



American Adoptions

National Office
7500 W. 110th Street, Suite 500
Overland Park, KS 66210
1 . 800 . ADOPTION
www.americanadoptions.com

Thank you for considering American Adoptions for your home study! We look forward to helping you through the home study process. Here are a few key points as you begin:

- A home study determines your readiness to adopt and is necessary to complete any adoption. There are a series of documents and visits required.
- Getting started quickly on your home study documentation and planning ahead will help you avoid unnecessary delays through the process. We know you are eager to get through the adoption process, so please follow the directions carefully and accurately.
- The average time to complete the home study is 90 days in Colorado. The estimated time frame to complete a home study depends on how quickly you start the process, gather documents, and complete in-home visits.

To help you get started, we have streamlined the process into two phases outlined below.

Phase I is contained within this packet. First, please complete and return the included home study application, agreement and application payment of \$250. Furthermore, please review and complete the required background checks per the included instructions. Once the Phase I packet and application fee payment are received, we will process your application and reach out to begin Phase II. These fees are non refundable.

Phase II will begin once your Phase I packet is processed. At this time, you will be invoiced for the remaining home study fee(s) outlined below. Once this full payment is received, we will assign you to a home study worker who will be in direct contact with you within two business days. During this phase, you will receive a second packet to begin gathering supporting documents and meet with your social worker in your home.

Schedule of Fees is provided below for the Standard Home Study package. Please see the enclosed Home Study Agreement for further explanation of fees and any additional fees that may apply.

Application: \$250

Domestic Home Study: \$2,200

ICPC Processing: \$500

Due with submission of Phase I

Due once Phase I is processed; upon receipt of invoice

Due once Phase I is processed; upon receipt of invoice

Please note that travel costs associated with completing the home study and post-placement visits are charged at \$25.00 per hour of travel plus mileage. Travel costs are assessed at the completion of your home study. Colorado has specific training requirements that every family must complete as part of the home study process. American Adoptions will provide information about these trainings but costs may vary and will be paid directly to the professionals conducting the training.

American Adoptions accepts payment via credit card, personal check, and money order. If you would like to pay by credit card, please contact the Home Study Department, and they will provide an invoice for payment.

If you have any questions, do not hesitate to contact us at **1-800-ADOPTION** or email questions to homestudy@americanadoptions.com. We look forward to working with you.

Thank You,
The Staff of American Adoptions

COLORADO DEPARTMENT OF HUMAN SERVICES

Original Application to Care for Children and Youth

Applicant 1*						
First Name	Middle Name	Last Name	Maiden/Alias/Other Names Known As			
Pronouns- <input type="checkbox"/> she/her/hers <input type="checkbox"/> he/him/his <input type="checkbox"/> they/theirs <input type="checkbox"/> something else						
DOB	Race	Ethnicity	Religion			
SSN or ITIN	Education Level	Cell Phone	Email			
Gender Identity		Place of Birth Town		State		
Applicant 2*						
First Name	Middle Name	Last Name	Maiden/Alias/Other Names Known As			
Pronouns- please circle one: she/her/hers he/him/his they/theirs something else						
DOB	Race	Ethnicity	Religion			
SSN or ITIN	Education Level	Cell Phone	Email			
Gender Identity		Place of Birth Town		State		
Other Members of the Household*						
First Name	Middle	Last Name	DOB	SSN or ITIN (optional)	Relationship to Applicant	Maiden/Alias or Other Name
Applicant 1*: _____						
Prior Residences in the past 5 years (Including out-of-state and out-of-country):						
Street Address*	City or Town*	State or Country*	Zip Code	Dates of Residence*		



COLORADO DEPARTMENT OF HUMAN SERVICES

Original Application to Care for Children and Youth

Criminal History Applicant 1*

Have you ever been convicted of, received a deferred prosecution, or deferred judgment for any of the following categories? Please check all that apply. *If you checked any of the boxes below, please provide supplemental documentation of the disposition, police report, and any court documents.*

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Felony | <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Crime of Violence | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Drug Offense | <input type="checkbox"/> Sexual Offense | <input type="checkbox"/> Registered Sex Offender | <input type="checkbox"/> Alcohol Offense |
| <input type="checkbox"/> Misdemeanor | <input type="checkbox"/> No Criminal History | | |

Please note all crimes, date of the sentencing, town/city/county/state where sentencing occurred, whether you received a conviction/deferred prosecution/deferred judgment, and your name at the time of conviction

Medical and Mental Health Conditions*: Applicant 1

Have you been diagnosed with or are you being treated for a medical condition?

Yes No - If yes, please describe

Immunizations current Yes No NA

Have you been diagnosed with or are you being treated for a mental health condition?

Yes No - If yes, please describe

Employment: Applicant 1

(If you have been with current employer less than one year please also provide previous employment information, if self-employed please provide information about your business)

Name of Employer:

Address of Employer:

Title of position:

Gross monthly income:

Dates Employed:

Name of Employer:

Address of Employer:

Title of position:

Gross monthly income:

Dates Employed:

Name of Employer:

Address of Employer:

Title of position:

Gross monthly income:

Dates Employed:

Name of Employer:

Address of Employer:

Title of position:

Gross monthly income:

Dates Employed:



COLORADO DEPARTMENT OF HUMAN SERVICES

Original Application to Care for Children and Youth

Name of Employer:															
Address of Employer:															
Title of position:															
Gross monthly income:		Dates Employed:													
Name of Employer:															
Address of Employer:															
Title of position:															
Gross monthly income:		Dates Employed:													
History of Placement of Children and Youth: Applicant 1 and Applicant 2															
	Yes	No	If yes, list name of household member and agency or county department												
Have you ever been licensed for childcare?	<input type="checkbox"/>	<input type="checkbox"/>													
Have you ever been certified for foster care?	<input type="checkbox"/>	<input type="checkbox"/>													
Have you ever been denied a license for childcare?	<input type="checkbox"/>	<input type="checkbox"/>													
Have you ever been denied a certificate for foster care?	<input type="checkbox"/>	<input type="checkbox"/>													
Have you ever had a home study that was not approved?	<input type="checkbox"/>	<input type="checkbox"/>													
Have you applied to another agency to foster or adopt a child or youth?	<input type="checkbox"/>	<input type="checkbox"/>													
Have you previously adopted a child or youth?	<input type="checkbox"/>	<input type="checkbox"/>													
Have you ever cared for a child or youth placed in your home other than your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Court <input type="checkbox"/> Agency Name: Agency Address: <input type="checkbox"/> Other: Explain who placed the child or youth in your home and the circumstances:												
Other Members of the Household*															
Criminal History*															
<p>Have other members of the household ever been convicted of, received a deferred prosecution, or deferred judgment for any of the following categories? If yes, please check all that apply. If you checked any of the boxes below, please provide supplemental documentation of the disposition, police report, and any court documents."</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Felony</td> <td><input type="checkbox"/> Child Abuse</td> <td><input type="checkbox"/> Crime of Violence</td> <td><input type="checkbox"/> Domestic Violence</td> </tr> <tr> <td><input type="checkbox"/> Drug Offense</td> <td><input type="checkbox"/> Sexual Offense</td> <td><input type="checkbox"/> Registered Sex Offender</td> <td><input type="checkbox"/> Alcohol Offense</td> </tr> <tr> <td><input type="checkbox"/> Misdemeanor</td> <td><input type="checkbox"/> No Criminal History</td> <td></td> <td></td> </tr> </table> <p>Please note all crimes, date of the sentencing, town/city/state where sentencing occurred, whether the person received a conviction/deferred prosecution/deferred judgment, and his/her name at the time of conviction</p>				<input type="checkbox"/> Felony	<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Crime of Violence	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Drug Offense	<input type="checkbox"/> Sexual Offense	<input type="checkbox"/> Registered Sex Offender	<input type="checkbox"/> Alcohol Offense	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> No Criminal History		
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<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> No Criminal History														



COLORADO DEPARTMENT OF HUMAN SERVICES

Original Application to Care for Children and Youth

Prior Residences in the past 5 years (Including out-of-state and out-of-country)*: Attach additional information as needed					
Name*	Street Address*	City or Town*	State or Country*	Zip Code*	Dates of Residence*
Name of Employer: Address of Employer: Title of position: Gross monthly income: _____ Dates Employed: _____					
Name of Employer: Address of Employer: Title of position: Gross monthly income: _____ Dates Employed: _____					
Medical and Mental Health Conditions*					
Have other members of the household been diagnosed with or been treated for a medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No -- If yes, describe Name Describe condition Name Describe condition Immunizations current for each <input type="checkbox"/> Yes <input type="checkbox"/> No NA				
Have other members of the household been diagnosed with or been treated for a mental health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No -- If yes, describe Name Describe condition Name Describe condition				
History of Placement of Children and Youth: Other Members of the Household					
	Yes	No	If yes, list name of household member and agency or county department		
Have you ever been licensed for childcare?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever been certified for foster care?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever been denied a license for childcare?	<input type="checkbox"/>	<input type="checkbox"/>			



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Original Application to Care for Children and Youth

