

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

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

Domestic Home Study: (30 – 60 days average completion time)	\$1,000
International Home Study: (45 – 90 days average completion time)	\$1,395

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

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

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

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

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

Thank You,

*The Staff of American Adoptions*

**STEP 1**

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

**HOME STUDY APPLICATION**

**Couple information:**

Names: \_\_\_\_\_

Home address: \_\_\_\_\_

County: \_\_\_\_\_

What is the closest major city to you? \_\_\_\_\_

How long have you lived in this state? \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Place of marriage: \_\_\_\_\_ Length of marriage: \_\_\_\_\_

Have either of you ever been divorced? Husband: Yes No  
Wife: Yes No

Are you on any other adoptive family waiting lists? Yes No

If yes please state agency or attorney name, address, email address, phone and fax numbers:

\_\_\_\_\_  
\_\_\_\_\_

If yes to above question, do you have an identified child or potential birth mother? Yes No

How did you hear about American Adoptions? \_\_\_\_\_

If you attended a seminar please state who presented the seminar: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

**Adopting Father Information:**

Full legal name: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Salary: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

**Adopting Mother Information:**

Full legal name: \_\_\_\_\_

Maiden name: \_\_\_\_\_ Other names: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Salary: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

**Other Children in the Family:**

Legal name: \_\_\_\_\_ Date of birth \_\_\_\_\_

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

Legal name: \_\_\_\_\_ Date of birth \_\_\_\_\_

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

Legal name: \_\_\_\_\_ Date of birth \_\_\_\_\_

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

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

\_\_\_\_\_

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

Do these children primarily reside in your home? Yes No

**Legal:**

Have either of you ever been arrested? Yes No

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

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

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

**Adoption information:**

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

- Caucasian
- African American
- Hispanic
- Asian
- Other

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

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

1    2    3    4    5    6    7    8    9    10

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

1    2    3    4    5    6    7    8    9    10

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

1    2    3    4    5    6    7    8    9    10

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

1    2    3    4    5    6    7    8    9    10

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

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

You can now complete step one of the home study process by signing this document and returning this application along with your home study fee. If you need a domestic home study the fee is \$1,000 and if you want an international home study the fee is \$1,395 (please include attached International form). **Send or fax this application and payment to: American Adoptions, ATTN: Home Study Coordinator, 9101 W. 110<sup>th</sup> Street, Suite #200, Overland Park, KS, 66210 Fax: 913-383-1615.** By signing this application, you are verifying all information on this application is true and accurate and understand that fees paid are non-refundable.

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Adoptive Parent Signature

## HOME STUDY SERVICE GUIDE

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

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

**The above pricing fulfills the requirements for many domestic and international home study services. However, some court systems, countries, and other domestic/international adoption professionals require or request services in addition to a typical home study. We will perform these services only at a client's request. Unless otherwise stated, these services range from \$20 to \$250. If you would like a more complete fee break down you may call for an itemization.**

1. Home study update - An update is a follow up report to the home study if a placement has not occurred by the one-year mark. A few states require an update to occur every six months. International updates (when accepted) are \$600 and domestic are \$400.
2. Telephonic update - An update that is performed telephonically.
3. Addendum to home study - Requested addition to a completed home study.
4. Post placement visits - Visits that occur after a baby is placed in your home, these post placement reports are provided to the court and provide updates on the child and family. Domestic are \$250 and international are \$350 plus travel reimbursement.
5. Court report - Some courts require a report in addition to the home study and/or post placement reports. This report typically summarizes the home study and post placement and ultimately recommends the permanent placement of the child for the final adoption hearing.
6. Rewriting of home study or post placement - Some clients or other adoption professionals will request a rewrite of a home study to better comply with standards they may face in a particular court system or country.
7. Forwarding a home study - In some cases, families change adoption professionals or request we forward additional (more than the standard home study package contains) copies of their home study.
8. Court appearance by social worker - Some courts require the home study worker to appear in court.
9. State department authorization letter - Needed only for some international home studies (depending on the country).
10. Apostil documents - The objective of the apostilling procedure is to guarantee authenticity and dual execution of notarized documents. (For international adoptions only)
11. Miscellaneous - providing additional copies of the home study, additional counseling for issues beyond a home study, additional request of documents outside of our standard home study package. Extra charge per additional home visits over the state standard.

