

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

Adopting Father Information:

Full legal name: _____

Social Security number: _____ Driver's license number: _____

Date of birth: _____ Salary: _____

Work phone number: _____ Cell phone number: _____

Adopting Mother Information:

Full legal name: _____

Maiden name: _____ Other names: _____

Social Security number: _____ Driver's license number: _____

Date of birth: _____ Salary: _____

Work phone number: _____ Cell phone number: _____

Other Children in the Family:

Legal name: _____ Date of birth _____

Adopted? Yes No If yes, date of adoption: _____ Gender: Male Female

Legal name: _____ Date of birth _____

Adopted? Yes No If yes, date of adoption: _____ Gender: Male Female

Legal name: _____ Date of birth _____

Adopted? Yes No If yes, date of adoption: _____ Gender: Male Female

If any of your children are adopted, who did you work with (agency, private attorney, etc.)?

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

Do these children primarily reside in your home? Yes No

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

If you answered yes to either question, please contact the home study coordinator so we may provide you any additional steps that may be necessary to continue the home study process.

Adoption information:

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

- Caucasian
- African American
- Hispanic
- Asian
- Other

Please rate your level of comfort with the following situations on a scale of 1 to 10, 10 being the most comfortable.

How flexible are you concerning general medical conditions either in the birth parents or the child? (please circle)

1 2 3 4 5 6 7 8 9 10

How flexible are you concerning alcohol use in the birth parents? (please circle)

1 2 3 4 5 6 7 8 9 10

How flexible are you concerning drug use in the birth parents? (please circle)

1 2 3 4 5 6 7 8 9 10

How flexible are you concerning contact with the birth parents? (please circle)

1 2 3 4 5 6 7 8 9 10

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

- Twins
- Premature
- Special needs (mild, correctable)
- Sibling group

You can now complete step one of the home study process by signing this document and returning 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, ATTN: Home Study Coordinator, 9101 W. 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

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. Unless otherwise stated, these services range from \$20 to \$250. If you would like a more complete fee break down you may call for an itemization.

1. Home study update - 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. International updates (when accepted) are \$600 and domestic are \$400.
2. Telephonic update - An update that is performed telephonically.
3. Addendum to home study - Requested addition to a completed home study.
4. Post placement visits - 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. Domestic are \$250 and international are \$350 plus travel reimbursement.
5. Court report - 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.
6. Rewriting of home study or post placement - Some clients or other adoption professionals will request a rewrite of a home study to better comply with standards they may face in a particular court system or country.
7. Forwarding a home study - In some cases, families change adoption professionals or request we forward additional (more than the standard home study package contains) copies of their home study.
8. Court appearance by social worker - Some courts require the home study worker to appear in court.
9. State department authorization letter - Needed only for some international home studies (depending on the country).
10. Apostil documents - The objective of the apostilling procedure is to guarantee authenticity and dual execution of notarized documents. (For international adoptions only)
11. Miscellaneous - 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. Extra charge per additional home visits over the state standard.

**AMERICAN ADOPTIONS IS CURRENTLY CLOSED APPLICATIONS FOR:
UKRAINE, RUSSIA AND KAZAKHSTAN**

This Section for International Home Studies Only

What Country are you adopting from? _____

Who is your International Placing Agency? Name: _____

Address: _____

Contact Person: _____ Phone number: _____

Email address: _____

What age of child(ren) are you considering? _____

Do you have a gender preference? Yes No If yes, please circle: Male Female

Please contact your international placing agency at this time to request the specific requirements necessary for American Adoptions to complete your home study. International placing agencies know the specifics for each Country that they work in and those specifics are generally quite different than what is typically done for a domestic home study. American Adoptions requires that you provide this specific information in writing to your home study worker at the first home visit in order to avoid potential rewrites and delays in completing the written home study report.

