



WHY ALLIANCE?



Alliance for Children has guided thousands of families through their adoption journey. Why choose us?



COMPASSION

We care about parents, both adoptive and birth, children and building happy families. We strive to build a personal connection with everyone we serve. Through tough times and joyous times, we never give up on our families.



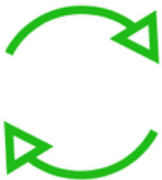
INTEGRITY

We tell our families everything we know and provide them with the most up-to-date information that we have available. We allow our families to make their own decisions throughout their journey while guiding them along.



OPTIONS

Whether you plan to adopt domestically or internationally or just need a home study, you have many choices with Alliance. We will help you find the right fit for your family.



LONGEVITY

We were incorporated in 1974 and have provided adoption services continuously for decades. Our staff has many years of experience in the field of adoption and is knowledgeable in every aspect of the adoption process.



AVAILABILITY

Contact us anytime! We have a 24-hour emergency answering service should anything urgent come up during your adoption process.

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All children have a right to a permanent, loving family of their own.

Our mission is to serve the birth parent and adoption community with integrity, compassion, and respect for all children and all parents. We build strong, happy adoptive families where children from all over the world are valued, loved, celebrated, and embraced.





Home Study



Every adoption begins with a home study. Alliance can complete a home study for families who live in MA, RI, CT, NY, NJ, PA, AR, FL or TX. Our home studies are completed by caring, compassionate, knowledgeable adoption professionals. We aim to make the home study process to be engaging, informative and even fun! We enjoy getting to know our families and feel honored to be a part of each family's adoption journey.



Our Services Include:



International Adoption

Alliance can complete a home study for families adopting internationally, whether you are adopting a child through one of our programs or through another agency. Alliance is Hague-accredited, follows all state and federal regulations, and collaborates with some of the best programs and resources available.



Domestic Adoption

Alliance is also an expert in domestic adoption home studies. We are ready, willing, and able to help you with your domestic adoption process if you live in one of our home study states, whether you work with our agency's domestic program or through another program.



Hosting Assessments

Alliance provides hosting assessments for families who host a child during a summer or winter break. We work with KidSave-Colombia and a number of other hosting programs throughout Europe, Asia, and Africa.



Home Safety Assessments

Alliance provides home safety assessments for custody situations, stepparent adoptions, guardianships, and for various child welfare systems. These are limited assessments for a specific situation with a known child. The intent is to assess the capacity of the home to provide a safe, nurturing home environment.



DOMESTIC ADOPTION PROCESS

Families living in one of our 9 states of licensure may apply for our domestic program. All families are considered on a case-by-case basis at home study completion.



APPLICATION

The first step in your adoption is submitting an application indicating an interest in our domestic program. Once your application is reviewed, we will send you a welcome packet with clear and simple instructions on how to take the next steps to complete your home study.



HOME STUDY

Next, you will begin your home study. Your social worker will guide you through the home study process. Upon completion of your home study and parameters checklist, it will be reviewed by the Domestic Adoption team for consideration into the program.



MATCH

After acceptance, you will begin creating your profile which will allow expectant/ birth parents to learn more about you and your adoption journey. We will work with you to develop an individualized matching plan that fits your preferences and meets your expectations.



PLACEMENT

Next, the baby is placed in your arms. Our staff will guide you through the placement process, including complying with state regulations and ICPC, while the birth mother receives counseling and relinquishment services.



POST PLACEMENT

When you come home with your child, the social worker who completed your home study will visit with you and your child, answer any questions you have, and make sure everyone is adjusting well.

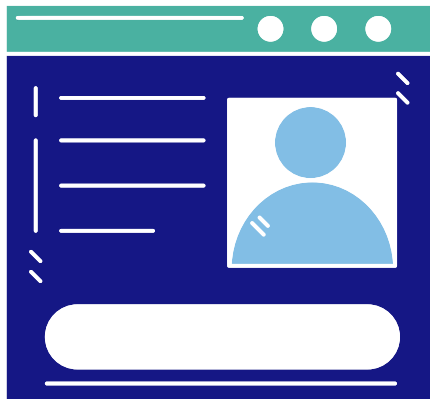


FINALIZATION

Lastly, you will be assigned a court date to finalize your adoption. The time frame and process varies from state to state. Once completed, you will receive the adoption decree, and you are then officially the child's legal parents!

»»»»»»»» Domestic Adoption ««««««««

Alliance for Children's domestic adoption program places infants born in the US with adoptive parents. Each domestic adoption is different, with some adoptive parents coming to our agency already matched, while others come to us looking for a full range of placement services.



Once your home study is complete, our staff will work with you on creating your profile, which expectant/ birth parents use to select a family. Profiles are created through an online video profile platform. These profiles allow expectant/ birth parents to view your profile online both on the platform's website and The Alliance For Children website, therefore increasing your exposure to a potential match. We will assist you in choosing appropriate content for your profile, painting a portrait of who you are and the type of life you will provide a child.

Our outreach services include targeted advertising and outreach via web and social media. Other services are related to the matching process between expectant and adoptive families, such as an in-person assessment of case viability, a review of social and medical background of birth/ expectant parent(s) and due diligence related to birth/ expectant parent circumstances.



Your social worker will talk with you about the types of adoption situations you are comfortable with as they take the time to get to know you. Our staff will support you and answer any questions you may have along the way as you wait to be matched. Once matched, our staff will guide you through the process and keep you informed of any changes or updates. Meanwhile, our domestic adoption team makes sure that all of the birth/ expectant mother's needs are being met. Together, our team makes sure that everyone is comfortable.

After the birth parents sign the consents, the last step is post placement and finalization. This process varies from state to state. Our staff is available to offer guidance and support as you begin your journey into parenthood.





INTERNATIONAL ADOPTION PROCESS

Families considering one of our international programs should speak with Alliance's Program Coordinator prior to application.



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Next, you will begin your home study. If you live in one of the 9 states in which we are licensed, we can complete your home study. Otherwise, we will assist you in finding an agency in your state of residence.



USCIS

The next step is applying to U.S. Citizen and Immigration Services, which is required in order for an adopted child to be permitted to enter the U.S. We will assist you with this process.



DOSSIER

Next is collecting the documents that each country requires for an adoption. If you are using one of our programs, we will provide you with detailed instructions and authenticate your paperwork.



REFERRAL

When a match is made, we will send you any information we receive about the child. We offer our families guidance and support throughout the referral process. If you decide to move forward, you will travel to the country to complete the adoption.



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The final step is coming home with your child! The social worker who completed your home study will visit with you and your child, answer any questions you have, and make sure everyone is adjusting well.

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Programs

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Bulgaria

- Children age 4 & older; Sibling groups.
- Waiting child program for immediately available older children & children with special needs.
- Eligibility: Married heterosexual couples & single women in good health, no criminal history & minimum of 15 years and maximum of 50 years between the adoptee and at least one parent.
- 2 trips of 1 week & 10-14 days with approximately 4 months between.



Colombia

- School-age children (age 6 - 16 years); Sibling groups
- Eligibility: All married couples & single applicants up to age 50. Applicants over age 50 and all situations considered on a case-by-case basis.
- 1 trip of 4-6 weeks; One spouse may leave after 10 days.



Colombia Heritage

- Infants, toddlers and children of all ages with or without known special needs; Sibling groups.
- Eligibility: All married couples & single applicants of Colombian descent age 25-45 for a child up to age 5 years 11 months. Applicants over 45 considered for older children.
- 1 trip of 4-6 weeks; One spouse may leave after 10 days.



Hungary

- Children age 4 & older; Sibling groups
- Eligibility: Married heterosexual couples; Minimum of 16 years and maximum of 45 years between the adoptee and at least one parent. Health condition & arrest record reviewed on a case-by-case basis.
- 1 trip of 45 -50 days with both parents



Vietnam

- Children age 4 & older; Sibling groups
- Eligibility: Married heterosexual couples & single applicants age 25-55 with no more than 4 children in the home. Must be 20 years older than the child. Health condition & arrest record reviewed on a case-by-case basis.
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Additional information about placements, applications, home studies and waiting children for the past three years is available upon request.