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

**This Section for International Home Studies Only**

What Country are you adopting from? \_\_\_\_\_

Who is your International Placing Agency? Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

What age of child(ren) are you considering? \_\_\_\_\_

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

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

**\*Please use this form for credit card services only\***

**CREDIT CARD AUTHORIZATION**

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

**• Account no. \_\_\_\_\_**

**• Expiration: \_\_\_\_/\_\_\_\_ (MM/YY)**

**• Amount: \$\_\_\_\_\_**

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

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

**Date \_\_\_\_\_, 20\_\_\_\_\_**

**Signature \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Telephone: \_\_\_\_\_**

**Email: \_\_\_\_\_**

## STEP 2

Complete and forward the attached forms per these instructions

**Background checks required: Child Abuse Central Registry Report, State Criminal and FBI Criminal clearances** - Please see enclosed forms and instructions. The American Adoptions office must receive your state criminal, child abuse and FBI background results. Should you receive these at your home, please forward the originals to American Adoptions immediately. A child abuse report, state and FBI criminal clearances must be completed for each person living at your residence 18 years of age and older.

### MO STATE CRIMINAL CLEARANCE

This is a “live scan” fingerprinting technique done through a company called Integrated Biometric Technology (IBT). IBT will provide the scan to the Missouri Highway Patrol for processing of the clearance. They strive to have a 10 to 15 business day turn-around of these clearances.

#### Instructions for Criminal Clearance:

1. Calls IIS at **1-866-522-7067** to make an appointment for scan, or goes to the website **www.identix.com/iis**. Make an appointment to either go to a designated site for scanning, or if you live in a rural area where there are no sites in a reasonable distance, they will actually come to you! They may have only certain days available.
2. You will need to provide certain info at the time you are making your appointment, namely: your identifying information, the reason you are being fingerprinted, and who they are being printed for. In summary, you will enter the following information:
  - **Reason being fingerprinted: Adoption**
  - **Who you are printed for:**  
**American Adoptions**  
**9233 Ward Pkwy. Suite 375**  
**Kansas City, MO 64114**
  - **ORI#: MOMHP 0000**These clearances will be returned directly to American Adoptions for your file.
3. You will set up your appointment time and location for your scan.
4. When at your appointment, you must verify your identity using a photo ID (driver's license, passport, etc.).
5. You will need to pay **\$32.95 per person** for the clearance at that time.
6. Keep your receipt for reference until clearances have been verified as received.

**\*\*YOU MUST REQUEST A HARD COPY OF YOUR SCANNED FINGERPRINTS FOR THE BELOW FBI CLEARANCE CHECK\*\***

### FBI CRIMINAL CLEARANCE

1. The hard copy of your live scan fingerprints will replace the old-fashioned “ink and roll” type of fingerprint. Be sure to get a hard copy of these when getting your state clearance live scan.

2. Write a cover letter to the FBI office stating that you are requesting FBI clearances for the purpose of adoption.
3. Each person signs a release of information (included) so that the FBI clearances will be returned directly to American Adoptions for your file.
4. Include a **certified check or money order made out to the Treasury of the United States for \$18 per person**. Make sure your certified check or money order are dated and (if necessary) signed by you.
5. Mail all of these items to:

Federal Bureau of Investigation  
Criminal Justice Information Service Section  
Attn: Records Request  
1000 Custer Hollow Road  
Clarksburg, WV 26306

For priority process, write on the envelope “**ADOPTION-URGENT**”

### **CHILD ABUSE CLEARANCE**

1. Fill out the included form completely.
2. Be sure to fill in all spot that are applicable to you, and sign the line for: Signature of Applicant.
3. Mail to:

Department of Social Services, Children’s Division  
BSIU  
PO Box 88  
Jefferson City, MO 65103-0088

This clearance is free, and will be returned directly to American Adoptions for your file.

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

Missouri State Highway Patrol/Missouri Department of Social Services

**REQUEST FOR CHILD ABUSE OR NEGLECT/CRIMINAL RECORD**

TYPE OF SERVICE (Check **only** one) See reverse side for further instructions.

