographic information.
 - a. For "Request Details" select:
 - i. Reason for Request*: Adoption of a Child in the U.S.
 - ii. Is this request for employment, licensing, or an apostille?*: No
 - iii. How did you hear about Fieldprint?*: Provider
8. Schedule your appointment
9. Go to your appointment with an approved ID (acceptable IDs provided on Fieldprint website). Once an appointment has been made, you may not change or cancel less than 24 hours before the time without incurring an extra charge.
10. You will receive an email within a few days to log back into Fieldprint to view your results (this link is only valid for 30 days).
11. Click "View Results" and enter your assigned PIN number.
12. Save your results as they will not be accessible on the website after 30 minutes of viewing.
13. Submit a copy of your results to American Adoptions with your completed Phase 1 packet.

Georgia State Criminal History Record (GCIC)

The GCIC check is required for all persons residing in the home (18 years of age or older) and runs a background check for the entire state of Georgia. Contact your local police or sheriff's department and ask how to complete your GCIC check as each department has a different process. Submit a copy of your results to American Adoptions with your completed Phase 1 packet.

Georgia Child Abuse Clearance

Please visit the below website and select “CPS History Request Application” to download the clearance form. All persons residing in the home (18 years of age or older) must complete their own form. The form must be signed in ink and all other information can be completed electronically or handwritten (even though the form says electronically only, handwritten is okay.)

Submit a copy of your form(s) to American Adoptions with your completed Phase 1 packet as we will submit this to Georgia on your behalf.

<https://dfcs.georgia.gov/services/child-abuse-neglect/georgia-adam-walsh>

For the agency section, please fill out the below information:

NAME: Hannah Carpio

TELEPHONE#: 1-800-236-7846

EMAIL ADDRESS: homestudy@americanadoptions.com

NAME OF AGENCY: American Adoptions

STREET ADDRESS: 191 Peachtree St NE 14th Floor, #14023

CITY/STATE/ZIP CODE: Atlanta, GA 30303

Georgia 911 Call Log Search

The Georgia 911 Call Log Search is required for all persons residing in the home (18 years of age or older) and must be completed for all current and past Georgia addresses resided at within the last 5 years. This is conducted by the local police, sheriff's department, or 911 communications unit depending on the city and county of residence.

Please contact each applicable agency and ask their procedure for obtaining your 911 Call Log report. On the request, you will need to specify your address(es), that the request is for the purpose of adoption, and the dates you need checked (last 5 years). Some departments do not keep records this long. If the department does not keep records for 5 years, please ask for all of the records they are able to provide.

Results will be provided directly to you. Please submit copies of your results to American Adoptions with your completed Phase 1 packet.

Notice of Privacy Practices Georgia Department of Human Resources

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE DEPARTMENT AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice is effective April 14, 2003. It is provided to you pursuant to provisions of the Health Insurance Portability and Accountability Act of 1996 and related federal regulations. If you have questions about this Notice please contact the Legal Services Office at the address below.

The Department of Human Resources is an agency of the State of Georgia responsible for numerous programs that deal with medical and other confidential information. Both federal and state laws establish strict requirements for most programs regarding the disclosure of confidential information, and the Department must comply with those laws. For situations where more stringent disclosure requirements do not apply, this Notice of Privacy Practices describes how the Department may use and disclose your protected health information for treatment, payment, health care operations and for certain other purposes. This notice also describes your rights to access and control your protected health information, and provides information about your right to make a complaint if you believe the Department has improperly used or disclosed your "protected health information." Forms are available upon request to the contact persons identified in Section 3 to assist you in exercising your rights or filing a complaint. Protected health information is information that may personally identify you and relates to your past, present or future physical or mental health or condition and related health care services. The Department is required to abide by the terms of this Notice of Privacy Practices, and may change the terms of this notice, at any time. A new notice will be effective for all protected health information that the Department maintains at the time of issuance. Upon request, the Department will provide you with a revised Notice of Privacy Practices by posting copies at its facilities, publication on the Department's website, in response to a telephone or facsimile request to the Privacy Office, or in person at any facility where you receive services from the Department.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by the Department, its administrative and clinical staff and others involved in your care and treatment for the purpose of providing health care services to you, and to assist in obtaining payment of your health care bills.

Treatment: Your protected health information may be used to provide, coordinate, or manage your health care and any related services, including coordination of your health care with a third party that has your permission to have access to your protected health information, such as, for example, a health care professional who may be treating you, or to another health care provider such as a specialist or laboratory.

Payment: Your protected health information may be used to obtain payment for your health care services. For example, this may include activities that a health insurance plan requires before it approves or pays for health care services such as; making a determination of eligibility or coverage, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Health Care Operations: The Department may use or disclose your protected health information to support the business activities of the Department, including, for example, but not limited to, quality assessment activities, employee review activities, training, licensing, and other business activities. The Department may use a sign-in sheet at the registration desk at any facility where services are provided. You may be asked to provide your name and other necessary information, and you may be called by name in the waiting room when a staff member is ready to see you, and your protected health information may be used to contact you about appointments or for other operational reasons. Your protected health information may be shared with third party "business associates" who perform various activities that assist us in the provision of your services. Other uses and disclosures of your protected health information will be made only with your written authorization, which you may revoke in writing at any time, except as permitted or required by law as described below.

