



1511 Fredericksburg Rd., San Antonio, Texas 78201
(210) 227-2229 Fax: (210) 227-2241

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I. APPLICATION TO ADOPT

Identifying Information

DATE: _____

Please complete all portions of this application (indicate N/A if not applicable). The last page of this application requires a nice photo of you.

Mr. _____
Last Name First Name Middle Name

Ms. /Mrs. _____
Last Name First Name Middle Name Maiden

Address: _____ county: _____
(Include city, state, and zip code)

Mailing Address: (if different from above) _____

Phone numbers: _____
Home His Work Her Work

Fax: _____ His Mobile: _____ Her Mobile: _____ E-mail: _____

| | His | Hers |
|--------------------------------|------------|-------------|
| Social security number | | |
| Date of birth | | |
| Age | | |
| Place of birth (City, State) | | |
| Citizenship | | |
| Race/ethnic background | | |
| Religion | | |
| Employer | | |
| Occupation/title | | |
| Highest level of education | | |
| Other names used | | |
| Other cities in Texas lived in | | |



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Marital Status

{ } Widowed Date: _____

{ } Married Date: _____ any separations? _____ Yes _____ No

Divorce(s): Date married/divorced (his): _____

Date married/divorced (hers): _____

Children (name, age, sex, biological or adopted, ethnicity): _____

Other people in home (full name, age, sex, birth date, relationship, and social security number): _____

Financial and Insurance Information

| | His | Hers |
|-------------------------|-------|-------|
| Employer | _____ | _____ |
| Date employed | _____ | _____ |
| Annual salary | _____ | _____ |
| Other sources of income | _____ | _____ |

Total: _____

Rent: \$ _____ Name of apartments or landlord: _____

Mortgage: \$ _____ Amount remaining: \$ _____ Purchase Date: _____

Health insurance company: _____ Type of coverage: _____

Amount of life insurance: (his) _____ (hers) _____

Assets and liabilities (Please attach extra sheet if necessary):

Vehicle (1): \$ _____ Monthly Payment: \$ _____

Vehicle (2): \$ _____ Monthly Payment: \$ _____

Real Estate: \$ _____ Monthly Payment: \$ _____

Investments: \$ _____ Monthly Payment: \$ _____

Savings Account: \$ _____ Monthly Payment: \$ _____

Total assets: _____ **Total liabilities:** _____



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Health Information

| | His | Hers |
|----------------|------------|-------------|
| Overall health | _____ | _____ |
| Height/weight | _____ | _____ |
| Eye color | _____ | _____ |
| Hair color | _____ | _____ |

Describe any substance abuse, alcoholism, mental disorder, and physical disability:

Describe reasons for infertility:

List any counseling experiences or support groups: _____

Describe preparation for adoption (reading, seminars, and groups):

Criminal/parental record (Please be sure to complete this section thoroughly)

Has either partner been arrested? _____ Yes _____ No

Convicted of a crime or misdemeanor? _____ Yes _____ No

If yes, give details (Date, nature of arrest, subsequent conviction; etc.):

List all Texas cities lived in the past three years: _____



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List all states lived in the past five years (each applicant/adult): _____

Have you ever terminated your parental right for a biological or adopted child?
_____ Yes _____ No
If yes, what were the circumstances regarding your termination? _____

Have you ever been investigated for child abuse or neglect? _____ Yes _____ No
If yes, give details: _____

Is there a history of abuse or neglect in your childhood? (His) _____ Yes _____ No
(Hers) _____ Yes _____ No
If yes, give details: _____

Family and Extended Family Data

Names of parents, ages, location, marital status:
His _____
Hers _____

Names of siblings, ages, location, marital status, children:
His _____

Hers _____

Describe your extended family's attitude toward your adopting: _____

Do you have a will?
His: _____ Yes _____ No
Hers: _____ Yes _____ No



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Full names, addresses, and telephone numbers of designated caretakers of child(ren) in the event of death: _____

EMERGENCY CONTACTS:

Employment History (last five years)

| Dates of employment/places of employment His: | Dates of employment/places of employment Hers: |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Required Information

List your reasons for wanting to adopt: _____



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What are your feelings about your childhood and parents?

His: _____

Hers: _____

Describe your values, and practices regarding child discipline and care:

Describe your expectations about any on-going relationship with the birth family:

Describe your feelings about different socioeconomic, cultural, or ethnic groups:

Describe your ability to maintain the cultural or ethnic identity of a child from a different background:

Describe your expectations of and plans for an adoptive child:



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Adoption Preferences

Please check what you are open for:

- Sibling group Twins Open Adoption (phone, e-mail, or in person contact)
- Older Children Age: _____ Semi-Opened Adoption (pictures & letters)

Preferences: Racial Background

- Caucasian Hispanic African-American
- Native American Asian Caucasian-Hispanic
- Caucasian-Asian Hispanic-African-American
- Caucasian-African American Caucasian-Native American

Other: _____

Please check what you are open for:

- Club feet (feet turned in) Cleft palate Cleft lip
- Hearing impaired Visually Impaired Hepatitis B
- Strabismus (eyes crossed) Malnutrition Low birth weight
- Large birth mark Heart murmur Heart problem

Please check what you are open for:

- Occasional drug use during pregnancy Unknown father
- Occasional use of non-addictive drugs Handicapping conditions
- Addicted drug use during pregnancy Pregnancy result of rape
- Child born addicted Children with mental retardation
- Child with terminal illness Smoking during pregnancy
- Medical problems in biological family Premature or difficult birth
- Alcohol use during pregnancy
- History of mental illness of birth parent family
- Depression Bipolar Schizophrenia Other Specify: _____

Please specify any other behavior, background, special needs status, or characteristics of a potential adoptive child that you cannot accept: _____



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Home Study Report

Plans to complete the Home Study: _____

Agency or Social Worker's name and phone number: _____

Please attach the following to this application: 1.) Photocopies of your identification cards (including identification for anyone else over the age of 14 in home), 2.) a sketch of your home floor plan showing room dimensions and purposes of all rooms in the home, 3.) photos of the outside areas showing the grounds to be used by a child, and 4.) copy of current (within one year) pet vaccinations (if applicable).

If this information is not attached, your application is considered incomplete.

Feedback

How did you hear about Adoption Angels, Inc.? _____

Because we pride ourselves in being able to provide the best quality service to our parents, we welcome any comments and/or suggestions you may have. Thank you.

Statement and Signature

"We hereby certify by signing below that the above information is true and accurate to the best of our knowledge. We understand that the information will be verified."

