

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

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

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

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

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

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

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

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

Phase II begins immediately upon our receipt of your Home Study Application. Once we receive your Home Study Application we will assign you to a home study worker who should be in direct contact with you within two business days.

If you have any questions, do not hesitate to contact us at 1-800-ADOPTION or email the home study coordinator at homestudy@americanadoptions.com.

Thank You,

The Staff of American Adoptions

	Adoptive Father	Adoptive Mother
Full Legal Name	_____	_____
Social Security Number	_____	_____
Driver's License Number	_____	_____
Race	_____	_____
Date of Birth	_____	_____
Marriage Date	_____	_____
Marriage Place	_____	_____
Ever Been Divorced	Y / N	Y / N
Highest Education Level	_____	_____
Employer	_____	_____
Occupation	_____	_____
Work Phone Number	_____	_____
Cell Phone Number	_____	_____
Currently or Previously in the Military	Y / N	Y / N
City and State of birth	_____	_____
Religion	_____	_____
Height	_____	_____
Weight	_____	_____
Hair Color	_____	_____
Eye Color	_____	_____
Complexion	_____	_____
Body Structure	_____	_____
Heritage (Irish, Italian, etc.)	_____	_____
Language(s) Spoken:	_____	_____
Citizenship:	_____	_____
Have You Ever Been Arrested?	Y / N	Y / N
Have You Ever Been Convicted of a Crime?	Y / N	Y / N
If YES, What Were the Charges For?	_____	_____

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

Please sign this document and return this application along with your home study fee. If you need a domestic home study the fee is \$1,000 and if you want an international home study the fee is \$1,395 (please include attached International form).

Send or fax this application and payment to:

American Adoptions Inc.
Attn: Rebecca Krebs
9101 West 110th Street; Suite 200
Overland Park, KS 66210
Fax: 913-383-1615

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

Adoptive Parent Signature

Adoptive Parent Signature

Home Study Service Guide

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

Domestic Home Studies: \$1000, International Home Study: \$1395
Travel: \$25.00 per hour

The above pricing fulfills the requirements for many domestic and international home study services. However, some court systems, countries, and other domestic/international adoption professionals require or request services in addition to a typical home study. We will perform these services only at a client's request.

Home Study Update \$400 for Domestic, \$600 for International

An update is a follow up report to the home study if a placement has not occurred by the one-year mark for domestic adoption or by the time your Immigration approval expires for an international adoption. A few states require an update to occur every six months. If a domestic home study is more than 2 years old, a completely new home study must be completed. Updates for international home studies depend upon immigration and foreign country requirements.

Extensive Home Study Update \$600

If you have had a child placed in your home since the last home study, moved, have significant changes in employment or community, etc. If a domestic home study is more than 2 years old, a completely new home study must be completed. Updates for international home studies depend upon immigration and foreign country requirements.

Addendum (Home Visit) \$250 (Telephonic) \$150

This is for a minor change in family status like a new job with about the same pay and responsibilities, change in insurance, etc.

Post Placement /Post Adoption Report (Home Visit) \$250 for Domestic, \$350 for International (Telephonic) \$150 for Domestic, \$250 for International

Visits that occur after a baby is placed in your home, these post placement reports are provided to the court (and placing country for international) provide updates on the child and family. \$50 per extra child (twins, siblings).

Home Study Update at Post Placement Visit \$500

An update may be required for finalization and the home visit can be completed at the same time that the Post Placement visit occurs.

Court report \$250

Some courts require a report in addition to the home study and/or post placement reports. This report typically summarizes the home study and post placement and ultimately recommends the permanent placement of the child for the final adoption hearing.

Country Change \$200

For International home studies, if you decide to change countries from what was originally written on your home study application or are in the middle of your home study and a home visit has already been completed.

Dual Home Study \$250

Completion of both an International and Domestic home study. The fee will be \$1395 plus \$250.

Extra Home Visit \$150 plus travel time

Miscellaneous \$50-\$200

Providing additional copies of the home study, additional counseling for issues beyond a home study, additional request of documents outside of our standard home study package.

