



789 E. 2nd Street
Reno, NV 89502
775-825-4673
Fax: 877-735-9426
info@adoptionchoicesofnevada.org

222 S. Rainbow Blvd. Suite 115
Las Vegas, NV 89145
702-474-4673
877-735-9426

Dear Prospective Adoptive Parents:

Thank you for your interest in our adoption programs. You will find attached a copy of the application, abbreviated policies and supporting documents. The application and supporting documents will need to be returned to our agency if you wish to make application with our agency.

If you have any questions regarding the process or procedures, you may contact us at any time. We look forward to working with you in building your family through adoption.

Warmly,

Staff of Adoption Choices of Nevada

ABBREVIATED POLICIES AND PROCEDURES OF ADOPTION CHOICES OF NEVADA

INTRODUCTION

The purpose of Adoption Choices of Nevada is to assist in the placement of infants with adoptive families. We believe each child, notwithstanding his or her family background, physical limitations, ethnic origin or class status, is worthy of love and deserves to have a happy and safe home. Adoption Choices of Nevada is committed to assisting couples and individuals seeking to find that special child for their family. The staff of Adoption Choices of Nevada is committed to each family and supports and guides them throughout the entire adoption journey and beyond.

PLACEMENT

It is the policy of this agency to place children with adoptive families selected by either the birth parent/s or the agency based on the type of adoption chosen. The birth parent/s has final approval of the adoptive family. Thereafter, the adoptive family will be contacted and given all available medical and social history of the birth parent/s and will be asked if they want to proceed with this adoptive match. If proceeding; both the Agreement for Adoption Placement and final Estimated Expense Exhibit A will be sent for final review and approval. The signed Agreement for Adoption Placement and Exhibit A must be return with the identified fees within 7 days. At that time if all parties agree and time allows, the adoptive parents will come to Nevada for a personal interview with the Executive Director/Social Service Director, followed by a meeting with the birth mother, and the Agency's birth parent counselor. If time does not allow, then a phone conference will be arranged where the following information will be discussed: openness of the adoption, legalities of the adoption, rules and regulations of the Agency, counseling for the birth mother, and all other aspects relating specifically to adoptions in Nevada.

Eligibility Requirements:

1. If applicable, Co-Applicants shall be married for at least two (2) consecutive years.
2. Applicants must be US citizens or have proper proof of Resident Alien cards or Visas.
3. Applicants shall be at least twenty-one (21) years of age.
4. Applicants shall have a minimum combined family income of at least \$20,000.00.
5. Applicants shall maintain a minimum life insurance policy of \$20,000.00.
6. Each Applicant shall be a high school graduate or possess a GED equivalency.
7. If applicable, Applicants shall be provided information regarding United States Immigration Naturalization Service requirements for international adoption.

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

COMPLAINTS FROM ADOPTIVE APPLICANTS

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

Despite every effort made to provide quality services, situations may arise in which any or all parties concerned become frustrated or dissatisfied. Should adoptive applicants become displeased with any aspect of the adoption process, they are encouraged to discuss these matters with the Agency staff member who is working with their adoption. If resolution or understanding does not occur, the applicants may speak with the Executive Director/ Social Service Director about their concerns. Every reasonable effort will be made to reach an understanding and resolve whatever problems have arisen. If no satisfactory resolution is achieved upon written request of the applicants a more formalized review will take place.

Formal Review Procedures:

1. The Agency review will include a face-to-face meeting with the party requesting the Agency review, the adoptive family caseworker, and the Executive Director of the Agency, or designee.
2. The Executive Director, or designee, will render a written decision, including the reason for the decision. The decision will be based upon the evidence presented at the review. A copy of the decision will be provided to all parties within fifteen (15) days.
3. All documents related to notifications regarding rights to an Agency review and written decisions of the Agency review will be maintained in the adoptive applicant's case file.
4. Alleged violations of licensing requirements may be reported to the Nevada Department of Human Services, Division of Child Care at 775-684-4431.

Geographic Area of Families to be Served: Families seeking adoptive services will be served throughout the United States, and United States citizens will be served worldwide. Adoption Choices of Nevada is a Licensed not for profit agency serving the entire State of Nevada.

Additional Adoption Services: In addition to previously discussed services, below is a listing of other services provided to the adoption applicants prior to finalization of their respective adoptions:

1. Information about availability of children in particular localities, including the critical need for parents for some of these children;
2. Information about the completion of procedures before adopting a foreign child;
3. How to collect appropriate documentation;
4. Preparation of certain documents on behalf of clients;
5. Examination of all required documents for thoroughness;
6. Assistance with certain authentication procedures, as required by the child's home state;
7. Submission of documents to appropriate authorities;
8. On-going information regarding the progress of their applications;
9. Information about the child proposed for adoption by the appropriate organization in the child's home state; and
10. Advice about traveling to the child's home state.

BEHAVIOR MANAGEMENT

The Agency's policy concerning the behavioral management of children is to discourage applicants from using physical punishment such as shaking, striking, or cruel treatment, harsh, humiliating, cruel, abusive or degrading language, denial of food, shelter or sleep, assignment of degrading or unnecessary work tasks inappropriate to the child's age or ability, medications or chemical agents, forced isolation, mechanical restraints, or extreme physical exercise. The Agency encourages applicants to lovingly discipline their child with age-appropriate punishment such as object removal, time-out or cooling-off time, or the denial of privileges such as television and/or special treats. If cooling-off time is used it should be for only a short duration, and the

room should be left unlocked.