	Yes	No	If yes, list name of household member and agency or county department
Have you ever been denied a certificate for foster care?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a home study that was not approved?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you applied to another agency to foster or adopt a child or youth?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you previously adopted a child or youth?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever cared for a child or youth placed in your home other than your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Court <input type="checkbox"/> Agency Name: Agency Address: <input type="checkbox"/> Other: Explain who placed the child or youth in your home and the circumstances:
Have any of your children been placed in out-of-home care due to abuse or neglect? If yes, please describe the circumstances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: Explain who placed the child or youth in your home and the circumstances:

Other Children of Applicant 1 and Applicant 2: Not Living in the Household

Name	Date of Birth	Phone	Address/Email



COLORADO DEPARTMENT OF HUMAN SERVICES

Original Application to Care for Children and Youth

Applicant 1				
Marital/Partnership/Common Law/Civil Union History				
Date of Marriage/ Common Law/Civil Union/or Length of Partnership	State or Country Where Marriage/ Common Law/or Civil Union Occurred	Reason for Ending (if applicable)	Verification of Marriage, Civil Union, or Divorce	Name of current/former spouse/partner (if applicable)
			<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	
Applicant 2				
Marital/Partnership/Common Law/Civil Union History				
Date of Marriage/ Common Law/Civil Union/or Length of Partnership	State or Country Where Marriage/ Common Law/or Civil Union Occurred	Reason for Ending (if applicable)	Verification of Marriage, Civil Union, or Divorce	Name of current/former spouse/partner (if applicable)
			<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	
Finances To Meet Monthly Needs				
Assets: Regular income & available savings & investments, personal property, equipment, real estate, etc.				
Item	Amount	Item	Amount	
Monthly Liabilities and credit card debt, mortgage/rent: Real estate, auto, loans, and credit cards				
Item	Amount	Item	Amount	
Contacts in Case of Emergency for Applicant 1*				
Name	Phone Number	Relationship to Applicant(s)	Email	



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Original Application to Care for Children and Youth

References				
(Each applicant MUST provide 3 personal references, including at least 2 individuals who are not related to the applicant and who have known the applicant for a year or more)				
References: Applicant 1				
Name	Mailing Address	Relationship	Phone	Email Address
References: Applicant 2				
Name	Mailing Address	Relationship	Phone	Email Address

The Colorado Department of Human Services and its agents do not discriminate against any persons on the basis of sex, race, color, national origin, disability, or participation in its programs, services and activities, or in employment.

Any applicant who knowingly and willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S. and 7.500.312 (12 CCR 2509-6), and upon conviction thereof, shall be punished accordingly.

The Undersigned hereby applies for a certificate to operate a Foster Care Home under 26-6-101 et seq. C.R.S. or to adopt a child(ren) or youth in the custody of a county department of human or social services child placement agencies (CPAs) and certifies to the following facts:

Foster Care, Kinship Foster Care, and Adoption:

1. Any information given in the questions that follow shall be correct to the best of my (our) ability.
2. I (we) understand that an investigation must be completed before a certificate can be issued for foster care, or approval for the purpose of adoption can be made, and I (we) shall cooperate with the department of human or social services in the investigation in order for the county department or CPA) to determine conformity with the regulations.
3. I (we) understand that signature of this application constitutes permission for county departments of human or social services or CPA to release information regarding denials of licenses, certificates, and prior adoption approvals or denials.
4. I (we) are aware that a certificate for foster care is time-limited and, if issued, will designate the number and age of children or youth for which care can be given. I (we) understand that if I (we) fail to maintain the rules and regulations, the certificate is subject to suspension or revocation. I (we) are aware that an approval for adoption will designate the number and age of child(ren) for which I (my/our family) am (is) approved to adopt.
5. I (we) hereby give authorization to the county department of human or social services or CPA to obtain reports of child abuse or neglect in all states of residence for the past 5 years and to review records and reports maintained on the state automated system for the applicant(s). Applicants shall sign for their minor children living in their home.
6. Members of the household who are not applicants shall be asked to sign an authorization for the county department of human or social services or CPA to obtain reports of child abuse or neglect and review records and reports maintained on the statewide automated information system



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7. I (we) understand that the applicant or any adult 18 years of age or older who resides in the home is required to submit a complete set of fingerprints to the Colorado Bureau of Investigation and the Federal Bureau of Investigation, and all costs shall be borne by the applicant or person who resides in the home. Your fingerprints will be on file with the CBI and FBI and may be used to compare with other fingerprints. Discrepancies on your Colorado record may be challenged and corrected through the CBI at www.colorado.gov/cbi. Discrepancies on your records from the FBI or related to another state, may be challenged through the FBI at www.fbi.gov.
8. I (we) are not staff members or members of the governing board (CPA) or relatives of staff members or relatives of any officer, executive or member of the governing board of a CPA home.
9. I (we) are not a relative of any staff member of the Child Welfare Division or unit in the certifying county department of human or social services.

Foster Care or Kinship Foster Care:

1. I (we) understand that before a certificate can be issued I (we) are required to be fully familiar with the Rules Regulating Foster Care Homes issued by the Colorado Department of Human Services, and I (we) agree to fully comply with them.
2. I (we) understand that only one CPA or county department of human or social service can certify our home.
3. I (we) understand that I (we) must attend required training prior to certification.
4. I (we) understand that I (we) may be subject to immediate adverse action to my (our) certificate or approval for adoption as set forth in Section 26-6-107.7 et seq., C.R.S. as described by rule of the State Board of Human Services.

1. Sign this section if applying for Non-certified Kinship Care*:

Date:	Signature of Applicant 1:	Signature of applicant 2:
_____	_____	_____

2. Sign this section if applying for Foster Care (includes respite) or Kinship Foster Care certification:

Date:	Signature of applicant 1:	Signature of applicant 2:
_____	_____	_____



COLORADO DEPARTMENT OF HUMAN SERVICES

Original Application to Care for Children and Youth

3. Sign this section if applying for approval for Adoption:

The undersigned hereby applies to adopt a child(ren) or youth in the custody of a county department of human or social services and certifies to the following facts:

In accordance with P.L. 110-351, I (we) understand that I (we) am (are) eligible to apply for an adoption tax credit, if I (we) finalize an adoption of a child or youth in the custody of the county department of human or social services.

Date:

Signature of applicant 1:

Signature of applicant 2:

4. Sign this section if applying for consideration of the Relative Guardianship Assistance Program:

Date:

Signature of applicant 1:

Signature of applicant 2:



American Adoptions of Colorado Home Study Supplemental Application

Additional Information required for processing of home study application

How did you hear about American Adoptions? _____

Please list the name, address, phone number, contact name and email address of the agency or attorney you joined or are joining for placement services:

Do you have an identified child or potential birth mother? Yes No

Have you ever initiated or completed a home study? Yes No

If yes, when and with whom? _____

Adoption Information:

What race or combination of races are you considering? Please check all that apply:

Caucasian Asian African American Hispanic Native American Other

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

Twins Premature Special needs (mild, correctable) Sibling group

Characteristics and Appearance	Parent 1	Parent 2
Full Legal Name (First, Middle, Last)		
Height		
Weight		
Hair Color		
Eye Color		
Complexion		
Body Structure (i.e. Petite, Muscular, etc.)		
Ethnicity (i.e. Hispanic or Non-Hispanic)		
Heritage (Irish, Italian, etc.)		
Language(s) Spoken		
Citizenship		
Currently in Military	Y / N	Y / N
Previously in Military	Y / N	Y / N
Criminal History	Parent 1	Parent 2
Have you ever been arrested?	Y / N	Y / N
Have you ever been convicted of a crime?	Y / N	Y / N
Have you ever had an arrest expunged?	Y / N	Y / N
If YES, please explain:		

Background Information on Extended Family Members (if deceased please indicate)

Parent 1	Parents Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	Siblings Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Parent 2	Parents Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	Siblings Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Please list any health or medical concerns for your immediate or extended family:

By signing this application, you are verifying all information on this application is true and accurate and understand that fees paid are non-refundable.

Adoptive Parent Signature

Adoptive Parent Signature

**HOME STUDY AGREEMENT
AMERICAN ADOPTIONS OF COLORADO**

THIS HOME STUDY AGREEMENT (“Agreement”) is made by and between American Adoptions of Kansas, LLC d/b/a American Adoptions of Colorado d/b/a American Adoptions (hereinafter referred to as “American Adoptions”) and _____ (collectively referred to as “Adoptive Family” or “you”) on this ___ day of _____, 20__.