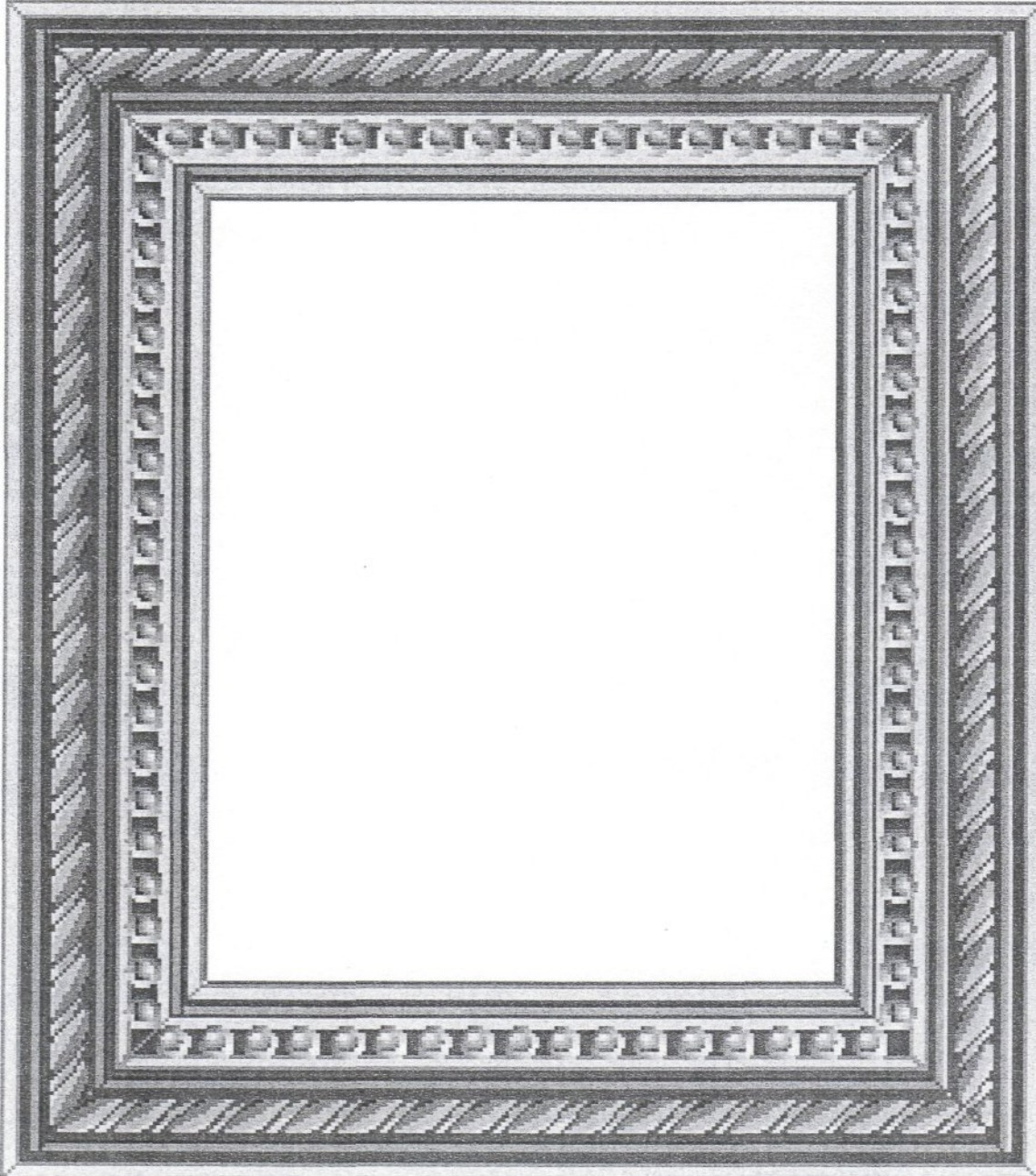
X _____
Adoptive father Date

X _____
Adoptive mother Date

ADOPTION
Angels

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Please attach the required photo of the happy adoptive parents-to-be.



This is the end of the application to adopt- Please send in pages 1-10



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II. AGENCY SERVICES

Adoption Angels, Inc. serves Birth Mothers considering an adoption plan who establish proof of pregnancy; agree to HIV, STD, and drug screening; agree to meet all medical appointments; submit application for Medicaid, if necessary; agree to pre-placement counseling; and provide information requested in the Birth Mother packet. The Agency also serves Birth Fathers (if participating) who provide information for the Birth Father packet, consider pre-placement counseling, and consider signing a Waiver of Interest or Relinquishment.

The Agency provides services primarily to newborns (infants with the exception of children up to ten years of age if they are part of a sibling group or have special needs) whose parents have chosen an adoption plan. The Agency can also serve older children that are in need of adoptive placement. The Agency retains managing conservatorship until finalization of children whose plan is adoption with no primary need for foster or residential care. Children with special needs would be three years of age and older; part of a sibling group with the goal of keeping the children together; suffering from minor physical disabilities and need a minimum of ongoing medical care (e.g. blind, hearing impaired, cleft palate); or developmentally delayed but have the potential of completing school through special classes.

ELIGIBILITY REQUIREMENTS:

The Agency serves people wanting to adopt who are emotionally stable; between the ages of 25 and 50; married, divorced or widowed; who have a medical reason to adopt; and who are free of communicable disease and in sufficient good health to raise a child to adulthood. They must have sufficient financial resources and insurance coverage, living arrangements conducive to a child's needs, no criminal background without proof of rehabilitation, and no history of child abuse (physical or sexual). They must meet all eligibility criteria including a current home study or home study update and agree to participate in all pre-placement preparation. They must agree to post-placement supervision requirements.

Adoption Angels, Inc. offers a semi-open adoption whereby the Birth Parents select an adoptive family affiliated with the Agency. The prospective Adoptive Parents receive all available information that the Agency obtains from the Birth Parents and other viable sources. The Agency can provide services for adoptions where the Birth Parents and Adoptive Parents come together at the Agency for an adoption.



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COUNSELING:

The Agency follows the definition put forth by the Texas Department of Family and Protective Services as a procedure used by professionals from various disciplines in guiding individuals, families, groups and communities by such activities as giving advice, delineating alternatives, helping to articulate goals, and providing needed information. Only Child-Placing staff will provide this type of counseling to Agency clients. The Agency can offer to make referrals for psychotherapeutic-type counseling requiring insight into life's systemic causes or other related counseling if the client identifies this need and requests a referral. Depending on the financial resources of the client, counseling centers or professionals providing sliding scale fees (i.e. United Way agencies, Church Centers) can be offered as referrals to Birth Parents, Adoptee and Adoptive Parents at the client's own cost.

SERVICES FOR BIRTH PARENTS INCLUDE:

- Counseling to consider their options to parent, place their child(ren) in temporary substitute care, place with relatives, or relinquish their child(ren) for adoptive placement, with consideration given to implications of each option included in this counseling.
- Inquiry, Intake, forms completion, service plans, needs and financial assistance based upon a needs assessment for subsisting expenses such as rent, utilities, groceries, and maternity clothes, as well as medical care and transportation related to the pregnancy.
- Support and counseling to Birth parents who choose adoption as an alternative; however, should they decide not to place for adoption at any point in the adoption process, the Agency supports that decision and will not pressure the Birth parents. At that point, the Agency no longer provides support for adoption-related expenses, including financial assistance to the Birth parents.
- Counseling related to the decision to place their child for adoption is offered face-to-face at least twice a week and/or on the telephone to Birth parents during the placement process and up to 6 weeks post-partum. After consummation of the adoption, counseling or offered referrals to Birth parents are available upon request indefinitely.
- Counseling involving a description of legal documents as defined in the Texas Family Code in regard to the Mother's Irrevocable Affidavit of Relinquishment of Parental Rights to licensed Child Placing Agency, 48 hour waiting period before relinquishment, Affidavit of Status, Husband's Acknowledgment Receipt, Birth Father's Affidavit of Relinquishment and/or Affidavit of Waiver of Interest in a Child, Definitions of Presumed Father, designating a father of a child as unknown, adoption registries, and related rights and responsibilities.



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CHILDREN IN NEED OF ADOPTIVE HOME PLACEMENT INCLUDE:

- An assessment of child(ren)'s needs for services while in placement and the development of strategies with periodic evaluation for addressing the needs.
- Substitute care when an adoptive home is not immediately available. This includes an active service plan and Agency supervision.
- Placement pursuant to adoption with potential adoptive families who meet the agency's criteria and who demonstrate competence in meeting the child(ren)'s needs.
- Placement into adoptive homes based upon the best interest of the child(ren) rather than race or ethnicity of the child(ren) and the adoptive parent.
- Counseling (face-to-face or by telephone), or referrals offered for Adoptee or older children for the remainder of their lives regarding adoption-related issues.

