



Heaven Sent Children Adoption
www.heavensentchildren.com



1304 Madison Street
Shelbyville, TN 37160
Phone: 931-684-4676
Fax: 931-684-5140

2604 Merchants Walk
Murfreesboro, TN 37128
Phone: 615-898-0803
Fax: 615-898-1990

Thank you for your inquiry concerning Heaven Sent Children Adoption. We are a non-profit agency licensed by the State of Tennessee to place children for adoption, as well as conduct home study investigations. Our agency was established in Murfreesboro in 1991 and since that time we have placed more than 1,100 children from across the United States and abroad. Our guiding principle is to build forever families through the provision of services which empowers children and families to thrive.

Heaven Sent Children merged with The Center for Family Development in 2011. We have three offices in Middle Tennessee and a variety of programs that provide outreach and support to families in our area. Whereas the Heaven Sent Children Adoption program is a fee for service, the remainder of the programs are state funded or grant based. All have the same scope and intent – to strengthen families, prevent abuse of children, impart positive parenting techniques, and provide support, enrichment, and linkage of services to ensure we have a community with families who are connected, supported, and valued.

Heaven Sent Children Adoption assists families with independent, interstate, international, embryo, and private adoption. Our team works diligently and compassionately to guide adoptive families and birth parents through the adoption process. An Adoption Counselor is assigned to each birth parent and adoptive family to guide them every step of the way. That Counselor will work with the family from the beginning of the home study until the finalization of their adoption. In addition, our agency provides adoption education classes which focuses on a variety of topics including relationships with birth parents, talking with children about adoption, transracial adoption, transitioning home with a child through adoption, positive parenting, and the opportunity to hear from adoptive parents, adoptees, and birth parents about their experiences. Furthermore, our agency offers quarterly events, support services and counseling to birth parents and adoptive families after placement, as we believe the adoption of a child is just the beginning of your journey.

Enclosed is information that will guide you in making a decision on the type of adoption that is best for your family. Keep in mind that this is only a summary and you may still have more questions about the adoption process. Our agency has monthly Adoption 101 classes that cover adoption in more detail; this is a great way to get an overview of the adoption process, home study, and various types of adoption. You may also request a consultation to meet with one of our Adoption Counselors in our office to discuss adoption.

If you decide that our agency is right for your family, please complete and return the following documents:

1. Application
2. Adoption Services Contract
3. Fee Agreements
4. Adult Medical Form (one for each adult in the home)
5. Release of Medical Information (one for each prospective adoptive parent)
6. Child in the Family Form (one for each child in the home, if applicable)
7. Employment History Form
8. Financial Information Form
9. Finger Print Information Form
10. Release for Criminal Records Check (one for each adult in the home)
11. Past Residence Form (one for each adult in the home)
12. Check in the amount of \$200.00 which will be used for TBI/FBI fingerprinting and background clearances for the adoptive parents.

Once our office is in receipt of these items, your application and supporting documents will be reviewed by the Program Director. Upon approval of your application you will be sent an acceptance packet which will include documentation needed for your client file. In addition, your assigned Adoption Counselor will contact you to schedule your first home study visit within 2 business days of receipt of the application packet. Families can begin the home study process immediately and work on their education hours concurrently with the home study process.

The decision to adopt is a very important and personal one, and we at Heaven Sent Children look forward to helping you find the answers that are right for your family.

ADOPTION REQUIREMENTS

The prospective adoptive family should be of good moral character, have a stable nurturing marriage (where applicable), and a commitment to instill in their child a knowledge and pride in the child's native culture and adoption. Also required:

- Best practice dictates a minimum of two (2) years marriage.
- Single applicants are accepted. However, if adopting internationally there are no countries which accept homosexual applicants.
- Good physical and mental health with no physical condition, disease, or handicap that would interfere with one's life span or ability to parent
- At least one parent must be a United States citizen.
- Prospective adoptive parents must be between 21-50 years of age.
- If considering international adoption, United States Citizenship and Immigration requires that at least one parent must be over 25 years of age. Please note that some foreign countries may have requirements that older parents must adopt older children.
- The home study must reflect a plan for guardianship of the child in the event of the parent or parents' death(s) or permanent disability preventing continuation of parental responsibility.
- The youngest child in the home should be at least 12 months of age. If the last child joining the family was adopted, the child must be in the home at least 12 months before proceeding with a new adoption.

Adequate finances should include:

- Stable employment history.
- Sound money management including savings & a minimum of \$10,000 life insurance on both parents.
- Sufficient income to raise a child to maturity.
- Medical insurance to cover the child upon arrival, including pre-existing conditions.
- Sufficient funds to cover immediate cost of adoption or definite budget plan to have it on hand when needed.

At least one parent should take off work for an adequate amount of time at arrival of child to enable a secure adjustment. When returning to work, a childcare plan must be provided that will be acceptable to the social worker.

All fees quoted reflect current costs of adoption of a child. Due to fluctuating prices in all areas, this amount is subject to change at any time. You will be expected to pay current fees at the time of your referral for domestic or international adoption.

Please note that Heaven Sent Children will disclose upon request to clients and prospective clients the following information:

- 1) The number of adoptive placements per year for the past three calendar years, and the number and percentage of those placements that remain intact, are disrupted, or have been dissolved as of the time the information is provided.
- 2) The number of parents who apply to adopt on a yearly basis to our agency, based on data for the prior three calendar years; and
- 3) The number of children eligible for adoption awaiting an adoptive placement referral via our agency.

It is our practice to not accept a home study from another agency. We prefer to complete all home study investigations as it enables us to get to know the family and better advocate for them throughout the adoption process.



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Applicant/Contact Information

Father's Full Legal Name: _____
First Middle Last

Mother's Full Legal Name: _____
First Middle Maiden Last

Street Address: _____

City: _____ State: _____ Zip: _____

Father's Contact Numbers: _____ (cell) _____ (work)

Mother's Contact Numbers: _____ (cell) _____ (work)

Primary E-mail: _____

Parent Information

	Adoptive Father	Adoptive Mother
Date of Birth		
Place of Birth (City/State)		
Social Security #		
Driver's License # and State Issued		
Place of Employment		
Occupation		
Highest Education Level Attained		
Annual Income		
Date of Marriage		
Place of Marriage		
Number of Divorces/Date of Last Divorce		
Religion		
Country of Citizenship		

Family Information

Children Including Those of Previous Marriage:

Name	Gender	DOB	Does your child live with you?	If school age, what grade are they in?