WITNESSETH:

WHEREAS, American Adoptions is a licensed domestic adoption agency;

WHEREAS, Adoptive Family desires to provide a stable, secure, and loving home to an adopted child; and

WHEREAS, it is the desire and intention of American Adoptions and Adoptive Family to have American Adoptions conduct a home study that will investigate Adoptive Family’s suitability for adoption of a child (or children) under the applicable laws, regulations, and guidelines;

NOW THEREFORE, in consideration of the mutual promises contained herein and with the intention of being legally bound hereby, American Adoptions and Adoptive Family agree as follows:

1. Home Study. Adoptive Family understands that the home study process is an assessment of Adoptive Family and their home as suitable for adoption. American Adoptions does not guarantee that this home study will result in Adoptive Family being recommended or approved for adoption. American Adoptions may decline approval of this home study for any reason. Adoptive Family understands that American Adoptions must comply with certain laws, regulations, and guidelines related to this home study. Adoptive Family agrees to hold harmless American Adoptions should Adoptive Family find the outcome of, or any individual finding within, this home study to be unfavorable. Adoptive Family agrees to hold harmless American Adoptions for any harm resulting from the communication of any finding discovered during the course of the home study to any governmental body, agency, or authority. Adoptive Family agrees to hold harmless American Adoptions for any harm resulting from the disclosure of the Home Study to third parties, including but not limited to adoption agencies, social workers, state agencies, federal agencies, and attorneys that may be involved in Adoptive Family’s adoption process. Adoptive Family agrees to cooperate with American Adoptions oral or written instructions or requests related to this home study. **ADOPTIVE FAMILY HAS A DUTY TO IMMEDIATELY UPDATE AMERICAN ADOPTIONS IF THERE ARE ANY SIGNIFICANT CHANGES TO ANY OF THE INFORMATION CONTAINED IN THE HOME STUDY.** Adoptive Family agrees that it will immediately notify American Adoptions of any such changes, **Initial** ___/___

including but not limited to any change to the following: criminal or child abuse records, medical status, employment status, marital status, the number or identity of persons who are household members, a change in the location of Adoptive Family's residence, or a significant change in Adoptive Family's finances. Adoptive Family understands that significant changes to the information in the home study may require a new home study, which would result in additional fees. Adoptive Family agrees that American Adoptions cannot be held liable for any harm or complications that arise from Adoptive Family's failure to fully or accurately disclose information used to prepare the home study. Adoptive Family understands that all documents provided to American Adoptions become the property of American Adoptions and American Adoptions may be required to retain these documents by applicable state laws or regulations.

2. Fees. Adoptive Family agrees to pay American Adoptions all fees before the related services are rendered. Adoptive Family will pay all fees by credit/debit card or personal check, cashier's check, money order, or wire transfer payable to American Adoptions. **ADOPTIVE FAMILY UNDERSTANDS THAT THE FEES PAID TO AMERICAN ADOPTIONS UNDER THIS AGREEMENT ARE NOT REFUNDABLE.** In order to maintain its level and scope of services, American Adoptions reserves the right to change all fees before the related services are rendered. **Initial** ___/___

3. Home Study Updates. It is the responsibility of Adoptive Family to keep their home study updated annually (sooner if there is a change in information, or if required by the relevant jurisdiction). It is Adoptive Family's responsibility to confirm how often their home study must be updated. To keep a home study updated, it is necessary for Adoptive Family to, within the applicable time period, have at least one home visit and update all documents that support or accompany the home study, including but not limited to all criminal records, child abuse records, physician's reports, insurance and registrations, and financial information. American Adoptions is happy to assist you with keeping your home study updated, but it is your responsibility to keep American Adoptions informed about: when the home study is set to expire; any significant dates or deadlines relevant to your adoption; any court requests or requirements; any significant family, work, health, or life changes; and when placement or finalization is scheduled to occur. **Initial** ___/___

4. Information about the Child or Birth Parent. Adoptive Family will obtain all information regarding a potential or prospective adoptive child or birth parent through either American Adoptions or the agency through which you will seek the placement. **Initial** ___/___

5. Information from the Adoptive Family. Adoptive Family will be required to disclose and provide a wide range of family and personal information to American Adoptions, social workers, attorneys and adoption professionals, as well as a family profile, photos and other written information. Adoptive Family agrees to assist in the gathering of needed information and, as necessary, to contact any parties from whom information is required. American Adoptions will consider requests that particular information regarding the Adoptive Family be kept confidential – e.g., address, social security number, last name, etc. – but cannot guarantee the confidentiality of the Adoptive Family’s information. Adoptive Family hereby authorizes American Adoptions to seek information from third parties relating to Adoptive Family’s suitability for adoption of a child (or children) under the applicable standards, laws, and regulations. Adoptive Family agrees to hold harmless American Adoptions and all such third parties should Adoptive Family find any such information to be unfavorable to Adoptive Family’s suitability for adoption under this Agreement. **Initial** ___/___

6. Time Frames. Adoptive Family understands that the time it takes to complete a home study varies according to a number of factors (some of which are beyond American Adoptions’ control), including but not limited to the following: the jurisdiction in which Adoptive Family resides, the speed with which Adoptive Family submits the appropriate documentation, and the time it takes to perform background checks. On average, it takes 6-12 weeks to complete a home study. Adoptive Family understands that American Adoptions cannot affect the speed with which states and the federal government process background checks, such as criminal and child abuse checks. Adoptive Family releases American Adoptions from any and all liability resulting from any delay in the processing of background checks. If Adoptive Family takes more than 3 months from the date of execution of this Agreement to submit the necessary documentation (typically submissions can be completed in 2 weeks), then Adoptive Family releases American Adoptions from any and all obligation to perform any further home study services and further agrees that all fees paid before the expiration of this three-month period will be non-refundable. **Initial** ___/___

7. Notification of Adoption Placement, Matching and Referrals. Adoptive Family acknowledges that state laws vary as to the types of persons and entities that may legally serve as adoption intermediaries, also known as “matching” or “referrals.” In many such cases, the home study provider (in this case, American Adoptions) is required to enter into a written agreement **Initial** ___/___

with the other matching entity, and to disclose to governmental officials the existence of that agreement, as well as the funds paid to the other matching entity. In order to avoid situations that may violate the laws of one or more states, or that involve unethical practices, Adoptive Family agrees to notify American Adoptions prior to contracting with, paying, or utilizing the services of any source of adoption opportunities, matches, or referrals. American Adoptions retains sole discretion to either approve, or to refuse to work with, any other matching or referral source, which approval shall not be unreasonably withheld. Should Adoptive Family contract with any person or entity of which American Adoptions does not approve, then American Adoptions shall have the right to terminate this Agreement for cause, resulting in termination of home study approval. Adoptive Family also agrees to notify American Adoptions immediately upon receipt of any adoption opportunity, potential match, or potential child referral. This ensures that American Adoptions can provide the appropriate services in a timely manner, including but not limited to ICPC services, post-placement services, and more. Adoptive Family agrees that if they fail to notify American Adoptions immediately at the time of referral, then American Adoptions will not be responsible for the timing of any post-placement visit, the completion of the home study, or any other harm related to or arising out of this failure. Adoptive Family agrees to pay American Adoptions an expedited scheduling charge of \$200 for expenses resulting from the last-minute processing of this information, with no guarantee that any requested services can be completed within the time requested by Adoptive Family.

8. Post-Placement Supervision. Adoptive Family acknowledges that they are required to have their post-placement visit(s) performed by American Adoptions. American Adoptions may be required to perform post-placement visits to satisfy licensing requirements, even if this is not required by your state or country's post-placement regulations. If you are adopting more than one child, there are additional fees for post-placement services. The number of post-placement visits is dependent on many factors, including but not limited to court jurisdiction and the state or country in which the adoption is being finalized.

Initial
____/____

9. Relocation. Prior to finalization of the adoption, Adoptive Family must notify American Adoptions of any pending or actual change to their primary residence as soon as they learn that a move will occur. A home visit must be conducted at the new residence and shall be accompanied by a home study update or addendum, or in some cases, a new home study, at the rates set forth herein. If Adoptive Family remains in or moves to a state where American Adoptions is licensed, then Adoptive Family agrees to pay American Adoptions for these services at the rates set forth herein. If Adoptive Family moves to a state where American Adoptions is not licensed, Adoptive Family must contact and contract with a properly-licensed adoption professional or agency in the new state, to obtain those services. **Initial** ___/___

10. Medical Coverage. American Adoptions requires that Adoptive Family provide medical insurance for the child they wish to adopt. Adoptive Family must be willing to provide medical insurance on behalf of the child until the child reaches 18 years of age. 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 and authorized by such medical insurance. **Initial** ___/___

11. Mandatory Reporter Obligations Impact on Confidentiality. The Adoptive Family understands that American Adoptions, legal counsel, social workers and other agencies or individuals involved in their adoption process may find themselves in a situation where they reasonably believe they are legally required to report facts or circumstances that lead them to suspect that a child has been abused or neglected, and that, in such circumstances, they are no longer bound by confidentiality and must report information and cooperate with the appropriate officials. **Initial** ___/___

12. Best Interest. The Adoptive Family acknowledges and understands that circumstances may arise that require American Adoptions to take action that it deems to be in the best interest of the child, even though that action might appear to be in opposition to the Adoptive Family’s requests or best interests. The Adoptive Family agrees to waive this potential for conflict of interests as a condition to receiving services pursuant to this Home Study Agreement. **Initial** ___/___

13. Standard Home Study Fee Schedule

Initial
___/___

A. Preliminary Application Fee

\$250

The application fee is paid upon the initial submission of the application by the Adoptive Family to begin home study services.