SERVICES FOR SPECIAL NEEDS CHILDREN

Adoption Choices of Nevada is committed to identifying and assisting in the placement of special needs children. Specific factors or conditions creating special needs include, but are not limited to, the child's ethnic background, age, membership in a minority or sibling group, or medical condition (physical, mental or emotional disability). The Agency makes every effort to place siblings with the same adoptive parent/s. If this is not in the best interest of the siblings, the record includes efforts made and the reasons and supporting evidence for separate placements. If placement of siblings together is impossible, the Agency discusses with the adoptive parent/s the importance of siblings maintaining contact. When siblings cannot be placed together, the Agency prepares a written statement, to be signed by the adoptive parent/s and an Agency representative, verifying that the family will encourage and allow on-going contact between the siblings unless it is not in their best interest.

SERVICES PROVIDED TO RELINQUISHING PARENT(S)

The Agency's services to relinquishing parents may include, but are not limited to:

- A. Casework services to the parent to reach a decision regarding plans for the child and to ensure that a relinquishing parent understands the meaning of relinquishment of parental rights as irrevocable (when such counseling is not possible or is contraindicated, the reasons are documented in the case record);
- B. Casework services to help each birth parent meet his or her physical, emotional, and material needs.
- C. When indicated and lawful, the Agency assists the mother/father in obtaining:
 - 1. Living arrangements away from her/his home;
 - 2. Medical care, including prenatal, obstetrical, dental, and hospital care;
 - 3. Mental health services;
 - 4. Vocational planning;
 - 5. Legal Consultation prior to relinquishment;
 - 6. Financial assistance;
- D. Birth Parent counseling services to ensure that relinquishing parents understand the Agency's policy on open and closed adoptions and state law regarding openness.

OPEN AND CLOSED ADOPTION

It is the Agency's policy to be sensitive to the expectations of openness for all members of the adoption triad. In most instances, the policy of openness will be determined by the comfort level between the birth parents and the adoptive parents. Nevada has a Post Adoption Communication Agreement that outlines a mutually agreed upon schedule of pictures/letters/videos/phone calls and visits. Each adoption will be specific and will have its own adoption plan. In Nevada, Post Adoption Communication Agreements are enforceable by law.

DISRUPTED PLACEMENTS

The adoptive family and child in placement are provided post-placement services in their home state to assist them with integration of the child into the family and to reduce the risk of disruption. Once the applicants have finalized the adoption, the child may not be returned to the Agency.

PROCEDURE FOR ADOPTIVE PARENTS TO APPLY WITH ADOPTION CHOICES OF NEVADA

1. If you are new to the adoption process meaning there is no previous home study completed by any agency, please submit:
 - a. Completed Application
 - b. All required documents, list found on page 19
 - c. Non refundable application fee of \$550.00
2. If you have been chosen by a birth parent and already have an approved and valid home study, please submit:
 - a. Completed Application
 - b. Non refundable application fee of \$550.00
NOTE: The required documents should be submitted to Adoption Choices of NV by your home study agency.
 - c. Signed Agreement for Adoptive Placement and Estimated Exhibit A along with the appropriate funds either by Money Order, Cashier Check or direct wire transfer.
3. If you are transferring an approved current home study from another agency to Adoption Choices of NV, please submit:
 - a. Completed Application
 - b. A signed Consent Form (attached) to be able to obtain your home study from the agency
 - c. Non refundable application fee of \$550.00
 - d. Dear Birth Parent Profile (5 copies)
4. Upon receipt of all documents the Executive Director or Social Services Director will review your application packet and will contact you regarding any missing items or information that may be need and talk with you about your adoption journey.
5. For NV residents, an appointment will be arranged for a personal interview. Appointments for interviews will be arranged during business hours. We do not generally conduct interviews on weekends. The interview could take approximately two and a half hours.
6. If appropriate, Adoption Choices of Nevada shows your Birth Parent Profile to birth parents once they have signed a statement of intention to place their child for adoption with our agency. Usually three or four couples are presented to each birth parent. Birth father risks are discussed with clients, if any. If a birth father is not signing relinquishments, the clients will have a Legal Risk Adoption.
7. You are chosen! You sign a contract and deposit the estimate of your adoption in our escrow account. If your birth mother lives in the State of Nevada, and time allows, you will come to her home town to meet your birth parent/s. It is advised to stay in touch with the counselor and your birth parent/s throughout her pregnancy.
8. If your birth mother lives outside the State of Nevada, an agency representative or the attorney representing the agency in the birth mother's state will meet with you and explain the laws regarding adoption in the birth parent's state, as well as meet with you and the birth parent/s jointly.
9. Travel to the city where the child is to be born close to the date of delivery. Sometimes you will be allowed to be present at the delivery. This is the birth mother's or parent's (if he is participating) option. Usually you can be with the baby while he/she is in the hospital.
10. Nevada allows for several options for the care of the baby following birth but prior to signing relinquishments. A Birth Mother can not sign relinquishments for at least 72 hours after the birth of the baby. During the mandated 72 hours waiting period the child may:

- a. Remain with the birth mother or a first degree relative
 - b. Remain in the nursery if allowed by hospital and paid for by the adoptive parents. (\$300.00 to \$800.00/day depending on the hospital)
 - c. Cradle Care (\$100.00/night and birth parents and adoptive parents may visit)
 - d. Birth Parents and adoptive parents can stay together in a local hotel.
11. Once birth parent/s signs a Relinquishment of Parental Rights you will receive a temporary custody placement agreement. The placement agreement should be faxed to your insurance company so the baby will have medical coverage. If your baby is delivered outside of Nevada, other states have similar documents which you will receive that will allow you to provide the child with medical care while you are waiting for a final decree.
 12. In Nevada, the birth parent/s relinquishes their rights in front of a 2 witnesses and notary at least 72 hours after birth. Their relinquishments/consent cannot be revoked. If a birth father is not participating in the adoption, there is a legal risk. The agency will attempt to locate the birth father and advise him that the birth mother wishes to make an adoption plan for the infant. If he can not be found or he is un-willing to consent to the adoption, he will be afforded the opportunity to contest the adoption and be served with legal notice according to Nevada law. If the birth father has not signed legal paperwork consenting to the adoption, the adoptive parents would be asked to sign a "Legal Risk Statement" outlining their understanding that the birth father's rights have not yet been terminated and may not be terminated in this adoption. Therefore, the child may have to be returned to Nevada if a court so orders.
 13. This Agency understands that the time spent going through the adoption process can be an especially stressful time for adoptive applicants, and they would like the process to be completed as quickly as possible. When children are placed out of state, the Interstate Compact for the Placement of Children (ICPC) governs those placements and may cause some delay. If you are from out of state, you must remain in the state where the child is born until approval is received from both Nevada and your home state. For Nevada babies, our office will overnight the packet to the Nevada Compact Administrator for review and approval. Upon approval the NV ICPC office will overnight the packet to your home state for review and approval. They have thirty working days to approve it, but **generally approval is received within seven to ten days** from the day the child's state receives your packet. The agency will make all parties aware of any delays due to the ICPC approval process.
 14. Return home and have post placement visits conducted according to both Nevada and/or your home state requirements.
 15. Nevada placements require finalizing in your home state unless the infant was in the custody of Adoption Choices of Nevada. If you choose to finalize in your home state or in Nevada, contact your attorney and set up the Final Decree hearing following the required 6 (six) months of post placement supervision.
 16. Congratulations! You now have a new member in your family!

**ADOPTION CHOICES OF NEVADA
ADOPTION INFORMATION/APPLICATION**

Application fee is \$550.00 made out to Adoption Choices of Nevada and must accompany application. This application and application fee is ONLY good for 1 year. (All information will remain confidential unless your permission is granted, in writing, to release part or parts of it.) Please remember that with the new age of technology and the internet, your name, address and phone can possibly be located through diligence by a birth parent.

Domestic Application

Date: _____

Applicant 1 full name: _____

Applicant 2 full name including maiden, if appropriate: _____

Home address: _____

Length of Residency: ____yrs.

Please list residencies in the past 5 years (full address required): _____

Home telephone number: (____) _____

Applicant #1 cell/mobile number: (____) _____

Applicant #2 cell/mobile number:(____) _____

Home fax number: (____) _____

E-mail address: _____

Date and place of current marriage: _____

List the names and birth dates of children from this marriage or other relationships.

State whether the child is biological or adopted and from which relationship. Please state where each child resides.

Who referred you to us? _____

PERSONAL INFORMATION

Please provide pictures in the blocks below:

<p>Picture of Yourselves</p>	<p>Picture of your home</p>
---	--

<p>Picture of Yourselves/family</p>	<p>Picture of Yourselves/family</p>
--	--

APPLICANT #1: Name: _____ Age and date of birth: _____
Social Security No.: _____
Race/Nationality: _____
Weight & Height: _____
Education: _____
Occupation: _____
Employer: _____
How long? _____
Office address: _____
Office telephone: _____ Fax _____
Office e-mail: _____
Annual income: _____
Religious preference: _____
Dates of previous marriages and divorces: _____
Children: (ages and custody status) _____

APPLICANT #2: Name: _____ Age and date of birth: _____
Social Security No.: _____
Race/Nationality: _____
Weight & Height: _____
Education: _____
Occupation: _____
Employer: _____
How long? _____
Office address: _____
Office telephone: _____
Fax _____
E-mail : _____
Annual income: _____
Religious preference: _____
Dates of previous marriages and divorces: _____
Children: (ages and custody status) _____

FAMILY BACKGROUND

APPLICANT #1: Name: _____
Father's name: _____
Address: _____
Phone number: _____
Age and occupation: _____

Mother's name: _____

Address: _____
Phone number: _____
Age and occupation: _____
Brothers and/or sisters:
Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

APPLICANT #2: Name: _____
Father's name: _____
Address: _____
Phone number: _____
Age and occupation: _____

Mother's name: _____
Address: _____
Phone number: _____
Age and occupation: _____

Brothers and/or sisters: Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

MEDICAL AND PSYCHIATRIC HISTORY (Past or present):
(include hospitalizations, diagnosis, and medications taken)

Applicant #1 Name: _____

Applicant #2 Name: _____

REFERENCES

Please list five references who will (or have) written letters on your behalf. For NV residents the agency will mail out the reference. Two of your references can be family members.