INTERCOUNTRY ADOPTION ACCREDITED AGENCY

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, sex, marital status, sexual orientation, gender identity, gender expression, or any other characteristic that is legally protected

WWW.ALLFORCHILDRENADOPTION.ORG



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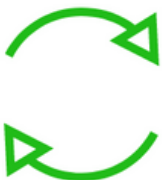
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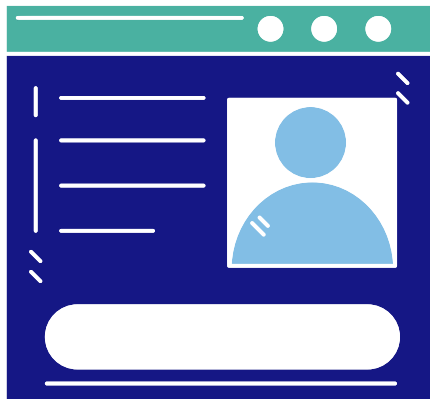


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WWW.ALLFORCHILDRENADOPTION.ORG



Alliance for Children Adoption Program Application for New York Families

Please return this complete application and two recent photos (not passport) to: mkelley@allforchildren.org. A nonrefundable fee of \$550 will be invoiced for upon submission and must be paid for your application to be processed.

Thank you for your interest in applying to Alliance for Children! This application is specifically for residents of New York and it includes a State of New York application form as well as additional information required by Alliance for Children in order to complete your application process.

This application form is comprised of Part 1 and Part 2. Each prospective adoptive parent must complete and sign separate Part 1 forms, so two forms are attached. Please complete Part 2 together.

Single applicants should complete Part 1 and then proceed to Part 2, page 1.

Please note that each applicant must sign page 5 of Part 1 as well as Part 2, page 7. This entire form must be returned to Alliance for Children with original signatures.

Should you have any questions about completing the application you may call our office at the above number or send an email to lcullinane@allforchildren.org

We look forward to working with you!

FOR FILING PURPOSES
 NAME OF APPLICANT(S):
 AGENCY NAME:

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
ADOPTIVE PARENT APPLICATION
ADOPTION ONLY

Instructions:

Applicant(s): Each applicant must complete a separate application form. The home finder/agency worker will notify the applicant if supporting documentation is required.

APPLICANT INFORMATION							
NAME OF APPLICANT:							
LAST, FIRST, MIDDLE INITIAL:							
DATE OF BIRTH: / /	SOCIAL SECURITY NUMBER: - -	EMAIL ADDRESS:					
PHONE CONTACT INFORMATION: HOME PHONE: () - <input type="checkbox"/> N/A CELL PHONE: () - <input type="checkbox"/> N/A							
CURRENT ADDRESS:							
CITY:					STATE:		ZIP CODE:
HOW LONG HAVE YOU: <input type="checkbox"/> Owned <input type="checkbox"/> Rented				SCHOOL DISTRICT:			
MARITAL STATUS:		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Couple living together					
DEMOGRAPHICS ¹							
SEX: ² <input type="checkbox"/> Female <input type="checkbox"/> Male							
WHAT ARE YOUR PRONOUNS? <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other							
GENDER IDENTITY: ³ <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Other/Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer							
SEXUAL ORIENTATION: ⁴ <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other/Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer							
RACE:			ETHNICITY:			RELIGIOUS AFFILIATION:	
LANGUAGES SPOKEN:							
NATIVE AMERICAN? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, tribal/nation affiliation:</i>							
HOUSEHOLD MEMBER INFORMATION *Social Security Number (SSN) is required for all household members 18 years of age or older.							
<input type="checkbox"/> N/A							
	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME
DATE OF BIRTH	/ /	/ /	/ /	/ /	/ /	/ /	/ /
RELATIONSHIP TO APPLICANT							
RELIGION							
SEX							

¹ Applicant has the right to decline to answer questions in this section without any impact to their application.
² "Sex" refers to a person's biological and physiological characteristics.
³ "Gender Identity" refers to a person's internal sense of themselves, regardless of anatomy.
⁴ "Sexual Orientation" refers to a person's emotional, romantic and sexual attraction to other persons.

FOR FILING PURPOSES
NAME OF APPLICANT(S):
AGENCY NAME:

ETHNICITY							
LANGUAGE							
MARITAL STATUS							
*SSN							

Are any children in your household, who are in foster care, awaiting adoption finalization?
 No Yes *If yes, please explain:*

Are any children in your household, who are not in foster care, awaiting adoption finalization?
 No Yes
If yes, please explain:

OTHER CHILDREN (UNDER 18) RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
<input type="checkbox"/> N/A			
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

ADULT CHILDREN RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
<input type="checkbox"/> N/A			
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

BOARDERS/RENTERS	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
<input type="checkbox"/> N/A		
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

PETS/OTHER ANIMALS – TYPE PER LOCAL ORDINANCE	VACCINATED?	LICENSED?
<input type="checkbox"/> N/A		
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

FOSTER/ADOPTIVE PARENTING EXPERIENCE
 Are you currently an approved adoptive parent? No Yes

FOR FILING PURPOSES
NAME OF APPLICANT(S):
AGENCY NAME:

If yes, please provide approval date(s), the approving agency name(s) and contact information.

APPROVAL DATE	APPROVING AGENCY	CONTACT INFORMATION
/ /		
/ /		
/ /		

Have you previously applied to be a foster or adoptive parent in this state or another state? No Yes
If yes, please provide agency name(s) and contact information.

AGENCY	CONTACT INFORMATION

Were you accepted, withdrawn or denied? Accepted Withdrawn Denied
If withdrawn or denied, what was the reason?

Have you had a foster parent certification or approval revoked, suspended, surrendered or lapsed?
 N/A No Yes
If yes, what was the reason?

TRANSPORTATION

What are your plans for transporting the child as needed?

If your answer was "personal vehicle":
 Do you have a:

	Proof Provided?
Valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, expiration date: / /</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Valid car insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, expiration date: / /</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Valid registration? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, expiration date: / /</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Valid inspection? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, expiration date: / /</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes

REFERENCES

List three references who can serve as personal references.

NAME	ADDRESS	PHONE/EMAIL ADDRESS

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:		START DATE:
EMPLOYER ADDRESS:		
CITY:	STATE:	ZIP CODE:
POSITION:	SCHEDULE:	
EMPLOYER CONTACT NAME:	EMPLOYER CONTACT NUMBER:	EMPLOYER CONTACT EMAIL:

EMPLOYMENT HISTORY

Employer:
 Dates of employment: / / To / /
 Position:
 Hours worked per week:
 Reason for leaving:

Employer:
 Dates of employment: / / To / /
 Position:
 Hours worked per week:
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 Reason for leaving:

HOME BUSINESS INFORMATION

Do you operate a business out of your home? No Yes
 If yes,
 a. What are the hours of operation?
 b. Do you have a license for any of the businesses in your home?
 c. Describe:

Do you operate a child care/ day care program in your home? No Yes
 If yes,
 a. What are the hours of operation?
 b. Number of children?
 c. Describe:

Do you operate a Family-Type Home for Adults? No Yes
 If yes:
 Describe:

PLAN FOR SUPERVISION

What are your plans for supervision of a child(ren) when you are not available (i.e., during work hours, after school, summer, etc.)?