B. Domestic Home Study

\$2,200

The standard domestic home study package includes the services typically needed to complete a domestic home study. Costs to run state clearances and expenses for the social worker’s travel to the Adoptive Family’s home will be paid separately at time of service.

The standard home study package fulfills the home study requirements for many domestic adoptions. However, some court systems, countries, and other adoption professionals require services in addition to the standard home study package.

14. Additional Services and Fees. American Adoptions will perform services in addition to those included in the standard home study package per the following fee schedule:

Initial
___/___

A. Home Study Case Management Services

\$500*

Initial
___/___

Case Management covers costs related to, but not limited to, preparation and provision of additional copies of home study, completion of forms and documents as requested by Adoptive Family and/or their placing entity, preparation and provision of home study to courts and other adoption professionals on behalf Adoptive Family and other associated tasks. This fee is due prior to American Adoptions completing forms or providing documents to other placing entities, courts or other adoption professionals on behalf of Adoptive Family. If Adoptive Family requires more than 3 hours of case management service, an additional hourly fee of \$100 will be incurred.

*If Adoptive Family is utilizing American Adoptions or its Affiliates for placement services, the home study case management fee is waived.

B. Home Study Update

\$950*

Initial

___/___

A home study update is a follow-up report to the initial home study and is often required if a placement has not occurred within one year of the initial home study. Some states require a home study update every six months. If the home study is more than 3 years old, a completely new home study must be completed.

*If Adoptive Family is utilizing American Adoptions or its Affiliates for placement services, the home study update fee is discounted to \$750.

C. Extensive Home Study Update

\$1,200*

Initial

___/___

An extensive home study update may be necessary if you have, since your previous home study, placed an additional child in your home, moved, experienced a significant change in employment, or experienced other significant life changes. If the home study is more than 3 years old, a completely new home study must be completed.

*If Adoptive Family is utilizing American Adoptions or its Affiliates for placement services, the extensive home study update fee is discounted to \$1,000.

D. Addendum

Initial

___/___

Home Visit

\$450*

Telephonic/Video Conference

\$250*

An addendum may be required for minor changes in family status like a new job with similar pay and responsibility, a change in health insurance, or the request to be approved for additional child characteristics, etc.

*If Adoptive Family is utilizing American Adoptions or its Affiliates for placement, the addendums are discounted to \$400 for a home visit and \$200 for a telephonic/video conference.

E. Post-Placement Report

Initial
___/___

Home Visit **\$450***

Telephonic/Video Conference **\$200***

Post-placement reports will be required after a child has been placed in your home. The exact number and timing of post placement reports are determined by the state involved. These post-placement reports are typically for the court and provide updates on the child and family. An additional charge of \$50 is added to the cost of the post-placement report for each additional child placed in your home through the adoption (e.g., twins, siblings, etc.).

*If Adoptive Family is utilizing American Adoptions or its Affiliates for placement, the post placement reports are discounted to \$400 for a home visit and \$150 for a telephonic/video conference.

F. Extensive Home Study Update/Post-Placement Combo **\$1,400*** **Initial**
___/___

An extensive home study update may be required for finalization and is charged at this rate when performed in conjunction with a post-placement visit.

*If Adoptive Family is utilizing American Adoptions or its Affiliates for placement, the extensive home study update/post-placement combo is discounted to \$1,200.

G. Court Visit and/or Court Report **\$350*** **Initial**
___/___

Some courts require an agency representative and/or 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.

*If Adoptive Family is utilizing American Adoptions or its Affiliates for placement, the court visit and/or court report is discounted to \$300.

H. Extra Home Visit **\$350*** **Initial**
___/___

An additional home visit may be required during the home study process. This occurs when more information is needed, if the home study is not finalized in the allotted amount of time allowed or the Adoptive Family's individual circumstances necessitate an extra home visit.

*If Adoptive Family is utilizing American Adoptions or its Affiliates for placement, the extra home visit is discounted to \$200.

I. Core Training **varies** **Initial**
___/___

The Adoptive Family is required to complete 16 hours of Core Training as part of the home study prior to placement of a child in their home. This fee will be due when the Adoptive Family registers for the Core training. This fee does not cover additional required trainings the family may also need. If the Adoptive Family is completing a subsequent adoption, this requirement is waived.

J. ICPC Processing **\$500** **Initial**
___/___

A fee that is due for ICPC processing for every Colorado Adoptive Family adopting in a state other than Colorado. This fee will be collected at the time of the initial home study report. Should ICPC not be applicable, this amount will be credited to other fees in the fee schedule.

K. Miscellaneous **\$75-** **Initial**
\$250 ___/___

Additional fees may apply for additional services, including 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.

The Adoptive Family agrees they understand the fees listed above and agrees to pay all such fees to American Adoptions when the related services are rendered.

15. Forfeiture of Fees and Returned Checks. AS PROVIDED IN PARAGRAPH 2 ABOVE, THE FEES PAID BY ADOPTIVE FAMILY TO AMERICAN ADOPTIONS UNDER THIS AGREEMENT ARE NOT REFUNDABLE. If this Agreement terminates according to its terms (set forth below), or otherwise, all fees paid are forfeited to American Adoptions. Adoptive Family understands and specifically agrees to this forfeiture and further agrees to hold American Adoptions harmless, to indemnify American Adoptions, and to pay American Adoptions' reasonable attorney fees in the event that any person or entity sues American Adoptions for funds Adoptive Family paid and forfeited to American Adoptions under the terms of this Section. If a check is returned to American Adoptions because of insufficient funds, Adoptive Family will be charged a \$30 returned check fee.

Initial
___/___

16. Other Service Providers. American Adoptions is not responsible for the conduct or services delivered by other service providers, including but not limited to video producers, video hosting services, attorneys, counselors, social workers, other adoption professionals, foster parents, foster care workers or others, relating to any and all services they provide, including but not limited to video production, video hosting, relinquishment, counseling (whether in-person or otherwise), consent, Home Study, foster care and surrender services. The Adoptive Family agrees that they will hold harmless and indemnify American Adoptions for any damages, costs or reasonable attorney fees American Adoptions incurs in connection with any legal proceeding Adoptive Family initiates against American Adoptions for any conduct of or services provided by another service provider.

Initial
___/___

17. ICPC. The Interstate Compact on the Placement of Children ("ICPC") applies to domestic adoptions occurring across state lines. When the ICPC applies, Adoptive Family and the adopted child must remain in the state in which the adopted child resides until Adoptive Family's state of residence approves the placement. This process can take between 7 to 10 business days after the paperwork has been filed with the ICPC office, but there is no way to know for certain how long this process will take. Adoptive Family understands that the wait for ICPC approval is outside of American Adoptions' control and may be longer depending on the circumstances of the particular adoption. Adoptive Family understands that they need to work with the attorney or agency that placed the child with them on issues related to the ICPC.

Initial
___/___

18. Government Offices. Adoptive Family understands that they are not allowed direct contact with any court office or ICPC office unless directed by American Adoptions, their attorney, an ICPC administrator, or a court officer. This Section has been included in this Agreement at the request of ICPC administrators and court clerks and allows them to process your case more efficiently. **Initial** ___/___

19. Orientation. Adoptive Family understands that state licensing requires the Adoptive Family to complete an orientation before beginning the Home Study process. The orientation is typically conducted in person and immediately prior to your initial home visit. In some instances, the orientation may consist of educational material and/or an online video or other resources. Adoptive Family agrees to timely complete all necessary home study orientations. **Initial** ___/___

20. Medical Release. Adoptive Family agrees that American Adoptions cannot guarantee the health of any child. Adoptive Family further agrees that American Adoptions is not responsible for any adopted child’s medical, psychiatric, health, behavioral or other problems, whether those problems are present at the time of placement or manifest themselves at some time thereafter. Adoptive Family also agrees that it will not rely on any representation of American Adoptions (or any representation of any employee, agent, or representative of American Adoptions) related to the health of any child. Adoptive Family hereby waives any and all claims and releases American Adoptions from any and all liability related to any adopted child’s medical or other condition(s), any medical or other economic expenses incurred by Adoptive Family, or any non-economic damages sustained by Adoptive Family. **Initial** ___/___

21. Record Retention. Adoptive Family understands that the home study file will be kept indefinitely by American Adoptions and that the Home Study will be officially categorized as “approved”, “denied” or “withdrawn” as appropriate. All records relating to the Home Study are the exclusive property of American Adoptions. Criminal history record information will be kept for two years and then destroyed. Should criminal history records be needed after that time, Adoptive Family will be required to re-run their criminal background checks. **Initial** ___/___

22. Term. The term of this Agreement (the “Term”) shall commence on the date of the execution of this Agreement and, unless one of the below-enumerated termination events occurs, shall continue in full force and effect until an adoption reaches finalization and all fees and obligations owed under this Agreement have been paid or fulfilled. **Initial** ___/___

23. Events That Give American Adoptions Discretion to Terminate This Agreement. American Adoptions may, in its sole discretion, terminate this Agreement, and retain all fees paid through the date of termination, if any of the following events occur: **Initial** ___/___

- a. Adoptive Family undergoes a divorce, annulment, or legal or other separation before American Adoptions completes its obligations under this Agreement;
- b. Adoptive Family refuses to timely provide American Adoptions with information necessary for home study;
- c. Adoptive Family fails to disclose information or provides incomplete, false or misleading information to American Adoptions;
- d. Adoptive Family commits any other material breach of this Agreement not specifically enumerated in this Section; or
- e. Adoptive Family violates in any way the confidentiality of a birth parent or attempts to independently gather information on a birth parent, as prohibited by this agreement.