SERVICES FOR PROSPECTIVE ADOPTIVE PARENTS INCLUDE:

- Eligibility screening and child-placing decisions for acceptance into program, completion of forms, and verification of qualifications.
- Home study report and post-placement supervision for Agency clients and for couples working with other licensed agencies.
- Counseling to prospective adoptive couples concerning their decision to adopt, assistance in the steps to adopt, and facilitation of involvement with the birth family.
- Counseling offered to the adoptive family (face-to-face or by telephone) regarding adoption-related issues from the inquiry phase through the post-adoption period, by request.
- Counseling in regard to the commitment process. Once selected by the Birth Parents or by the Agency, a Commitment Packet is sent to the prospective Adoptive Parents so they can decide whether or not to accept the case of the child. A Commitment Packet consists of the Birth Parent Profiles that include information given by the Birth Parents concerning the genetic and medical history, including possible genetic diseases and disorders of birth parents, maternal and paternal grandparents, other children born to either of the Birth Parents, and extended family members. It also



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consists of current medical information, pictures if possible, the Agency Financial Agreement, the Estimate of Expenses, and a Commitment Letter.

- Supervises adoptive placement at least six (6) full months until the adoption is finalized. The Agency has the right to extend the post-placement supervisory period for any reason that a Child Placing staff deems appropriate, such as, the Adoptive Parents liability to submit the required reports and pictures.
- Discusses and develops training needs of the Adoptive Parents related to adoption issues.

POST ADOPTION SERVICES INCLUDE:

The Agency facilitates correspondence, and pictures between Birth Parents and Adoptive Parents and Adoptee and Birth Parents.

Provided that the Agency is kept informed of the Birth Parents whereabouts, the Agency forwards information about developing genetic conditions, terminal illness, or death of the child if the Birth Parent indicated in the Intake or subsequent interviews/counseling to be contacted. This information and the attempts to inform are documented in the case record.

The Agency maintains information about the adopted child. Any significant information concerning the child, such as medical or genetic data that impacts the child's future, given to the Agency by the Birth family, is routed to the adoptive family. The Agency makes all effort to contact the adoptive family; if the family cannot be located at the last known address then this is documented in the case record.

The Agency provides a de-identified copy or summary of the adoptive record to the Adoptee upon request, including the county and court of jurisdiction for the adoption. If the Adoptee is younger than 18 years of age, the request must come from the written consent of the Adoptive Parents or managing conservator.



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TRAINING REQUIREMENTS FOR ADOPTIVE FAMILIES INCLUDE:

You must educate yourselves in regards to adoption issues. You are required to receive training on Bonding, Parenting Issues, Separation and Loss, Multi-cultural Families, Special Needs, (if appropriate), and other related topics that would be beneficial to your adoption experience.

You may receive training from sources in your immediate area, and we will verify the training that you have presented to us by discussing your training needs and by evaluating the books, articles, or seminars that are related to adoption issues. Some Adoptive Parents find that joining an Adoption Support Group is helpful and informative.

The intent of required training is to ensure the adoptive family is informed and prepared for the demands of parenting and to reduce the risk of an adoptive breakdown. We have a listing of recommended readings that can be found on our website.

You are required to write at least two paragraphs of what you've learned after reading books, articles, or obtaining information from an adoption website. This is to be completed each quarter. Your quarter begins the month you become a "Parents in Waiting". Please include the title or source, a brief description of what you've read and your impressions of how it will help you to be a good parent.

Adoption Angels, Inc. also suggests that you take a child CPR and first-aid class before finalization of the adoption occurs.

While continuing to gather your documents and other required information, we will keep you up-to-date with the progress of your application, home study approval, Birth Mother commitment process, placement procedures, post-placement supervision, and finalization.



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III. FEE POLICY

The primary source of income for the Agency is through fees related solely to adoption. All fees are applied equally, although in some individual cases, such as the placement of children with special needs, the fees can be reduced.

Adoption Fees/Description of Services/Fee Schedule:

\$350.00 Application Fee Submitted with the Application Packet. This fee is expended for costs associated with written materials, postage, and telephone, staff resources in reviewing, evaluating, and making decisions regarding the application and processing tasks. *Nonrefundable.*

\$1,200.00 Home Study Fee *(if applicable)* Due at the time it is conducted by Agency staff. The Home Study will consist of two visits. The fee covers: individual and joint/family interviews with adoptive applicants, at least one interview with each child and anyone living with applicants, at least one home visit when all parties are present, and with each adult child no longer living with applicants. *Nonrefundable.*

\$500.00 Parent Training Classes *(if applicable)* Due at the time of training. The training classes are modeled after the PRIDE training provided by Texas Department of Family and Protective Services. The Agency will provide the trainer, handouts, and training material to be used. These services will be available to those individuals that are seeking parent training classes. *Nonrefundable.*

\$600.00 Home Study Updates** Applicable when home study is six months old or older and/or the adoptive applicants have been matched with a Birth Family. Please reference the following section: "Home Study Information" under Texas Requirements for further details. **** For Texas residents. Out-of-state must inquire with a social worker in your area for fee amount.**

\$600.00 Post Placement Supervision Fee *(if applicable)* Conducted in the home, is due at time of visit to the home. The fee covers an evaluation of the placement, inspection of safety issues in the home, a determination that the placement is in the child's best interest, an assessment of barriers to finalization, recommendations, a summary report, and preparation for court documents pursuant to adoption. *Nonrefundable.*



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\$300.00 Post Placement Supervision Fee (*if applicable*) Conducted in the Agency office, is due upon receipt of monthly invoice. The fee covers an evaluation of the placement, a determination that the placement meets the child's best interest, an assessment of barriers to finalization, recommendations and a summary report, and preparation for court documents pursuant to adoption. **Nonrefundable.**

RECEIPTS FOR ALL EXPENDITURES ARE PART OF THE ADOPTION RECORD.

\$15,000.00 Agency Fee* Services include linking the Birth Parents with the Adoptive Parents; Birth/Adoptive Parent counseling; developing, maintaining and reviewing adoption service plan; preparing Birth Parent, child, and Adoptive Family for adoption; conducting pre-consummation activities; providing post-adoption services; staff resources; and administrative overhead expenditures associated with rent, utilities, salaries, insurance, and office supplies. **Nonrefundable.**

\$2,600.00 Legal Fee This will cover preparation, filing and processing of legal documents, and court appearances involving the termination of parental rights (Waiver Interest in a Child, Termination Decree, Relinquishment of Parental Rights, Citation by Publication, Affidavit of Status) and subsequent adoption (Birth Certificate request form, decree of adoption, waiver of managing conservator). The court filing fees, Attorney Ad Litem fees, service of process fee, newspaper publication fee are all included in legal fee. **Nonrefundable.**

Other related expenses (*receipts of exact costs*) Related to travel: mileage, lodging, and food expended by staff conducting supervision are payable upon receipt of submitted invoice to the Adoptive Parents. These expenses are not part of the home study fee and should be considered extra expenses. **Nonrefundable.**

* Special circumstances may occur where the Agency fee is less; this would be discussed with the Director on a case-by-case basis.

A payment of \$15,000.00 (Agency Fee) is payable upon the signing of the Financial Agreement, plus the Birth Mother's Estimate of Expenses upon signing of the Commitment Letter.



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We further understand that the finalization of the adoption does not relieve us of our financial responsibility for any and all expenses incurred by the Agency related to the Identified Adoption Plan.

We agree that in the event that we are matched with a Birth Mother, and have paid the Estimate of Expenses, if the Birth Mother decides to parent, or declines the original Adoption Plan, the **balance** of the Birth Mother expenses is transferable to another Adoption Plan. The specific amount for expenses incurred in the original plan will be subtracted by the Director. The balance of the Birth Mother expenses and the Agency fees are **transferable and NOT refundable. These amounts would be credited to another Adoption plan.**

Birth Mother's Estimate of Expenses (or Pass-Through Expenses):

The Agency in no way persuades the Birth Parent(s) to make a decision to relinquish their child by offering any incentives. Certain expenditures are allowed on behalf of the Birth Parents after the Agency completes and documents a demonstrated reasonable financial need, based upon the average cost in the city of residence.