Adults Living in the Home:

Name	Gender	Age	Relationship	Any criminal history or arrests?

Medical History

Is there any significant medical or mental health issue for either adoptive applicant?

Adoptive Father Yes No

Adoptive Mother Yes No

If the answer is yes, please describe the condition below including any prescribed medication or treatment.

Criminal Record

Has either applicant ever been arrested, charged, or convicted of any crimes, including but not limited to shoplifting, fraud, theft, prostitution, solicitation, DUI, DWI, domestic violence, child abuse, assault, or possession of a controlled substance? Adoptive Father Yes No Adoptive Mother Yes No

If you answered "Yes" to the question above, please state whether it is a misdemeanor or felony, provide a brief explanation, and attach certified copies of all charges, court dispositions and criminal record check.

Type of Adoption Desired

Type of Adoption Desired: International Interstate Domestic HSC Placement
 Embryo Independent

Gender: Male Female Either | Number of Children Desired: _____

Age Range of child: _____ to _____ (Give range of youngest to oldest age of child you wish to adopt.)

If considering international adoption, from which country do you wish to adopt?

Additional Information

How did you learn about HSC?: Website Attorney HSC Client
 Attorney Adoption Agency Other _____

Statement of Agreement and Signature

By signing this application, I/we authorize HSC/TCFD to obtain information about me/us from all resources. I/we agree that HSC/TCFD is authorized to maintain and display my/our information on HSC/TCFD premises.

I/we agree that to the best of my/our knowledge and belief, all statements made I/we this application are true and complete.

Signature of Prospective Adoptive Father

Date

Signature of Prospective Adoptive Mother

Date

Please return this Application for Adoption with your non-refundable \$200 check made payable to Heaven Sent Children Adoption and mail to the Murfreesboro location at **2604 Merchants Walk, Murfreesboro, TN 37128.**

For Office Use Only:

Date Received: _____

Accepted and Approved by: _____



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ADOPTIVE SERVICES CONTRACT

This contract is entered into between Heaven Sent Children Adoption/The Center for Family

Development and prospective adoptive parents' _____ for

the adoption of a child from _____ (chosen country).

AGENCY RESPONSIBILITIES

1. Provide clients with information, forms, and materials needed to aid their completion of agency, state government, and foreign country requirements for the completion of a home study for the purpose of adoption.
2. Review the family's functioning and ability to meet the needs of a child, in determination of whether a positive home study can be completed.
3. Advise clients upon request, of the status of their case, court reports, billing, home visits, etc.
4. Perform the services of adoptive home study, pre and post adoption counseling, adjustment assistance, and provide the appropriate parties with a written report in a timely manner.
5. In accordance with Tennessee State Law, report any reasonable suspicion of child abuse or neglect.
6. When providing home study services, HSC/TCFD is limited in its knowledge of each and every country. Inquiries specific to the requested country or program shall be made to the primary provider or in domestic adoption, the placement agency.

RESPONSIBILITY OF THE ADOPTIVE PARENT(S)

1. Complete all forms, providing all requested information in an honest, complete, and timely manner.
2. Answer all inquiries honestly and candidly.
3. Pay fees stated in the fee agreement based on the type of adoption we are pursuing.
4. Request clarification from agency representative, should any requirements appear unclear.
5. Make their home, and property accessible for examination by the agency representative, upon request.
6. To keep HSC/TCFD apprised of any and all changes within the family immediately. This specifically includes job changes, moves, addition of a family member, marital discord, death, divorce, disability, significant medical changes, and all other changes that may occur. The family has been advised that if these changes are not reported to HSC/TCFD and the appropriate authorities (if applicable) a home study revocation will occur and USCIS may revoke the family's approval in international adoption, and be unwilling to process a new application for a period of time.

Prospective Adoptive Applicant's Initials

ADOPTIVE SERVICES CONTRACT
(continued)

7. To review all available medical and social information on any child referred to my/our family for adoption. I/we have been provided with a list of physicians specializing in International Adoption medicine and I/we have been advised to seek consultation with a physician prior to acceptance of a referral.
8. To notify HSC immediately upon acceptance of a child referral by an agency other than HSC, provide a copy of all referral information, and signed acceptance of the referral.
9. To inform HSC of the child's placement in the home.
10. One parent will take at least six weeks off from work following the child's arrival, to concentrate on transition, bonding, and change in family roles.

I/We understand that for International Adoption:

The family must obtain and maintain a Primary Provider for their adoption. HSC/TCFD will recommend agencies for this purpose, but a family may also choose their own Primary Provider. The Primary Provider must be Hague accredited. Should the Primary Provider go out of business, withdraw, from the role of Primary Provider, or otherwise become incapable of fulfilling this role, the home study written by HSC/TCFD is revoked, until another Primary Provider is named.

At no time may the international home study be used for an adoption without a Primary Provider. If HSC/TCFD discovers that the family is pursuing an adoption without a Primary Provider or with a different Primary Provider than named to HSC/TCFD, the family understands that our agency will revoke the home study, will not provide a positive assessment and will take actions to ensure USCIS is aware of the home study revocation.

PAYMENT OF FEES

Families agree to pay HSC/TCFD home study and post placement/post adoption report fees. No adoption fees are considered refundable or transferrable unless otherwise indicated in the Fee Agreement.

1. Families understand that additional documentation may result in additional fees. Fees for document authentication (if applicable) are additional, as well as courier services or overnight mailings.
2. Families understand that no further home study progress will take place when any fees are past due.
3. Families who are past due on their accounts face the possibility of home study revocation, as well as actions by a collections agency.
4. Families understand that any estimate provided for an adoption is superseded by the information provided by the Primary Provider or Placement Agency.

NOTIFICATIONS

The family understands and agrees that HSC/TCFD will notify the Primary Provider or Placement Agency of any and all family changes as applicable. HSC/TCFD will not keep secrets from other adoptive service providers, or U.S. government authorities. Family further understands that intra-familial secrets are not kept. If information is shared by one parent it shall be shared with the other as applicable.