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: _____

Email: _____

STEP 2

Complete and forward the attached forms per these instructions

Background checks required: Child Maltreatment Central Registry, State Criminal Records Check, Sex Offender Registry Check and FBI. Complete and forward the Authorization for Release of Confidential Information contained within the Arkansas Child Maltreatment Central Registry and the Arkansas State Police Record Check. Follow the directions to complete your FBI background checks and run your Sex Offender search on line per the directions. The clearances can be processing while you complete the other steps of the home study process. Please note these background checks must be less than six months old at the time the home study report is completed.

NOTE: Several copies of the Authorization for Release of Confidential Information contained within the Arkansas Child Maltreatment Central Registry forms are enclosed and one must be completed for each person living at your residence 10 years of age or older.

Authorization for Child Maltreatment Central Registry – Complete the enclosed form in its entirety. There is a \$10.00 fee for each form submitted. Mail to:

**Arkansas Child Maltreatment Central Registry
P.O. Box 1437
Slot S 566
Little Rock, AR 72203**

Arkansas State Police Record Check – There are three options to choose from to obtain this background check as explained below.

NOTE: Several copies of the Arkansas State Police Record Check forms are enclosed and one must be completed for each person living at your residence 16 years of age or older.

On-line:

American Adoptions is authorized to run criminal background checks (CBC) on your behalf through an on-line service provided by the Arkansas State Police. These results are provided immediately to our office. This is the fastest way to obtain your criminal history. There is a \$22.00 per person fee for this service. You may add the \$22.00 per person to your home study payment or you can pay for these separately. When paying separately please make your check or money order payable to American Adoptions, Inc. You are required to complete the Arkansas State Police form enclosed (one per person aged 16 and older residing in your home) and forward it to our offices so we can run your background check for you. You will be notified only if you have a record and given additional instructions at that time.

Mailing:

Complete the Arkansas State Police form enclosed (one per person) in its entirety. The signature on the form must be notarized. There will be a \$25.00 fee for each form submitted (check or money order made payable to the Arkansas State Police).

Any request submitted through the mail, must have the signature on the form notarized. You must also enclose a return, self addressed, stamped envelope (American Adoptions, 9101 W. 110th St., Suite 200, Overland Park, KS 66210). The mail procedure can take 10 – 14 business days to process and receive the report back to our offices. Complete the enclosed forms and payment, and mail to:

**Arkansas State Police
Identification Bureau
#1 State Police Plaza Drive
Little Rock, AR 72209
501-618-8500**

In person:

If the request is presented in person, the person requesting must present a photo ID issued by a government agency. Business hours are Monday through Friday from 7:30 am to 4:30 pm. You may not submit the request to your local Troop headquarters or Arkansas State Police Criminal Investigation Division. Take your notarized form, fee and photo ID to:

**Arkansas State Police Headquarters
I-30 and Geyer Springs Road (exit 133)
Little Rock, AR**

You should be able to wait for your results depending on how busy the department is at the time of your visit. Once you have received your results, please fax a copy to American Adoptions (913-383-1615) and forward the original clearances to us by mail.

Sex Offender Registry Search - You are required to run a Sex Offender Registry Search on all members of your household who are 10 years of age or older. Please go to the Arkansas Crime Information Center website and run this search instantly online. Go to www.ACIC.ORG and click on the gray tab titled “Sex Offender Registry”. Then click on “Sex Offender Search” which is the first red, underlined option. The site will ask you to agree to the terms and conditions of the site, please click “I agree”. Complete the cells regarding the specific information and click “search”. If there is no record, this message will appear near the top of the page: **No results were found for your search criteria.** Please print off this page as proof of no record and add it to the rest of your supporting documents. Should you or someone in your household appear as a registered sex offender, please alert the home study coordinator immediately. You will need to print off the results of your sex offender search and forward them to the home study coordinator at the National Offices.

Federal Bureau of Investigation Check-go to www.fbi.gov/hq/cjisd/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.

****Note:** If during the course of your criminal and child maltreatment screening process this office receives a “hit” on an applicant, the main office will be notified as will the person with the hit.