Existing living arrangements are not changed without documented substantiation that the health and/or safety of the Birth Mother and child are in danger.

Based upon need, the Agency can provide financial assistance to Birth Parent(s) from the intake date through the sixth week postpartum, and charge the Adoptive Parent(s) for the costs. These costs are **non-refundable**. Vendors are paid directly by the Agency for rent, utilities, medical care, and legal fees.

The Agency provides assistance to Birth Parent(s) for groceries, personal-grooming items, clothes, cleaning supplies, gasoline, and public transportation with signed receipt in exchange for the assistance. All expenditures are kept in the case record by category, date, amount, and description. Prospective Adoptive Families receive a documented Estimate of Birth Mother's Expenses (Pass-Through Expenses) before making a commitment for any placement. Estimated expenses exceeding 10% are documented by the Agency in writing and approved in writing by the Adoptive Parents.

The Agency does not pay for anything that has already been paid for nor does it seek re-payment from Birth Parent(s) for any expenses incurred on their behalf.

Agency fees are transferable and NOT refundable. Birth Mother expenses, for which the Agency has paid or must pay a vendor, cannot be waived.



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IV. HOME STUDY INFORMATION

A Home Study is an investigative evaluation of your family and home to determine your suitability for the special circumstances of bringing a child into your home through adoption. This is an excellent learning experience as it helps you to shape your expectations and preparedness for an adoptive placement.

If you live outside of Texas, you must have your Home Study conducted by a person possessing the credentials and the qualifications required by the State of Texas licensing standards. This person is usually affiliated with a Licensed Child Placing Agency or is an independent licensed social worker. Please contact our Agency before you arrange for a home study so we can advise you of our state requirements. The Home Study must meet Texas requirements. Home studies are considered current for six months. After that time, a written update consisting of a review must be conducted within 30 days of placement to verify the status of each category covered in the original Home Study. The written update must include documentation of at least an additional visit to the home when all household members are present.

If you have any questions regarding your Home Study, please feel free to call us at (210) 227-2229. Thank you.



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V. DE-IDENTIFIED ADOPTIVE PARENT PROFILE

If you need more space, please attach a separate sheet of paper & list the corresponding page number.

1.) Please list first names ONLY for:

Adoptive father _____ Adoptive mother _____
All children in family _____

2.) Please list physical description for:

Adoptive father Height _____ Weight _____ Hair _____ Eyes _____
Adoptive mother Height _____ Weight _____ Hair _____ Eyes _____
All children in family Height _____ Weight _____ Hair _____ Eyes _____
Height _____ Weight _____ Hair _____ Eyes _____
Height _____ Weight _____ Hair _____ Eyes _____
Height _____ Weight _____ Hair _____ Eyes _____

3.) Please list ages:

Adoptive father _____ Adoptive mother _____
All children in family _____

4.) Please list education:

 High School College Graduate School
Adoptive father _____
Adoptive mother _____

5.) Please list career field:

Adoptive father _____
Adoptive mother _____



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6.) Please list ethnic background:

Adoptive father _____

Adoptive mother _____

7.) Please list religious preference:

Adoptive father _____

Adoptive mother _____

8.) Please list salary:

Adoptive father _____

Adoptive mother _____

9.) Please list investments, savings, property, and all other income:

10.) Please give brief health summary:

Adoptive father _____

Adoptive mother _____

11.) Please provide a brief statement of your infertility problems:

12.) How long have you been married? _____

13.) Please describe your marriage:



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14.) We live in the state of: _____

15.) Our home and neighborhood are: _____

16.) Our interests, hobbies, and recreational activities include: _____

17.) We want to adopt because: _____

18.) We can offer a child: _____

19.) Our plans for childcare include: _____

20.) We have an extended family consisting of: _____

21.) In regard to our adopting a child, our extended family feels: _____



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22.) Our educational hopes for a child include: _____

23.) Our thoughts on child discipline include: _____

24.) Please describe your feelings about the birth parent(s): _____

25.) After the adoption is complete, we would be interested in correspondence with the birth parent(s) THROUGH the agency: Yes No

If Yes, by: Telephone Letter Pictures E-Mail

26.) Would you be supportive if the child chooses to search for the birth parent(s) when the child reaches adulthood? Yes No

27.) Is there anything else you would like the birth parent(s) to know about you or that you would like to say to them?



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VI. COMPOSING YOUR LETTER TO THE BIRTH PARENT

Below are some suggestions regarding the composition of your letter.

Birth Parent(s) form their first impression of you from your letter. Therefore, you will want to introduce yourselves appropriately. The composition of a letter takes considerable effort. The time, care, and thoughtfulness that you invest in the preparation will be apparent to the Birth Parent(s). Most Birth Parent(s) prefer letters that are brief, organized, and appealing. It expresses to them the sincere and heartfelt desire of prospective Adoptive Parents wishing to adopt.

STEPS:

- ♥ Address your letter with "Dear Birth Parents"
- ♥ Leave it not dated
- ♥ Explain why you wish to adopt
- ♥ Describe what adopting means to you
- ♥ Describe your home, family, neighborhood, and pets
- ♥ Describe how your family and friends support your decision to adopt
- ♥ Briefly list your educational backgrounds and your desires for this child's education
- ♥ Briefly describe your hobbies, interests, and celebrations
- ♥ Mention how long you have been married and together

**- Type your letter clearly –
Choosing your paper and font is very important.**

Please feel free to call the Agency for any help or suggestions. We also recommend that you fax or e-mail your letter to us for review.

Remember - your photographs, Dear Birth Parent(s) letter, and your De-identified Profile will be shared with the Birth Parent(s) when selecting a family for their child.



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VII. YOUR PHOTO ALBUM

As we mentioned before, the time, care, and thoughtfulness that you invest in the preparation will be apparent to the Birth Parent. Thus, we can't stress enough how important this portion of your profile is to them. What you express in your Dear Birth Parent letter should be reflected in your photo album.

The photo album should include several clear, close-up, happy pictures of your lives with children, family, friends, and pets. Provide pictures that show you in your natural lifestyle, such as your home, community, parks, schools, traveling, and visiting relatives. Previous pictures such as your wedding ceremony, dating excursions, or vacation sites are appealing to the Birth Parent, as well as pictures depicting other fun moments and special activities. Please begin your photo album with current pictures then follow up with older photos.

You need to include pictures of your home, inside and outside, (without identifying your address), as well as what will serve as the baby's room, even if the room is not quite ready for the baby yet. You may also use pictures from magazines to show the theme you will be using.

Captions or notes on the pictures help to explain people and events to the Birth Parent. Any personal touches, originality, and creativity also appeal to the Birth Parent. You might start with a nice cover (ribbons, lace, or a simple but cheery colored cover) and/or a baby theme throughout the photo album like you would find in a baby book keepsake.

If you are still uncertain on how best to compile your photo album, please contact our Agency staff so we may assist you and make suggestions if necessary.

* Send one (1) original photo album plus four (4) photo album color copies. The original & color copies must NOT be larger than 12 x 15 in size. Please make the 4th color copy 8.5 x 11 to fit in your file. The original is kept in the office & photocopied albums are sent to Birth Parents that reside out of town.

Because the colored photo album copies will be mailed, please be sure they are not too bulky and can fit in a standard Air bill envelope. Thank you.

Remember - photo album copies are just as important in presentation as the original.



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VIII. PARENTS-IN-WAITING

The Director of Social Services approves and facilitates the application, gathers the required documents, and reviews and approves the Home Study. You become Parents-in-Waiting once all of Eligibility Requirements are met and the required fees are paid. All verification documents are completed, approved, and on file in the Agency records.

As Parents-in-Waiting, the Agency presents to the Birth Parent(s) your packet that consists of your Dear Birth Parent Letter, photo album, and the De-identified profile. Once selected, a Commitment Packet is sent to you with Birth Parent information including all available information that the Agency was able to gather, such as Birth Parent Profiles, medical records, and photos of the Birth Parent(s), if available.