- (1) Name Search- \$5.00 (Criminal record, offender registry, and child abuse search)
- (2) Fingerprint Search- \$14.00 (Criminal record, offender registry, and child abuse search)
- (3) DFS Central Registry Child Abuse Search Only – NO Charge

TYPE OF DAYCARE PROVIDER

- (1) License
- (2) License Exempt
- (3) Registered

**IDENTIFYING DATE (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.**

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)

MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE		

ADDRESSES FOR PAST 5 YEARS					
STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?  
 Yes (Complete section below)     NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify changes, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in this state or any state?  
 YES (Complete section below)     NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

**The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.**

SIGNATURE OF APPLICANT (**REQUIRED IN INK**) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF REQUESTOR (Required in ink) **Elizabeth Falke** \_\_\_\_\_ DATE **Same as above**

TITLE OF CHILD CARE PROVIDER **Administrative Director** \_\_\_\_\_ TELEPHONE \_\_\_\_\_

STATE AGENCY **American Adoptions, Inc.** \_\_\_\_\_ STATE VENDOR OR CONTACT NO. (If applicable) \_\_\_\_\_

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> DFS CONTRACT PROVIDER
<input type="checkbox"/> DFS LICENSURE	<input type="checkbox"/> HEALTH CARE	<input checked="" type="checkbox"/> OTHER <u>Adoption</u>

RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below. Confidential Mail.

MO 821-0353 (8-02)	AGENCY NAME: <b>American Adoptions, Inc.</b>
	ATTENTION: <b>Home Study Coordinator</b>
	ADDRESS: <b>9233 Ward Parkway Suite 375</b>
	CITY, STATE, ZIP CODE: <b>Kansas City, MO 64114</b>

Missouri State Highway Patrol/Missouri Department of Social Services

**REQUEST FOR CHILD ABUSE OR NEGLECT/CRIMINAL RECORD**

TYPE OF SERVICE (Check **only** one) See reverse side for further instructions.

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TYPE OF DAYCARE PROVIDER

- (1)License
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- (3)Registered

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APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)

MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE		

ADDRESSES FOR PAST 5 YEARS					
STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?  
 Yes (Complete section below)     NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

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SIGNATURE OF APPLICANT (**REQUIRED IN INK**) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF REQUESTOR (Required in ink) **Elizabeth Falke** \_\_\_\_\_ DATE **Same as above**

TITLE OF CHILD CARE PROVIDER **Administrative Director** \_\_\_\_\_ TELEPHONE \_\_\_\_\_

STATE AGENCY **American Adoptions, Inc.** \_\_\_\_\_ STATE VENDOR OR CONTACT NO. (If applicable) \_\_\_\_\_

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> DFS CONTRACT PROVIDER
<input type="checkbox"/> DFS LICENSURE	<input type="checkbox"/> HEALTH CARE	<input checked="" type="checkbox"/> OTHER <u>Adoption</u>

RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below. Confidential Mail.

MO 821-0353 (8-02)	AGENCY NAME: <b>American Adoptions, Inc.</b>
	ATTENTION: <b>Home Study Coordinator</b>
	ADDRESS: <b>9233 Ward Parkway Suite 375</b>
	CITY, STATE, ZIP CODE: <b>Kansas City, MO 64114</b>

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I \_\_\_\_\_, authorize the FBI to release the results of the fingerprint search of Criminal Justice Information Services Division's files to the following individual(s)/agency:

Individual/Agency: AMERICAN ADOPTIONS, INC.

Address: 9101 W. 110<sup>th</sup> Street  
Second Floor  
Overland Park, KS 66210

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

Your Signature: \_\_\_\_\_  
(To be signed in the presence of a Notary)

**NOTARIZATION**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, of the year \_\_\_\_\_.

Signature of Notary \_\_\_\_\_

Expiration Date of Commission \_\_\_\_\_

Notary Seal or Stamp

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Signature of Notary        \_\_\_\_\_

Expiration Date of Commission        \_\_\_\_\_

Notary Seal or Stamp