Our licensing agent will also receive a copy of the offense. The applicant must then be prepared to be interviewed by the State of Arkansas licensing agent as well as appear in person before the Board for a final decision. The State of Arkansas is the final authority when it comes to approving or denying a home study when there is a background record involved. In addition, you will be asked to provide probation reports, court documents, counseling reports and evaluations regarding the issue of the background hit. The home study procedure will be suspended until the outcome of the State has been determined. Those documents will also be forwarded to your home study 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.

CHILD MALTREATMENT BACKGROUND CHECK REQUEST

SEND TO: CENTRAL REGISTRY
P.O. BOX 1437, SLOT S566
LITTLE ROCK, AR 72203

SEND TRUE REPORT TO: CHILD WELFARE LICENSING UNIT
398 EAST SECOND ST.
BOONEVILLE, AR 72927

LICENSING SPECIALIST: SHIRLEY PRESTON

PHONE: 479 675-3091

PROVIDE THE FOLLOWING INFORMATION FOR THE PERSON TO BE CHECKED:

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

MAIDEN NAME _____ ALIASES _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

RACE _____ SEX: MALE _____ FEMALE _____

ADDRESS: (STREET/APARTMENT) _____ (CITY) _____ (STATE) _____ (ZIP) _____

FULL NAMES OF OWN CHILDREN _____ DOB _____ SOCIAL SECURITY NO. _____

I hereby authorize the Arkansas Child Maltreatment Central Registry to release any information contained in their files concerning the undersigned and any birth/legal children ages 10 through 17 who now or have resided in my home to the Child Welfare Licensing Unit of the Arkansas Department of Health and Human Services. Also, I understand that the name of any confidential informants will not be released.

SIGNATURE OF PERSON TO BE CHECKED _____ DATE _____

CHILD WELFARE AGENCY REQUESTING REPORT _____ AGENCY REPRESENTATIVE TO RECEIVE REPORT _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

STATE OF _____ COUNTY OF _____

ACKNOWLEDGED BEFORE ME ON THIS _____ DAY OF _____ MONTH _____ YEAR _____

MY COMMISSION EXPIRES _____ -- _____ -- _____
NOTARY PUBLIC

ADDITIONAL ADDRESSES FOR PAST SIX YEARS: START WITH MOST RECENT OTHER THAN PRESENT ADDRESS AND CONTINUE IN THE SAME ORDER

STREET ADDRESS/APT #

CITY

STATE

ZIP CODE

1. _____

2. _____

3. _____

4. _____

5. _____

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DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

RACE _____ SEX: MALE _____ FEMALE _____

ADDRESS: (STREET/APARTMENT) _____ (CITY) _____ (STATE) _____ (ZIP) _____

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CITY

STATE

ZIP CODE

1. _____

2. _____

3. _____

4. _____

5. _____



ARKANSAS STATE POLICE

ASP-122 (Rev. 11 / 05)

Identification Bureau Individual Record Check Form

Full Name: First Middle Last Name Maiden/Other

Date of Birth: State of Birth: Race: Sex:

Social Security #: Driver's License #: State

Mailing Address: Street City State ZIP

Daytime Phone #: ()

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY :

Name: (First / MI / Last Name) or Full Name of Agency

Mailing Address: Street City State ZIP

Signature: (First / MI / Last Name) Date: (Month / Day / Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF COUNTY OF §

AR920310Z CHILD WELFARE LICENSING 398 EAST SECOND ST. BOONEVILLE, AR 72927

Subscribed and sworn before me, a Notary Public, in and for the county and state

aforsaid, this the day of , 20 .

Notary Public

82001 Civil Record Check



ARKANSAS STATE POLICE

ASP-122 (Rev. 11 / 05)

Identification Bureau Individual Record Check Form

Full Name: First Middle Last Name Maiden/Other

Date of Birth: State of Birth: Race: Sex:

Social Security #: Driver's License #: State

Mailing Address: Street City State ZIP

Daytime Phone #: ()

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Name: (First / MI / Last Name) or Full Name of Agency

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Signature: (First / MI / Last Name) Date: (Month / Day / Year)

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82001 Civil 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)