

PROSPECTIVE ADOPTIVE PARENTS APPLICATION

Please complete the following application. When returning this application packet, please enclose everything listed below. Also, enclose your application fee in the amount of \$2,000.00 to cover the cost of a homestudy and the processing of your application. The application fee is the same for in-state and out-of-state families. If you have a current homestudy that is less than 6 months old, you may deduct \$400.00 from your application fee. Please call us if you are unsure or have any questions. The application fee is not refundable, and is a separate fee and is in addition to the adoption fee. The adoption fee is subject to change at anytime. Please do not send any documentation which needs to be returned to you. We ask that you complete the questionnaire as a couple. This information will assist in a homestudy evaluation.

For your convenience, below is complete list of attachments that will need to be sent along with your application.

PLEASE DO NOT SEND THE APPLICATION BACK INCOMPLETE.

1. One photo album and two color copy of the album, including family pictures (color copies do not have to include the full album)
2. Cashier's check or wire transfer in the amount of \$2,000.00 or \$1,600.00 as applicable (all payments are to be made payable to "A Baby To Love Adoption Agency).
3. Marriage Certificate
4. If applicable Divorce Decree or Death Certificate
5. First page of most recent tax return
6. Three Personal References (send one of the enclosed Personal Reference forms to each of your references)
7. Physical Examinations for everyone in the household; (must be less Than 1 yr since last visit)
8. Both Adoptive Parents autobiographies (one for each parent). Please write your own individual autobiography.
9. Birth Certificates for each Adoptive Parent
10. Complete copy of homestudy if available, phone # and name of person or agency that conducted the homestudy, including the date completed.

If you need additional room to answer a question, please mark "See Attached" and add to the end of application.

I. PERSONAL

	Husband	Wife (Maiden Name)
Full Legal Name:	_____	_____
Date of Birth:	_____	_____
Place of Birth:	_____	_____
D. License #:	_____	_____
SS#:	_____	_____
Race:	_____	_____
Religion:	_____	_____
Height:	_____	_____
Weight:	_____	_____
Hair:	_____	_____
Eyes:	_____	_____
Complexion:	_____	_____

II. RESIDENCE

Address _____
County _____
Phone _____
Hm E-mail _____
Hm Fax _____

Please list any additional ph #'s, pagers, etc.

Give a brief description of your residence, including the number of bedrooms, baths, and living area, yard facilities.

III. EMPLOYMENT

Present Income (please attach a copy of the first page of your most recent tax return and if applicable, list other assets on a separate sheet)

Husband \$ _____ Wife \$ _____

	Husband	Wife
Name	_____	_____
Address	_____	_____
Phone	_____	_____
Fax	_____	_____
E-Mail	_____	_____
Occupation	_____	_____

What are your long term employment goals?

His: _____

Hers: _____

WORK HISTORY (last ten years)

His:	Name_____	Supervisor_____	Reason for Leaving_____
	Name_____	Supervisor_____	Reason for Leaving_____
	Name_____	Supervisor_____	Reason for Leaving_____

Her:	Name_____	Supervisor_____	Reason for Leaving_____
	Name_____	Supervisor_____	Reason for Leaving_____
	Name_____	Supervisor_____	Reason for Leaving_____

If both of you are working outside of the home, what will be your child care plans?

IV. LIABILITIES

Account	Payment	Loan	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. STATUS

Date of Marriage:

Place of Marriage:

If either of you have had previous marriages, please briefly explain the reason for divorce, date of marriage, date of termination (i.e. death, divorce), attaching a copy of Divorce Decree or Death Certificate.

VI. REFERENCES

Please give the name and address of three references whom we may contact, with whom you are well acquainted, including zip code and telephone number. **Please do not include any family members.**

Name: 1 _____ 2 _____
Address: _____
Phone: _____

Name: 3 _____
Address: _____
Phone: _____

Who referred you, or from what source did you come to this agency?

Ph book _____ Internet _____ Friend _____

Other _____

VII. CHARACTER (these sections can be completed on a separate page)

1. Describe your personalities (introvert, extrovert, quiet, cheerful, serious; etc.).
2. In your opinions, what are your positive and negative character qualities?
3. What do you do for entertainment together, and individually?
4. State your religious preference; and briefly, its place in your life (i.e., how frequently you attend church, the influence it has on your lives).
5. What has been each of your most rewarding experiences?
6. What has been each of your most disappointing or tragic experiences?
7. Do either or both of you drink alcohol or use recreational drugs? If so, please provide the amount and type of drinking you engage in. If you have been or are involved in AA or NA, please indicate your length of sobriety.

