



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

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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**

	<b>His</b>	<b>Hers</b>
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**

	<b>His</b>	<b>Hers</b>
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 <b>His:</b>	Dates of employment/places of employment <b>Hers:</b>

**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? \_\_\_\_\_  
\_\_\_\_\_

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."

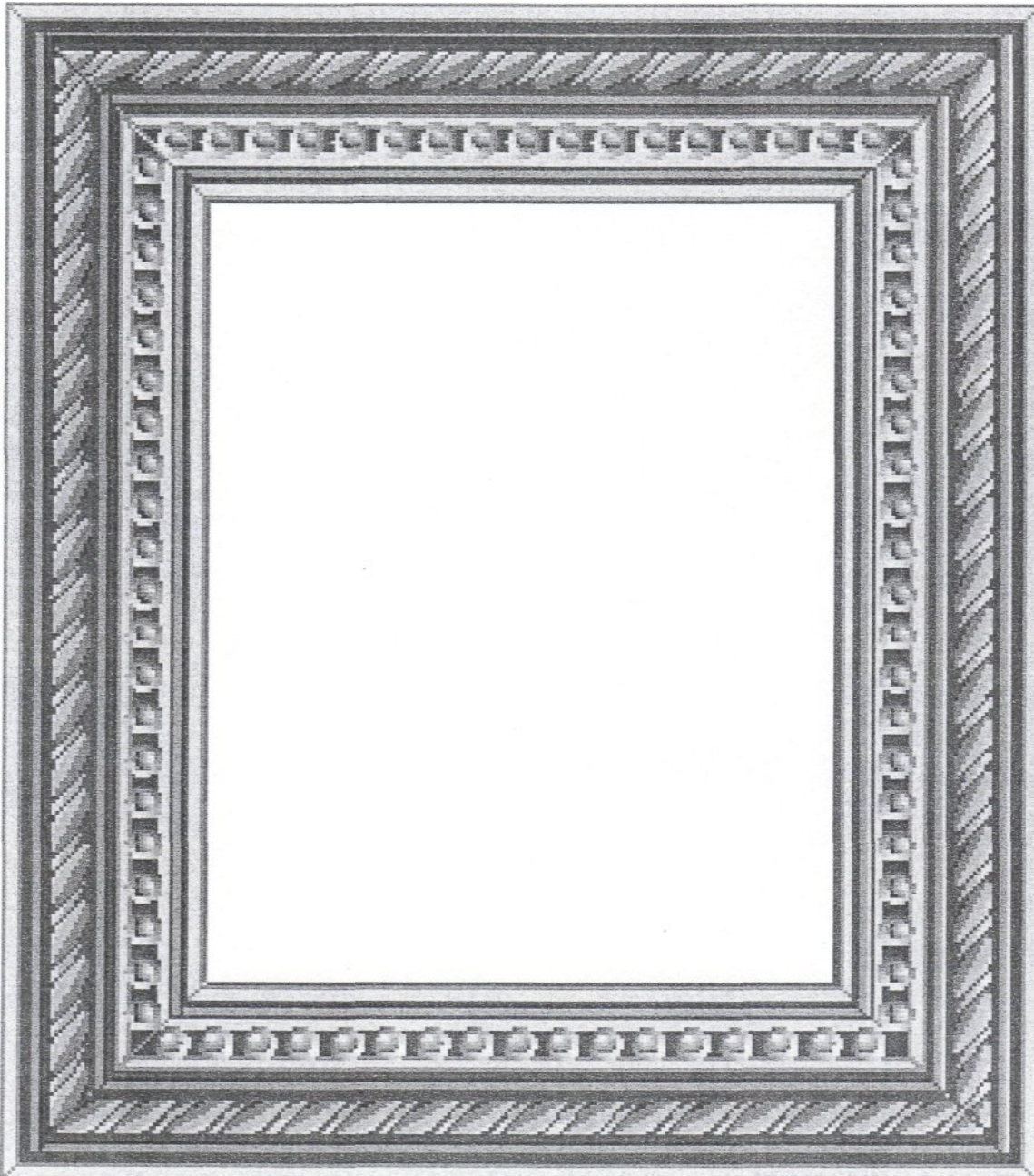
X \_\_\_\_\_  
Adoptive father Date

X \_\_\_\_\_  
Adoptive mother Date



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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 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 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 "Parents in Waiting". Please include the title or source, a brief description of what you've read and your impressions of whether you found the information to be helpful.

Adoption Angels also suggests that you take an infant 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 face to face 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 with all parties present, and with each adult child no longer living with applicants. **Nonrefundable.** Payments of this fee does not guarantee approval of a family for adoption or placement of a child. **\*Home Studies/ Updates in Texas expire in one year.**

**\$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.**  
**\* Please note that the final post placement supervision meeting must be in the home.**

**RECEIPTS FOR ALL EXPENDITURES ARE PART OF THE ADOPTION RECORD.**

**\$17,000.00 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.**

**\$3,000.00 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 \$17,000.00 (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. 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 was incurred prior to birth mother becoming a client 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 not only meet the requirements of your state, but also Texas requirements. Home studies are considered current for one year. After that time, a written update consisting of a review must be conducted to verify the status of each category covered in the original Home Study. At least one visit to the adoptive home when all household members are present must be done within the 90 day period before the update is approved.