The Parents-in-Waiting have five (5) days to review the Birth Family information, ask questions, talk with family and friends, and make a decision. Then, you verbally commit to a Birth Family and sign a Commitment Letter which secures your financial support and interest. You must also include the Estimate of Expenses with your Commitment Letter.

We accept expectant mothers on a case-by-case basis, usually after the first trimester of the pregnancy. A physician must verify a pregnancy test. Screening for drug use, STD, and HIV are also required by the Agency. The Birth Mother must be willing to go to all doctor's appointments and be cooperative with all requirements. We maintain close contact with you, apprising you of the Birth Mother's pre-natal progress. We will alert you to any medical or psychological factors, as they become apparent. Contact with the Birth family can be arranged at a comfortable level for all involved. The Agency can also coordinate with you a communication plan that can involve phone calls and meetings. Once you are matched with a Birth Mother, contact with us and the Birth Parent(s) (indirectly) is very crucial.

Please feel free to call and ask any questions you may have during this process; our doors are always open.



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IX. CLIENT RIGHTS

Birth Parent and Adoptive Parent packets containing detailed information necessary to make viable decisions about the Agency services are provided to people interested in becoming clients. Child-placing staff is available before, during, and after placement, to ensure that clients have access to clarification concerning their role once becoming an Agency client. This includes the Client Rights and information regarding the process and procedures to appeal any Agency action and/or decision.

The Agency makes available for review upon request to clients or any interested person the Minimum Standard and Guidelines for Child-Placing Agencies, State Inspection reports, and the Agency's policies.

WRITTEN APPEAL PROCESS/PROCEDURE:

A client of the Agency has the right to appeal decisions and actions that affect them. The process/procedure for a client in regard to all actions and decisions by the Agency that affect the client:

The client must first discuss with the Agency staff who took the action in dispute, in person or by telephone. If the Agency staff is unable to resolve the dispute, the client must write the appeal to the Director of the Agency within thirty (30) days.

The Director hears the appeal and makes a decision, based upon the best interest of the child(ren), the impact on the client, Agency policies, legal factors, state licensing standards, and financial implications for the Agency.

The Director provides to the client, by certified mail, the decision regarding disagree with the appeal and the basis of the decision within thirty (30) days of receiving the written appeal.

If the Director is the subject of the dispute, the Board of Directors convenes with the Director to hear it. If the Board of Directors is in conflict with the Director, the Director withdraws from the hearing, and the Board of Directors makes the appeal decision. The client is verbally informed of the Board of Directors' decision within thirty (30) days, as well as notification by certified mail.

Any client who believes the Agency has violated *Minimum Standards* may file a complaint with the Licensing Division of the Texas Department of Family and Protective Services. You can make that report to 1-800-252-5400.



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AGENCY-ADOPTIVE FAMILY RELATIONSHIP RIGHTS & RESPONSIBILITIES:

The following is a statement of the rights and responsibilities of Adoption Angels, Inc. and Adoptive Parents regarding the Agency/Adoptive Family relationships prior to finalization of the adoption.

1. Adoptive Parents have the right to privacy.

Adoption Angels, Inc. will not provide information about the Adoptive Family without the family's verbal or written consent. With the family's consent, Adoption Angels, Inc. will provide de-identified information to birth parents as part of the matching process.

2. Adoptive Parents have the right to state their preferences for an Adoptive Child.

Adoption Angels, Inc. will place a child in accordance with the preferences listed on the application. If the Adoptive Family reconsiders its preferences, they must provide Adoption Angels, Inc. a written statement to that effect.

3. Adoptive Parents have the right to state their preferences regarding the level of openness in the adoption process.

Adoption Angels, Inc. will honor that request.

4. Adoptive Parents have the right to be treated with respect and courtesy.

Adoption Angels, Inc. expects that all staff treat clients with dignity and respect at all times.

5. Adoptive parents have the right to seek their own legal counsel experienced in the field of adoption. The Agency will provide follow up services to assure that the correct procedures are being maintained.

6. Adoption Angels, Inc. has the responsibility of making a thorough study of all applications.

People wanting to adopt through Adoption Angels, Inc. must agree to the study.

7. Adoption Angels, Inc. has the responsibility of placing children into families who demonstrate the potential for loving, nurturing, and guiding a child.

People who want to adopt through Adoption Angels, Inc. have the responsibility of supplying information and/or documents that support their request.



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8. Adoption Angels, Inc. has the responsibility of making the final decision regarding to place or not to place with a family.

If a placement is not made, Adoptive Families may dispute that decision through the Adoption Angels, inc. appeal process. If an Adoptive Family chooses not go through with the placement of a child, the Director of Social Services will look at the reasoning behind their decision. He/She will then carefully review and decide whether the Agency will continue working with the family.

9. Adoptive Parents have the right to select their child's permanent name.
10. Adoption Angels, Inc. has the responsibility of making or arranging for post-placement supervision until the adoption is finalized.

Adoptive Parents must cooperate with the supervision.

11. Adoption Angels, Inc. has the responsibility of making a decision to finalize the adoption by the end of the sixth month or explaining the reason for the delay and involving the Adoptive Family in a plan that will facilitate adoption.
12. Adoption Angels, Inc. has the right to remove a child from an adoptive home prior to finalization of the adoption.

Adoptive Parents have the right to know the reason for the removal. The procedure must begin by contacting the Social Worker who conducted the home study and determining the reason for the removal of the child. If the problem cannot be solved, the Director of Social Services will place the child with another Adoptive Family. If the Adoptive Family decides they do not want to go through with the placement, the Agency will locate another family for the child. The Agency will confer with the family that chose not to follow through with the placement. There will always be someone at the Agency who can answer any questions or concerns the adoptive parents may have.



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X. FINANCIAL AGREEMENT

REFER TO THE FINANCIAL AGREEMENT EXAMPLE LOCATED ON THE WEBSITE

Once we have received your full packet and application fee you will receive two (2) originals with your Initial acceptance letter. Please keep one for your records and return the other one to our office signed and notarized. Thank you.



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XI. INSURANCE COVERAGE FOR ADOPTIVE CHILD

To Whom It May Concern:

In accordance with the Texas Department of Family and Protective Services, and pursuant to adopting a child, the prospective Adoptive Parents are required to submit proof of health insurance coverage for the child that begins at the time of child's placement with the Adoptive Parents. This placement can occur any time after forty-eight hours of the birth of the child and continues for at least six months and usually no more than eighteen months. Most placements usually occur shortly after forty-eight hours, and the adoption is usually finalized after six months of placement supervision.

The Agency maintains managing conservatorship of the child until the adoption is legally finalized. The Agency issues an authorization to the Adoptive Parents to provide care for the child and seek medical services for the child while he/she is in placement.

The proof of health insurance for the child may be submitted by providing a statement on company letterhead from the employer of the Adoptive Parents verifying coverage, or you may provide the actual policy from the insurance carrier and a letter/document stating the coverage is current and in effect. A copy of your insurance card will suffice as well.

Thank you for your attention to this matter. If you have any questions, please contact:
Adoption Angels, Inc., 1511 Fredericksburg Rd, San Antonio, Texas 78201
(210) 227-2229 / Fax: (210) 227-2241.



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(210) 227-2229 Fax: (210) 227-2241

XII. INTERSTATE COMPACT / LEGAL RISK

(Must be signed by all applicants)



If you are from out-of-state, you will need to make arrangements to stay in Texas until approval is received from your state.