VIII. HEALTH

1. Do either of you have any physical or health problems? If so, explain on a separate sheet, providing current medical status and dates of illnesses or disabilities?

2. If you cannot, or choose not to have a child through the biological process, explain why.

3. Feeling on own history of abuse, neglect and resolution to experience.

IX. HOUSEHOLD

Give the following information on any other persons living with you:

Name	DOB	Sex M / F	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Give the names, date of birth, and date of death if applicable, of any children either of you have not living with you at the present time.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any pets? If so, what kind?

X. CHILD

1. Why do you want to adopt a child?

2. Whose decision is it to adopt a child?

3. When did your interest in adoption begin and why?

4. Describe your attitude towards adoption, and people who choose to place their children up for adoption.
5. Type of child desired:
6. What are your education expectations for this child?
7. Do you have goals in mind that you wish this child to achieve, and if so explain?
8. Are there any physical, medical, or social factors you do not wish to accept in an adoptive child? If so, please explain:
9. What qualities or physical conditions do you feel you absolutely could not accept in a child?
10. Do you want only a newborn, or would you consider an older child?
11. Describe the type of child to whom you have the least positive feelings or responses.
12. How do your parents and families feel about your decision to adopt?
13. Could you turn down or reject your newborn adoptive child if you feel uneasy about him or her?
14. How do you express affection toward a child?
15. What are your basic concerns or fears about adopting a child?
16. Could you live comfortably with a child who did not respond as you expected to learning, affection, and discipline?
17. How would you handle conflict in your home?

18. How would you expect to deal with your child's feeling of anger, sadness, insecurity, rebellion, etc.?
19. How do you plan to discipline your child?
20. How would you deal with your adopted child's inquiries as to his or her biological parents or where he or she came from?
21. What do you think a good parent / child relationship is?
22. What should a mother be expected to do?
23. What should a father be expected to do?
24. Define a good sibling relationship.
25. Define the meaning of "Trust" as spouses and between parent and child.

XI. COMMUNICATION:

Please complete the attached Adoption Expectations form.

XII. LIFE INSURANCE

	Husband	Wife
Name	_____	_____
Address	_____	_____
	_____	_____
Phone	_____	_____
Beneficiary	_____	_____
Amount	_____	_____

XII Medical and Health

	Husband	Wife
Prospective Adoptive Parents Application		

Name _____
Address _____
Phone _____
Extent of Coverage _____
Amount of Deductible _____
Hospital _____
Who is covered _____

CRIMINAL HISTORY / CHILD ABUSE & NEGLECT SCREEN CHECK
CENTRAL REGISTRY CHECK

By signing this application, you are agreeing to submit your names for a criminal history check and Child Abuse and Neglect Screen check. Texas licensing standards require that this be done and you should be aware that these checks will provide information dating back at least 20 years. Have either of you ever been arrested or convicted of a crime? If so, please explain and know that each offense is considered on an individual basis and proof of rehabilitation will be required.

FULL NAME, including **First, Middle, Last and any other name or aliases used.**

HIS First Name: _____ **Middle** _____ **Last** _____

Aliases: _____

DOB: _____ SEX _____ RACE _____ Ethnicity _____

List of cities lived in with full addresses of each location lived including counties and zip-codes and to and from dates lived there within the last 10 years.

HIS SSN _____ DL# _____

HER First Name: _____ **Middle** _____ **Last** _____

Aliases: _____

DOB: _____ SEX _____ RACE _____ Ethnicity _____

List of cities lived in with full addresses of each location lived including counties and zip-codes and to and from dates lived there within the last 10 years.

HER SSN _____ DL# _____

***Please make a copy of this form for any other adult and or person over 14 years of age, living in the home or regularly at the home and have it signed by that person. ***

We authorize A BABY TO LOVE ADOPTION AGENCY to use the above information in making a study of our application. We authorize the agency to discuss our file with any agency or adoption consultant involved in our case. APPLICATION FORM MUST BE SIGNED BY BOTH PARTIES TO BE VALID.