EDUCATION HISTORY

HIGHEST EDUCATION COMPLETED: Grade School High School TASC (GED) Associate's Degree
 Bachelor's Degree Master's Degree Ph. D. Other:
 Provide Details [such as name of school(s)/college(s)/university(ies); major(s)/course of study(ies); years of attendance; graduation date(s)]:

FINANCIAL INFORMATION

INCOME FROM EMPLOYMENT (verified by W-2 or 1040):	
OTHER INCOME AND SOURCE:	<input type="checkbox"/> PA <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Other, specify:

TOTAL MONTHLY INCOME:	
MONTHLY EXPENSES:	
Is your family experiencing any financial stressors (i.e., foreclosure, bankruptcy, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please explain:</i>	
Does your family have medical insurance coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes	
▶ rent/mortgage	\$
▶ utilities (including phones and cable)	\$
▶ car payments	\$
▶ car insurance	\$
▶ other insurance	\$
▶ loans/debts, credit cards	\$
▶ food, clothing, etc.	\$
▶ entertainment	\$
Total monthly expenses	\$
APPLICANT'S SIGNATURE: X	DATE: / /

SWORN STATEMENT – One per applicant			
Please answer the questions below in full.			
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
MAIDEN NAME OR ANY OTHER ALIAS:			
CURRENT MAILING STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
1. Have you ever been convicted of a crime within New York State or any other jurisdiction or state? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, provide an explanation for each crime for which you were convicted of, including the type of crime, the location, the date and circumstances:</i>			
2. Has any person age 18 or older currently residing in the home ever been convicted of a crime within New York State or any other jurisdiction or state? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, provide an explanation for each crime for which the person(s) was/were convicted of, including the type of crime, the location, the date and circumstances:</i>			
To the best of my knowledge, I hereby affirm that the information provided above is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in disqualification as an applicant for deliberately presenting false or misleading information.			
APPLICANT'S SIGNATURE: X			DATE: / /

FOR FILING PURPOSES
 NAME OF APPLICANT(S):
 AGENCY NAME:

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
ADOPTIVE PARENT APPLICATION
ADOPTION ONLY

Instructions:

Applicant(s): Each applicant must complete a separate application form. The home finder/agency worker will notify the applicant if supporting documentation is required.

APPLICANT INFORMATION							
NAME OF APPLICANT:							
LAST, FIRST, MIDDLE INITIAL:							
DATE OF BIRTH: / /	SOCIAL SECURITY NUMBER: - -	EMAIL ADDRESS:					
PHONE CONTACT INFORMATION: HOME PHONE: () - <input type="checkbox"/> N/A CELL PHONE: () - <input type="checkbox"/> N/A							
CURRENT ADDRESS:							
CITY:					STATE:		ZIP CODE:
HOW LONG HAVE YOU: <input type="checkbox"/> Owned <input type="checkbox"/> Rented				SCHOOL DISTRICT:			
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Couple living together							
DEMOGRAPHICS¹							
SEX:² <input type="checkbox"/> Female <input type="checkbox"/> Male							
WHAT ARE YOUR PRONOUNS? <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other							
GENDER IDENTITY:³ <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Other/Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer							
SEXUAL ORIENTATION:⁴ <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other/Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer							
RACE:			ETHNICITY:			RELIGIOUS AFFILIATION:	
LANGUAGES SPOKEN:							
NATIVE AMERICAN? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, tribal/nation affiliation:</i>							
HOUSEHOLD MEMBER INFORMATION *Social Security Number (SSN) is required for all household members 18 years of age or older.							
<input type="checkbox"/> N/A							
	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME
DATE OF BIRTH	/ /	/ /	/ /	/ /	/ /	/ /	/ /
RELATIONSHIP TO APPLICANT							
RELIGION							
SEX							

¹ Applicant has the right to decline to answer questions in this section without any impact to their application.

² "Sex" refers to a person's biological and physiological characteristics.

³ "Gender Identity" refers to a person's internal sense of themselves, regardless of anatomy.

⁴ "Sexual Orientation" refers to a person's emotional, romantic and sexual attraction to other persons.

FOR FILING PURPOSES
NAME OF APPLICANT(S):
AGENCY NAME:

ETHNICITY							
LANGUAGE							
MARITAL STATUS							
*SSN							

Are any children in your household, who are in foster care, awaiting adoption finalization?

No Yes *If yes, please explain:*

Are any children in your household, who are not in foster care, awaiting adoption finalization?

No Yes
If yes, please explain:

OTHER CHILDREN (UNDER 18) RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
--	---------------	---------	---------------------------

N/A

	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

ADULT CHILDREN RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
---	---------------	---------	---------------------------

N/A

	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

BOARDERS/RENTERS	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
------------------	---------------	---------------------------

N/A

	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

PETS/OTHER ANIMALS – TYPE PER LOCAL ORDINANCE	VACCINATED?	LICENSED?
---	-------------	-----------

N/A

	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

FOSTER/ADOPTIVE PARENTING EXPERIENCE

Are you currently an approved adoptive parent? No Yes

FOR FILING PURPOSES
NAME OF APPLICANT(S):
AGENCY NAME:

If yes, please provide approval date(s), the approving agency name(s) and contact information.

APPROVAL DATE	APPROVING AGENCY	CONTACT INFORMATION
/ /		
/ /		
/ /		

Have you previously applied to be a foster or adoptive parent in this state or another state? No Yes
If yes, please provide agency name(s) and contact information.

AGENCY	CONTACT INFORMATION

Were you accepted, withdrawn or denied? Accepted Withdrawn Denied
If withdrawn or denied, what was the reason?

Have you had a foster parent certification or approval revoked, suspended, surrendered or lapsed?
 N/A No Yes
If yes, what was the reason?

TRANSPORTATION

What are your plans for transporting the child as needed?

If your answer was "personal vehicle":
 Do you have a:

	Proof Provided?
Valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, expiration date: / /</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Valid car insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, expiration date: / /</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Valid registration? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, expiration date: / /</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Valid inspection? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, expiration date: / /</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes

REFERENCES

List three references who can serve as personal references.

NAME	ADDRESS	PHONE/EMAIL ADDRESS

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:		START DATE:
EMPLOYER ADDRESS:		
CITY:	STATE:	ZIP CODE:
POSITION:	SCHEDULE:	
EMPLOYER CONTACT NAME:	EMPLOYER CONTACT NUMBER:	EMPLOYER CONTACT EMAIL:

EMPLOYMENT HISTORY

Employer:
 Dates of employment: / / To / /
 Position:
 Hours worked per week:
 Reason for leaving:

Employer:
 Dates of employment: / / To / /
 Position:
 Hours worked per week:
 Reason for leaving:

Employer:
 Dates of employment: / / To / /
 Position:
 Hours worked per week:

Reason for leaving:

HOME BUSINESS INFORMATION

Do you operate a business out of your home? No Yes
If yes,
 a. *What are the hours of operation?*
 b. *Do you have a license for any of the businesses in your home?*
 c. *Describe:*

Do you operate a child care/ day care program in your home? No Yes
If yes,
 a. *What are the hours of operation?*
 b. *Number of children?*
 c. *Describe:*

Do you operate a Family-Type Home for Adults? No Yes
If yes:
Describe:

PLAN FOR SUPERVISION

What are your plans for supervision of a child(ren) when you are not available (i.e., during work hours, after school, summer, etc.)?

EDUCATION HISTORY

HIGHEST EDUCATION COMPLETED: Grade School High School TASC (GED) Associate's Degree
 Bachelor's Degree Master's Degree Ph. D. Other:
Provide Details [such as name of school(s)/college(s)/university(ies); major(s)/course of study(ies); years of attendance; graduation date(s)]:

FINANCIAL INFORMATION

INCOME FROM EMPLOYMENT (verified by W-2 or 1040):	
OTHER INCOME AND SOURCE:	<input type="checkbox"/> PA <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Other, specify:

TOTAL MONTHLY INCOME: _____

MONTHLY EXPENSES:

Is your family experiencing any financial stressors (i.e., foreclosure, bankruptcy, etc.)? No Yes
 If yes, please explain:

Does your family have medical insurance coverage? No Yes

▶ rent/mortgage	\$
▶ utilities (including phones and cable)	\$
▶ car payments	\$
▶ car insurance	\$
▶ other insurance	\$
▶ loans/debts, credit cards	\$
▶ food, clothing, etc.	\$
▶ entertainment	\$
Total monthly expenses	\$

APPLICANT'S SIGNATURE: **X** DATE: / /

SWORN STATEMENT – One per applicant

Please answer the questions below in full.