24. Attorneys' Fees. In the event of the breach of this Agreement, the non-breaching party shall be entitled, in addition to any other remedy provided by law, to the recovery of all costs and attorneys' fees incurred in the enforcement of the non-breaching party's rights hereunder. **Initial** ___/___

25. Choice of Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Kansas as if it were made and wholly performed there without giving effect to any principle of conflict of laws that would require the application of the law of any other jurisdiction. **Initial** ___/___

26. Choice of Venue. The Parties agree that any action or proceeding arising out of or related in any way to this Agreement shall be brought in a state or federal court located in Johnson County, Kansas. The Parties hereby irrevocably and unconditionally waive any defense of an inconvenient forum, to the maintenance of any action or proceeding in such court, and objection to venue with respect to any such action or proceeding, and any right of jurisdiction on account of the place of residence or domicile of any party hereto. **Initial** ___/___

27. Illegality, Reform, and Severability. If any law or governmental regulation is adopted or any court decision is promulgated after the date of this Agreement, and such law, regulation or court decision makes this Agreement or a provision hereof illegal, the parties agree to use their best efforts to restructure this Agreement in such a manner that will avoid such illegality and, to the extent practicable, will preserve the existing financial and business relationships among them. In the event any provision contained herein is deemed by a court of competent jurisdiction to be illegal, then the parties each agree that such provisions may be reformed and modified and enforced by such court to the maximum extent permissible under applicable law and principles of equity. **Initial** ___/___

28. Drafting. No provision in this Agreement is to be interpreted for or against any party because that party, or that party's legal representative, drafted the provisions. **Initial** ___/___

29. Headings are for Reference Only. The headings to the various sections of this Agreement have been inserted for reference purposes only and shall not modify, define, limit or expand the expressed provisions of this Agreement. **Initial** ___/___

30. Entire Agreement and Modification. This Agreement and any attachments constitute the final and complete agreement between Adoptive Family and American Adoptions, supersede all previous agreements or understandings, and may be amended or modified only by a written agreement signed by all parties hereto. **Initial** ___/___

31. Non-Waiver. No provision of this Agreement shall be deemed to have been waived unless such waiver is contained in a written notice given to the party claiming such waiver has occurred, provided that no such waiver shall be deemed to be a waiver of any other or further obligation or liability of the party or parties in whose favor the waiver was given. **Initial** ___/___

32. Acknowledgement of Understanding. The Adoptive Family acknowledges that they have read and understand this Agreement and its legal effect, that all signatories are signing this Agreement freely and voluntarily, and that no party has any reason to believe that the other party did not freely and voluntarily execute this Agreement. **Initial** ___/___

THE PARTIES AGREE THAT THIS AGREEMENT IS FOR HOME STUDY SERVICES ONLY AND IS NOT AN APPLICATION FOR ADOPTION SERVICES OR ANY OTHER SERVICES NOT EXPRESSLY PROVIDED FOR HEREIN. ADOPTIVE FAMILY AGREES THAT AMERICAN ADOPTIONS IS NOT PROVIDING ACCOUNTING, LEGAL OR OTHER PROFESSIONAL SERVICES, AND THAT ADOPTIVE FAMILY IS RESPONSIBLE FOR ARRANGING AND PAYING FOR THESE OTHER SERVICES AS NEEDED. ADOPTIVE FAMILY UNDERSTANDS THAT THEY HAVE THE RIGHT TO INDEPENDENT COUNSEL. ADOPTIVE FAMILY UNDERSTANDS THAT THE FEES PAID TO AMERICAN ADOPTIONS UNDER THIS AGREEMENT ARE NOT REFUNDABLE.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first set forth above.

_____ Adoptive Parent	_____ Adoptive Parent	_____ Date
_____ American Adoptions Staff Member	_____ Title	_____ Date



DISCLOSURE STATEMENT FOR ADOPTIVE APPLICANT(S)

American Adoptions of Kansas dba American Adoptions of Colorado, hereinafter referred to as “American Adoptions of Colorado” is required by the Colorado Department of Human Services to provide you with this disclosure information before you sign any contract or agreement for adoptive services, and before you pay any fees. This document must be read, signed and returned with appropriate service agreement.

American Adoptions of Colorado is licensed in the state of Colorado as a child placement agency authorized to complete domestic adoptions. American Adoptions of Colorado is a full-service domestic adoption agency. Services provided include family assessments (SAFE Home Study), adoptive placements, relinquishment counseling, training, and legal information or assistance, consultation, post-placement and post-adoption services. American Adoptions was founded on the belief that lives of children can be bettered through adoption by providing safe adoption services to children, birth parents and adoptive families. American Adoptions provides compassionate care to all clients by educating, supporting and coordinating services for each individual client. American Adoptions is a non-denominational agency that serves adoptive parents, birth parents and children of all races and religions.

Affiliates of American Adoptions of Colorado include American Adoptions, Inc. (“AA Inc.”), American Adoptions of California (“AACA”) d/b/a Family Connection Christian Adoptions or “FCCA”, American Adoptions of Florida, LLC (“AAFL”), American Adoptions of Missouri, LLC (“AAMO”), American Adoptions of Ohio, LLC (“AAOH”), and American Adoptions of Texas, LLC (“AATX”) f/k/a 9 Months Adoption Agency, L.L.C. and “**Non-Adoption Affiliates**” of American Adoptions of Kansas, LLC d/b/a American Adoptions include American Family Media, LLC, and Show Pro, Inc.

American Adoptions may on occasion work with other adoption agencies and businesses that provide adoption and related services for our clients. In most instances, the Agency enters into an interagency agreement with the other entity where the roles and responsibilities of each are specified. Whenever American Adoptions is working in partnership with another agency or business to provide adoption services, the adoptive family is informed about that relationship before signing any service agreement. The specific service agreements contain information about how and to whom the adoptive family will pay fees.

A copy of American Adoptions of Colorado’s most current Child Placement Agency license can be found here: https://www.americanadoptions.com/adoption/adoption_agency_certifications (Colorado license number: 1777641)

Information on where to obtain:

1. A list of all licensed adoption agencies/child placement agencies licensed by the Colorado Department of Human Services
Division of Child Welfare 303-866-3228
Division of Child Care 303-866-5958 or 1-800-799-5876

2. Process for reviewing the official licensing file for *American Adoptions of Colorado* 303-866-5088 or 1-800-799-5876
3. Process for filing a complaint against the agency 303-866-3755 or 1-800-766-5876
4. A Copy of the Colorado Department of Human Services rules regulating our agency is available for a charge at:
Colorado State Forms and Publication Center
4200 Garfield Street, Denver, CO, 80216
303 321-4164
Request Minimum Rules and Regulations for Child Placement Agencies Commodity #615-82-14-4442

Detailed fee information and adoptive parent criteria are provided in a separate agreement with this disclosure. The agreement list all costs, itemized by services, including incidental fees, additional expenses, and post-placement or post-adoption fees. Information about reimbursable fees is provided respectively in the Home Study and Adoption Agreements.

The fees paid to American Adoptions of Colorado are for adoptive services provided by Agency staff members, and should under no circumstances be construed as payment for a child(ren). Only pregnancy-related expenses may be paid to a Birth Mother, and all payments made on behalf of a Birth Mother must be processed through the Agency.

The Adoptive Family Home Study for Colorado residents will be completed in approximately eight (8) – twelve (12) weeks upon receipt of all required documentation. Post-placement or post-adoption supervision will be completed for a minimum of six (6) months. Relinquishment of parental rights takes anywhere from four (4) business days after the birth of the baby to approximately two (2) months, depending on the availability of the Birth Father.

All Prospective Adoptive Parents who reside in Colorado will complete sixteen (16) hours of core adoption education training, as presented in the Colorado Department of Human Services regulations, Section 7.710.55. In addition, the training will meet the requirements in the Code of Colorado Regulations Cultural Responsiveness, Section 7.701.300, and Trauma Informed Care Section 7.701.400.

Core training will include the following topics:

- Attachment and bonding, grief and loss in adoption,
- Adoption as a lifelong issue, child growth and development,
- Boundary setting and discipline,
- Understanding adoption laws and procedures, including termination of parental rights,
- The expedited relinquishment process, and the administrative notice for presumed and alleged Birth Father(s),
- Parenting a child of a different culture,
- On-going contact and/or communication of the child and the Adoptive Parent(s) with the Birth Parent(s) and/or significant individuals,
- Community resources,
- Medical and health issues including, but not limited to, shaken baby syndrome, parental substance abuse, relevant environmental issues, and genetic risk factors,
- Expectations of adoption and the adoption process, and
- Basic care and supervision appropriate to the age of the child to be adopted.