Name: _____
Address: _____
Phone number: _____
Email: _____
Relationship: _____

Name: _____
Address: _____
Phone number: _____
Email: _____
Relationship: _____

Name: _____
Address: _____
Phone number: _____
Email: _____
Relationship: _____

Name: _____
Address: _____
Phone number: _____
Email: _____
Relationship: _____

Name: _____
Address: _____
Phone number: _____
Email: _____
Relationship: _____

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

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

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

What other methods are you using to try and adopt? _____

How long have you been trying to adopt? _____

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

INFORMATION ON CHILD YOU WISH TO ADOPT

Sex preference: _____

Age preference (check all that apply): 0-3 months, 4-6 months, 7-12 months,
 over 12 months

Would you accept twins? _____

Type of Child Preferred:

Caucasian Native American

Hispanic/Latino Alaskan Indian

African American: _____ Asian

Pacific Islander: _____

Biracial: _____ Please explain: _____

Other: _____

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

Would you accept:
 An older child? _____ To what age? _____
 More than one older child if siblings? _____

Openness in Your Adoption

YES NO MAYBE

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

Would you accept an Open Adoption, where identifying information is exchanged between all parties. An Open Adoption includes, but is not limited to; pictures, letters, cards, videos, phone calls and visits.

Would you accept the request to send pictures of the child to the birth parent/s on a yearly basis?

Would you be willing to send pictures more often?

Would you accept a Closed Adoption where the birth parent/s do not want any contact with you at all? You would still receive available Medical and Social Information on the birth parent/s.

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

Newborns:

YES NO MAYBE

A. Low Apgar score, prognosis uncertain

Drugs:

Would you accept a child whose biological mother:

A. Is drug addicted?

B. Had previously used drugs?

C. Had previously been drug addicted?

D. Had used drugs before realizing she was pregnant?

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

Alcohol:

Would you accept a child whose biological mother:

A. Had abused alcohol, prognosis uncertain

B. Was presently using alcohol?

C. Is alcohol addicted?

D. Had previously been alcohol addicted but is not at time of conception?

E. Had used alcohol before realizing she was pregnant?

Bi-Polar Disorder:

	YES	NO	MAYBE
A. Had one parent diagnosed with bi-polar disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Had both parents diagnosed with bi-polar disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Had grandparent(s) diagnosed with bi-polar disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Had one parent who was taking medication during pregnancy for bi-polar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Schizophrenia:

A. Schizophrenic child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Had one parent diagnosed as schizophrenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Had two parents diagnosed as schizophrenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Had grandparents diagnosed as schizophrenic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Depression:

A. Had one parent who was depressed but not on medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Had two parents who were depressed but not on medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Had one parent who was depressed and on medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Children:

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

Seizures:

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

Blood Disorders:

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

Heart Problems:

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

Sight Problems

	YES	NO	MAYBE
A. Sight in both eyes but vision is limited/glasses needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sight in one eye only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Blind but surgery may give partial sight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Blind and will never have sight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hearing Problems

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

Physical Deformities

A. Deformed hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Deformed arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Deformed leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Deformed face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Two deformed arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Two deformed legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Needs Children:

	YES	NO	MAYBE
A. In special education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. In EMR – Educable Mentally Retarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. In TMR – Trainable Mentally Retarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Retarded and will always need supervision / such as a sheltered home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Downs Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hyperactive problems (older children)

A. Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hyperactive, requires medication/functions normally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Hyperactive, requires medication and some kind of special classroom setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emotional Problems (older children)

A. Emotionally damaged, very withdrawn and will require therapy for an extensive period of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. So emotionally damaged he/she is very abusive toward other people; a child who is abusive to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Emotionally damaged; he/she is very abusive toward his/her person (pulling hair, pinching self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speech Problems (older children)

A. Stutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Lisp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Speech at age 6 is very hard to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Will always have trouble speaking and being understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cleft Problems (older children)

	YES	NO	MAYBE
A. Hare lip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Cleft palate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Both hare lip and cleft palate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sickle Cell Anemia Disorder (older children)

A. Sickle Cell carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sickle Cell Anemia but relatively controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Sickle Cell Anemia with frequent episodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Burns (older children)

A. Burn scars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Slight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Extensive, needing surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Birth Markings (older children)

A. Birth marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Large or extensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR HOME

Do you own or rent your home? _____

If own, value of home: _____

Mortgage left on home: _____

Rent or house payment: _____

FINANCES

List your assets and liabilities on the Statement of Net Worth form attached.

Do you have health insurance? _____

What insurance company? _____

Life insurance? How much? _____

GENERAL QUESTIONS

How much are you willing and able to spend on an adoption? _____

Why do you wish to adopt a child? _____

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

Any other comments or information you would like to add: _____

Both applicants, please initial the following:

_____ I/We further understand that adoption costs vary from situation to situation, and that upon our being matched with a birth mother and/or child we will be responsible for paying the full estimated amount of that particular situation at the time of the match.

_____ I/We understand that those funds will be placed in an escrow account and costs incurred by the agency on behalf of our birth mother will be paid from that account.

_____ I/We further understand that if the adoption fails, a portion of the agency placement fee may be credited to another birth mother/child situation or we may request remaining funds to be refunded. All other fees and costs are at risk.

_____ I/We understand that our home study is valid for 1 (one) year from the date of approval. We understand that if we do not receive a child within that one-year period, Nevada law requires an update to be completed in order for our home study to remain valid. The update fee for Nevada residents is \$1000.00

_____ I/We understand that in this digital age and the advancement of electronic communication there may be times the Agency must email confidential information to another agency, organization, party, etc. The Interstate Compact for the Placement of Children (ICPC) is now utilizing the process whereby all documents are being sent electronically in an attempt to receive approval for the return home of the APS and baby in a timelier manner. This method may not be secure and I/We understand there may be a risk of their information being stolen. Other documents that may be emailed to another provider and/or attorney, could include Medical reports, request for prenatal/birth records, initial information regarding the Birth Parents, Contracts, financial information, identifying information, completed home studies from another agency and/or to another agency and Confidential Reports to the Nevada Courts. Knowing this, we give permission for the Agency to send our information electronically.