****RUSSIA, UKRAINE, KAZAKHSTAN AND KYRGYZSTAN****

American Adoptions is unable to complete an international home study evaluation for the following countries: Russian, Ukraine, Kazakhstan and Kyrgyzstan.



Credit Card Authorization

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

Account Number: _____

Expiration: ____/____ (MM/YY)

Amount: \$_____

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

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

Date: _____, 20_____

Signature: _____

Address (Same as billing address for credit card being used)

Telephone: _____

Email: _____

STEP 2

Complete and forward the attached forms per these instructions

Background checks required: Child Maltreatment Central Registry, State Criminal Records Check, Sex Offender Registry Check and FBI. The clearances can be processing while you complete the other steps of the home study process. Please note these background checks must be less than six months old at the time the home study report is completed.

FBI and Arkansas State Police Record Check – Several copies of the Arkansas State Police Record Check forms are enclosed and one must be completed for each person living at your residence 16 years of age or older.

American Adoptions is authorized to run criminal background checks on your behalf through an on-line service provided by the Arkansas State Police. These results are provided immediately to our office. This is the fastest way to obtain your criminal history. There is a \$41.25 **per person** fee for this service. You may add the \$41.25 **per person** to your home study payment or you can pay for these separately. When paying separately please make your check or money order payable to American Adoptions, Inc. You are required to complete the Arkansas State Police form enclosed (one per person aged 16 and older residing in your home) and forward it to our offices so we can run your background check for you.

This clearance also includes your FBI clearance. We will run your name through their system and we will be sending you your fingerprint location and what they call “Harvester Vouchers” for you to take with you to your fingerprinting appointment. You will schedule a time to complete your fingerprints and the results will be sent to us within a few days. You do not need to take a payment with you, this has already been included in your \$41.25 fee.

Authorization for Child Maltreatment Central Registry – Complete the enclosed form in its entirety. There is a \$10.00 fee for each form submitted. Several copies are enclosed and one must be completed for each person living at your residence 10 years or older. Mail to:

**Arkansas Child Maltreatment Central Registry
P.O. Box 1437
Slot S 566
Little Rock, AR 72203**

Sex Offender Registry Search - You are required to run a Sex Offender Registry Search on all members of your household who are 10 years of age or older. Please go to the Arkansas Crime Information Center website and run this search instantly online. Go to www.ACIC.ORG and click on the gray tab titled “Sex Offender Registry”. Then click on “Sex Offender Search” which is the first red, underlined option. The site will ask you to agree to the terms and conditions of the site, please click “I agree”. Complete the cells regarding the specific information and click “search”. If there is no record, this message will appear near the top of the page: **No results were found for your search criteria.** Please print off this page as proof of no record and add it to the rest of your supporting documents. Should you or someone in your household appear as a registered sex offender, please alert the home study coordinator immediately. You will need to print off the results of your sex offender search and forward them to the home study coordinator at the National Offices.

****Note:** If during the course of your criminal and child maltreatment screening process this office receives a “hit” on an applicant, the main office will be notified as will the person with the hit. Our licensing agent will also receive a copy of the offense. The applicant must then be prepared to be interviewed by the State of Arkansas licensing agent as well as appear in person before the Board for a final decision. The State of Arkansas is the final authority when it comes to approving or denying a home study when there is a background record involved. In addition, you will be asked to provide probation reports, court documents, counseling reports and evaluations regarding the issue of the background hit. The home study procedure will be suspended until the outcome of the State has been determined. Those documents will also be forwarded to your home study worker for full assessment. If an applicant declines to cooperate with this policy, the home study or activation will be terminated and no refund of fees will be granted.



ARKANSAS STATE POLICE

Identification Bureau Individual Record Check Form

Full Name: _____ / _____
First Middle Last Name Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Daytime Phone #: (____) _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: American Adoptions, Inc Attn: Rebecca Krebs
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 9101 West 110th Street; Suite 200 Overland Park, KS 66210
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____
COUNTY OF _____ §

AR920310Z
PLACEMENT AND RESIDENTIAL
LICENSING UNIT
Attn: Kathy MacKay
2017 E. Race Ave.
Searcv. AR 72143

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____ .