Signature of Husband

Signature of Wife

Dated

Dated

XIV. ADOPTION READINESS

_____ Books _____ Workshops _____ Support Groups _____
Other (explain) _____

ADOPTIVE PARENT / FAMILY TRAINING

Prior to placement, the agency adoption counselor will maintain at least quarterly contact with adoptive applicants to provide education and training in regards to: Bonding with adoptive children, Parenting issues and concerns with adoptive children and or their other children. Special needs children are not addressed here as the agency children to be placed are to be healthy newborns under the age of 6 months of age. Before placing an adoptive child in the adoptive home the adoption counselor will discuss infant basic care and safety issues with the adoptive parents to ensure that the home provides an environment safe for the placement of a newborn infant. Some of the care and safety issues to be covered are, never propping bottles, never placing baby face down in crib or play pen, checking for proper fitting of crib sheets, or other bedding, etc., that might fall on baby's face or hinder it's breathing, and never leaving baby unattended on an unprotected surface or in the bath. Also stressed will be the need for parents of other children to understand that it is not appropriate to expect a child to be responsible for the care of an infant, even for a short while. Firearm and water safety, basic home health and fire safety will be covered and discussed thoroughly.

Adoptive parents will receive recommendations for educational materials at the time of the homestudy. These will include both general adoption topics and specific materials as determined necessary and appropriate to further prepare the applicants for becoming a family through adoption. Adoptive parents outside of the area will receive this information following a review of their homestudy. When needed they will be provided with names and phone numbers of area agencies to assist them in getting the training they need in preparation for placement. **Any training provided by the agency will be at agency expense. Any outside training is to be paid for by the adoptive parents.** Adoptive parents may be required to obtain additional training in preparing for a placement as a recommendation for approval in the homestudy. This will be clearly defined as to the issues to be addressed and the means to accomplish this. This might include, counseling to determine resolution of grief over the loss of a biological child.

Parenting and basic care of an infant, bonding with an adoptive child, child proofing a home, infant CPR training will be provided to adoptive parents directly **through the agency and at agency expense. Information on workshops, seminars and support groups** in the community as well as **organizations** on the local and national level **will be provided to adoptive parents but they must pay for their own classes and or memberships.**

The Agency requires that adoptive parents exhibit sufficient knowledge of adoption issues in preparation for placement. Requirements for approval may include any of the above modalities to increase knowledge and understanding of adoption issues. Quarterly contact with adoptive parents will be maintained in regard to their education and readiness, i.e. bonding and parenting issues, and will be documented in their adoptive parent service plan.

OUTLINE FOR ADOPTIVE PARENTS' AUTOBIOGRAPHIES

In order to establish background material, an autobiography is needed from both adoptive parents. We would like for each of you to write your own autobiography, not sharing it with your spouse. Please write in narrative form rather than short sentences. We realize it is difficult for some people to express themselves in writing; therefore, please do not concern yourselves with correct grammar or spelling, as it is the content that we are interested in.

Please include the following information in your autobiography:

Your Childhood, Place of Birth, and Date

What is the ethnic origin of your family?

Describe your parents and your relationship with them. Tell about your parent's employment and level of education. What were your parents' occupations during your childhood years? How many brothers and sisters did you have? What position were you in the family (oldest, middle, youngest)?

Who disciplined you the most, what form of discipline was used, and for what misbehavior was it used?

Describe some unpleasant childhood memories.

What memories do you have about school?

Did you have any relatives with whom your family spent a lot of time, such as holidays, etc.? Describe any favorite relatives you had.

What values did your mother and father try most to impress upon you?

Your Teen Years

Describe your school experiences activities, interests, accomplishments, classes, etc.

Describe your relationship with your parents during this time. How were you disciplined and for what types of behaviors?

What do you wish your parents had done differently?

Describe your dating habits. At what age were you allowed to date? What activities did you enjoy?

What responsibilities did you have at home?

How important is education to your parents? How important is education to you?

Did you complete high school? College? Vocational training? Were you ever in the military? What were your likes and dislikes about this period of your life?

Did you join any clubs, groups, or other organizations?

What significant experiences did you have during these years which you feel affected you later on? How did they (it) affect you?

Did you feel the discipline your parents used was appropriate? What would you do differently?

Feelings about own history of abuse, neglect and resolution to experience.

Adulthood

Describe yourself (Your personality, interests and physical description.)

How do you feel about your vocation? (Your likes, dislikes.)

What are some of your individual interests?