_____ I/We understand and acknowledge that our application fee of \$550.00, which is non-refundable, is for the agency to process our application and set up a file. The application is good for one year from the date on the application. If your home study is not completed within the year of submitting the application due to a lack of

documents received, an additional application fee of \$550.00 will apply.

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Nevada Statutes and upon conviction thereof, shall be punished accordingly. Further any statements proven to be false can be grounds for denial of your application or home study.

Consent to E-mail or Text Usage for Agency Communications:

Clients of Adoption Choices of Nevada may be contacted via e-mail and/or text messaging to provide information relating to the agency, to provide general adoption information, and/or to obtain feedback on your experience with the agency. The client understands that once they have consented to receive communication via e-mail or text message, the client has the right to revoke the consent at any time.

Client acknowledges they are consenting to receiving:

- General adoption information
- Information relating to the agency, or
- Surveys regarding client(s) experience from the agency directly to the e-mail address and/or text message number provided by the client.

_____ (Clients Initials) I consent to the above in order to receive communication from the agency to my e-mail address and/or to my cell phone number provided. I understand that this request to receive e-mails and/or text messages will apply to future communication unless I request a change in writing (revocation form can be requested from agency).

The **cell phone number(s)** I authorize to receive **text messages** at is: _____

The **e-mail address** I authorize to receive **e-mail** at is: _____

OR

(Client Initials) I **decline** to receive communication via text. _____

(Client Initials) I **decline** to receive communication via email. _____

Please note, Adoption Choices of Nevada does not charge for this service, but standard messaging rates may apply as provided in your wireless plan.

SIGNATURES:

Applicant #1 Date

Applicant #2 Date

DOCUMENTS NEEDED TO COMPLETE APPLICATION

The following documents are needed in order to complete your application with our office for your home study and/or Available Family List. Per Nevada law, your home study is required to be updated at one year. The agency will need to update your “local” fingerprints, medical reports, and references. Also, the agency will do an updated home visit.

Please note: Nevada law requires that you have a face-to-face meeting for your updated home study, and that your reference letters and criminal background checks also be updated at that time.

	#1	#2
1. Birth certificate(s)		
2. Marriage License or Registered Partnership, if appropriate		
3. Divorce Decree from previous marriages (if applicable)		
4. Financial Statement		
5. Copy of Indian Heritage enrollment card (if applicable)		
6. Income tax returns for last three years for <u>both</u> Adoptive Parents (first) Two page only)		
7. Verification of income (letter from employer) and current employment history (where and for how long)		
8. Verification of medical insurance under which child will be covered		
9. Military discharge papers (if applicable)		
10. Copy of Social Security Cards or Passport		
11. Copy of Driver License		
12. CPR Certification		
<u>The list of documents below MUST be current within the last year – For Adoptive Parents living outside of Nevada</u>		
Home Study and/or Home Study Update		
Criminal Clearances: Must include: Local/State, FBI, child abuse and sex offender clearances		
Physician Reports for everyone in the home		
References: 5 personal references - 2 can be family and the other 3 must know both adoptive parents for at least 2 years. Any questions please ask.		
Letter on Letterhead from Home Study Agency that Post Placement Supervision will be conducted.		
Copy of Home Study Agency License		
13. An Affidavit of Fees from your home study agency, consultant, facilitators and attorney for the purpose of new ICPC regulations		
14. Certified Check for Application Fee of \$550.00 to Adoption Choices of NV		

We do not need originals of most documents, except home study. For your convenience we have provided a column on the right hand side of the page so you can check off the items you are providing to our agency. Please call or email us:

Las Vegas: jmclaughlin@adoptionchoicesofnevada.org or 702-221-2400 OR

Reno: mburgess@adoptionchoicesofnevada.org if you have any questions about the requested documents. Monthly Post Placement Supervision home visits until finalization by state law after placement of the child into your home.

ADOPTIVE APPLICATN MEDICAL STATEMENT
For Adoptive Applicant, and all Adult Household Members for Adoption

TO BE COMPLETED BY ADOPTIVE APPLICANT:

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

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

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

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

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

If any are checked, please explain: _____

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

If yes, please explain: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

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

Name/Address of Agency: Adoption Choices of Nevada, 789 2nd Street, Reno, NV 89502, 702-323-1905, Fax:877-735-9426

Signature of Applicant: _____

Date: _____

COMPLETION OF THIS FORM IS REQUIRED FOR THE AGENCY TO PROCEED WITH YOUR APPLICATION.

Page 1 of 2: Include this page with the form to Doctor.