Notary Public

- 82004 State Record Check
- 82005 State Record Check



ARKANSAS STATE POLICE

Identification Bureau Individual Record Check Form

Full Name: _____ / _____
First Middle Last Name Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Daytime Phone #: (____) _____

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Name: American Adoptions, Inc Attn: Rebecca Krebs
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 9101 West 110th Street; Suite 200 Overland Park, KS 66210
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____
COUNTY OF _____ §

AR920310Z
PLACEMENT AND RESIDENTIAL
LICENSING UNIT
Attn: Kathy MacKay
2017 E. Race Ave.
Searcv. AR 72143

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____ .

Notary Public

- 82004 State Record Check
- 82005 State Record Check

CHILD MALTREATMENT BACKGROUND CHECK REQUEST

SEND TO: CENTRAL REGISTRY
PO BOX 1437, SLOT S566
LITTLE ROCK, AR 72203

SEND TRUE REPORT TO: PLACEMENT AND RESIDENTIAL LICENSING UNIT
ATTN: KATHY MACKAY
2017 E. RACE AVE
SEARCY, AR 72143

LICENSING SPECIALIST: GREG GILLILAND

PHONE: 501-321-2583 Ext 227

PROVIDE THE FOLLOWING INFORMATION FOR THE PERSON BEING CHECKED:

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

MAIDEN NAME: _____ ALIASAS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

RACE: _____ SEX: MALE: _____ FEMALE: _____

ADDRESS: (STREET/APARTMENT) _____ (CITY) _____ (STATE) _____ (ZIP) _____

FULL NAMES OF OWN CHILDREN	DOB	SOCIAL SECURITY NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize the Arkansas Child Maltreatment Central Registry to release any information contained in their files concerning the undersigned and any birth/legal children ages 10 through 17 who now or have resided in my home to the Child Welfare Licensing Unit of the Arkansas Department of Health and Human Services. Also, I understand that the name of any confidential informants will not be released.

SIGNATURE OF PERSON TO BE CHECKED

DATE

AMERICAN ADOPTIONS, INC

CHILD WELFARE AGENCY REQUESTING REPORT

REBECCA KREBS

AGENCY REPRESENTATIVE TO RECEIVE REPORT

9101 WEST 110TH STREET; STE 200 OVERLAND PARK, KS 66210
STREET ADDRESS CITY STATE ZIP

STATE OF _____ COUNTY OF _____
ACKNOWLEDGED BEFORE ME ON THIS _____ DAY OF _____ MONTH _____ YEAR

MY COMISSION EXPIRES _____ - _____ - _____

NOTARY PUBLIC

ADDITIONAL ADDRESSES FOR PAST SIX YEARS; START WITH THE MOST RECENT OTHER THAN THE PRESENT ADDRESS AND CONTINUE IN THE SAME ORDER

STREET ADDRESS/APT#

CITY

STATE

ZIP CODE

CHILD MALTREATMENT BACKGROUND CHECK REQUEST

SEND TO: CENTRAL REGISTRY
PO BOX 1437, SLOT S566
LITTLE ROCK, AR 72203

SEND TRUE REPORT TO: PLACEMENT AND RESIDENTIAL LICENSING UNIT
ATTN: KATHY MACKAY
2017 E. RACE AVE
SEARCY, AR 72143

LICENSING SPECIALIST: GREG GILLILAND

PHONE: 501-321-2583 Ext 227

PROVIDE THE FOLLOWING INFORMATION FOR THE PERSON BEING CHECKED:

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

MAIDEN NAME: _____ ALIASAS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

RACE: _____ SEX: MALE: _____ FEMALE: _____

ADDRESS: (STREET/APARTMENT) _____ (CITY) _____ (STATE) _____ (ZIP) _____

FULL NAMES OF OWN CHILDREN	DOB	SOCIAL SECURITY NO.

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9101 WEST 110TH STREET; STE 200 OVERLAND PARK, KS 66210
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STATE OF _____ COUNTY OF _____
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