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

MAIDEN NAME OR ANY OTHER ALIAS: _____

CURRENT MAILING STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

1. Have you ever been convicted of a crime within New York State or any other jurisdiction or state? No Yes
 If yes, provide an explanation for each crime for which you were convicted of, including the type of crime, the location, the date and circumstances:

2. Has any person age 18 or older currently residing in the home ever been convicted of a crime within New York State or any other jurisdiction or state? No Yes
 If yes, provide an explanation for each crime for which the person(s) was/were convicted of, including the type of crime, the location, the date and circumstances:

To the best of my knowledge, I hereby affirm that the information provided above is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in disqualification as an applicant for deliberately presenting false or misleading information.

APPLICANT'S SIGNATURE: **X** DATE: / /

**Application Part 2
Alliance for Children Information**

	Applicant 1	Applicant 2
Are you currently in counseling?	Yes [] No []	Yes [] No []
Are you currently pregnant or currently pursuing pregnancy/surrogacy?	Yes [] No []	Yes [] No []
Do you have any health issues or take medication?	Yes [] No []	Yes [] No []
Have you ever been arrested-even if charges were dismissed, continued without a finding or records expunged?	Yes [] No []	Yes [] No []
Do you have a history of substance/alcohol abuse?	Yes [] No []	Yes [] No []
Do you have a history of domestic violence, even if an arrest did not occur?	Yes [] No []	Yes [] No []
Have you ever been physically or sexually abusive to a child?	Yes [] No []	Yes [] No []
Has a child abuse/neglect report ever been filed against you?	Yes [] No []	Yes [] No []
Have you ever applied to adopt in the past and terminated the process, been turned down or rejected for adoption?	Yes [] No []	Yes [] No []
Have you ever had a home study completed in the past? If you have, please indicate below the name of the agency and the year it was completed.	Yes [] No []	Yes [] No []
Have you ever transferred or received permanent custody of a child outside of the state/local authorities or outside of the state/local process, relinquished or lost custody of a child?	Yes [] No []	Yes [] No []
Have you ever been refused visa clearance?	Yes [] No []	Yes [] No []
If you answered yes to any of the above questions, please explain below and add additional pages if needed:		

Does anyone residing in your home:

- **have an arrest record**
- **have a medical condition**
- **have a history of substance/alcohol abuse, domestic violence (even if an arrest did not occur)**
- **been physically or sexually abusive to a child**
- **applied to adopt, completed a home study, been turned down or rejected for adoption**
- **transferred or received permanent custody of a child outside of the state/local authorities, outside of the state/local process, relinquished or lost custody of a child**
- **been refused visa clearance?**

Yes [] No []

If anyone residing in the home has answered “yes” to any of the above questions, please explain:

Please list all of the states and countries in which you and other adults in the home have lived or worked since age 18.

- Include places you have lived more than a month.
- Circle all states that you have lived in for the past 5 years.

Applicant 1: (include all versions of your name i.e. married/maiden/alias)

Name: _____

Social Security Number _____

Date of Birth _____

List All States lived *and* worked in since the age of 18 and the years you lived/worked there:

Applicant 2: (include all versions of your name i.e. married/maiden/alias)

Name: _____

Social Security Number _____

Date of Birth _____

List All States lived *and* worked in since the age of 18 and the years you lived/worked there:

Others in the home over the age of 14: include all versions of your names

Name: _____

Social Security Number _____

Date of Birth _____

List All States lived *and* worked in since the age of 14

Name: _____

Social Security Number _____

Date of Birth _____

States lived *and* worked in since the age of 14

Adoption Services

What AFC services are you interested in applying for?

Please indicate all services applicable.

International Adoption []

Please list Country: _____

[] **Home Study and Post-Placement/Post-Adoption Services:** Alliance for Children will complete home study and post-placement/post-adoption services.

[] **Post-Placement/Post-Adoption Services Only:** Due to a move or change in original home study agency, Alliance for Children will complete post-placement/post-adoption services.

***If you are interested in an international adoption, you must have a primary provider agency prior to beginning your home study, and must provide the written agreement with that agency to Alliance for Children. You must continue to work with that primary provider throughout your adoption process and agree to notify Alliance for Children if your primary provider changes.**

[] **Full Service:** Alliance for Children will perform home study services, placement services from one of our international programs, and post-placement/post-adoption services.

Domestic Adoption []

[] **Home Study and Post-Placement/Post-Adoption Services:** Alliance for Children will complete home study and post-placement/post-adoption services.

[] **Interest in Alliance for Children's Domestic Placement Program:** Alliance for Children will perform placement services.

***If you have indicated interest in Alliance for Children's Domestic Placement Program, please note that acceptance into the Domestic Program is on a case-by-case basis at time of home study completion. The agency accepts families into the Domestic Program based on a number of factors; the Agency cannot guarantee availability for all who are interested. After completion of a home study, families will be notified if the Agency can grant acceptance; the family may choose to onboard at that time. We cannot guarantee availability in our program at time of home study completion.**

[] **Domestic Assist:** Per referral from an adoption attorney/agency, or due to special circumstances, Alliance for Children will provide assist services for your domestic adoption.

[] **Post-Placement/Post-Adoption Services Only:** Due to a move or change in original home study agency, Alliance for Children will complete post-placement/post-adoption services.

Domestic and International

Please indicate your openness to the below:	
What age child would you like to adopt?	0 -12 months <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4 – 6 years <input type="checkbox"/> 7 yrs or older <input type="checkbox"/>
Would you consider adopting a child with special needs or medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consider adopting twins?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consider adopting a sibling group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consider adopting a child of a different race/ethnicity than your own? If yes, please provide more details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Circumstances, Comments, Notes:

How did you hear about Alliance for Children? _____

Please indicate if you have connected with AFC staff, received our information packet and explanation of fees: Yes No

Date & Name of AFC Staff Member: _____

Did you attend an informational meeting? Yes

No Date of Meeting: _____

Outside Placement Agency/Primary Provider

If you are requesting home study and post-placement/post-adoption services from Alliance for Children but are working with another agency for placement, please complete the following section:

Agency: _____ Contact: _____

Address: _____
(No./Street) (Town/City) (State) (Zip)

Phone: _____ Email: _____

Home Study Agency Information

If you are working with another agency to complete your home study and are applying to work with Alliance for Children for placement services, please complete the following section.

Home Study Agency: _____

Contact: _____

Address: _____
(No./Street) (Town/City) (State) (Zip)

Phone: _____ Email: _____

Estimated date home study will be finished: _____

Adoption Attorney Information

If you are working with an adoption attorney for placement, please complete the following section: Attorney: _____

Address: _____
(No./Street) (Town/City) (State) (Zip)

Phone: _____ Email: _____

Signature Page

If you have any questions about qualifications/criteria/special circumstances, please request a copy of the Agency's Adoption Home Study Policies

Incomplete applications cannot be processed if a full, complete application is not received by the agency two (2) weeks after submitting the initial, incomplete application.

I understand that programs are always changing and may open, close, or go on hold at any time. If I have any questions, I will contact the agency and discuss them prior to sending in my application.

I understand that I must submit a non-refundable application fee with this application. Once this application is received, I will be billed for services. I am aware of the fees for the services I am requesting. If I have any questions about fees, I will ask them before submitting my application.

I have answered all questions truthfully and to the best of my ability. I understand that falsifying information, omitting information, or not responding to these questions honestly is grounds for termination of services. I further understand that I will need to provide notarized copies of any and all court records that I have, and that these records will be sent to Immigration as part of its approval process for all international adoptions. I understand that I must notify Alliance for Children within 30 days if any of the above information changes.

Non-Discrimination: Admissions, the provisions of services, and referrals of clients shall be made **without regard to race, color, religious creed, disability, ancestry, marital status, national origin (including limited English proficiency), age, gender, gender identity, gender expression, sexual orientation, or any other characteristic that is legally protected.** Programs and services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available.