INTERRUPTION OF ADOPTION SERVICES

If, at any time during the home study process, the family decides to terminate the adoption process, all fees and expenses due to HSC/TCFD will be immediately due. If HSC/TCFD becomes aware of a situation that changes the family dynamics, our agency reserves the right to terminate adoption proceedings with the family. Such circumstances may include, but are not limited to change in family structure, such as separation, divorce, addition of a child to the home, loss of employment or other financial problems, falsification of records, or With holding any information pertinent to the family history and ability to parent a child. If HSC/TCFD becomes concerned about a couple's marital stability or a prospective adoptive parent's emotional or psychological stability, HSC/TCFD retains the right to require the family or individual to undergo counseling and/or

ADOPTIVE SERVICES CONTRACT
(continued)

assessment and to terminate the home study proceedings or home study approval if these concerns are not addressed sufficiently for our agency to proceed with the home study approval or placement. If HSC/TCFD chooses to terminate home study proceedings or revoke a home study for any reason there will be no refund of fees paid to HSC/TCFD.

HOME STUDY OUTCOME

This agreement is not intended to guarantee the receipt of a positive home study approval. The family understands that the home study process is designed to assess ones suitability for adoptive placement and parenting, and not a process that assures their desired outcome. HSC/TCFD will allow the adoptive family to inquire about the reasons for a home study denial.

POST PLACEMENT SUPERVISION AND REPORTS

These visits and reports are completed for foreign countries and domestic adoption when the child has been placed with the family for the purpose of adoption, but the adoption has not yet been finalized in the family's State of residence. Families must comply with the post placement requirements set forth by the foreign country or State of placement in regards to the frequency of visits.

1. The family agrees to meet with HSC/TCFD Adoption Counselors, provide written reports (if applicable), physicians' medical statements, photographs and other requested documentation as requested by any involved agency or governmental entity.
2. The family to minimally comply with the Post-Placement reporting requirements of any foreign country, state, primary provider, placement agency, or our agency as applicable for the adoption.
3. Upon completion of all required visits a Consent to Adopt will be issued from the foreign country or placing agency which will allow the family to finalize their adoption.

POST ADOPTION SUPERVISION AND REPORTS

The family understands that foreign countries and/or the States of placement, primary providers, and placement agencies require post-placement or post-adoption supervision and reports about the child after completion of the adoption or placement of a child for adoption for a specified time.

4. The family agrees to meet with HSC/TCFD Adoption Counselors, provide written reports (if applicable), physicians' medical statements, photographs and other requested documentation as requested by any involved agency or governmental entity.
5. The family to minimally comply with the Post-Adoption reporting requirements of any foreign country, state, primary provider, placement agency, or our agency as applicable for the adoption.
6. The family recognizes that in the event of an international adoption, the foreign adoption law may be revised during the course of an adoption and additional reports may be required.
7. The family understands that compliance with reporting requirements is necessary to insure future adoptions from foreign countries are permitted to occur and are completed with the best interests of the child and family in mind.
8. The family understands that should they fail to comply with these requirements, HSC/TCFD will make all efforts to elicit cooperation within the law to secure post-placement or post-adoption reports. In the event of failure to comply for a domestic adoption, the finalization of the adoption will not occur until all required visits and reporting are completed.
9. The family recognizes that the placing country may require them to send a letter annually detailing the child's health, development and progress. The family agrees to cooperate with such requests.

ADOPTIVE SERVICES CONTRACT
(continued)

REFUND POLICY

TCFD provides to all applicants (prior to the applicant submitting their application) a written schedule of estimated fees and expenses and an explanation of conditions under which fees or expenses may be charged, waived, reduced or refunded, and of when and how the fees and expenses must be paid.

1. TCFD or the Prospective Adoptive Parent(s) may terminate their contract with each other for any reason whatsoever, by written notice to the other party.
2. Because fees are for services rendered, refunds will rarely occur.
3. In the case of a domestic placement through this agency, should the placement not occur or the birth parent revokes their rights before termination all monies from the Placement Fee is fully reimbursed to the family. Fees related to counseling, surrender, and birth mother expenses are at risk and a full refund will not be available for monies already expended on behalf of the adoption. An itemized accounting of expenses incurred will be provided to the family and a reimbursement will be made for the remaining funds.
4. If either the family or the agency decides to terminate the relationship prior to submission of the dossier for a foreign adoption, a full refund, minus application fees and any fees for other services already provided shall be made to the client.
5. If a family chooses to terminate the relationship after completion and submission of the dossier, no refund of fees shall occur. Should the agency choose to terminate the relationship prior to any work on the family's dossier a refund shall be made in full minus any application fees and fees for other services.
6. If the termination occurs after the child referral process has begun no refund shall be made.
7. The application fee, In-country travel expenses and travel-related expenses will not be refunded to the prospective adoptive parent(s) after arrangements have been made for intercountry travel or upon the family's return to the United States without completing an adoption.
8. Should the agency, terminate it's working relationship with the prospective adoptive parent(s) any refund deemed due will be issued at the same time as the termination letter is sent.
9. If the prospective adoptive parent(s) choose to terminate their working relationship with the agency, any refund deemed due will be processed and distributed 30 days after receiving the written notice of request.
10. Should a family decide not to proceed with a referral while in another country or should the agency become aware of a situation which makes the family no longer eligible for adopting through the agency, or if dishonesty on the part of the family is discovered no refunds shall be made or due.
11. The Executive Director and/or the governing board may choose to issue refunds in extenuating circumstances at their discretion.

WAIVER OF LIABILITY

The family hereby waives any and all claims they may now have or have in the future against HSC/TCFD and its directors, officers, employees and agents, including doctors and facilitators for risks as outlined in this agreement and/or other paper work provided to the family. The family agrees to hold harmless against any claims known or unknown now or existing in the future, which may arise out of this agreement, receipt of services from, or adoption through HSC/TCFD. If families have a complaint it should be brought to the attention of the Executive Director immediately. The steps to resolve a grievance are addressed in the Client Grievance Procedure within this packet and requiring signature.

The Grievance Policy is provided so that families may have an opportunity to have any grievance heard and addressed by the governing board of the agency. HSC/TCFD will not take any punitive action towards any individual or family who makes a complaint initiated utilizing the complaint procedure. Due to the restrictions of confidentiality and the nature of adoption, it is impossible for the agency to present a defense against public accusations, whether founded or not. Therefore, families are expected to avail themselves of the available grievance resolution system before making any statements verbally or in written form that could harm the name or reputation of Heaven Sent Children/The Center for Family Development.

Prospective Adoptive Applicant's Initials

ADOPTIVE SERVICES CONTRACT
(continued)

CONFIDENTIALITY

Information concerning the family will be kept confidential except when information must be provided to appropriate third parties during the adoption process. Execution of this agreement constitutes the consent of the family for the release of any information, as deemed necessary specific to the family's adoption pursuit. This does not preclude HSC/TCFD from releasing the family's name and number as a reference if the family has signed a statement regarding permission to release such information.