PHYSICIAN MEDICAL STATEMENT
For Adoptive Applicant, and all Adult Household Members for Adoption

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

Patient's name: _____

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

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

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

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

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

7. Physical Examination:

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

8. Laboratory Tests:

HIV:	Urinalysis:
Hep B:	TB:
Hep C:	CBC:

9. Any recommendations for medical care? _____

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

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

Page 2 of 2

Financial Statement

NAME: _____

DATE: _____

FINANCIAL STATEMENT FOR ASSETS _____

- Cash \$ _____
- Stocks & Bonds _____
- Real Estate(other than primary) _____
- Health Insurance _____
- Disability Insurance _____
- Misc. Other Assets _____
- Life Insurance _____
- Child Support (INCOME) _____

TOTAL ASSETS \$ _____

LIABILITIES AND MONTHLY PAYMENTS & BALANCE OWED

	Monthly payment	Balance owed
• Credit Cards	\$ _____	_____
• Rent/House Payment	_____	_____
• Automobiles	_____	_____
• Taxes and Insurance	_____	_____
• Utilities	_____	_____
• Food and Clothing	_____	_____
• Recreation	_____	_____
• Child Support	_____	_____
• Other (child Care etc)	_____	_____

TOTAL MONTHLY EXPENSES \$ _____

TOTAL BALANCE OWED & _____

ANNUAL INCOME

- Salary \$ _____
- Bonus _____
- Dividends _____
- CHILD SUPPORT _____

TOTAL ANNUAL INCOME \$ _____

We certify that the above information contained in this Financial Statement is true and correct to the best of our knowledge.

Adoptive Parent: _____ **Adoptive Parent:** _____

PARENTS' PROFILE AT A GLANCE

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

FIRST NAMES _____

LENGTH OF MARRIAGE _____

NUMBER OF CHILDREN _____

PARENTING PHILOSOPHY _____

CHARACTERISTICS OF ADOPTIVE FAMILY MEMBERS

	HUSBAND	WIFE
Age and/or birth date		
Height		
Weight		
Build		
Hair color		
Eye color		
Birth order		
Siblings		
Personality		
Sense of humor		
Family role		
Most disliked chore		
Education		
Religion		
Occupation		
Favorite date with spouse		
Hobbies/interests		
Favorite color		
Food		
Restaurant		
Dessert		

Ice cream flavor		
Sport to play and/or watch		
Animal/pet		
Music		
	HUSBAND	WIFE
Book		
Author		
Movie		
TV show		
Toy/plaything		
Family activity		
Vacation spot		

CHILDREN IN THE HOME

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

**HEALTH HISTORY
INFORMATION OF ADOPTIVE APPLICANTS**

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

NAME: _____

MENTAL HEALTH

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

PHYSICAL HEALTH

Describe your general health _____

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

- | | | |
|----------------------------------|------------------------|-------------------------|
| _____ Measles | _____ Rubella (3 days) | _____ Rubella (2 weeks) |
| _____ Mumps | _____ Chicken Pox | _____ Whooping Cough |
| _____ Roseola | _____ Asthma | _____ Hayfever |
| _____ Encephalitis | _____ Meningitis | _____ Ear infections |
| _____ Heart murmur | _____ Scarlet Fever | _____ Rheumatic fever |
| _____ Urinary/bladder infections | | |
| _____ Other (specify) _____ | | |

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

HEALTH HISTORY SELF, YOUR PARENTS, AND OTHER RELATIVES

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

Medical Condition	Yes, No, Unknown	Relationship To You	Comments
CONGENITAL IMPAIRMENTS Club foot or any orthopedic problem (i.e., flat footed, etc.)			
Harelip (cleft lip) or cleft palate			
Downs Syndrome			
Other chromosome abnormality			
Hydrocephalus			
Muscular Dystrophy			Areas affected and age at Onset:
Dwarfism			
Spina Bifida			
Congenital heart defect			
Tay-Sachs Disease			
ALLERGIES Eczema or other skin condition			Treatment or medication Received:
Hay fever			
Medication allergy			To what medication?
Food allergy			To what foods?
EYE, DENTAL, EAR AND DEVELOPMENTAL DISORDERS Blindness, Glaucoma, color blindness, or other visual problems			

Medical condition	Yes, No, or unknown	Relationship to you	Comments
Corrective glasses or contact lenses			At what age were prescription lenses necessary?
Farsighted or nearsighted			
Astigmatism (inability to focus)			
Strabismus (cross-eye)			
Other (explain)			
Braces on teeth or other orthodontic work			What orthodontic work and for how long?
Deafness or other ear problems			Special education? Age at Onset
Speech problems			Special education? Age at Onset
Learning disability			Any diagnosis/hospitalization?
Retardation - mental or physical			Any diagnosis/hospitalization?
CIRCULATORY DISORDERS			
Hemophilia			
Sickle Cell Anemia or trait			
Hypertension (high blood pressure)			Age at onset, what treatment? Hospitalization?
Stroke			Age, treatment?
Heart Attack (coronary)			Age, treatment?
Arthritis			What kind? Age at onset & areas affected

Medical Condition	Yes, No, or unknown	Relationship to you	Comments
Kidney disease			Age at onset and treatment
HORMONAL DISORDERS Diabetes			Age at onset and treatment
Hepatitis			What type? Age at onset & treatment
Thyroid Disorder			Age at onset and treatment
Obesity (overweight)			Age at onset and treatment
RESPIRATORY DISORDERS Asthma			Treatment
Tuberculosis			What kind and age at onset
Emphysema			Age at onset
MENTAL AND BEHAVIORAL DISORDERS Diagnosed Schizophrenia			Age at onset and treatment. Hospitalization?
Diagnosed Manic Depressive			Treatment
Other mental illness			Describe, using additional paper if necessary
Alcoholism or heavy drinking			Treatment/hospitalization?
Drug usage			Kind, amount and when taken?
LYMPHATIC DISORDERS Cancer			Kind, age at onset, areas Affected
Tumors			Kind, age at onset, areas Affected