For home study applicants:

I agree to comply with all of Alliance for Children's policies and procedures, including the following:

- If I have any health or financial issues, I will provide all additional documentation as requested.
- If I have any arrests or court-related issues, I will provide all additional information, including court dispositions, as requested—even if an action was dismissed, expunged or I was found not guilty.
- An adoption clinician will need to speak individually with every household member age 5 and over, or younger if required by your state of residence, will need to meet all household members and will need to be in contact with all children/adult children not living in the home.
- If I do not begin my home study within six (6) months of submitting my application, I will need to reapply and submit a new application fee. Further, if my home study is not complete within twelve (12) months of submitting the application, I will need to pay for a home study update and provide additional documentation to maintain an active file.

For all applicants:

I agree to comply with Alliance for Children's policy regarding discipline. This includes not spanking a child or using other forms of corporal punishment, restricting movement, confining a child in small or locked area, withholding food, rest or toilet use, verbally abusing a child, and/or using any other means of discipline that is designed to humiliate, embarrass, or denigrate a child, child's birth family, heritage, or ethnicity. This policy extends not only to the adopted child, but to all children residing in the adoptive home.

The below electronic signatures are valid:

Print Name
Applicant 1 Date

Print Name
Applicant 2 Date

Sign Name
Applicant 1 Date

Sign Name
Applicant 2 Date



ALLIANCE FOR CHILDREN SERVICE AGREEMENT

Agreement made this _____ day of _____, 20_____.

The undersigned Prospective Adoptive Parents wish to use The Alliance for Children, Inc. (Alliance) for the following adoption-related services; check all services being requested:

- Home Study & Post-Placement/Post-Adoption Services
- Post-Placement/Post-Adoption Services ONLY
- AFC Domestic Program Services
- Domestic Assist Services
- Home Safety Assessment
- International Program, Country: _____
- Case Management Services
- Expectant/Birth Parent Screening and Related Services

For all Prospective Adoptive Families:

1. Non-Discrimination:

Provision of services shall be made without regard to race, color, religious creed, disability, ancestry, marital status, national origin (including limited English proficiency), age, gender, gender identity, gender expression, sexual orientation, or any other characteristic that is legally protected. Programs and services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available.

2. Application:

The Chief Clinical Officer or their designee reviews all applications. An application may be flagged for further review. Final consideration will be made after a thorough review of all information.

3. Arrest/Child Welfare Record:

Having an arrest/child welfare record may or may not prohibit a person from getting an approved home study/adopting a child. Each situation will be evaluated on a case-by-case basis. Alliance requires a notarized copy of a court disposition and a written explanation of the incident(s), signed under penalty of perjury. Alliance requires an official copy of any/all child welfare-related records. Additional assessments and outside evaluations may be needed.

4. Medical, Mental Health, Substance Use Conditions:

Having or having had a medical, mental health or substance use issue does not necessarily prohibit a person from getting an approved home study/adopting a child. Each situation will be evaluated on a case-by-case basis. A letter from a specialist, therapist, or other service provider will be needed. Additional information/assessments/consultations may also be needed.

5. Discipline:

Alliance will not place a child in a home where children currently in the home AND children to be adopted will be disciplined with physical punishment (including spanking), by restricting movement, confining a child in small or locked area, withholding food, rest, or toilet use, verbally abusing a child, and/or using any other means of discipline that is designed to humiliate, embarrass, or denigrate a child, their birth family, heritage, or ethnicity.

6. Immunizations:

Prospective Adoptive Parents must abide by the recommended immunization schedule of the American Academy of Pediatrics. If there are any household members who have not been vaccinated according to recommended guidelines, this must be discussed and may or may not affect the outcome. If the Prospective Adoptive Parents do not plan to vaccinate their adopted child in accordance with the recommendations of the American Academy of Pediatrics, this, too, must be discussed and may or may not affect the outcome. Exemptions may be made on a case-by-case basis.

7. Time frame between Placements/Children's Ages:
The Agency will not begin a subsequent home study until a child has been in placement for at least six months. Additionally, there needs to be a minimum of twelve months and one school grade difference between children. Exceptions will be considered on a case-by-case basis.
8. Changes during Process:
Prospective Adoptive Parents agree to notify Alliance if any changes occur, including but not limited to a pregnancy, birth of a child, placement of a child, changing jobs, losing a job, developing a serious illness, moving, getting arrested, marital separation, mental health change (such as a new diagnosis), status, hospitalization, marital counseling, and substance use treatment. The Agency reserves the right to withdraw services and/or approval on the basis of information received after the initial decision.
9. Duty of Disclosure:
Prospective Adoptive Parents have a duty of disclosure. They understand that they must give true and complete information to the Agency and disclose any arrest, court appearance, conviction, or other adverse criminal history, even if it has been expunged, sealed, pardoned, or the subject of any other amelioration. Furthermore, they must disclose other relevant information, such as physical, mental, emotional, child welfare, or behavioral issues. Falsifying information or failing to disclose material information will result in being turned down for adoption-related services.
10. Acknowledgement:
Prospective Adoptive Parents agree to abide by all policies of Alliance, including but not limited to the child disciplinary policy, timely submission of all documents, full, complete, and truthful disclosure of all information, participation in education and training, and conducting themselves in a courteous and respectful manner. Failure to do so will result in the termination of this Agreement.

For Home Study & Post-Placement/Post-Adoption Services; CHECK if requesting the Agency's Home Study & Post-Placement/Post-Adoption Services:

1. The Agency agrees to provide home study services prepared by a qualified professional clinician. The Prospective Adoptive Parents will receive a draft to review/approve and copy of the completed report.
 - a. All adults and all children living in the home need to be present for at least one home visit.
 - b. All household members over the age of 3-5 (depending upon state regulations) will be interviewed separately.
 - c. All children/adult children of either applicant need to know about the adoption before the home study will be approved. They may have an interview or phone call with the home study clinician, write a letter, send an email, etc. regarding the proposed adoption plans. Additional information and interviews may be requested/required on a case-by-case basis.
2. A home study must begin within 6 months of application. If it does not, Prospective Adoptive Parents must reapply and pay a new application fee. A home study must be completed within 12 months of application. If not, the Prospective Adoptive Parents will need to pay a home study renewal/update fee.
3. Home study reports expire after 12, 15, 18, or 24 months depending upon various regulations. Since most clearances and other documents expire in 12 months, Alliance's policy is to renew and update all home studies 12 months from the completion date.
4. Receiving post-placement/post-adoption services is a requirement of obtaining a home study; the Agency will not complete a home study without providing services after placement. The number of visits will be

determined by agency, state, country, and/or program requirements, and the needs of the child/family. In addition, the agency requires all families to participate in at least one post-placement/post-adoption report regardless of state, federal, or program requirements.