STATEMENT OF UNDERSTANDING

We represent and acknowledge that we have read and understand this agreement and accept its policies and conditions for working with Heaven Sent Children/The Center for Family Development.

Adoptive Father's Signature

Date

Adoptive Mother's Signature

Date

Signed and sworn before me this _____ day or _____, 20____.

Notary

My commission expires: _____

Definitions

Hague Adoption – An adoption between the U.S. and another country that is also a party to the Hague Convention Treaty on Inter-country Adoptions. All adoptions from these countries are subject to the provisions of the Treaty, U.S. Inter-country Adoption Act and implementing regulations.

Non-Hague Adoption – An adoption between the U.S. and another country that is not considered a party to the Hague Convention Treaty on Inter-country Adoptions. Adoptions from these countries are subject to the Universal Accreditation Act.

I-600A – Application for approval from United States Citizenship and Immigration Services (USCIS) for a family to initiate a non-Hague adoption. This form is applicable for adoptions from non-Hague countries.

I-800A – Application for approval from the United States Citizenship and Immigration and Services (USCIS) for a family to initiate a Hague adoption. This form is applicable for Hague countries.

Primary Provider/Placing Agency – The chosen agency by the adoptive family that is responsible for referral and placement of a child for adoption.

Prospective Adoptive Applicant's Initials

ADOPTIVE SERVICES CONTRACT
(continued)

Supervised Provider/Supervising Agency – HSC/TCFD acts as the supervising agency in interstate and international adoptions. Families will work directly with their chosen Primary Provider to secure referral and placement of a child. HSC/TCFD will be responsible for home study services, adoption education, coordination of placement with the assistance of the Primary Provider, and post placement-post adoption reporting.

Post Adoption Reports – Reports completed by a licensed child placing agency after an adoption has been completed in the foreign country and the child has arrived in the U.S., which detail the child and family's adjustment, progress, and development.

Post Placement Reports – Reports completed by a licensed child placing agency prior to an adoption finalization in the foreign country and after the child's arrival in the U.S., which detail the child and family's adjustment, progress, and development. This is also applicable in domestic adoptions.

Orphan Visa – A visa that authorizes a child to enter the United States based on the child meeting the qualifications of an "orphan" under U.S. definition. Please refer to the various types of visas below for further clarification, as orphan visa is a general category.

- 1) **IR-3 Visa** – For a non-Hague adoption where the adoptive parent(s) have personally seen the child before or during the adoption process in the child's country of origin. A child who enters the U.S. on an IR-3 visa will have a Certificate of Citizenship automatically granted after arrival.
- 2) **IR-4 Visa** – For a non-Hague adoption where both members of an adoptive family (as applicable) did not see the child before or during the adoption process. The family can apply for the child's Certificate of Citizenship after finalization or re-adoption of the child in the U.S.
- 3) **IH-3 Visa** – For a Hague case where both adoptive parent(s) have seen the child before and/or during the adoption process. A child who enters the U.S. on an IH-3 visa will have a Certificate of Citizenship automatically granted after arrival.
- 4) **IH-4 Visa** – For a Hague case where both adoptive parent(s) have not seen the child before or during the adoption process. The family can apply for the child's Certificate of Citizenship after finalization or re-adoption of the child in the U.S.



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Domestic Adoption Fee Schedule May 2015

Application Fee: \$200.00

This fee is used for TBI/FBI clearance, local background clearances, and any out of state background child abuse registry checks for the prospective adoptive parents. If there are additional adult members living in the household over the age of 18, there will be an additional \$100.00 fee per adult.

Domestic Adoption Home Study Fee: \$1,500.00

This fee is for the home study investigation for adoptions of children within the State of Tennessee and other States using ICPC services. Heaven Sent Children families that are completing a subsequent adoption with the agency will pay \$1,000 for the home study if the process begins within 24 months after finalization of their previous adoption.

Domestic Interagency Coordination Fee: \$200.00

Interagency coordination fee is charged when we are coordinating an adoption domestically with another placing agency such as American Adoptions, Heart of Adoption, Adoption Service Associates, etc.

Expedited Home Study Fee: \$500.00

This fee is in addition to the home study fee. This is applicable for families that are facing an urgent need for a home study due to the pending placement, imminent birth of a child, or pending court date for adoption.

Mileage Fee:

A mileage fee of \$0.47 per mile is charged for traveling total distances over 30 miles (round-trip) from the Heaven Sent Children offices for each visit. This fee can vary based on the State of Tennessee's adjustment of mileage rate.

Home Study Update Fee: \$400.00

Adoptive home studies must be updated annually to reflect changes that have occurred in the past year. A visit is conducted with the family, safety inspection of the home, complete new background checks, TBI/FBI fingerprinting, medicals, and various verifications to remain current in the program.

Post Placement Supervision Fee: \$250.00

On average there are 3 visits with a family over a 6 six month period after placement of a child with an adoptive family. Reports generated from the visits detail the child and family's adjustment, health of the child, and development. Please be aware that in cases of Interstate Placement additional visits may be required by the placing state to meet requirements for adoption. This fee is per visit.

***The following fees are only applicable if placement occurs through our agency. These fees do not apply for independent, embryo, and interstate adoptions.**

Heaven Sent Children Placement Fee:

Agency Domestic Placements are subject to a sliding fee scale which is based on income of the adopting family at the time of match with a birth mother. The fee covers a variety of general overhead and advertising expenses for Heaven Sent Children/TCFD. Half of the fee is due at the time of match and will be held until after the birth of the child and surrender of birth parents. If the placement does not occur all monies from the Placement Fee is **fully reimbursed** to the family. The remainder of the fee is due once the birth mother has completed the surrender and the 3 day revocation period has expired.

Family Income:

Under \$49,999	\$	10,000.00
\$50,000-\$74,999	\$	12,000.00
\$75,000 - \$99,999	\$	15,000.00
\$100,000 - \$199,999	\$	18,000.00
Over \$200,000	\$	21,000.00

Birth Parent Social Work Fee:

\$5,000.00

These fees are designed to cover birth mother counseling/support, assistance with related paperwork for termination of parental rights, birth parent termination of rights, and the surrender process. The fee is due after the match with a prospective birth mother or prospective adoptive child and due with the match agreement. Should a placement not occur due to the birth mother's decision to parent you will be charged for the work completed in your adoption case and refunded the balance.