What are some of your interests as a couple?

If you could change anything about your current situation what would it be?

Are you a member of any civic groups? If so, what are they, and what is the extent of your involvement?

What is your current state of health? Have you ever had any serious illnesses or operations? Do you have any handicaps?

Have you ever received any counseling or therapy?

What did you gain from it?

How do you feel you have changed over the years of marriage?

How has your spouse changed?

If you have any children:

1. When and where were they born?
2. Are they adopted?
3. Are they in school? What grade? How do they do in school?
4. Describe them briefly: their personalities and interests.
5. What form of discipline is used most often, and which parent is the disciplinarian?

Previous Marriage

Were there children by your previous marriage? If so, where are they now?

Who has custody?

Do you visit them or pay child support?

Why did you and your previous spouse divorce?

ADOPTIVE PARENT STATISTICS

Adoptive Father

Adoptive Mother

Age _____ Age _____

Height _____ Weight _____

Height _____ Weight _____

Eyes _____ Hair _____

Eyes _____ Hair _____

Ethnicity _____

Ethnicity _____

Religion _____

Religion _____

Occupation _____

Occupation _____

Any children _____

Any children _____

Date of marriage _____

Date of marriage _____

Child Care Plans _____

If you know there are other important issues you would need to have addressed prior to a match please indicate here.

The more open you are the shorter the wait time. You are encouraged to set your parameters where you are comfortable, with the understanding that the wait time may increase. For the agency and for adoption a birth father in jail is great. We know where he is and he is not going anywhere. The key is open communication. We need to know how you truly feel and what you really want.

ADOPTION EXPECTATIONS

Prospective Adoptive Parents Application

These expectations are used to assist in matching and are considered to be the most important issues in accepting or denying a match.

Applicants' Names: _____

GENDER: A Baby To Love Adoption Agency does not request sonograms for the sole purpose of determining gender. Sonograms are performed for Medical Reasons only!

PLEASE DO ASK FOR A SONOGRAM TO DETERMINE GENDER.

Gender determination by a sonogram is NOT always accurate. Requests for a specific gender will extend your wait time.

_____Open _____Male _____Female

We do not want you to turn down a child at the hospital because of the wrong sex.

BABY'S AGE: RANGE

_____Newborn only _____0 - 3 months

_____3 - 6 months

RACE / ETHNICITY:

- _____Caucasian
- _____Caucasian / Hispanic *
- _____Hispanic
- _____Caucasian / Asian
- _____Asian
- _____Caucasian / African-American Bi-racial
- _____Other African American Bi-racial
- _____African American
- _____Other
- _____Completely Open To Any Child

*** If you check this box, will you be comfortable with a child that looks more Hispanic than Caucasian?**

HEALTH ISSUES:

If you have any concerns about any conditions, diseases, handicaps or learning disabilities, please consult your physician.

- _____ Healthy ONLY
- _____ Minor correctable handicaps
- _____ Chronic minor handicaps

PREMATURE

- _____ Okay
- _____ Depends
- _____ NO
- _____ Need more time to decide
- _____ Up to 34 weeks gestation okay
- _____ Beyond 34 weeks gestation okay

MULTIPLES

TWINS _____ Would Consider _____ Would Not Consider

RELATIONSHIP WITH BIRTH PARENTS

Semi-open: All of the following contacts will be facilitated through A Baby To Love Adoption Agency.

- Prior to placement:
- _____ Written communication okay
 - _____ Conference calls with counselor
 - _____ Face-to-face meetings okay
 - _____ Willing to attend labor and delivery
 - _____ Willing to care for baby in hospital

- After placement:
- _____ Agreed to Agency photo requirement of 6 pictures & letter, for a minimum of 5 years or up to 18 years if requested by the birthmother.
 - _____ Willing to write letters and send pictures for _____ years
 - _____ Phone calls okay
 - _____ Face-to-face meetings okay
 - _____ Will accept birthday, Christmas gifts, etc.

Today many birth mothers will ask for up to 18 years of pictures and letters. You will have more potential matches the longer you are willing to send pictures and letters.

Completely Open Adoptions: Full disclosure of names, addresses and phone number from both parties, no anonymity. **DO NOT CHECK THIS IF YOU ARE NOT 100 % SURE.**

_____ Open Adoption

MOTHER'S SUBSTANCE USE

If you have any concerns about drug or alcohol exposure during pregnancy, please consult your physician.