"Adoption Angels, Inc. has advised us that we cannot leave the State of Texas until we are informed by the Agency that the Interstate Compact Approval has been received. Each state asks for a specific packet of material concerning the adoption, which Adoption Angels, Inc., will provide after to placement. We are aware of the possibility of a five (5) day hold in the submission of the documents after the birth of the child. We also understand that this approval process can take from seven (7) to ten (10) days after the submission of documents. Adoption Angels, Inc. has also advised us not to contact the Interstate Compact Office to try to 'speed up the process'. We understand that this may actually jeopardize approval or cause an undue delay in the process."

** If you are entering into an "At-Risk" adoption in which the Birth Father's rights have not yet been terminated, you will also sign an "At-Risk" statement.

Adoptive Father

Date

Adoptive Mother

Date



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**XIII. MEDICAL HISTORY - Prospective Adoptive
Father**

Last name: _____ First name: _____ Age: _____

Name, address, and phone number of physician: _____

Weight: _____ Height: _____ Blood pressure: _____ Heart rate: _____

Maintenance medication: _____

General physical condition: _____

How long have you known this patient? _____

MEDICAL HISTORY:

| | Yes | No |
|---|-----|-----|
| Is the applicant in good mental and physical health? | { } | { } |
| Does the applicant have a personal or family history of any significant disease or chronic disabling condition? | { } | { } |
| Does the applicant suffer from any contagious disease? | { } | { } |
| Has the applicant ever been hospitalized? | { } | { } |
| Has the applicant ever been treated for emotional problems or mental illness? | { } | { } |
| Has the applicant ever been treated for chemical dependency? | { } | { } |
| (Adoptive Parents only) Has applicant undergone infertility tests and/or treatment? | { } | { } |
| (Adoptive Parents only) Is the applicant infertile? | { } | { } |

If the answers to any of the above questions are "Yes" what implications might this have for the applicant's suitability as an Adoptive Parent? _____

Physician's Signature

Date of Exam



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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: I hereby authorize my physician or clinic to release any medical information pertinent to the application to Adoption Angels, Inc.

Signature of Prospective Adoptive Parent

Date

SWORN TO and SUBSCRIBED before me on this day, to verify which, WITNESS my hand and seal of office this the _____ day of _____, 20 ____ .

Notary Public in and for the

State of _____

County of _____

Commission expires: _____

SEAL: _____



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**XIII. MEDICAL HISTORY - Prospective Adoptive
Mother**

Last name: _____ First name: _____ Age: _____
Name, address, and phone Number of physician: _____

Weight: _____ Height: _____ Blood pressure: _____ Heart rate: _____
Maintenance medication: _____
General physical condition: _____
How long have you known this patient? _____

MEDICAL HISTORY:

| | Yes | No |
|---|-----|-----|
| Is the applicant in good mental and physical health? | { } | { } |
| Does the applicant have a personal or family history of any significant disease or chronic disabling condition? | { } | { } |
| Does the applicant suffer from any contagious disease? | { } | { } |
| Has the applicant ever been hospitalized? | { } | { } |
| Has the applicant ever been treated for emotional problems or mental illness? | { } | { } |
| Has the applicant ever been treated for chemical dependency? | { } | { } |
| (Adoptive Parents only) Has applicant undergone infertility tests and/or treatment? | { } | { } |
| (Adoptive Parents only) Is the applicant infertile? | { } | { } |

If the answers to any of the above questions are "Yes" what implications might this have for the applicant's suitability as an Adoptive Parent? _____

Physician's Signature

Date of Exam



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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: I hereby authorize my physician or clinic to release any medical information pertinent to the application to Adoption Angels, Inc.

Signature of Prospective Adoptive Parent

Date

SWORN TO and SUBSCRIBED before me on this day, to verify which, WITNESS my hand and seal of office this the _____ day of _____, 20 ____ .

Notary Public in and for the

State of _____

County of _____

Commission expires: _____

SEAL: _____



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XIII. MEDICAL HISTORY - Child

Last name: _____ First name: _____ Age: _____
Name, address, and phone Number of physician: _____

Weight: _____ Height: _____ Blood pressure: _____ Heart rate: _____
Maintenance medication: _____
General physical condition: _____
How long have you known this patient? _____

MEDICAL HISTORY:

| | Yes | No |
|---|-----|-----|
| Is the applicant in good mental and physical health? | { } | { } |
| Does the applicant have a personal or family history of any significant disease or chronic disabling condition? | { } | { } |
| Does the applicant suffer from any contagious disease? | { } | { } |
| Has the applicant ever been hospitalized? | { } | { } |
| Has the applicant ever been treated for emotional problems or mental illness? | { } | { } |
| Has the applicant ever been treated for chemical dependency? | { } | { } |
| (Adoptive Parents only) Has applicant undergone infertility tests and/or treatment? | { } | { } |
| (Adoptive Parents only) Is the applicant infertile? | { } | { } |

If the answers to any of the above questions are "Yes" what implications might this have for the applicant's suitability as an Adoptive Parent? _____

Physician's Signature

Date of Exam



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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: I hereby authorize my physician or clinic to release any medical information pertinent to the application to Adoption Angels, Inc.

Signature of Prospective Adoptive Parent

Date

SWORN TO and SUBSCRIBED before me on this day, to verify which, WITNESS my hand and seal of office this the _____ day of _____, 20 ____ .

Notary Public in and for the

State of _____

County of _____

Commission expires: _____

SEAL: _____



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XIII. MEDICAL HISTORY - Other

Last name: _____ First name: _____ Age: _____
Name, address, and phone Number of physician: _____

Weight: _____ Height: _____ Blood pressure: _____ Heart rate: _____
Maintenance medication: _____
General physical condition: _____
How long have you known this patient? _____

MEDICAL HISTORY:

| | Yes | No |
|---|-----|-----|
| Is the applicant in good mental and physical health? | { } | { } |
| Does the applicant have a personal or family history of any significant disease or chronic disabling condition? | { } | { } |
| Does the applicant suffer from any contagious disease? | { } | { } |
| Has the applicant ever been hospitalized? | { } | { } |
| Has the applicant ever been treated for emotional problems or mental illness? | { } | { } |
| Has the applicant ever been treated for chemical dependency? | { } | { } |
| (Adoptive Parents only) Has applicant undergone infertility tests and/or treatment? | { } | { } |
| (Adoptive Parents only) Is the applicant infertile? | { } | { } |

If the answers to any of the above questions are "Yes" what implications might this have for the applicant's suitability as an Adoptive Parent? _____

Physician's Signature

Date of Exam



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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: I hereby authorize my physician or clinic to release any medical information pertinent to the application to Adoption Angels, Inc.

Signature of Prospective Adoptive Parent

Date

SWORN TO and SUBSCRIBED before me on this day, to verify which, WITNESS my hand and seal of office this the _____ day of _____, 20 ____ .

Notary Public in and for the

State of _____

County of _____

Commission expires: _____

SEAL: _____



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XIV. CONVICTION STATEMENT

Please complete, notarize, and return to the Agency.

If you cannot sign this sworn statement honestly, please list all convictions and attach all records pertaining to the disposition of the charges.

We, _____ and _____, hereby state that we have never been arrested or convicted of any crime, including child abuse or neglect, other than minor traffic violations. We understand that this includes arrests or convictions for any offenses in our state of _____, or any other state in the United States, any federal offenses or any conviction of a crime committed in a foreign country. Further, there are no charges pending against us for the commission of a criminal act.

SIGNED this the _____ day of _____, 20 _____.

Adoptive Father

Adoptive Mother

Witness

Witness

Address

Address

City/State/Zip

City/State/Zip

SWORN TO and SUBSCRIBED before me by the said AFFIANT in the presence of the foregoing witnesses on this day, to verify which, WITNESS my hand and seal of office this the _____ day of _____, 20 _____.

Notary Public in and for the
State of _____
County of _____
Commission expires: _____

SEAL: _____



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XV. CHANGE IN FAMILY COMPOSITION

Once your Home Study has been reviewed and approved by the agency, it is required that you notify the agency immediately if you accept placement of a child from any other source.