- Birth Mother Counseling \$3,000.00
- Surrender & Related Documents \$2,000.00
 - Birth Mother Social Medical History (and Father if available)
 - Birth Mother Surrender of Parental Rights
 - Birth Father or Legal Father Surrender of Parental Rights
 - Birth Father Waiver of Notice and Interest (if available)

At-Risk Fee:

\$2,500.00

Estimated birthmother expenses are \$2,500 to be used towards allowable expenses incurred during her pregnancy and following the birth of the child. This fee is paid at the time of matching with the birthmother. Please note that the fee may exceed this amount depending upon the birth mother's situation and allowable needs. Once these fees are expended they will not be refunded. However, should the full amount not be used the remainder will be refunded to the family. A spreadsheet of the fee expenditures and receipts will be made available to the adoptive family at the close of the revocation period.

Birth Mother Medical Expenses:

This fee is applicable in the event that the birth mother does not have health insurance **or** has out-of-pocket expenses that were not covered by her insurance. This fee covers prenatal care, delivery and post-delivery, as well as the adoptive child's medical expenses. The fee will be estimated depending upon each unique situation and family will be presented with this information prior to match so that they may make an informed decision. It is important to remember that fees may be greater or less than the original estimate. This fee will be payable after termination of birth mother's rights and placement of the child. Families will receive proof of medical expenses.

Possible Additional Fees:

\$1,000.00

Additional expenses for mileage at **\$.47** a mile, hotel (if applicable at the time of delivery), meals, other incidentals necessary to insure placement is not to exceed **\$1,000.00**. The adoptive family will receive an itemized bill prior to the signing of the placement agreement (after birth parent relinquishment) if these expenses should occur.

All clients that sign into an agreement for adoption with Heaven Sent Children will adhere to the following guidelines regarding payment of fees to our agency.

1. All accounts that are 30 days past due will be subject to 1 ½% interest.
2. If for any reason your account has to go to a collection agency and/or attorney for collections you will be responsible for any and all fees accrued by the collections agency and/or attorney.
3. All credit card payments will have a 4% fee added to process the payment.
4. There will be a \$30 return check fee for all checks returned.

If there are any questions regarding your invoice or fees due, you can contact our Assistant Director at cindy@heavensentchildren.com or call 615-631-3537.

We hereby acknowledge the Domestic Fee Schedule as outlined and agree to pay the fees for the particular services we are requesting. In addition we attest to our complete understanding that all fees are considered payment for services rendered and are in no way payment for a child, a positive home study or the guarantee of an adoptive placement.

Adoptive Father

Date

Adoptive Mother

Date

The named couple, _____ and _____, duly sworn on oath, state that they have read the foregoing, and know and understand the contents thereof.

Subscribed to and sworn to before me on this _____ day of _____, 20____.

Notary Public

My commission expires: _____



Heaven Sent Children Adoption
www.heavensentchildren.com



1304 Madison Street
Shelbyville, TN 37160
Phone: 931-684-4676
Fax: 931-684-5140

2604 Merchants Walk
Murfreesboro, TN 37128
Phone: 615-898-0803
Fax: 615-898-1990

International Fee Schedule September 2015

Application Fee: **\$200.00**

This fee is used for TBI/FBI clearance, local background clearances, and any out of state background child abuse registry checks for the prospective adoptive parents. If there are additional adult members living in the household over the age of 18, there will be an additional **\$100.00** fee per adult.

Adoption Home Study Fee: **\$1,500.00**

This fee is for the home study investigation, preparation, and final report.

Interagency Coordination Fee: **\$500.00**

This fee is charged when we are networking an adoption with a licensed placing agency such as Americans for International Aid & Adoption (AIAA), Children's Home Society & Family Services (CHSFS), Lifeline Children's Services, etc.

Home Study Update Fee: **\$400.00**

Adoptive home studies may require an update prior to placement of a child to reflect changes that have occurred since completion of the original home study. A visit is conducted with the family, additional safety inspection of the home, complete new background checks, TBI/FBI fingerprinting, medicals, and various verifications to remain current in the program.

Mileage Fee

A mileage fee of **\$0.47** per mile is charged for traveling total distances over 30 miles (round-trip) from the Heaven Sent Children offices for each visit. This fee can vary based on the State of Tennessee's adjustment of mileage rate.

Post Placement Supervision Fee: **\$250.00**

Reports generated from the visits detail the child and family's adjustment, health of the child, and development. This fee is per visit and includes the written report for the court and child's country of origin. *Please be aware that each country has specific requirements on the number and frequency of post placement visits required. Countries may choose to change these requirements after placement and families must follow these new requirements to ensure the continuation of adoptions from that country.*

We acknowledge that all fees are subject to change in the future. Also, we understand that fees for USCIS, the placing adoption agency, foreign country program fees, in-country care of child fees, dossier authentication and translation of documents, travel, and in-country expenses will be necessary to facilitate our adoption and these fees are not payable to Heaven Sent Children Adoption.

All clients that sign into an agreement for adoption with Heaven Sent Children will adhere to the following guidelines regarding payment of fees to our agency.

1. All accounts that are 30 days past due will be subject to 1 ½% interest.
2. If for any reason your account has to go to a collection agency and/or attorney for collections you will be responsible for any and all fees accrued by the collections agency and/or attorney.
3. All credit card payments will have a 4% fee added to process the payment.
4. There will be a \$30 return check fee for all checks returned.

If there are any questions regarding your invoice or fees due, you can contact our Assistant Director at cindy@heavensentchildren.com or call 615-631-3537.

We hereby acknowledge the International Fee Schedule as outlined and agree to pay the fees for the particular country and or/services we are requesting. In addition we attest to our complete understanding that all fees are considered payment for services rendered and are in no way payment for a child, a positive home study or the guarantee of an adoptive placement.

Adoptive Father

Date

Adoptive Mother

Date

The named couple, _____ and _____, duly sworn on oath, state that they have read the foregoing, and know and understand the contents thereof.

Subscribed to and sworn to before me on this _____ day of _____, 20____.

Notary Public
My commission expires:



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ADULT MEDICAL HISTORY FORM

A. Name: _____

A full family history is required as an essential part of the appraisal of a home and family for the placement of a child.

B. Family medical history:

Relation	Age	Health Status	Age at Death	Cause of Death
Father:				
Mother:				
Brother(s):				
Sister(s):				
Children:				

What is your birth order? _____

Has any relative listed above had?