	Would Consider	Would Not Consider
Smoking	_____	_____
Alcohol	_____	_____
Amphetamines	_____	_____
Marijuana	_____	_____
Cocaine	_____	_____
Heroin	_____	_____

BIRTH FATHER SITUATION

	Would Consider	Would Not Consider
Unknown Birth Father	_____	_____

This means the Birth Mother may only know his first name and hopefully a Physical description.

Known/Unknown Whereabouts	_____	_____
---------------------------	-------	-------

Known Birth Father, but his whereabouts are unknown: she may or may not know him very well.

Known Birth Father	_____	_____
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Birth Mother knows who Birth Father is and where he is.

KNOWN BIRTH FATHER DOES NOT GUARANTEE MEDICAL AND GENETIC INFORMATION IS KNOWN OR MAY NOT BE AVAILABLE FROM HIM.

PHYSICAL EXAMINATION

NAME: _____
Adoptive Parent

On the _____ day of _____, 20____, I personally examined and found him/her to be free of any communicable diseases.

It is my opinion that this person is in good general physical condition and his/her expected life span should be such that he/she may expect to see a child reach maturity.

Date

Signature of Attending Physician

Printed Name

Address

(____) _____
A/C

Phone #

PHYSICAL EXAMINATION

NAME: _____
Adoptive Parent

On the _____ day of _____, 20____, I personally examined and found him/her to be free of any communicable diseases.

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Date

Signature of Attending Physician

Printed Name

Address

(____) _____
A/C

Phone #

A BABY TO LOVE ADOPTION AGENCY
PERSONAL REFERENCE INFORMATION

Adoptive Parent Name _____

We require 3 Personal References; these may not be filled out by family members.

If this is a second adoption, please call for a different reference form.

1. What is your relationship to this family?
2. How long have you known this family?
_____ Husband _____ Wife _____ As a couple?
3. How would you describe the character of the applicants as a couple and individually?
4. What are their primary interests and activities?
5. What experience have they had with children?
6. If you have children, have you ever left them/would you ever leave them in the care of the above named family? Why or why not?
7. How would you describe their marriage?
Average _____ Exceptional _____ Unhappy _____

Any additional comments:

8. Do you feel that either person has any instability such as drinking, drugs, gambling, poor health, financial, legal or emotional problems?
9. Describe the skills that this family possesses that will be helpful in raising a child by adoption?
10. How would you feel about placing a child in this home if you were responsible his/her future?

This can be answered on a separate sheet and please feel free to add any additional comments.

Signature

Date

Address

Phone #

1315 Brookfield Ln. Mansfield, Texas 76063 (817) 477-4347

A BABY TO LOVE ADOPTION AGENCY

Prospective Adoptive Parents Application

PERSONAL REFERENCE INFORMATION

Adoptive Parent Name _____

We require 3 Personal References; these may not be filled out by family members.

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This can be answered on a separate sheet and please feel free to add any additional comments.

Signature

Date

Address

Phone #

1315 Brookfield Ln. Mansfield, Texas 76063 (817) 477-4347

Interstate Compact Acknowledgement

We understand that our adoption will be governed by the requirements of the Interstate Compact on the Placement of Children. The Interstate Compact (ICPC) restricts the ability of Texas (the sending state) from placing a child, or authorizing the placement of a child, in any other state (the receiving state,) until Texas has received approval from the ICPC office of the receiving state. These requirements prevent any person, or licensed child-placing agency, from removing a child, or authorizing the removal of a child, from Texas, or any state, without the approval of the receiving state. We understand that when the child is born, we will be required by law to stay in Texas for 10 to 17 working days, excluding weekends and holidays, until approval is granted from the ICPC offices in both states. We understand we need to provide the agency with a number where we can be reached in Texas. After having possession of our child for 72 hours, we understand we can call the agency once a day after 2:00 p. m. to check on ICPC approval. We also understand the agency has no control over delays in ICPC approval. Processing problems in the receiving state, several placement requests received in one day, or even bad weather, may precipitate delays.

We understand that failure to comply with the requirements ICPC will result in criminal and civil remedies being levied against this agency and us. We understand that we have no choice but to follow these regulations.

We, the Adoptive Parents have read, understand and agree to the above information.