All Prospective Adoptive Parents who reside in Colorado will complete First Aid and CPR training and will complete the Colorado Mandatory Reporter training and the Colorado Prudent Parent training.

Additional Areas of Training will be needed for families that will be adopting a child who is either medically fragile, or over twelve (12) months of age. Four (4) additional hours of education and child specific counseling from the following topics must be completed as applicable and appropriate for the age(s) of the child(ren) being adopted for a total of twenty (20) hours. These four hours of training may be approved in formats other than face-to-face training at the agency's discretion.

- Parenting a child that has been abused or
- Parenting the physically, mentally, developmentally, or emotionally delayed
- The impact of frequent moves and multiple caregivers on the development of a child.

The primary goal of the SAFE Home Study and approval process is to ensure the safety and well-being of the child to be adopted. The life history and current situation of each family are individually evaluated. However, there are certain historical events and situations that, if present in your family, will likely lead to an unfavorable decision on your application to adopt. Some examples of history and situations that might prohibit the placement of children include:

- Felony convictions involving weapons, violence and/or illegal drugs,
- A history of lesser crimes indicating a pattern of poor judgment and/or instability,
- Any conviction involving domestic violence,
- An inability to financially support an adopted child,
- An untreated mental illness, and
- Unacceptable living and/or safety conditions in the home.
- Nondisclosure of pertinent information relevant to qualifying as prospective adoptive parents

The process of sharing available information regarding the child and the Birth Parent(s) includes obtaining a completed social/medical history for each available Birth Parent. This information, along with the child's birth records, will be shared with the Prospective Adoptive Parent(s). Identifying information is confidential and will be redacted.

The State of Colorado maintains a voluntary adoption registry. Birth parents may submit medical history information and their preferences about future contact with their birth children. Birth parents may change the contact preferences at any time.

For more information on the Colorado Voluntary Adoption Registry, contact Health Statistics and Vital Records, Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South (HSVR-VR-A1), Denver, Colorado 80246-1530 or call (303) 692-2227 (303) 692-2227. The web site is: <http://www.cdph.state.co.us/certs/aboutadoptionregistry.html>

Prospective Adoptive Families who reside in Colorado and whose adoptions will be finalized in the state of Colorado, must apply for and be certified as Foster Parent(s) until the adoption is finalized.

Post placement and post adoption services are provided by American Adoptions. These services may include:

- Post-adoption placement visits and reports to meet state requirements,
- On-going support and education,
- Resources for counseling,

American Adoptions of Colorado
GRIEVANCE APPEAL PROCESS AND RIGHTS

American Adoptions of Colorado is a licensed child-placing agency and must comply with the rules set by the Colorado Minimum Standards. Clients can request to review the Colorado Minimum Standards, compliance status reports, and American Adoptions of Colorado policies upon request.

All clients will be informed of their right to appeal and file a complaint with American Adoptions of Colorado as well as the Provider Services Unit representative at the Colorado Department of Human Services (CDHS) upon beginning services with American Adoptions of Colorado.

American Adoptions of Colorado's appeal process is solely based on the facts of the complaint presented, the interview of staff member(s) involved, agency policy, licensing regulations, and the best interest of the child.

To file an appeal, the complaint must be submitted in writing to the Executive Director of American Adoptions of Colorado. The Executive Director will review the complaint and interview any staff member(s) involved in the complaint. The Executive Director will make a decision based on the appeal process and notify the complainant in writing no later than thirty (30) days after the complaint has been filed.

Adoptive Parent Signature

Adoptive Parent Signature

Date

Date

SAFE Questionnaire I: Couple Applicant

Name:

Date:

Pronouns:

Instructions

- Please answer the following questions as they apply to you. **Some questions may have multiple answers; please check all choices that apply.**
- You may add additional comments on the form. You will have an opportunity to discuss your responses with the home study practitioner.

Questionnaire

1. Who primarily raised you?

- | | | |
|-----------------------------------|--------------------|-----------------------|
| Mother and father | Mother and mother | Father and father |
| Father | Mother | Mother and stepparent |
| Father and stepparent | Stepparent(s) | Grandparent(s) |
| Aunt(s)/uncle(s) | Sibling(s) | Godparent(s) |
| Chosen family | Elder(s) | Neighbor(s) |
| Non-blood related relative | Adoptive parent(s) | Foster parent(s) |
| Group living situation/group care | Legal guardian(s) | |
| Other: | | |

2. Were you separated from any of your parent(s)/primary caregiver(s) or significant family member(s) during your childhood for any of the following reasons?

- | | | |
|--|----------------------|------------------|
| No separation | Separation/divorce | Military service |
| Abandonment | Jail/prison sentence | Move/relocation |
| Long-term medical hospitalization | Death | |
| Mental health and/or substance related hospitalizations or rehab | | |
| Removed from home by police or social services | | |
| Immigration/migration related reasons | | |
| Other: | | |

3. How old were you when you first moved away from your parent(s)/primary caregiver(s) home?

years of age

I currently live with my parent(s)/primary caregiver(s)

4. What were the circumstances that led you to leave home? Were there circumstances that led you to return?

SAFE Questionnaire I: Couple Applicant

5. Check the boxes that best characterize your childhood relationship with your parent(s)/primary caregiver(s):

a. Name:		Relationship:	
No relationship	Abusive	Idolized	Neglectful
Caring	Supportive	Fun	Friendly
Warm	Gentle	Smothering	Emotional
Overprotective	Respectful	Affectionate	Anxious
Consistent	Distant/uninvolved	Superficial	Strained
Close	Afraid of parent/caregiver	Unpredictable	Full of conflict
Relaxed	Loving	Other:	

b. Name:		Relationship:		NA
No relationship	Abusive	Idolized	Neglectful	
Caring	Supportive	Fun	Friendly	
Warm	Gentle	Smothering	Emotional	
Overprotective	Respectful	Affectionate	Anxious	
Consistent	Distant/uninvolved	Superficial	Strained	
Close	Afraid of parent/caregiver	Unpredictable	Full of conflict	
Relaxed	Loving	Other:		

6. Check the boxes that best describe what your childhood experience was like:

Painful	Happy	Fun	Wonderful
Exciting	Unhappy	Carefree	Stable
Confusing	Frightening	Chaotic	Lonely
Secure	Unhealthy	Traumatic	Spoiled
Enjoyable	Difficult to remember	Lively	Sad
Other:			

7. If you were raised by more than one parent/caregiver, check the boxes that best describe their relationship with each other when you were a child/youth:

No relationship	Divorced	Separated	Close
Happy	Fun and playful	Lacked trust	Cold
Loving	Violent	Fulfilling	Full of conflict
Bossy/passive	Affected by alcohol/drug abuse	Committed	Hostile
Supportive	On again/off again	Relaxed	Tense
Other:			

SAFE Questionnaire I: Couple Applicant

8. How would you rate your parents'/primary caregivers' ability to manage stress in their lives?

a. Name:

b. Name:

Relationship:

Relationship:

Very good

Poor

Very good

Poor

Good

Unknown

Good

Unknown

Fair

Fair

9. Check the boxes that best describe the personal characteristics of your parent/primary caregiver when you were a child/youth:

a. Name:

Relationship:

Loving

Perfectionist

Bossy

Isolated

Happy

Optimistic

Calm

Violent

Distracted

Substance abuser

Self-confident

Emotional

Active

Outgoing

Generous

Forceful/hostile

Shy

Pessimistic/worrier

Irresponsible

Temperamental

Understanding

Nervous/anxious

Fun/playful

Rigid

Moody

Overly critical

Hardworking

Flexible

Content

Serious

Compassionate

Friendly/social

Warm

Supportive

Dramatic

Irritable

Easy going

Kind

Self-centered

Unforgiving

Stubborn

Irrational

Controlling

Passive

Intolerant

Reassuring

Other:

b. Name:

Relationship:

NA

Loving

Perfectionist

Bossy

Isolated

Happy

Optimistic

Calm

Violent

Distracted

Substance abuser

Self-confident

Emotional

Active

Outgoing

Generous

Forceful/hostile

Shy

Pessimistic/worrier

Irresponsible

Temperamental

Understanding

Nervous/anxious

Fun/playful

Rigid

Moody

Overly critical

Hardworking

Flexible

Content

Serious

Compassionate

Friendly/social

Warm

Supportive

Dramatic

Irritable

Easy going

Kind

Self-centered

Unforgiving

Stubborn

Irrational

Controlling

Passive

Intolerant

Reassuring

Other:

SAFE Questionnaire I: Couple Applicant

10. Who disciplined you during your childhood?

Mother and father	Mother and mother	Father and father
Father	Mother	Mother and stepparent
Father and stepparent	Stepparent(s)	Grandparent(s)
Aunt(s)/uncle(s)	Sibling(s)	Godparent(s)
Chosen family	Elder(s)	Neighbor(s)
Non-blood related relative	Adoptive parent(s)	Foster parent(s)
Group living situation/group care	Legal guardian(s)	
Other:		