We do not discourage you from working with more than one agency for placement of a child; however, once a child is accepted into your home, additional Texas standards need to be met before the Agency can place a child with you.

Documents need to be updated, reflecting the change in your home and your file will be placed on hold temporarily until those documents are received. Agency policy requires you to finalize your first infant adoption before adopting another child through the Agency. We believe each child needs a chance to bond with you without being subjected to the "Twinning Effect."

*If you are matched with one of our Birth Mothers and you accept placement from another source, you will need to verbally inform the Birth Mother that you have added to your family.

"We acknowledge having read the above, and by signing this document, we understand and are in agreement with the terms and conditions contained herein, as witnessed below."

Adoptive Father

Adoptive Mother

SWORN TO and SUBSCRIBED before me on this day, to verify which, WITNESS my hand and seal of office this the _____ day of _____, 20 ____ .

Notary Public in and for the
State of _____
County of _____
Commission expires: _____

SEAL: _____



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XVI. PLACEMENT AGREEMENT

FOR YOUR REVIEW ONLY: (ORIGINAL SIGNED AT TIME OF PLACEMENT)

PLACEMENT AGREEMENT BY AND BETWEEN ADOPTION ANGELS, INC.
AND _____ .

RESPONSIBILITY

"In accepting this Child, we realize that there is always substantial risk of a health or physical condition in a newborn infant, and that the prior medical history of the biological mother and father cannot be fully known to the Agency prior to placement. We do hereby accept this Child, recognizing these medical uncertainties and assume the full responsibility of raising the Child as our own."

"We assume full responsibility for all medical care from the time of birth of the Child, unless specifically agreed in writing to the contrary. As soon as possible, the Child will be included in our medical insurance policy. We realize that until the Child is included on our insurance policy we are responsible for all medical costs. We additionally agree that should our insurance company refuse to insure the Child, We continue to be responsible for all medical costs."

"Legal authorization to provide care for and the consent to provide medical treatment for the Child is hereby granted to the herein named Adoptive Parents by Adoption Angels, Inc."

MONTHLY REPORT

"We agree to provide regular monthly reports to the Agency in accordance with the Agency's specified instructions until the adoption is finalized. We understand that the reports are due every month that we receive supervision on the Child's date of birth. The purpose of these reports is to keep Adoption Angels, Inc. informed of the development and behavioral and medical changes in the Child and how the family is adjusting. Report forms and instructions will be provided to us at the time of placement. We understand that these reports become a part of the adoption record."

PHYSICAL EXAMINATION REPORTS

"We understand that the Child must be taken to a licensed physician for a routine checkup and immunizations within one (1) month of placement, and thereafter every six (6) weeks or as ordered by the physician. This examination/treatment is to be written by the physician on the form provided by the Agency and submitted at the time of monthly report. It includes the name and telephone number of the doctor, purpose and date of the visit, general health of the Child, immunizations received and all findings made at the time of the visit. We further agree that during the Supervisory Period, all health problems or anything out of the ordinary must be reported immediately to the Agency's child-placing staff."



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SUPERVISORY PERIOD

“We agree to the finalization of the adoption not less than six (6) months or more than eighteen (18) months from the date of placement.”

“We agree to receive supervision by the Agency or a person meeting the requirements of the Texas Department of Family and Protective Services during the time prior to completion of the adoption.” **Supervision consists of the professional documentation of at least two (2) contacts in the home plus three (3) additional contacts that evaluate the placement. Supervision longer than six months will be evaluated individually.**

1. The first supervisory report of visit in the home is due no later than the second month from the date of placement and should not be scheduled before the baby is in the home for at least thirty (30) days.
2. The next three (3) contacts can be by phone and documented in the final report.
3. The second supervisory report of visit in the home (the final report) cannot be scheduled before the baby has been in the home for five months and the report must be in our office within two weeks of the visit.
4. We understand that if we wish to take the Child out of the state, we must notify the Agency and receive approval.

“We agree that the Child may be removed from the placement at the discretion of either the Adoptive Parents or by the Agency.”

“We agree to the fee and schedule of payment as specified in the Financial Agreement.”

PHOTOGRAPHS DURING SUPERVISORY PERIOD

“We will provide Adoption Angels, Inc. with at least five (5) pictures of the Child for the first six (6) months with a brief letter addressed to the Birth Parent(s) on the progress of the Child. The pictures of the Child will be clear and not distorted. No polaroid, digitally printed, electronically sent, cut up, or written upon pictures will be acceptable as part of the required photographs. We will take caution NOT to include any identifying information such as our home address or license plates.” **The photographs sent to the Agency will be of the child alone; no family members (immediate or extended) in photographs, unless otherwise requested by the Birth Parent(s).** Please do NOT send photographs of feeding, bath times, and/or messy times.

FINALIZATION OF THE ADOPTION

“No adoption may be finalized without the written consent of the Director of Social Services of Adoption Angels, Inc. We understand that all completed monthly reports and post-placement supervisory evaluations are required before a court date is set. We understand that failure to submit monthly reports or supervisory evaluations will result in the possible extension of the supervisory period, and in some cases, the removal of the Child from our home.”



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“At the expiration of the Supervisory Period, usually not less than six (6) months or more than eighteen (18) months, the finalization of the adoption will commence. After the final court action, we, the Adoptive Parents, will be receiving from the attorney a new birth certificate naming us as the Child's parents. We understand this process takes approximately six (6) months for the Bureau of Vital Statistics to send the certificate. A copy will be retained for the case record.”

SPECIAL CONDITIONS

“We understand the importance and agree to inform the Child of the adoption from the time of placement and will share all information with the family about the Child's background in an open and positive manner. Should there be any difficulty in handling this responsibility, we agree to contact Adoption Angels, Inc. for help in sharing this information with the Child.”

“We understand and agree that some or all of the photographs sent to the Agency may be shared with the Birth Parents of the Child upon request, unless specified ‘for agency use only.’ We agree should the Birth Parents send a letter, gift, or keepsake for the Child, it will be shared with the Child at an appropriate time.”

SENDING PHOTOGRAPHS AFTER FINALIZATION

“We agree to send to the Agency on or near but no later than two weeks after the Child's birthday and on or near but no later than two weeks after Christmas for at least five years, five (5) photographs of the Child and a letter describing the health, progress, special talents and hobbies of the Child for the purpose of being forwarded to the Birth Parents.”

The photographs sent to the Agency will be of the child alone: no family members (immediate or extended) in photographs please. Unless otherwise requested by the Birth Parent(s). Please continue to follow the same requirements on the pictures that are non-acceptable described in the **PHOTOGRAPHS DURING SUPERVISORY PERIOD** section of this placement agreement.

For the health and well being of the Child, the Agency recommends the continuance of the above until the Child's eighteenth birthday. Any questions are to be directed to Adoption Angels, Inc.

“We the undersigned agree to the foregoing conditions.”

- TO BE SIGNED AT THE TIME OF PLACEMENT-

Adoptive Father

Adoptive Mother

On this the ___ day of _____ 2 _____, _____ personally appeared before me and acknowledged that they signed the foregoing agreement for the purposes set herein.

NOTARY PUBLIC, in and for the State of Texas
County of Bexar
My Commission expires on _____

SEAL: _____



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**XVII. RECEIPT OF PLACEMENT
AGREEMENT ACKNOWLEDGMENT**

“We certify that we have received and read a copy of the Adoption Angels, Inc.'s Placement Agreement. We understand and agree to all the terms and conditions of the Placement Agreement and agree to sign and abide by the terms at the time that a child is placed with us. Because we understand that this document is very important, we realize that should we have any questions or reservations concerning this document, we should discuss them with an Agency Director.”

Adoptive Father/Date

Adoptive Mother/Date



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XVIII. CORPORAL PUNISHMENT
CLAUSE

“We acknowledge that we have been informed of the **Child Protection Laws**, which prohibit the exercise of corporal punishment as discipline. We are aware of the penalties for violating this law. We pledge that we will not employ any form of physical violence or corporal punishment in the discipline of our adopted child.”