Adoptive Parent

Adoptive Parent

Date

Date

STATEMENT OF ASSETS & LIABILITIES

ASSETS

Cash: Bank \$ _____
Other \$ _____
Other \$ _____
Securities \$ _____

Net Cash Value: \$ _____
Insurance \$ _____
Annuities \$ _____
Real Estate: \$ _____

Personal Property & Autos:

Furnishings \$ _____
Collectibles \$ _____
Vehicles \$ _____
Other Assets \$ _____

TOTAL ASSETS: \$ _____

TOTAL ASSESTS: _____

TOTAL LIABILITIES: _____

TOTAL NET WORTH: _____

Adoptive Father Signature _____ date _____

Adoptive Mother Signature _____ date _____

LIABILITIES

Mortgages Payables _____

Notes Payable _____

Taxes Owed:
Income _____
Other Taxes _____

Account's Payable: _____

Credit Card Debt: _____

Other Liabilities: _____

TOTAL LIABILITIES _____

**STATEMENT OF RIGHTS AND RESPONSIBILITIES
OF THE ADOPTIVE PARENT
PRIOR TO CONSUMMATION OF THE ADOPTION**

STANDARD 749-357(3)

Prior to placement the adoptive parents will provide the agency with the name, phone number and address of the pediatrician selected to care for the child. Make all arrangements at home for the care of a new born infant. Agree to take whatever educational steps are necessary to prepare themselves for the care of a newborn infant, both normal and premature.

Make plans to pick up child at the hospital if possible and take physical custody of the child. To assume full responsibility, physically, and financially for the child when released to them at the hospital, including but not limited to, bills for medical care, financial support, and all living expenses. Agree to report to the Agency any serious medical condition that may arise with the child and keep the agency fully informed in writing.

Agree to not remove the child from the state of Texas until approval from ICPC. Agree to not attempt to take the child outside of the United States prior to receiving the child's birth certificate from the state which we understand will not happen until after the adoption is finalized.

Agree to the five (5) Follow Up Visits and or reports by the Agency prior to the finalization of the adoption, as required by licensing standards. Three of the visits will be completed in the form of reports mailed to the Agency none of which will be any closer than 2 weeks apart. We agree to make ourselves available to the Agency for two "in home visits" with both parents present including all members of the home, unless it is a single parent adoption.

Acknowledge and accept the "Legal Risk" involved in placing the Child in our home before the termination of parental rights of both parents.

We agree to notify A Baby To Love Adoption Agency of any intent to change our place of residence before the finalization of the adoption. We understand that the agency has to approve any change of residence if it is done before the adoption is finalized. We have been advised that we must notify the agency of any plans to move our residence at least one month before making plans for such movement. We are in agreement and will notify the agency at least one month before making plans for such movement. We fully understand and agree to get agency approval before we move the child to another place of residence. We fully understand that until the adoption is finalized, the Agency will remain the managing conservator of the child entitled to all of the rights and duties as set forth in section 153.371 of the Texas Family Code.

Right to retain own legal counsel. Agency requires an adoption experienced attorney. Agency attorney will work with any private attorney chosen, to assist as needed. Adoption fee does not cover the cost of a private attorney. Agency will provide all agency files/records as necessary to finalize the adoption should a private attorney be used.

Adoptive Father

Date

Adoptive Mother

Date

Counselor

Date

**RIGHTS AND RESPONSIBILITIES OF THE AGENCY
PRIOR TO CONSUMMATION OF THE ADOPTION**

The Agency agrees to provide the following services:

Arrange with the birth mother for the placement of the child for adoption.

Conduct an interview with the birth parent whenever possible for the purpose of determining their desire and willingness concerning relinquishment of the expected child for adoption.

Cause to be conducted a pre-placement home study to determine the adoptive parents suitability and all of the necessary follow-up studies / visits as required by the Texas Department of Protective and Regulatory Services.

Maintain monies paid by the adoptive applicants and pay out the monies to third parties directly for legal, medical and related expenses in connection with the adoption.

Provide the adoptive parents with all information necessary / required and available to assist them in making the decision to adopt the Child offered. Prepare all necessary paperwork, make all court appearances necessary to finalize the adoption and cause to be prepared and issued a birth certificate on the adopted child reflecting the adoptive parents as the parents of the child.