Other Permitted or Required Uses and Disclosures with Your Authorization or Opportunity to Object:

The Department may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Unless you object, the Department may disclose protected health information for a facility directory or to a family member, relative, or any other person you identify, information related to that person's involvement in your health care and may use or disclose protected health information to notify or

assist in notifying a family member, personal representative or other person responsible for your care of your location, general condition or death. The Department may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. Objections may be made orally or in writing.

Permitted or Required Uses and Disclosures without Your Authorization or Opportunity to Object:

The Department may use or disclose your protected health information without your authorization when required to do so by law; for public health purposes; to a person who may be at risk of contracting a communicable disease; to a health oversight agency; to an authority authorized to receive reports of abuse or neglect; in certain legal proceedings; and for certain law enforcement purposes. Protected health information may also be disclosed without your authorization to a coroner, medical examiner or funeral director; for certain approved research purposes; to prevent or lessen a threat to health or safety; and to law enforcement authorities for identification or apprehension of an individual.

Required Uses and Disclosures: Under the law, the Department must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine the Department's compliance with the requirements of the Privacy Rule at 45 CFR Sections 164.500 et. seq.

2. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. Upon written request, you may inspect and obtain a copy of protected health information about you for as long as the Department maintains the protected health information. This information includes medical and billing records and other records the Department uses for making medical and other decisions about you. A reasonable, cost-based fee for copying, postage and labor expense may apply. Under federal law you may not inspect or copy psychotherapy notes; information compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding, or protected health information that is subject to a federal or state law prohibiting access to such information.

You have the right to request restriction of your protected health information. You may ask in writing that the Department not use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations, and not to disclose protected health information to family members or friends who may be involved in your care. Such a request must state the specific restriction requested and to whom you want the restriction to apply. The Department is not required to agree to a restriction you request, and if the Department believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted, except as required by law. If the Department does agree to the requested restriction, the Department may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. Upon written request, the Department will accommodate reasonable requests for alternative means for the communication of confidential information, but may condition this accommodation upon your provision of an alternative address or other method of contact. The Department will not request an explanation from you as to the basis for the request.

You may have the right to request amendment of your protected health information. If the Department created your protected health information, you may request in writing an amendment of that information for as long as it is maintained by the Department. The Department may deny your request for an amendment, and if it does so will provide information as to any further rights you may have with respect to such denial.

You have the right to receive an accounting of certain disclosures the Department has made of your protected health information. This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, excluding any disclosures the Department made to you, to family members or friends involved in your care, or for national security, intelligence or notification purposes. Upon written request, you have the right to receive legally specified information regarding disclosures occurring after April 14, 2003, subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from the Department, upon request. all written requests regarding your rights, as set forth above should be sent to the DHR Division, Office or facility that maintains your PHI.

3. Complaints

You may complain to the Department and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing with the DHR Division, Office or facility that maintains your PHI. You must state the basis for your complaint. The Department will not retaliate against you for filing a complaint. You may contact the Division, Office or facility **Privacy Coordinator** or the Department's **Legal Services Office** at telephone (404) 656-4421, facsimile (404) 657-1123, or by mail to **2 Peachtree Street NW, Room 29.210, Atlanta, Georgia 30303-3142** for further information about the complaint process or this notice. Please sign a copy of this Notice of Privacy Practices for the Department's records.

I have received a copy of this Notice on the date indicated below.

Signature

Date



Name of Individual

Name of Individual

IF AVAILABLE

N/A

N/A

ID Number Used by
Requesting Agency

ID Number Used by
Releasing Agency

I hereby request and authorize:

National and Georgia Sex Offender Registries; Georgia DFCS

(Name of Agency Holding Information)

websites; 2 Peachtree St NW Suite 19-490, Atlanta, GA 30303

(Address)

to provide to: American Adoptions

(Name of Agency Requesting Information)

191 Peachtree St NE 14th Floor, #14023

(Address)

The following types(s) of information from my records (and specific portions thereof):

Sex Offender Registries (National and Georgia) and Georgia Child Abuse Registry

for the purpose of: ADOPTION HOME STUDY

I understand that the federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for. (PLEASE CHECK ONE)

ninety (90) days unless I specify an earlier expiration date here: _____

(Date)

one (1) year.

the period necessary to complete all transactions on matters related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

(Signature of Witness)

(Date)

(Signature of Individual)

(Date)

(Title or Relationship to Individual(s))

(Signature of Individual)

(Date)

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

(Signature of Individual)

(Date this Authorization is Revoked)

(Signature of Individual)

(Date this Authorization is Revoked)

PHASE I - HOME STUDY PACKET CHECKLIST

The following items must be returned together to American Adoptions to begin the home study process. Each item must be signed and initialed in ink (electronic signatures are not accepted).

- Home Study Application
- Home Study Agreement
- Copy of FBI fingerprint result(s)
- Copy of GCIC result(s)
- Child Abuse Request form(s) – One per household member 18 years and older
- Georgia 911 Call Log Search result(s)
- Notice of Privacy Practices form – One per household member 18 years and older
- Georgia Department of Human Services release (Form 5459R Adoptions)– One per household member 18 years and older
- Copy of Driver's License(s) for all household members 18 years and older
- Home Study Application fee (\$250)

Please submit each of the above items together to American Adoptions:

American Adoptions
Attn: Home Study Department
7500 West 110th Street
Suite 500
Overland Park, KS 66210
Fax: 1-800-236-7846
homestudy@americanadoptions.com