Adoptive Father/Date

Adoptive Mother/Date



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XIX. LETTER OF REFERENCE

Prospective Adoptive Parents names:

_____. This couple has applied to adopt a baby through our agency, Adoption Angels, Inc. In order to comply with the Child Placing Licensing Standards, the prospective Adoptive Family must have a Home Study done which also requires personal and professional references. This couple has listed you as one of their references. We hope that the reference letter will help us to evaluate their ability to provide a safe and nurturing home for a child. Please answer the following questions honestly and to the best of your ability. Thank you very much for your time and comments concerning this family.

Rosalind R. Forte MSW
Director of Social Services
Adoption Angels, Inc.



1. How long have you known the applicants? _____ Him _____ Her
2. Are you a friend? ____ Neighbor? ____ Professional? ____
3. How did you come to know him? _____ Her? _____
4. How would you describe his personality? _____
Hers? _____
5. What would you consider to be his strengths? _____
Hers? _____
6. What kind of temperament would you say he has? _____
Hers? _____
7. How active are they in their church and/or community? _____



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8. How would you describe this couple's marriage (e.g. with regard to stability, communication, and problem solving)? _____

9. As far as you know, has this family had problems with any of the following:

| | HIM | | HER | |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| Finances, past or present: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol abuse: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescription or illegal drugs: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criminal history: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health problems: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical problems: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Have you had the opportunity to observe them interact with children? ___ Yes
No ____. Describe the interaction: _____

11. Would you entrust this couple to care for your own child(ren)? ___ Yes ___ No.
If no, why not? _____

12. Would you recommend this couple to adopt? _____

Comments: _____

Signature

Date

Print Name

Address

City



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XIX. LETTER OF REFERENCE

Prospective Adoptive Parents names:

_____. This couple has applied to adopt a baby through our agency, Adoption Angels, Inc. In order to comply with the Child Placing Licensing Standards, the prospective Adoptive Family must have a Home Study done which also requires personal and professional references. This couple has listed you as one of their references. We hope that the reference letter will help us to evaluate their ability to provide a safe and nurturing home for a child. Please answer the following questions honestly and to the best of your ability. Thank you very much for your time and comments concerning this family.

Rosalind R. Forte MSW
Director of Social Services
Adoption Angels, Inc



- 1. How long have you known the applicants? _____ Him _____ Her
- 5. Are you a friend? ____ Neighbor? ____ Professional? ____
- 6. How did you come to know him? _____ Her? _____
- 7. How would you describe his personality? _____
Hers? _____
- 5. What would you consider to be his strengths? _____
Hers? _____
- 6. What kind of temperament would you say he has? _____
Hers? _____
- 7. How active are they in their church and/or community? _____



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8. How would you describe this couple's marriage (e.g. with regard to stability, communication, and problem solving)? _____

9. As far as you know, has this family had problems with any of the following:

| | HIM | | HER | |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| Finances, past or present: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol abuse: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescription or illegal drugs: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criminal history: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health problems: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical problems: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 Hers? _____

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| | HIM | | HER | |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| Finances, past or present: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol abuse: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescription or illegal drugs: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criminal history: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health problems: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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11. Would you entrust this couple to care for your own child(ren)? ___Yes ___ No.
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XX. VOLUNTARY ADOPTION REGISTRIES

The Voluntary Adoption Registry is a system that allows Birth Parents, adoptees, and biological siblings to locate each other if they wish.

The Texas Department of Health (TDH) maintains a list of people who have been adopted in Texas. The department also maintains a list of private adoption agencies that have their own registries.

Birth Parents, adoptees, and their biological brothers and sisters, if they are 18 years of age or older, can register by submitting identifying information that will be retained by TDH for time specified by the registrant. All submitted information is confidential.

If the adoptee and both Birth Parents, or any two biological siblings register, a match is made. When a match is made, the identifying information about each is released to the others. A partial match, one Birth Parent and the adoptee, can be made under certain conditions. Each person must provide proof of identity and age, and must submit proof of having received one (1) hour of counseling from a qualified social worker or mental health professional. For more information, you may contact:

**Central Adoption Registry
Texas Department of Family and Protective Services
MCY-943
P.O. Box 149030
Austin, Texas 78714-9030
(512) 834-4485**



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XXI. HOTEL INFORMATION



For Adoptive Parents coming to San Antonio, the following is a list of hotels that offer discounted room rates to clients:

- * Stay Bridge Suites -
 The Colonnade- 4320 Spectrum One (210)558-9339
 Sunset Station- 123 Hoefgen (210)444-2700

- * Candlewood Suites- 9350 IH-10 West (210)615-0550

- ** Drury Inn - Airport 91 NE Loop 410 (800)-DRURY INN

- Residence Inn - Downtown 628 S. Santa Rosa (800)331-3131
- Double Tree Hotel - Airport 37 NE Loop 410 (800)222-TREE
- Holiday Inn - Downtown 318 W. Durango (800)465-4329
- Holiday Inn - Airport 77 NE Loop 410 (800)HOLIDAY
- Red Roof Inn - Downtown 1011 E. Houston St. (800)The-Roof
- Red Roof Inn - Airport 333 Wolf Road (800)The-Roof
- Candlewood Suites - NW 9350 IH 10 West (210)615-0550

*Highly recommended by adoptive parents. Special rates for Adoption Angels, Inc. clients.

** If you prefer an airport location, they also provide special rates for Adoption Angels, Inc. clients.



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XXII. PLACES OF INTEREST IN SAN ANTONIO

During your stay, you may want to visit some of the beautiful, unique, and historical sites in and around San Antonio.

Downtown

The Alamo, Riverwalk, Hemisfair Park, Tower of the Americas, Tower Restaurant, Institute of Texan Cultures, El Mercado, La Villita, Children's Museum, Hertzberg Circus Museum, Buckhorn Saloon and Museum, Ripley's Believe It or Not Wax Museum, River Center Mall, Alamodome

Mid-town

Witte Museum; McNay Art Museum; San Antonio Zoo; King William and Monte Vista area; Pioneer Flour Mill and Museum; Guenther House Museum, store, & restaurant; Quarry Market; St. Mary's Street restaurants, shops, and galleries; Botanical Gardens

South of Downtown

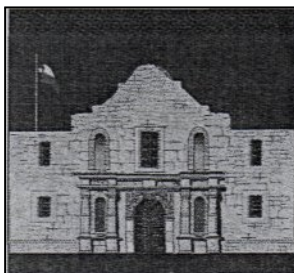
Mission Trail, Missions baseball games, Lackland AFB History and Traditions Museum, South Park Mall

North of Downtown

Fiesta Texas, Sea World of Texas, Splash Town, SBC Center (new home of the San Antonio Spurs -1999, 2003, 2005, and 2007 NBA Champions), Garden Ridge Pottery, North Star Mall, Ingram Park Mall, Boerne restaurants and shops, outlet malls in New Braunfels and San Marcos

You may also want to contact our Visitor's Bureau prior to your visit in order to receive additional information. They can be contacted at:

317 Alamo Plaza
San Antonio, Texas 78205
210-225-INFO
www.sanantoniovisit.com





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EMPLOYMENT VERIFICATION FORM

Employee name: _____

Social Security #: _____

Current Position: _____

Dates of Employment: _____

Current salary: _____

Is employee currently in good standing: _____ Yes _____ No

Will medical benefits for the adopted child be in place through insurance provided by your company: _____ Yes _____ No

Signature/Title

Date



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EMPLOYMENT VERIFICATION FORM

Employee name: _____

Social Security #: _____

Current Position: _____

Dates of Employment: _____

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Will medical benefits for the adopted child be in place through insurance provided by your company: _____ Yes _____ No

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