- Alcohol/drug addiction_____
- Blood disorder:_____
- Cancer:_____
- Diabetes:_____
- Epilepsy:_____
- HIV:_____
- Heart disease:_____
- Hepatitis:_____
- Hypertension:_____
- Kidney disease:_____
- Mental Illness:_____
- Mental retardation:_____
- Physical handicap:_____
- Tuberculosis:_____

Please complete next page

C. Individual Health History: Check as applicable whether you have now or have ever had:

Alcohol/drug addiction:		Hypertension:	
Anemia:		Infertility:	
Arthritis:		Kidney Disease:	
Asthma/Allergies:		Mental Illness:	
Blood Disorder:		Migraines:	
Cancer:		Multiple Sclerosis:	
Diabetes:		Thyroid Disorder:	
Epilepsy/Convulsions:		Tuberculosis:	
HIV:		Ulcers:	
Heart Disease:		Venereal Disease:	
Hepatitis:		Other:	
Hair:		Eye Color:	
Racial Group:		Height:	
		Complexion:	
		Weight:	

List and give dates of any operation, injuries or illness, including childhood, requiring overnight hospitalization or medical treatment:

Doctor/Hospital/Clinic	Date of Treatment

Have you participated in personal or marriage counseling? Yes: _____ No: _____

If yes please describe:

Do you have any history of alcohol or substance abuse? Yes: _____ No: _____

If yes, please describe:

Have you ever received psychological/psychiatric treatment? Yes: _____ No: _____

If yes, please describe:

Are you presently under medication(s)? _____

For what reason? _____

Name of Medication: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

I hereby authorize any physician, mental health facility, therapist, or medical facility to give to Heaven Sent Children any information needed in their investigation.

Applicant's Signature: _____

Date: _____



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Name: _____ DOB: _____

Address: _____

I, hereby authorize any physician named below to give The Center for Family Development any information needed with the understanding that a full family medical history is required as an essential part of the appraisal of my home and family for the placement/adoption of a child.

Name of Physician

Address

Phone

This information may be disclosed to and used by the following individual or organization:
Heaven Sent Children Adoption, a program of The Center for Family Development
2604 Merchants Walk, Murfreesboro, TN 37128 for the purpose of: **a home study for adoption.**

I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the **Heaven Sent Children, a program of The Center for Family Development, 2604 Merchants Walk, Murfreesboro, TN 37128.** I understand the revocation will not apply to information that has already been released in response to this authorization.

Unless otherwise revoked, this authorization will expire one year from the date signed.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I understand I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact an attorney of my choice.

Signed: _____

Date _____



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CHILD IN THE FAMILY

Full Name of Child: _____

DOB: _____ Age: ____ Sex: _____ Race: _____ Hair Color: _____ Eye Color: _____

Does this child reside in the adoptive home? Yes: _____ No: _____

If no, where is this child's residence? _____

Is this child biological? Yes: ____ No: ____

Is this child adopted? Yes: ____ No: ____

If adopted, date of placement: _____ Date of adoption: _____

Where was the adoption finalized? _____

If this child is of school age, what school does he/she attend? _____

Grade: _____

Describe your child's personality: _____

What are your child's interests, hobbies, or extracurricular activities? _____

Does this child have any learning problems? Yes: ____ No: ____

If yes, please describe: _____

Does this child have any health problems? Yes: ____ No: ____

If yes, please describe: _____

Does this child have a history of:

	Yes	No		Yes	No
ADD			HIV/AIDS		
ADHD			Hearing problems		
Heart problems			Hepatitis		
Alcohol/drug addiction			Kidney disease		
Allergies			Mental disease		
Anemia			Mental retardation		
Asthma			Orthopedic problems		
Behavioral problems			Physical abuse		
Cancer			Sexual abuse		
Criminal history			Sight problems		
Emotional problems			Tuberculosis		
Epilepsy/seizures			Fetal alcohol syndrome		

Other medical problems: _____

[Continue on next page](#)

Does your child have any physical disabilities? Yes: ____ No: ____

If yes please describe: _____

If yes does child receive any services or assistance for disability? Yes: ____ No: ____

If yes please describe: _____

Has this child ever been hospitalized overnight? Yes: ____ No: ____

If yes:

Date	Treatment

Is this child receiving medication? Yes: ____ No: ____

If yes, for what reason? _____

Dosage: _____

Has this child received psychiatric or psychological treatment?

Yes: ____ No: ____

If yes, date(s) of treatment: _____

Location: _____

Diagnosis: _____

Provided by: _____

Have you discussed your adoption plans with this child? Yes: ____ No: ____

If yes, please describe his/her feelings: _____

How will these feelings be handled? _____

Are there any other special circumstances regarding this child? Yes: ____ No: ____

If yes, please describe: _____

If this child is an adult:

What is his/her highest level of education? _____

What is his/her employment occupation? _____

Is this child married? Yes: ____ No: ____

Is this child a parent? Yes: ____ No: ____

If yes, please briefly describe family demographics: _____

Please describe your relationship with your child: _____



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EMPLOYMENT HISTORY

NAME: _____

List your present employer and go back in descending order for the last ten years work experience:

Employer	Position	From	To

Signature: _____ **Date:** _____

NAME: _____

List your present employer and go back in descending order for the last ten years work experience:

Employer	Position	From	To

Signature: _____ **Date:** _____

FINANCIAL INFORMATION

FAMILY NAME: _____

This information is needed to provide us an understanding of how you manage your income, your financial stability, and as a part of the total picture of your family life. Many items listed below may not be met on a monthly basis, you may find it convenient to calculate the yearly amount and divide by 12. For items that do not apply list N/A or not applicable.

MONTHLY FAMILY INCOME

Take Home Pay from husband's employment	\$ _____
Take Home Pay from wife's employment	\$ _____
Additional Income (describe)	\$ _____
Total	\$ _____
Deductions (describe)	\$ _____

Does anyone in this family receive income from a government subsidized program? Yes: ___ No: ___

MONTHLY FAMILY EXPENSES:

Food	\$	Entertainment	\$
Clothing	\$	Child Care	\$
Mortgage/Rent	\$	Car Payment	\$
Utilities	\$	Car Operations	\$
Telephone/Cell Phone	\$	Car Insurance	\$
Home Maintenance	\$	Life Insurance	\$
Child Support	\$	Health Insurance	\$
Student Loans	\$	Child Support	\$

Bank accounts, types, and average balances:

Have you ever filed bankruptcy; been involved in a collection problem, or experienced identify theft? If yes, please explain: _____

INVESTMENTS: Do you participate in an IRA, 401K, or other retirement plan? If yes, name and description of the accounts as well as estimated balances of each account: _____