11. Check the boxes that best describe the way your parent(s)/primary caregiver(s) disciplined you during childhood:

a. Name:	Relationship:	
Consistently	Fairly	Strictly
Leniently	Made idle threats	Lectured
Used time outs	Reasoned with me	Spanked
Family meetings	Praised positive behavior	Shamed
Grounded	Removed privileges	Logical consequences
Withheld food or other basic needs	Sent me to my room	Ignored misbehaviors
Used physical restraints	Physically punished (other than spanking)	
Other:		

b. Name:	Relationship:	NA
Consistently	Fairly	Strictly
Leniently	Made idle threats	Lectured
Used time outs	Reasoned with me	Spanked
Family meetings	Praised positive behavior	Shamed
Grounded	Removed privileges	Logical consequences
Withheld food or other basic needs	Sent me to my room	Ignored misbehaviors
Used physical restraints	Physically punished (other than spanking)	
Other:		

12. Check the boxes that represent the personal values held by your parent(s)/primary caregiver(s):

a. Name:	Relationship:	
Religious beliefs	Compassion	Strong work ethic
Being responsible	Freedom of expression	Leading a balanced life
Spiritual/cultural practice	Fairness (diversity, inclusivity)	Honesty
Family closeness	Family support	Social status
Education	Self respect	Independence
Making money	Loyalty	Healthy lifestyle
Respect of others	Community lifestyle	Other:

SAFE Questionnaire I: Couple Applicant

12. (continued) Check the boxes that represent the personal values held by your parent(s)/primary caregiver(s):
- | b. Name: | Relationship: | | NA |
|-----------------------------|-----------------------------------|-------------------------|----|
| Religious beliefs | Compassion | Strong work ethic | |
| Being responsible | Freedom of expression | Leading a balanced life | |
| Spiritual/cultural practice | Fairness (diversity, inclusivity) | Honesty | |
| Family closeness | Family support | Social status | |
| Education | Self respect | Independence | |
| Making money | Loyalty | Healthy lifestyle | |
| Respect of others | Community lifestyle | Other: | |
13. How do your own personal values compare to those of your parent(s)/primary caregiver(s)?
- | | |
|---------------------------------|----------------------------------|
| Basically share the same values | Do not share any of their values |
| Share most of their values | Don't know |
| Share some of their values | |
14. Check boxes that best describe your parent(s)/primary caregiver(s) attitudes about sexuality when you were a child/youth:
- | a. Name: | Relationship: | | |
|--|-------------------------|-------------------------|--|
| Unknown | Open about sexuality | Comfortable discussing | |
| Old fashioned | Never discussed sex | No sex before marriage | |
| Condemned LGBTQ+ relationships and sex | Knowledgeable about sex | Awkward discussing sex | |
| Believed sex was sinful | Liberal sexual attitude | Conservative attitude | |
| Sexually repressed | Sexually irresponsible | Supported sex education | |
| Other: | | | |
- | b. Name: | Relationship: | | NA |
|--|-------------------------|-------------------------|----|
| Unknown | Open about sexuality | Comfortable discussing | |
| Old fashioned | Never discussed sex | No sex before marriage | |
| Condemned LGBTQ+ relationships and sex | Knowledgeable about sex | Awkward discussing sex | |
| Believed sex was sinful | Liberal sexual attitude | Conservative attitude | |
| Sexually repressed | Sexually irresponsible | Supported sex education | |
| Other: | | | |
15. Check the boxes that best describe what you were like as a child/youth (pre-teenage years):
- | | | | |
|------------------|---------------|---------------|-----------------|
| Happy | Temperamental | Stubborn | Unhappy |
| Forceful/hostile | Fearful | Awkward | Self-confident |
| Friendly | Calm | Serious | Hyperactive |
| Responsible | Sad | Irresponsible | Anxious/nervous |
| Active | Funny | Rebellious | Disobedient |
| Outgoing | Unhealthy | Insecure | Obedient |
| Shy | Curious | Compliant | Thoughtful |
| Quiet | Other: | | |

SAFE Questionnaire I: Couple Applicant

16. Check the boxes that best describe what you were like as a teenager:

Happy	Temperamental	Stubborn	Unhappy
Forceful/hostile	Fearful	Awkward	Self-confident
Friendly	Calm	Serious	Hyperactive
Responsible	Sad	Irresponsible	Anxious/nervous
Active	Funny	Rebellious	Disobedient
Outgoing	Unhealthy	Insecure	Obedient
Shy	Curious	Compliant	Thoughtful
Quiet	Other:		

17. When you were a child/youth, with whom would you confide?

Parent(s)/primary caregiver(s)	Aunt(s)/uncle(s)	Sibling(s)	Grandparent(s)
Stepparent(s)	Cousin(s)	Friend(s)	No one
Clergy/religious leaders	Elder(s)	Counselor(s)/teacher(s)	
Psychiatrist(s)/psychologist(s)/social worker(s)			
Others:			

18. When you were a child or youth, did you require counseling or psychiatric care?

No Yes

19. Are there issues, traumatic incidents, or accidents from your childhood that currently cause you distress?

No Yes

20. Check the boxes that best describe your early dating experiences:

Didn't date	Fun	Unremarkable	Chaperoned
Traumatic	Too much too soon	Dull	In groups
Extensive	Unusual	Pressured	Friendly
Frightening	Exciting	Limited	
Other:			

21. Check the boxes that best describe your early sexual experiences:

Limited	Traumatic	Awkward	Exciting
Unremarkable	Unusual	Romantic	Regretful
Frightening	Confusing	Shameful	Amusing
Pleasurable	Abusive	Pressured	
No early sexual experiences		Other:	

22. If you were married previously, how did your marriage(s) end?

Not applicable Death of spouse(s) Divorce Annulment

23. If you were previously in a partnership(s), how did your partnership(s) end?

Not applicable Terminated partnership without legal agreement(s)
 Death of partner(s) Terminated partnership with legal agreement(s)

SAFE Questionnaire I: Couple Applicant

28. (continued) Check the boxes that best describe the various roles you and your spouse/partner play in your relationship:

Roles your SPOUSE/PARTNER plays in your relationship:

Leader	Disciplinarian	Emotional one	Social planner
Initiator	Peacemaker	Comforter	Risk taker
Money manager	Homemaker	Wage earner	Decision maker
Rational one	Organizer	Compromiser	Parent/caregiver
Follower	Negotiator	Manager	
Protector	Other:		

29. How often do you and your spouse/partner argue/have conflict?

Almost daily	Once or twice a year	Rarely
Once a day	Once or twice a month	Never
Several times a day	Once or twice a week	

30. Check the boxes that best describe the areas of conflict between you and your spouse/partner:

Discipline of children/youth	Religion/spirituality	Alcohol/drugs
Emotional closeness	Family involvement	Money
Personal habits	Household chores	Work
Loyalty/cheating	Emotional separateness	Travel
Sexual compatibility	Politics	Values
Separate activities	Time apart	Personal expectations
Friends	Leisure time	Shared activities
Time together	Other:	

31. Check the boxes that best describe the way you typically react when you have a disagreement with your spouse/partner:

Change the topic	Reach agreement through mutual give and take
Agree to disagree	Take time to think things over before discussing
Sometimes yell and shout	Give in and attempt to smooth things over
Leave to cool off	Seek outside help from a person you trust
Become silent	Sometimes pound or break things
Try to outwit spouse/partner	Things get physical (pushing, shoving, hitting)
Other:	

32. How sexually compatible are you and your spouse/partner? Sexual compatibility refers to two partners having shared similar sexual beliefs, preferences, and needs.

Very compatible	Compatible	Somewhat Compatible
Not very compatible	Incompatible	

33. Have you and your spouse/partner ever gone through a difficult period that threatened your relationship?

No	Yes
----	-----

SAFE Questionnaire I: Couple Applicant

34. Have you and your spouse/partner ever separated?

No Yes

35. Check the boxes that best describe your current relationship with your parent(s)/caregiver(s):

a. Name:		Relationship:	
Deceased	No contact	Strained	Distant
Caring	Emotionally intense	Flexible	Hostile
Understanding	Argumentative	Controlling	Positive
Supportive	Dependent	Loving	Very close
Comfortable	Not involved enough	Over involved	On again/off again
Problematic	Enjoyable	Improving	Gratifying
I am their caregiver	Other:		

b. Name:		Relationship:		NA
Deceased	No contact	Strained	Distant	
Caring	Emotionally intense	Flexible	Hostile	
Understanding	Argumentative	Controlling	Positive	
Supportive	Dependent	Loving	Very close	
Comfortable	Not involved enough	Over involved	On again/off again	
Problematic	Enjoyable	Improving	Gratifying	
I am their caregiver	Other:			

36. How helpful and supportive do you feel members of your extended family are/will be to you as a parent/caregiver?

YOUR side of the family:

Not applicable	All family members are helpful and supportive
About half are helpful and supportive	Most family members are helpful and supportive
Few are helpful and supportive	No family members are helpful and supportive

SPOUSE/PARTNER'S side of the family:

Not applicable	All family members are helpful and supportive
About half are helpful and supportive	Most family members are helpful and supportive
Few are helpful and supportive	No family members are helpful and supportive

37. Different viewpoints concerning such things as lifestyle, personal values, religion/spirituality, socioeconomic status, sexual orientation, race/racism, gender identity, politics, etc., can interfere with family relationships. To what degree is that the case in your immediate and extended family?