5. Alliance will conduct a home study and the recommendation will be based upon a clinical assessment. The Prospective Adoptive Parents agree to complete parent education and training and meet with an adoption clinician. They understand that at least one meeting must take place in the home. During the home study process, Alliance will receive information from others, which is considered confidential.
 6. Alliance does not guarantee that the Prospective Adoptive Parents will receive an approved home study, but pledges to conduct a fair assessment. The Prospective Adoptive Parents agree to hold Alliance, its employees, directors, volunteers, and independent contractors harmless for the outcome of the assessment, and from any other consequences that might result from the home study assessment.
 7. If a home study family receives a placement through another agency or resource, they need to notify Alliance immediately. Post-Placement/post-adoption services will begin according to the schedule set forth by the program, the other agency, the country, the state of residence, and/or Alliance. Additional services may occur, based on the needs of the child, the family, changing requirements, etc. Prospective Adoptive Parents agree to pay for any additional post-placement services that are deemed necessary.
- For Post-Placement/Post-Adoption Services ONLY; CHECK if requesting Home Study and Post-Placement/ Post Adoption services or Post-Placement/Post-Adoption Services ONLY:**
1. The Agency will provide post-placement/post adoption services, conducted by a qualified professional clinician. These services will be completed in accordance with all applicable federal, state, intercountry, and program rules and regulations. This includes making referrals to other resources and additional services as needed. If these requirements change over time, the family agrees to follow the regulations that are in force during their adopted child's post-placement/post-adoption supervisory period. They agree to finalize/re-finalize their child's adoption as soon as allowed by law. The cost of a finalization is the responsibility of the Prospective Adoptive Parents. Alliance requires finalization in all post-placement cases (domestic and international), as well as re-finalization /recognition of a foreign adoption in all post-adoption international adoptions.
 2. Failure to cooperate with post-placement or post-adoption services may result in additional fees and a decision not to recommend finalization of the adoption. In addition, this may cause immediate and irreparable harm to the Agency and its Programs. Alliance has the right to seek a court order to mandate post-placement/post-adoption services. Any legal or other fees that are incurred as a result of a failure to cooperate with these requirements will be the responsibility of the Prospective Adoptive Parents.
 3. Post-Placement or Post-Adoption Difficulties
 - a. When an adoption is in crisis, Alliance staff will attempt to intervene, and provide or arrange for counseling by an individual who has the appropriate skills to assist the family;
 - b. Despite everyone's efforts, adoptive placements do not always work out. If an adoption disrupts or dissolves, the Prospective Adoptive Parents have sole financial and legal responsibility for the care of the child, or for any and all costs related to the care, transfer, and replacement of the child, including but not limited to legal fees, case management, medical costs, and foster care until an appropriate placement is located and the child has been moved. The Prospective Adoptive Parents agree to these conditions and to participate in a process that is in the best interest of the child;
 - c. If Agency Staff believe that a child is at risk, they will notify state authorities and take steps to have the child removed from the home. As soon as a child is out of harm's way, Agency Staff will notify all relevant authorities.

For AFC Domestic Adoption Program; CHECK if requesting Domestic Services:

1. Domestic Program:

Acceptance into the AFC Domestic Program is determined on a case-by-case basis at the time of home study completion. The agency accepts families into the AFC Domestic Program based on a number of factors; the Agency cannot guarantee availability for all who are interested. After completion of a home study, families will be notified if the Agency can grant acceptance; the family may choose to onboard at that time. Families who defer but want to join the program at a later date will be considered on a case-by-case basis with the understanding that this option may not be available at a later date. The Agency may terminate the agreement if the family fails to maintain a valid and approved home study.

2. Expectant/Birth Parent and Prospective Adoptive Parent Services Provided

- a. Profile services
- b. Expectant/birth parent counseling
- c. Coordination of services with other providers
- d. Outreach; identify expectant mothers who are considering adoption
- e. Screening, due diligence
- f. Support; waiting families' group, monthly newsletter, individual and ongoing support
- g. Paperwork; obtain paperwork, including medical & social background information
- h. Financial Support for expectant parents; create a budget and disburse funds, if applicable
- i. Communication; provide ongoing information throughout the process
- j. Counseling; provide expectant parent emotional support including options/grief counseling
- k. Hospital plan; developing and implementing a Hospital Plan
- l. Case management & coordination; Overseeing all aspects of a case through placement and ICPC
- m. Relinquishment/Consents; Arranging for/overseeing relinquishment/signing consents
- n. Birth Father Services; providing, as needed, counseling, locating, signing papers, terminating rights
- o. Placement Services; coordinating, overseeing, arranging placement
- p. Interstate Compact (ICPC): If a child is born in one state the adoptive family lives in another, both states must approve the placement before the child can leave their birth state. This process, known as ICPC or the Interstate Compact on the Placement of Children, may take a few days, or more than a week. Alliance will complete and file the ICPC paperwork. Alliance has no control over ICPC approvals and cannot expedite this process. Prospective Adoptive Parents agree not to contact the ICPC representative directly, as this could negatively impact their adoption process. They further agree not to transport the child out of state until after the ICPC is approved.

3. Risks in Domestic Adoption

A birth parent is under no obligation to place a child for adoption, may choose not to place at any time prior to relinquishment and may withdraw their consent at any time within the period permitted by applicable law. Any financial support provided, and any fees paid for services that have already been provided will not be refunded if a placement falls through. Birth parents or other parties may attempt to assert parental or custodial rights to a child whether or not they are legally entitled to those rights. Alliance is not responsible to provide any legal services besides those related to routine, uncontested relinquishment, and termination of parental rights in connection with the adoption. If Alliance does incur any fees, legal or otherwise, after placement and before finalization, related to a specific placement, they are the responsibility of the adoptive parents.

In addition, medical, developmental, mental health, educational, social, and/or behavioral issues related to substance use exposure in utero and/or genetic/situational mental health-related issues, or for any other cause may not surface until months or years after placement. Alliance is not responsible for any costs related to the care of a child after finalization.

For Domestic Assist Services; CHECK if requesting Domestic Assist Services:

Agency Assist Services are offered to home study approved families who have a potential and/or identified match and need Alliance's assistance in one of the states where the agency is licensed.

Services Provided:

- a. Expectant/birth parent counseling
- b. Coordination of services with other providers

- c. Disbursement of financial support funds
- d. Development and implementation of a hospital plan
- e. Paperwork; obtain paperwork, including medical & social background information;
- f. Birth Father Services; providing, as needed, counseling, locating, signing papers, terminating rights;
- g. Signing consents/relinquishment services;
- h. Placement services
- i. Completing, submitting, and monitoring ICPC

□ For Home Safety/Hosting Assessment; CHECK if requesting a Home Safety/Hosting Assessment:

A home safety/hosting assessment is a shortened version of a home study that is used for custody situations, at the request of a court, to host a child for a few weeks, etc. Its focus is on ensuring the safety and suitability of a home for a known child or a hosted child.

Services provided:

- a. Interview all household members;
- b. Conduct a home safety inspection;
- c. Complete criminal and child abuse clearances
- d. Collect other relevant documents to determine suitability to parent and/or host;
- e. The recommendation in a home safety/hosting assessment will be based upon a clinical assessment. Alliance does not guarantee that the applicants will receive a positive assessment, but pledges to conduct a fair assessment. The applicants agree to hold Alliance, its employees, directors, volunteers, and independent contractors harmless for the outcome of the assessment, and from any other consequences that might result from the recommendation.

□ For International Programs; CHECK if requesting International Placement Program Services:

1. Acceptance into an AFC International Program occurs at the time of home study completion. Prospective Adoptive Parents must abide by all agency/country rules, regulations, and policies, including but not limited to submitting documents in a timely way, paying fees within 30 days of receipt of an invoice, and treating all agency and program staff members in a respectful and courteous manner.
2. International Program Services include:
 - a. Dossier preparation, USCIS guidance and monitoring
 - b. Waiting families' group, monthly newsletter, individual and ongoing support
 - c. Providing referral paperwork, including medical & social background information
 - d. Maintaining communication; provide ongoing information throughout the process
 - e. Case management and coordination; Overseeing all aspects of a case through placement
 - f. Monitoring developments and program changes in country
 - g. Placement Services; coordinating, overseeing, arranging placement
 - h. Advising on travel plans, maintain contact before, during and after travel
 - i. Providing other services as needed
3. **Prospective Adoptive Parents may not reach out to International Program Representatives, Orphanages, Consulates, Central/Governmental Authorities, and/or any other entity involved in their adoption process without the agency's knowledge, permission, and consent. This is a serious infraction of agency and international adoption protocol and will result in termination from the program.**
4. When Prospective Adoptive Parents receive a referral, they have fourteen (14) days in which to decide about whether to accept or decline. The Agency urges the family to speak with a physician who is knowledgeable about international adoptions. The program coordinator is available to answer questions. If the Prospective Adoptive Parents seek additional information, the program coordinator will forward information requests to our team in the foreign country. If additional information cannot be obtained, Prospective Adoptive Parents may need to make their decision based upon less information that they would like to have.