Medical Condition	Yes, No, Unknown	Relationship To You	Comments
Cystic Fibrosis			Age at onset, areas affected
Hodgkin's Disease			Age at onset, areas affected
NERVOUS SYSTEM DISORDERS Multiple Sclerosis			Age at onset, areas affected
Huntington's Disease			Age at onset, areas affected
Cerebral Palsy			Age at onset
Seizures or convulsions			Frequency, age at onset, what treatment
Epilepsy			Frequency, age at onset, what treatment
INFECTION, HOSPITALIZATION Repeated attacks of fever with known Infection			Diagnosis
Repeated severe infection Necessitating hospitalization			Diagnosis
Hospitalization, operation or injury			When and for what
OTHER MEDICAL OR HEALTH PROBLEMS			Describe

Signature

Date

PROSPECTIVE ADOPTIVE PARENT QUESTIONNAIRE

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

Name: _____

Date: _____

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

2. Describe your spouse's personality.

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

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

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

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

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

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

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

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

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

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

13. Why are you applying for adoption?

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

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

16. What are your expectations for this child?

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

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

Why?

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

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

21. What is your greatest fear concerning adoption?

QUESTIONS FOR BIRTH PARENT/S

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

First Names: _____

1. When do you plan to tell your child he/she was adopted? How will you approach this subject? _____

2. What do you believe will be the effect on your adopted child if you have a biological child after your adoption? _____

3. If you already have children, how will the adoption of this child affect them? _____

4. How do you plan to discipline your child? _____

5. What are your educational goals for your child? _____

6. How will you react if your child does not achieve this goal? _____

7. What will you do if a physical or mental handicap develops? _____

8. What is your plan for religious training? _____

9. Have you given care to children in your home prior to your plan to adopt?

10. Why do you want to adopt? _____

11. If you are adopting a child of another race or nationality, how do you plan to preserve your child's ethnic and cultural heritage? _____

PREPARING A FAMILY PROFILE

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

CONTENT IDEAS

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

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

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

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

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

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

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

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

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

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

FORMATTING IDEAS

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

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

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

Presentation. Please have your profile bound either in book format or spiral bound. If you are working with more than one intermediary, you may wish to create a master digital profile. Some agencies will be ok with digital, but most will want a hard copy. Your profile should look like a thoughtful well-put-together presentation of yourselves. Your profile should contain between ten and twenty photographs, with no more than three or four photographs on one page. Be sure to display photo throughout the profile.

Other options to create your Dear Birth Parent letter/profile:

- New Beginnings–Custom, Personal and Professional development of Adoption
Profile: Debra Vinson, Debra@adoptionconsultant.com, 210-631-1000
- Shutterfly – www.shutterfly.com
- Snap Fish – www.snapfish.com
- Picture Trail – www.picturetrail.com
- My Scrap Book – www.myscrapebook.com
- Picaboo – www.picaboo.com
- Mix Books – www.mixbook.com

DO NOT...

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

Adapted with permission from information provided by Crisis Pregnancy Outreach in Tulsa, the law firm of Bone, Smith, Davis, Hunt & Dickman in Tulsa, and Virginia L. Frank, Attorney in Oklahoma City. Duplication, publication or decimation of this document in whole or in part is strictly prohibited without the express written permission of Crisis Pregnancy Outreach in Tulsa, the law firm of Bone, Smith, Davis, Hunt & Dickman in Tulsa, and Virginia L. Frank, Attorney.

Copyright © 2008 Adoption Choices of Nevada. Revised 07/24/2018. This document is the property of Adoption Choices of Nevada. Duplication, publication or dissemination of this document in whole or in part is strictly prohibited without the express written permission of Adoption Choices of Nevada.

CONSENT FORM

I hereby authorize Adoption Choices of Nevada, Inc. to receive:

- **Adoptive home assessment(s), addendums, updates;**
- **Criminal history investigations** – for all adult household members;
- **Child abuse registry searches** – for all adult household members;
- **Physician’s statements** - for all household members;
- **Letters of reference;**
- **Other** (please specify) _____.

_____ I/We understand that in this digital age and the advancement of electronic communication there may be times the Agency may need to email confidential information to another agency, organization, party, etc. This method is not secure and I/We understand there may be a risk of their information being stolen. Knowing this, we give permission for the Agency to send our information electronically.

Name printed

Name printed

Address: _____

Telephone: _____

Signature

Signature

Date

Date

Financial Aid Information

Domestic Adoption is not inexpensive! Listed below are a few resources that can help in financing an adoption. There are other resources available which can be located by searching the internet.

Help Us Adopt: <http://www.helpusadopt.org>

[Helpusadopt.org](http://www.helpusadopt.org) is a national non-profit 501(c)(3) financial assistance grant program providing qualified couples and individuals *-regardless of race, ethnicity, marital status, gender, religion, sexual orientation, or disability-* with grants of up to \$15,000 towards their domestic, international, foster, or special needs adoption expenses.