Adoption Counselor

Date

A BABY TO LOVE ADOPTION AGENCY DISCIPLINE POLICY

A Baby To Love Adoption Agency is a licensed child placing agency for newborns and infants. Agency policy in accordance with licensing standards prohibits the use of any form of discipline for this age group. Therefore, A Baby To Love Adoption Agency will not permit under any circumstances, foster parents, adoptive parents, and or any other caregiver to administer any physical discipline to a child in the conservatorship or care of the agency.

BEHAVIOR MANAGEMENT

A Baby To Love Adoption Agency believes a newborn or infant's behavior can be managed best when the caretaker exhibits A Nurturing Behavior, provides proper stimulation, and prompt attention to meeting the needs of the infant.

A baby depends on its caretaker to meet ALL of its needs. If care is given in a nurturing, prompt manner, the baby will trust the caretaker and respond quickly and positively. Babies need stimulation and it is imperative that the caretaker provide it. Babies respond, with interest, to things that attract them and give them pleasure. Therefore, the caregiver needs to remember to talk to the baby, a soft touch on the cheek, a soothing gentle rub or light massage, gentle rocking or holding close to your chest will give the baby a sense of security. When the baby's needs are taken care of promptly and positively, the reward will be a happy baby that is indeed a joy to have and to hold. If a child in foster care or in adoptive placement (prior to consummation) exhibits extreme behavior or is unable to be consoled or appeased, the person in charge of the baby should make every effort to find out the source or reason for the baby's discomfort or behavior.

Following is a list of suggested steps to use:

1. Check to see time of last feeding. Baby might be hungry!
2. Check for a wet or soiled diaper.
3. Check and make sure baby is not too cold or hot.
4. Check baby's body / stomach for any distensions or hardness, (it could be gas). If baby's stomach (abdomen) is hard pick baby up and sympathize with it. Try to comfort baby and help it relax, since by then it's probably quite stressed and tense, continue to hold baby and gently massage, rub, or burp baby's back. If problem persists contact doctor. If baby is comfortable, put it back in its crib as soon as it's asleep. Be sure and discuss this with the baby's doctor and follow his instructions.
5. Check and make sure there is nothing on baby's clothing or near baby that could be hurting it.
6. Check baby's body for any spots or sign of any skin abrasions or punctures.
7. Check baby's temperature.
8. Walk or rock baby, it may just want to be comforted!
9. Talk gently and soothingly to baby during all of the steps above, baby loves to hear voices!

10. If the situation continues to repeat itself nightly/daily call the doctor and discuss it fully.

As with any situation, common sense should be utilized when taking appropriate action. For example, when you first pick the baby up and you feel the baby is unusually warm or “burning up”, don’t go through step 1 – 6 proceed immediately to step 7, taking the baby’s temperature. If it’s high call the doctor immediately, or follow the procedure advised by your doctor.

In caring for an infant the caretaker must never under any circumstances shake a baby or at any time leave it in a locked room. If at any time a caregiver feels like they are losing control or patience with a crying infant, the caretaker should immediately call someone else to come and help / take care of the baby until they are calm and in control of themselves again. Should this happen the agency must be notified and advised of the situation immediately.

PHYSICAL DISCIPLINE OR RESTRAINT POLICY

A Baby To Love Adoption Agency does not permit the use of any physical discipline or restraint as a method of behavior management for its target population of newborns and infants.

Foster or Adoptive parents who have questions about this policy should contact A Baby To Love Adoption Agency adoptions director or executive director.

DISCIPLINE POLICY COMPLIANCE

I (WE) _____ HAVE READ AND DISCUSSED THE DISCIPLINE POLICY FOR BABY _____ AND HAVE RECEIVED A COPY OF THE POLICY. WE AGREE AND PROMISE TO ADHERE TO SUCH POLICY.

Date _____ Foster / Adoptive Father _____

Date _____ Foster / Adoptive Mother _____

A BABY TO LOVE ADOPTION AGENCY
TOBACCO PRODUCTS POLICY
FOR ADOPTIVE PARENTS & FOSTER PARENTS

All adoptive parents and foster parents are required to sign a statement of agreement to refrain from the use of any tobacco products while in the presence of a child that is in their home pending finalization of the adoption. This includes smoking in a car with the child or in any other close environment including your own home and or frequenting any place where the child might be exposed to tobacco smoke, etc.

I have been given a copy of the agency policy and agree to comply with its stipulations.

Adoptive / Foster Father _____ Date _____

Adoptive / Foster Mother _____ Date _____