5. Risks in International Adoption

Prospective Adoptive Parents understand the risks, uncertainties and realities associated with international adoption and have assessed their ability to handle these risks and realities. Alliance does not have control over many aspects of the adoption process and, therefore, cannot guarantee a successful outcome. The risks of pursuing an international adoption include, but are not limited to the following:

- a. Alliance will provide Prospective Adoptive Parents with all medical and social information that the agency receives. However, information concerning a child (including age) may be incomplete, inaccurate, or not current. Medical or developmental testing in some foreign countries may not be as advanced as in the United States. Medical, psychological, emotional, and developmental problems may be undetected, undiagnosed, misdiagnosed, or misstated;
- b. Time delays may result in having to extend the stay in the foreign country. Additionally, one case may process at a different pace from another; while Alliance will attempt to obtain progress reports during the wait, they may not be available or detailed;
- c. Delays or difficulties in communication with the foreign country cooperating resource may occur; Although Alliance will make every effort to minimize these issues, the possibility exists for language misinterpretation, cultural differences, and miscommunications;
- d. Changing laws and requirements (sometimes mid-process) of the U.S. government or the foreign country may delay or prevent the adoption from being completed. Alliance will stay abreast of political developments and keep Prospective Adoptive Parents advised to the best of its ability;
- e. Documents may not be approved by authorities in the foreign country, and/or paperwork requirements may change; a successful adoption of any child from abroad is ultimately the decision of the governmental and judicial officials of that country. Alliance will make diligent efforts to advise Prospective Adoptive Parents about these issues, and to advocate for them;
- f. Failure of an assignment: a child may be assigned to the Prospective Adoptive Parents and then may no longer be available for intercountry adoption for health reasons, because they are returned to their biological family, are placed in-country or for some other reason;
- g. An adoption case can be impacted by events such as war, man-made disasters, natural disasters, or health emergencies;
- h. All arrangements for travel are the sole responsibility of the Prospective Adoptive Parents. They agree to make payments directly to third parties, as applicable. They agree to travel to the foreign country on the dates provided by the Agency. The estimate of expenses that Alliance has provided to families is intended to be a guideline only. Travel to and within foreign countries involves risks of injury, death, crimes, property damage or loss, trip interruptions or cancellation, civil unrest, illness, medical emergencies, or other potential problems that could involve economic losses, pain and suffering, or other injuries or damage. The Prospective Adoptive Parents agree to hold Alliance harmless for the cost of all travel expenses incurred for any reason whatsoever and for any difficulties they have while traveling abroad. Alliance hereby disclaims liability to the Prospective Adoptive Parents for any and all travel and issues while traveling.

6. Prospective Adoptive Parents Duties Following the Adoption Process.

Prospective Adoptive Parents understand that it is a difficult decision for a country to allow its children to leave their homeland and be adopted internationally. These countries deserve our gratitude and our respect. Post-Adoption reports and photos provide clear and irrefutable evidence that *adoption is a positive solution for children who lack permanent families in their home country.*

Prospective Adoptive Parents agree to participate in Post-Adoption Services under the requirements of the child's country of birth:

- Bulgaria: 6, 12, 18 and 24 months after adoption
- Colombia, for children 0-7 years 11 months: 6, 12, 18, 24 months after adoption
- Colombia, for children 8 years and older: 6, 12, 18, 24, 30 and 26 months after adoption
- Hungary: 2 and 12 months after adoption

- Vietnam: 3 adoption-completed by the Agency at 1, 6, and 12 months; 4 additional self-reports completed by the Adoptive Parents

Crises/Disruptions/Dissolutions after Placement

- When an adoption is in crisis, Alliance staff will attempt to intervene, and provide or arrange for counseling by an individual who has the appropriate skills to assist the family;
- Despite everyone's efforts, adoptive placements do not always work out. If an adoption disrupts or dissolves, the Prospective Adoptive Parents have sole financial and legal responsibility for the care of the child, or for any and all costs related to the care, transfer, and replacement of the child, including but not limited to legal fees, case management, medical costs, and foster care until an appropriate placement is located and the child has been moved. The Prospective Adoptive Parents agree to these conditions and to participate in a process that is in the best interest of the child;
- If Agency Staff believe that a child is at risk, they will notify state authorities and take steps to have the child removed from the home. As soon as a child is out of harm's way, Agency Staff will notify all relevant authorities.
- If a disruption occurs after the child has arrived in the United States, the child will be returned to their country of birth ONLY IF:
 - All professionals who have been consulted on the case agree that this is the best course of action and is in the best interest of the child
 - All parties (e.g. Central Authority, Secretary, Public Domestic Authority, etc.) decided and agree that this is the best course of action and is in the best interest of the child
 - The child, if old enough and well enough to understand this decision, expresses the desire to return to their country of birth
 - The child's age, length of time in the U.S., wishes, and other pertinent factors are taken into consideration
- The Agency's Co-Executive Directors and the Program Coordinator will inform the Central Authority in the child's country of birth, in writing, of the crisis/disruption/dissolution with the placement and a new plan for the child
- The Agency's Co-Directors and/or the Director of Administration will inform the Secretary and the Accrediting Entity, in writing of the crisis/disruption/dissolution with the placement and a new plan for the child.

Case Management Services; CHECK HERE:

Prospective Adoptive Parents who have a completed home study but wish to utilize the agency to help facilitate an adoption match have the option to utilize the agency's case management services. This includes:

- Correspond and communicate with other entities that may have children in their care who need an adoptive home and family;
- Serve as liaison with other organizations, agencies, and entities;
- Serve as an advocate for a prospective adoptive family and represent them, their interest in, and their qualifications for adoption;
- Coordinate and oversee services related to making a potential match between the prospective adoptive family and a child who is available for adoption;
- Provide all other activities and services related to an adoptive placement.

Expectant/Birth Parent Screening and Related Services; CHECK HERE:

Prospective Adoptive Parents who have a completed home study but wish to utilize the agency to screen expectant parent inquiries and conduct research, due diligence services This includes:

- Take initial inquiries from expectant parents;
- Correspond and gather information;
- Conduct a due diligence search;
- Present information and assessment to prospective adoptive parents;
- Complete all other screening and related services as needed.

For all Programs and Services; CHECK HERE:

Parental Discretion

Prospective Adoptive Parents have the absolute discretion to request that the child referred to them is within certain parameters, subject to certain limitations. Prospective Adoptive Parents may specify the race and ethnicity of the child they would like to adopt but not the skin tone. If Prospective Adoptive Parents request that a child be “healthy,” they understand the known and unknown risks involved in adoption. Alliance cannot guarantee the health of a child, or the accuracy of medical information provided; the Agency only guarantees that the Prospective Adoptive Parents will be given any information that the agency receives. Prospective Adoptive Parents further understand that any child who resides in an institution, has had prenatal exposure to certain substances or was exposed to any type of challenge pre- or post-birth may experience certain heightened health risks and delays whose long-term impact is impossible to predict.

Governing Law/Choice of Forum.

This Agreement and the rights and obligations of the parties shall be construed, governed, and interpreted in accordance with the laws of the Commonwealth of Massachusetts without reference to its conflict of laws principles. In the event of any controversy, claim or dispute between the Prospective Adoptive Parents and Alliance arising in any manner whatsoever, such controversy, claim or dispute shall be brought solely in a state or federal court located in the Commonwealth of Massachusetts. The Prospective Adoptive Parents hereby waive any objection and irrevocably consent to the jurisdiction and venue of said Court.

Limitation of Liability

The Prospective Adoptive Parents agree that in the event a claim or cause of action not precluded by this Agreement under no circumstances shall the liability of Alliance exceed the total of payments made to the Agency from the Prospective Adoptive Parents.

Complaints, Disputes, Conflicts:

1. Alliance and the Prospective Adoptive Parents are entering into this agreement willingly, in the spirit of cooperation, with the expectation that the adoption process will move forward as planned. If any complaints or conflicts do arise, both parties will make every effort to rectify them.
2. Alliance responds in writing to complaints within thirty (30) days of receipt and provides expedited review of complaints that are time-sensitive or that involve allegations of fraud. Alliance maintains a written record of each complaint received and the steps taken to investigate and respond to it.
3. If the Prospective Adoptive Parents would like to do so, they may contact state licensing/Hague accreditation officials to register their concerns;

Mandatory Binding Arbitration.