- **Boatner Family Foundation** – This foundation provides grants from \$1,000 up to \$10,000. They require an agency approval, a financial statement, and a formal application. P.O. Box 132272, The Woodlands, TX 77393
- **Gift of Adoption Fund** – Applicants are evaluated based on their income, assets, liabilities, earning potential, and other financial resource opportunities. Preference is given to applicants who are experiencing extraordinary financial hardship. Grant amounts vary between \$2,000 and \$5,000. Grants are awarded monthly. www.giftofadoption.org
- **God’s Grace Adoption Ministry** – Provides grants and financial assistance to families participating in all types of adoptions. All applicants must be married and currently have an income of \$60,000 or less a year. www.ggam.org
- **Helping Kids Cope** – This organization offers a “Parents-To-Be-Award” for waiting adoptive couples (all types of adoption considered). www.helpingkidscope.com
- **Open Arms Adoption** – Open Arms Adoption grants are not restricted by country, marital status, or other considerations. Grant applications are accepted from all applicants and awarded twice annually. www.open-arms.org/page6.html
- **Show Hope: Shaohannah's Hope** – This organization was founded by Steven Curtis Chapman to provide grants to Christian families. www.showhope.org
- **Parents for ME** – Grants for parents pursuing parenthood via adoption or medical intervention. www.parenthoodforme.org
- **Publications USA** – publications.usa.gov/epublications/adoption/costs.html

- **CARE** – A group of people who believe God's heart for the fatherless must be lived. Our passion is to live it. www.carefamilies.blogspot.com
- **Life Song for Orphans Matching Grants** – Life Song offers matching grants (range from \$2,000-\$4,000), which encourage the adopting couple's church family to financially and prayerfully support the adoption: www.lifesongfororphans.org/adGrantLoans.htm
- **Abba Fund** – The Abba Fund provides financial assistance to parents who believe God is calling them to grow their families through adoption. They offer interest free covenant loans. www.abbafund.org
- **Adoption Financing** – Adoption financing helps adoptive families find the best financing for their needs by networking with numerous lender: www.adoptionfinancing.com
- **National Adoption Foundation** - The NAF offers unsecured loans through a revolving \$9 million loan bank for adoptive parents. www.nafadopt.org
- **Oxford Adoption Foundation** – The goal of OAF is to increase the number of children who are adopted by making available low interest loans to eligible families to help with some of the cost associated with adoption. www.oxfordadoption.com
- **TMG Foundation** (matching grant) – Life International helps remove the financial burden of adoption by offering matching grants which encourage the adopting couple's church family to financially and prayerfully support the adoption. They also offer interest-free loans to eligible families. info@tmgfoundation.org
- **Life Song for Orphans – Interest Free Loans** - The Life Song Legacy Fund offers interest free loans to help families overcome the high cost of adoption. For donors, the Legacy Fund is a gift that keeps on giving. As the loans are repaid, new family needs are met...creating a self-perpetuating funds: www.lifesongfororphans.org/adGrantLoans.html
 - **Tinina Q. Cade Foundation** - Family Building Grant. Must have an infertility diagnosis from a doctor and be a legal permanent US resident. Grant is funded twice a year, deadlines are on website. For more information to go: www.cadefoundation.org/Grant/family-building-grant

The Dave Thomas Foundation for Adoption Foundation

Founded in 1992, by Dave Thomas, founder of Wendy's Old fashioned Hamburger Restaurants. The Foundations 3 goals:

1. Educate Americans about the benefits of Adoption
2. Make adoption more affordable by helping the public and private sectors initiate innovative programs
3. Cut red tape from the process

For more information contact: Dave Thomas Foundation for Adoption in Columbus, OH at (614) 764-3009

JSW Adoption Foundation

Grants of \$2,000 or more awarded on the basis of need

Preference given to childless couples with an income under 35,000

Average grant amount is \$3,000 but can go as high as \$5,000

Contact person: Gene Wyka Call (262)268-1386 for application

127 E. Main Street

Port Washington, WI 53074

God's Grace Adoption Ministry

Offering Grants & Loans Call (209)572-4539 for more information

P.O. Box 4

Modesto, CA 95353

National Adoption Foundation

Offering Grants and Loans Call 203-791-3811 203-791-9811

Loans:

A Child Waits

www.achildwaits.org

Loans for International Adoption (7% interest)

(914) 962-0886

Your Adoption Finance Coach

Kelly Ellison, CEO and Founder

www.youradoptionfinancycoach.com

816-682-5500

Hebrew Free Loan

Hebrew Free Loan Society

675 Third Ave, Suite 1905

New York, NY 10017

[212-687-0188 x207](tel:212-687-0188)

kkaplan@hfls.org

www.hfls.org

<http://hfls.org/our-programs/adoption-loans/>

The National Adoption Foundation Loan Program

Offers Fixed-rate MBNA Home Equity Loans

For more information about an MBNA Home Equity Line of Credit or Loan, Contact your MBNA representative today by calling Toll-free 1-800-841-1982 (use code AAAP) 100 Mill Plain Road Danbury, CT 06811

1-888-314-KIDS

1-888-314-5437

Employee Adoption Assistance Benefits Program

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

Subsidies for Military Families

The U.S. Armed Forces offers financial assistance to active members of the military who are adopting a child. Adopting parents can receive reimbursement on adoption expenses for one child or Siblings. Check this information out with your Commanding Officer.

For a list of corporations who give grants for adoption contact:

The National Adoption Center in Philadelphia

1500 Walnut St.

Suite 701

Philadelphia, PA 19102 (215) 735-9988 Fax: 215-735-9410 Email nac@adopt.org

POTENTIAL TAX BENEFITS FOR ADOPTION

Though all situations are specific to the individuals involved, there are some tax benefits associated with adopting a child. There is detailed information available at the Internal Revenue Service's website:

www.irs.gov

Some of the information can be found by searching for the following topics and publications and forms:

- ❖ Publication 968 – “Tax Benefits for Adoption”
- ❖ Topic 607 – “Adoption Credit”
- ❖ Form 8839 – “Qualified Adoption Expenses”

For current tax information, contact your tax consultant.

***This page is provided for informational purposes only and not intended as legal or financial advice by Adoption Choices of Nevada.**