List all creditors with balances over \$1,000.00:

Creditor	\$ Financed	\$ Monthly Payment	When Began	When Paid

SIGNATURE: _____

Date: _____

SIGNATURE: _____

Date: _____

Finger Print Information

Complete Name: First, Middle, Last		Date of Birth	
Complete Address		City, State, Zip	
Drivers License Number		Drivers License Issuing State	
Social Security Number		Place of Birth (City, County, State)	
Aliases (Any other legal Name or Married Name)		Maiden Name	
Height	Weight	Gender/Sex	Citizenship
		Male <input type="radio"/>	USA <input type="radio"/> Other: <input type="radio"/>
		Female <input type="radio"/>	

Hair Color	Eye Color	Race
Brown <input type="radio"/>	Blue <input type="radio"/>	American Indian or Alaskan Native <input type="radio"/>
Black <input type="radio"/>	Brown <input type="radio"/>	Asian or Pacific Islander <input type="radio"/>
Gray or Partially <input type="radio"/>	Gray <input type="radio"/>	Black or African American <input type="radio"/>
Blonde or Strawberry <input type="radio"/>	Green <input type="radio"/>	Hawaiian or Other Pacific Islander <input type="radio"/>
Red or Auburn <input type="radio"/>	Hazel <input type="radio"/>	Hispanic or Latino <input type="radio"/>
Sandy <input type="radio"/>	Multicolor <input type="radio"/>	White (non Hispanic) <input type="radio"/>
White <input type="radio"/>	Other: <input type="radio"/>	Other: <input type="radio"/>
Bald <input type="radio"/>		



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Request for Criminal Records Check
(One for each adult in the home.)

Date: _____

Full Legal Name: _____

Maiden Name/Alias: _____

Social Security Number: _____

Date of Birth: _____

County Presently Residing In: _____

Authorized Signature

Date

Official Use Only

Records Found: Yes () No ()

If yes, provide information regarding results from the criminal background search.

Signature of Person Completing Check: _____

Title: _____

Date: _____



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PROOF OF PAST RESIDENCE
(use 1 for each person 18 years and older)

NAME: _____

LIST IN DESCENDING ORDER ALL ADDRESS LOCATIONS WHERE YOU HAVE RESIDED SINCE THE AGE OF 18 YEARS OLD.

Dates	City/State	Country

I do hereby swear that the information that I have provided regarding my past residences are accurate. I understand that providing inaccurate information may result in denial of my application for adoption. Knowingly failing to disclose required information should be deemed to be a falsification to the same extent as providing false information.

_____ Applicant's Signature

_____ Date

THIS FORM MUST BE COMPLETED BY ALL MEMBERS OF THE HOUSEHOLD OVER 18 YEARS OF AGE.

DOMESTIC ADOPTION POSSIBILITIES

Private adoption - children are typically newborn Caucasian, African-American, or a bi-racial ethnicity. The birth mother may or may not have received prenatal care, and some birthmothers have continued to smoke or use drugs and alcohol throughout the pregnancy. Adoptive families can be matched with a birthparent during the 3rd trimester of the pregnancy or after the birth. The adoptive family will receive medical and social history at time of referral, and information on whether or not it is a legal risk placement based upon the status of the birthfather. The match process involves the birthparent reviewing the family's profile and meeting the family face-to-face. Being matched does not guarantee a placement as the birthparent may change their mind. The adoptive family typically receives placement of the child from the hospital. The birth mother will go to court for her surrender approximately 4 days after the birth of the child. The State of Tennessee has a three-day revocation period that begins the day after she appears before the Judge. During that period she may reconsider her decision, but once the 3rd day is complete her rights are terminated. The wait time can be a few months to 2 years or more dependent upon the family's preferences. The more open a family is in regards to gender, race, and openness in adoption, the shorter their wait may be.

Interstate adoptions - once your home study is completed and approved, it can be submitted to a placing agency in another state. Heaven Sent Children families have had successful placements with a number of out-of-state placing agencies. Children are typically newborn and infants of Caucasian, Hispanic, African-American, or other ethnicity. Wait times for interstate adoptions can be 12 months or less. Adoptions are generally open or semi-open, with occasional closed adoptions. Each placing agency has its own criteria regarding age, marital status, and health history of adoptive applicants. Also states vary on how quickly a birth mother's rights are terminated and the length of time required to finalize the adoption. Heaven Sent Children would be the home study and post placement supervision agency in an interstate placement. All placement fees would be payable to the interstate agency.

Independent adoptions - when an adoptive family has an identified birth parent, Heaven Sent Children can assist as needed with the adoption. Typically families only require home study services and supervision after placement. In an independent adoption, most families rely on the use of an attorney to assist them with the legal process prior to the birth of the child, and the attorney will arrange counseling (if needed) for the birth parents. However, if desired, Heaven Sent Children can provide counseling with the birthparents, attend the birth, advocate for the birthparent at the hospital, take the social and medical history, arrange the court surrenders, obtain a waiver from alleged birthfathers, and assist the adoptive family and birth family in making an adoption plan.

Embryo adoptions – Embryo adoption is new to many families. It is the process by which families can legally obtain frozen embryos for the purpose of creating their family. Despite the fact that the adoptive mother gives physical birth to a child from an embryo donation, that child is still an adopted child; he or she shares no genetic relation to the adoptive mother or father. Families must complete the home study process and begin working with National Embryo Donation Center (NEDC) in Knoxville. Should a family have a successful pregnancy and birth, there are no post placement supervision visits required. If a family is unsuccessful, they can use their home study to pursue a domestic adoption through Heaven Sent Children or an interstate agency.

NETWORKING AGENCIES

Domestic Adoption

Abrazo Adoption Associates

10010 San Pedro, Suite 540

San Antonio, TX 78216

(210) 342-5683

<http://abrazo.org>

American Adoptions

9101 West 110th Street

2nd Floor Suite 200

Ovland Park, KS 66210

1-800-ADOPTION

www.americanadoptions.com

Faithful Adoption Consultants

980 Birmingham Road

Suite 501-394

Milton, GA 30004

678-559-2164

<http://www.faithfuladoptionconsultants.com/>

Heart of Adoptions, Inc.