Subject to the exceptions set forth in section (c) below, any controversy, dispute or claim arising out of or relating to this Agreement, or the breach thereof, shall be resolved by mandatory, binding arbitration administered by the American Arbitration Association (“AAA”) under its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. This means that by executing this Agreement, **each party hereto is waiving its respective rights to assert or defend any dispute under the Agreement at a court hearing, and further waives the right to resolution of such dispute by a judge or by a jury trial. Arbitrator decisions are as enforceable as any court order and are subject to very limited review by a court.** Each party will have an equal voice in selecting the arbitrator(s) proposed by the AAA and will split fees and costs incurred evenly. To the extent the controversy referred to the AAA for arbitration can be considered on an expedited basis and or any dispute and/or hearing can be held without an in-person hearing, (i.e., by telephone, written memoranda, or otherwise), the parties hereby consent to implement such rules. (For more information about this process, visit: <https://www.adr.org>). The only exception is for disputes that total \$2500 or less. They may be heard by a Small Claims Court in Massachusetts.

Each party hereto has had a chance to discuss this provision with an attorney and has made knowing and voluntary decision to select arbitration for resolution of disputes covered by this Agreement.

Full Disclosure.

All parties acknowledge that this is a fair agreement and that it is not the result of any fraud, duress or undue influence exercised by any party upon any other or by any other person or persons upon any party.

Severability.

In the event that any provision of this Agreement should be held to be contrary to, or invalid under, the law of any country, state or other jurisdiction, such illegality or invalidity shall not affect in any way any other provision hereof, all of which shall continue, nevertheless, in full force and effect in any country, state or jurisdiction in which such provision is legal and valid.

Independent Covenants.

Each of the respective rights and obligation of the parties hereunder shall be deemed independent and may be enforced independently, irrespective of any of the other rights and obligation set forth herein.

Headings.

Headings are inserted for the convenience of the parties only and shall not be attributed with any substantive meaning for purposes of interpreting this Agreement.

Entire Understanding.

This Agreement contains the entire understanding of the parties, who hereby acknowledge that there have been and are no representations, warranties, covenants or understanding other than those expressly set forth herein and that the parties have not entered into this Agreement in reliance upon any provision or understanding not expressly contained herein.

Independent Legal Advice.

Prospective Adoptive Parents are invited to retain independent legal counsel both for the review of this Agreement and to advise them. The Agency's mission is to provide families for children, not children for families. Alliance must represent the best interest of the child at all times. If the Agency determines that a conflict of interest exists/arises with these goals, the Prospective Adoptive Parents understand that they have the option to consult with independent legal counsel at their own expense.

Unauthorized Changes and Edits

Any changes and/or edits to this agreement are only valid if approved and initialed by all parties (Prospective Adoptive Parents and AFC Representative.) Edits that are not approved and initialed will not be accepted. This agreement is acknowledged and accepted in its entirety without any changes or edits.

Fees and Expenses:

1. Disclosure/Prior Payment: Alliance discloses all fees and expenses in writing and will provide written receipts. All fees must be paid prior to final documents being released.
2. Third Party Fees: Prospective Adoptive Parents acknowledge and understand that they will be responsible for all third-party fees, including but not limited to legal fees, travel, education and training, court costs, etc. In international adoptions where Alliance is not the Primary Provider, Prospective Adoptive Parents will obtain specific details about third party fees from their Primary Provider Agency.
3. Refunds: Fees are paid prior to or at the time services are provided. Fees are non-refundable once the service has been provided. Fees are refundable or partially refundable when an unexpected outcome occurs (such as fees and costs being less than predicted, a family decides not to continue, a placement falls through, etc.) All refund requests must be made within 6 months of when agency services were last provided. Services may be placed on hold or terminated at the request of the agency, the family. Any refund requests made after 6 months will not be approved. Any unused fees are returned within 30 days. Alliance sends a refund form upon request from Prospective Adoptive Parents or upon completion of services. Prospective Adoptive Parents may initiate a refund as well. The refund request form is used to

ensure that there is mutual agreement about the refund amount and to verify the address to which the refund payment should be mailed. Executive Management reviews and approves all refunds.

Prospective Adoptive Parents' Understanding and Acknowledgement and Waivers of Liability

Because adoption risks exist in the process, Alliance cannot assure a successful outcome. Prospective Adoptive Parents indemnify and hold harmless Alliance and its employees, officers, directors, attorneys, representatives, agents, consultants, and volunteers for any of the adoption-related costs incurred before, during, or after the adoption process, and release these parties from any and all actions, claims liability, attorney's fees, counterclaims, and demands whatsoever arising out of or related to an Adoption Risk. This pertains to past, present, and future costs, and includes but is not limited to costs related to the medical, mental health, social, emotional, and developmental condition of the child, undiagnosed/unknown conditions or any conditions that surface/develop later in a child's life, the family background, prior history and care and previous experiences of the child, any changes in the laws, regulations, policies, or administrative requirements, any failure of a governmental or administrative judge, and any conditions that are out of Alliance's control, such as war, terrorism, crime, acts of God, natural disasters, etc. Nothing in this document waives claims against Alliance for intentional or reckless acts or omissions or for gross negligence;

Privacy Protection

Prospective Adoptive Parents/Adoptive Parents agree that they will not print, post or cause to be printed or posted in any digital, internet or print media, including but not limited to newspapers and social networking sites such as Facebook, Twitter, Instagram, Yelp and the like, any photos or videos of a child to be placed in their home or a child who has been placed in their home **prior to the finalization of the adoption.** After an adoption is finalized, the agency no longer has legal custody and Adoptive Parents are free (may share or do as they wish) to share photos and videos of their child on social media. The agency suggests using caution whenever posting photos, videos or identifying information online even after an adoption has been finalized.

Libel and Defamation

Prospective Adoptive Parents agree that they will not print, post or cause to be printed or posted in any digital, internet or print media, including but not limited to newspapers and social networking sites such as Facebook, Twitter, Instagram, Yelp and the like, any content concerning Alliance or any of its employees, officers, directors, attorneys, representatives, agents, consultants, and volunteers, that is unlawful, libelous, defamatory, harassing, inflammatory or fraudulent or that disparages or impugns the reputation of Alliance or any of its employees, officers, directors, attorneys, representatives, agents, consultants, and volunteers. Neither party shall be liable for incidental, special, consequential, or punitive damages;

1. From the time of placement, Prospective Adoptive Parents are solely responsible for the care and treatment of their child. This includes care and treatment for any conditions that are unknown and/or unknowable at the time of placement. Prospective Adoptive Parents understand that Alliance has no financial responsibility regarding the child they adopt;
2. Prospective Adoptive Parents are of sound mental and physical health, and are not taking any medications or substances that impair my/our ability to parent, and to make an informed, rational decision to adopt a child without undue influence from anyone else;
3. Prospective Adoptive Parents have the right to consult with an attorney and to have an attorney review this agreement; Prospective Adoptive Parents are signing this agreement freely and willingly, without any coercion, fraud, or duress.

Terminating this Agreement:

Alliance retains the right to terminate this Agreement if any information provided is false or misleading, if relevant information has been omitted, or if material circumstances have changed and the Agency is not notified. To the extent that Alliance has reason to believe that representation of the Prospective Adoptive

Parents does not serve the best interest of a child, Alliance retains the right to terminate this Agreement at its sole discretion. The Agency reserves the right to terminate this contractual relationship with the Prospective Adoptive Parents if, at any point in the adoption process, the Agency finds that the Prospective Adoptive Parents become disrespectful, combative, unreasonable, demanding, uncooperative, or behave in a way that calls into question the Prospective Adoptive Parents' preparedness to parent an adopted child.

I/We have read this Agreement and the Explanation of Fees. By signing this document, I/we acknowledge and accept its contents. I/We acknowledge that there may be additional risks in addition to those stated above. This agreement will be considered invalid if any unapproved changes are made to it. I/We acknowledge receiving a copy of Alliance's Grievance and Appeals procedure.

SAMPLE AGREEMENT