Issues such as these do not interfere with relationships within my family

Issues such as these rarely interfere with relationships within my family

Issues such as these occasionally interfere with relationships within my family

Issues such as these frequently interfere with relationships within my family

SAFE Questionnaire I: Couple Applicant

38. How comfortable are members of your extended family when it comes to being around and relating to children/youth?

YOUR side of the family:

Not applicable

All family members are comfortable

About half are comfortable

Most family members are comfortable

Few are comfortable

No family members are comfortable

SPOUSE/PARTNER'S side of the family:

Not applicable

All family members are comfortable

About half are comfortable

Most family members are comfortable

Few are comfortable

No family members are comfortable

39. List your siblings according to how close or distant your relationship is with them:

I don't have any siblings

I am very close to:

I am somewhat close to:

I am distant from:

I am in conflict with:

40. How many members of your immediate and extended family are ready, willing, and able to fully accept a child/youth in care into the family?

All family members are ready, willing, and able to fully accept

Most family members are ready, willing, and able to fully accept

About half are ready, willing, and able to fully accept

Few are ready, willing, and able to fully accept

No family member is ready, willing, and able to fully accept

41. Outside of your family, how many people in your life are ready, willing, and able to provide you support as a parent/caregiver?

There are numerous people who are ready, willing, and able to be supportive

There are several people who are ready, willing, and able to be supportive

There are a few select people who are ready, willing, and able to be supportive

There is one person who is ready, willing, and able to be supportive

There is no one who is ready, willing, and able to be supportive

42. How many people in your life cause you serious conflict and stress?

There are numerous people who cause me serious conflict and stress

There are several people who cause me serious conflict and stress

There are a few select people who cause me serious conflict and stress

There is one person who causes me serious conflict and stress

There is no one who causes me serious conflict and stress

SAFE Questionnaire I: Couple Applicant

43. Check the boxes that best describe your community involvement:

- | | |
|--|---|
| Have no friends that I socialize with | Regular involvement in social organizations |
| Have a few friends that I socialize with | Occasional involvement in social organizations |
| Have many friends that I socialize with | Rarely get involved in social organizations |
| Regularly active in politics | Regular attendance at religious/spiritual services |
| Occasionally active in politics | Occasional attendance at religious/spiritual services |
| Rarely/never active in politics | Rarely/never attend religious/spiritual services |
| Active in community organizations | Occasional involvement in community organizations |
| Cultural events | No involvement in community organizations |
| Other: | |

44. If you are employed, how many hours per week do you work?

- | | | | |
|----------------|--------------------|-------------|-------------|
| Not applicable | Less than 20 hours | 20-30 hours | 31-40 hours |
| 41-50 hours | More than 50 hours | | |

45. If you are employed, how long have you worked at your current job?

- Not applicable
- _____ years and _____ months

46. If you are employed, do you enjoy your work?

- | | | | |
|----------------|------------------|------------------|-----------------|
| Not applicable | | | |
| No | Some of the time | Most of the time | All of the time |

47. Have you ever been fired?

- | | |
|----|-----|
| No | Yes |
|----|-----|

48. Do you plan any career or job changes in the near future?

- | | |
|----|-----|
| No | Yes |
|----|-----|

49. How do/will you discipline a child/youth in your care?

- | | |
|--------------------------------------|--|
| Spanking | Consistently use reasonable consequences |
| Lecturing | Discipline according to how I feel at the time |
| Rational discussion | Physical restraint |
| Ignore the child/youth's misbehavior | Make rules and consequences clear in advance |
| Take away privileges | Set limits |
| Redirection | Physical punishment other than spanking |
| Use time outs | Have my spouse/partner handle the discipline |
| Use time ins | Tell child/youth they are grounded |
| Raise my voice | Tell child/youth they should be ashamed |
| Send child/youth to their room | Threaten punishment in the future |
| Family meetings | Tell child/youth how angry they make me |
| Praise positive behaviors | Other: |

SAFE Questionnaire I: Couple Applicant

50. What is the overall condition of your health?

Excellent

Good

Fair

Poor

51. Have you ever been hospitalized or had surgery?

No

Yes

52. Are you currently taking any medication(s)?

No

Yes

53. Have you or any of the family members listed below had any of the following conditions? Indicate which family member by using the following code, placing the appropriate number(s) in front of the condition.

1 = SELF, 2 = PARENT(S), 3 = SIBLING(S), 4 = CHILD(REN)/YOUTH, 5 = SPOUSE/PARTNER

Developmental disability

Diabetes

Cancer

Attention deficit disorder (ADD)

Asthma

Ulcers

Sexually transmitted disease (STD)

Colitis

Alcoholism

High blood pressure

Depression

Schizophrenia

High cholesterol

Arthritis

Frequent headaches

Allergies

Hearing loss

Insomnia

Heart condition

Tuberculosis

Drug addiction

Intellectual disability

Bipolar disorder

Eating disorder

Anxiety/panic attacks

Seizures

Kidney disease

Infertility/sterility

Impaired sight

Sickle cell anemia

Thyroid condition

Other condition(s) not listed:

I affirm that the information given in this questionnaire is correct to the best of my ability.

Signature

Date

Background Clearance Directions

State Criminal and Federal Record Checks

The below State Criminal (CBI) and Federal (FBI) fingerprint process is required for all persons residing in the home (18 years of age or older).

How the Fingerprinting Process Works: Before a fingerprint is taken, all applicants must register and make an appointment through the online Enrollment Center. This is a simple 5 step process. Enrollment assistance is available, if needed, from the CABS Call Center.

1. Start by visiting the website at www.coloradofingerprinting.com/cabs (smartphone and tablet friendly).
2. Create an online account to schedule your fingerprinting appointment
3. Complete the online registration process, log in to your account, and select "Place New Order"
4. Choose a Colorado Fingerprint Location (you can search locations by zip code) and select "Next"
5. Choose the date and time for your appointment and select "Next"
6. Billing Code: Do you have a Billing Code?* "No"
7. Select "Next"
8. Service Types:
 - a. Why do you need to get fingerprinted?* "CO Licensure/Employment CABS"
 - b. What is your reason for CO Licensure/Employment CABS?* "CHILDCARE - LICENSED 26-6-107"
 - c. CBI Unique ID: 8165DCLI
9. Select "Next", it will then ask you for our Agency Number 1777641
10. Please continue to review and fill in your payment information

Payment - The applicant receives the total (CBI and FBI fee and the \$15 service fee) and selects their method of payment. Upon successful submission of payment the applicant receives, by text message and email, their order ID.

Fingerprinting - The applicant arrives at the chosen fingerprint location on the scheduled day and time and with a valid Government issued photo ID and their order ID (email or text version). Livescan fingerprints, a digital photo (currently omitted due to COVID19) and digital signature are then captured and submitted to CBI.

Results - The results are returned directly to American Adoptions for your file.

Child Abuse and Neglect Request

The below Child Abuse and Neglect Request (BIU) process is required for all persons residing in the home (18 years of age or older).

- Please **type** your information on the request form, print, sign in ink, and return to American Adoptions Home Study Department electronically via secure link. If you need a secure link, please contact us at homestudy@americanadoptions.com to request this.

- Please ignore the instructions for submission listed on the BIU form. **American Adoptions will submit your clearances on your behalf. Please do not mail the form, please do not submit the form on the online portal, or make any payments.**
- The fee is \$31.44 per applicant. American Adoptions will invoice you for payment after processing your Phase I packet.
- Copy and paste the below link in a Chrome Browser. You cannot use a mobile device or IPAD. This is a fillable PDF.

<https://drive.google.com/file/d/1ZEDZKLqBs5Xi5Y4nBn4VUMKrh5TzOyQ/view>

Section A: Agency/Facility/Requestor Information. Please enter the following information for Adoption/Foster Care:

- ✓ Adoption/Foster Care

Agency: American Adoptions of Colorado

License Number: 1777641

Address: 6275 Joyce Dr. 2nd Floor No.233-01 Arvada, CO 80403

Requestor: Cassidie Reiman

Phone #: 800-236-7846

Email Address: Cassidie.r@americanadoptions.com

HOME STUDY PACKET CHECKLIST

The following items must be returned together to American Adoptions to begin the home study process.

- CO Dept. of Human Services Original Application to Care for Children and Youth
- AACO Home Study Supplemental Application
- AACO Home Study Agreement
- Disclosure Statement for Adoptive Parent(s)
- Grievance Appeal Process and Rights
- SAFE Questionnaire I – One per adoptive parent applicant.
 - If you are a single adoptive parent applicant, please email American Adoptions Home Study Department to request the questionnaire for single applicants.
- Fingerprints (FBI and CBI) – follow included directions and have initiated this process
- BIU request form(s) – follow included directions and send directly to Home Study Department electronically via secure link
- Home Study Application fee (\$250)

Please submit each of the above items together to American Adoptions:

American Adoptions
Attn: Home Study Department
7500 West 110th Street
Suite 500
Overland Park, KS 66210
Fax: 1-800-236-7846
homestudy@americanadoptions.com