418 West Platt Street, Suite A

Tampa, FL 33606

(800) 590-1108

www.heartofadoptions.com

International Adoption

Children's Home Society & Family Services (CHSFS)

1605 Eustis Street
St. Paul, MN 55108
651-646-7771
www.chsfs.org

European Adoption Consultants (EAC)

12608 Alameda Drive
Strongsville, OH 44149
(866)586-5656
<http://www.eaci.com/site/Home.aspx>

Americans for International Aid and Adoption

2151 Livernois
Troy, MI 48083
(248) 362-1207
<http://aiaaadopt.org/>

West Sands Adoptions

12340 East 100 South #1
St. George, UT 84790
(435) 986-1617
<http://westsandsadoption.org/>

We are open to working with other interstate adoption agencies. Please contact us regarding any agency you wish to use so that we can verify that they are a licensed child placing agency.

July 2016

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PROCEDURE FOR HEAVEN SENT CHILDREN **DOMESTIC AGENCY PLACED ADOPTION**

1. Submit an application for adoption. Please note we do **not** accept home studies from other agencies.
2. HSC staff will review and approve the application. An Adoption Counselor will contact you within 2 business days of receipt of the application to schedule your first visit.
3. Begin the home study process. This is comprised of 4 visits with both adoptive parents. At least one visit must be in the home. If there are any children or other adults living in the home, they must be interviewed by the Adoption Counselor.
4. Adoptive family can work on their 10 hours of required adoption education for each parent concurrently with the home study investigation.
5. If using the Heaven Sent Children placement program, families will complete a birth parent profile booklet with pictures of your family and home. We will guide you through this process and help you prepare a book. The profile book is shown to birth mothers to aid in choosing an adoptive family.
6. The home study is typically completed within 2-3 months of application. Families will receive a copy of the home study, and a copy will be submitted to any placing agency of their choice if an interstate adoption is being pursued.
7. Once the family has an approved home study with Heaven Sent Children, they can begin consideration for matching with our birth parents. Length of time for matching varies and is dependent on the decisions of the birth parents and the requirements of the adoptive family regarding race, gender, alcohol/drug/tobacco use during pregnancy, as well as openness in adoption.
8. Families may choose to work with a larger placing agency to increase their opportunities for domestic placement. Your Adoption Counselor can share information on out-of-state adoption agencies that will assist with an interstate adoption. Upon choosing an agency or attorney, your home study and supporting documents will be forwarded to them by HSC.

9. There may be contact with the birth mother prior to placement. The child is typically placed with the family from the hospital. For interstate adoptions there is the additional step of processing the child's and the birth mother's documents for adoption through the Interstate Compact on Placement of Children (ICPC). This will require a family to stay with their newborn child in the State of birth for up to two weeks before they can return to Tennessee. This allows adequate time for both states to review and approve the placement of the child for adoption.
10. Leading up to the birth of the child, your agency will work closely with the birth parents and adoptive parents to ensure a smooth placement. There may be the opportunity for the adoptive parents to go doctor appointments and meet occasionally for coffee or a meal. All visits are supervised and the Adoption Counselor will be an invaluable resource to both parties at this time. In addition, the Adoption Counselor for the birth and adoptive parents will be actively involved during the hospital stay to ensure a successful placement and be available for counseling and guidance, should any problem arise. The child typically is placed with the adoptive parents at the time of discharge from the hospital.
11. Termination of parental rights is a crucial part of this process. Prior to the birth of a child, every effort will be made to secure the birth father's Waiver of Interest, which gives his permission for an adoption to occur. Heaven Sent Children will also work closely with the mother in preparing her for the Surrender of her parental rights after the birth of the baby. The birth mother will appear before a Judge or Chancellor to complete the paperwork necessary no sooner than 4 days after the birth of the child. She will then have a 3 day revocation period in which she has the ability to reconsider her decision.
12. Post adoptive supervision begins within 2-4 weeks after placement with a visit to the home. A minimum of 3 visits occur over a six month time frame. However, if a child originates from another State, the laws of that State may require more visits.
13. Finalization of the adoption can occur after post placement supervision is completed.

PROCEDURE FOR INTERNATIONAL ADOPTION

- Completion of a home study. During the home study process your Social Worker will help you determine which country program is best for your family. Important considerations in choosing a country are: the type of child one wishes to adopt, time frame for the total adoption process, travel requirements for the adoptive family, and costs of the various programs.
- Family makes application to United States Citizenship and Immigration Services (USCIS) to obtain approval to bring an orphan from the country of your choice to the United States. Your Social Worker will assist you with this process.
- Application to the placing international adoption agency of your choice.
- Following approval of the application with the chosen placing agency, Heaven Sent Children submits the international adoption home study and supporting documents from our agency to aid in facilitation of your adoption.
- A dossier is prepared for the foreign country to aid in the court proceedings. The dossier is composed of documents such as birth certificates, marriage certificates, employment letters, and medicals. Each country has its own dossier requirements. The total number of documents may vary from 25-50. Each document must have original signatures, notarization, certification, state authentication, and in some cases State Department and Embassy authentication for the placing country. Your Social Worker can guide you through this process or you may utilize Heaven Sent Children's dossier services to prepare all documents for your family.
- Once the dossier is submitted to the placing country, the family awaits a child referral; length of time for referrals varies and is dependent on the number of available children and the type of child the family wishes to adopt. The referral will include the social/medical information about the child which prospective adoptive parents will need to share with a physician that has experience in reviewing international medical records. (Information is available regarding physicians and clinics that can review medical records.) Families have two weeks to review the information and make a decision about the child referral.
- Once the family receives and accepts the child referral, processing of the child's documents for adoption is initiated in the country and joined with the parent's documents (dossier). Time from referral acceptance to travel to the child's country varies depending upon the country.
- Family is notified to make arrangements for travel once the child's documents are prepared and it is time for court. The timing for travel also varies dependent on the status of the child's documents and the overseas authorities. Families may receive notice to travel in as short as 2 weeks up to 8 weeks in advance.
- Family travels to their child's country of origin to complete the legal adoption process of that country. Some countries may require more than 1 trip to complete the adoption proceedings. Time in the country may vary from 1-6 weeks depending on the country.
- The family arrives in the country and will travel to their child's region to process the adoption. Once the adoption is completed, the family completes the USCIS processing at the United States Embassy to secure their child's visa approval.
- Parents and child return to the United States.
- Begin the process to obtain your child's social security number, certificate of citizenship, complete the Tennessee re-adoption, and complete all post placement supervision as required by the placing country. **Please note that these reports are crucial to ensure continued adoptions of children. Failure to comply with the post placement supervision requirements can jeopardize future adoptions from that country and Heaven Sent Children's ability to place children from that country.**