**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
- ♥ Acknowledge empathy for the decision your birth mother has chosen.

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

\*Keep your letter brief as birth parents tend not to read very lengthy letters. Also avoid information that's addressed in the de-identified profile.

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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## **EXAMPLE BIRTH PARENT LETTER**

Dear Birth Parents,

We are Jane and John. We would like to start off by saying we recognize what a difficult decision this is for you and how courageous you are for choosing an adoption plan for your baby. Please know that if you choose us to parent your child, he or she, along with our family will always acknowledge how special you are.

We have been struggling with infertility for nine years. We believe God's plan for us is to build a family through adoption. Adoption is not only a blessing, but is our hope to becoming loving parents. We're excited about this opportunity and eagerly await the successes and victories as well as the challenges of being parents.

The gifts we can offer a child include surrounding him or her with a loving and supportive family; opportunities to explore, learn, and live; and being able to travel to new and exciting places. We value education and have already started an educational fund for our child. We live in a small community where family and friends are loving, caring and respectful.

We hope you will consider us as an adoptive family for your baby. We thank you for your consideration and for taking the time to learn about us.



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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 need to explain people and events to the Birth Parent (use first name or title only i.e. Sara, grandpa, ect.). 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.  
**\* Please do not use report folders or spirals for your original.**

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 4<sup>th</sup> 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 payment of 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), whether directly or 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 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 will not provide information about the Adoptive Family without the family's verbal or written consent. With the family's consent, Adoption Angels 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 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 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 will honor that request.

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

Adoption Angels 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 (excluding the finalization of the adoption). The Agency will provide follow up services to assure that the correct procedures are being maintained.

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

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

7. Adoption Angels 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 have the responsibility of supplying information and/or documents that support their request.



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8. Adoption Angels 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 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 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 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 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 you 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, 1511 Fredericksburg Rd, San Antonio, Texas 78201  
(210) 227-2229 / Fax: (210) 227-2241.



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**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 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 will provide after the 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 and this cannot occur until the child is released from the hospital and we've received a copy of the discharge summary. Adoption Angels 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.

X \_\_\_\_\_  
Adoptive Father

\_\_\_\_\_  
Date

X \_\_\_\_\_  
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:

Table with 3 columns: Question, Yes, No. Contains 8 medical history questions regarding health, disease, hospitalization, and fertility.

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?

X 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.

X \_\_\_\_\_  
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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
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.

X \_\_\_\_\_  
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?	{ }	{ }
Are immunizations up to date?	{ }	{ }

Please provide your professional opinion concerning this child's acceptance of a sibling into this family: \_\_\_\_\_

\_\_\_\_\_

**X** \_\_\_\_\_  
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.

X \_\_\_\_\_  
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? \_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date of Exam





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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 \_\_\_\_\_.

**X** \_\_\_\_\_  
Adoptive Father

**X** \_\_\_\_\_  
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, or if anyone moves into your home that has not been interviewed by your social worker.

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. Further, additional standards need to be met regarding any new individuals in the home. 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."

X \_\_\_\_\_  
Adoptive Father

X \_\_\_\_\_  
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  
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.”

#### **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 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) in agency office or home. Supervision longer than six months will be evaluated individually.**

1. The first supervisory can be in office or home and 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 at the agency or in your home. (Have to be face to face).
3. The second supervisory 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 this home visit.
4. **We understand that if we wish to take the Child out of the state, we must notify the Agency and receive approval.**

**\*PLEASE NOTE THAT THE PPS REPORTS ARE TWO SEPARATE REPORTS COVERING COVERING DIFFERENT MINIMUM STANDARDS.**

“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 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. We understand that all completed monthly reports and post-placement supervisory evaluations are required before a court date is set. **Be advised that all finalizations are in San Antonio, TX.** 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 your 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 in San Antonio, TX. 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 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.**

“We the undersigned agree to the foregoing conditions.”

**- TO BE SIGNED AT THE TIME OF PLACEMENT-**

X \_\_\_\_\_  
Adoptive Father

X \_\_\_\_\_  
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 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.”

X \_\_\_\_\_  
Adoptive Father/Date

X \_\_\_\_\_  
Adoptive Mother/Date

\_\_\_\_\_  
Notary Public in and for the

State of \_\_\_\_\_

County of \_\_\_\_\_

Commission expires: \_\_\_\_\_

SEAL: \_\_\_\_\_



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## **Child's Rights**

***Adoption Angels is responsible for protecting your child's rights during the Post Placement period. The rights are as follows but are not limited.***

**(A)** A child's rights are cumulative of any other rights granted by law or other Licensing rules.

**(B)** You must adhere to the child's rights, including:

1. The right to appropriate care and treatment in the least restrictive setting available that can meet the child's needs:
2. The right to be free from discrimination on the basis of gender, race, religion, national origin, or sexual orientation:
3. The right to have his/her physical, emotional, developmental, education, social and religious needs met:
4. The right to be free of abuse, neglect, and exploitation as defined in Texas Family Code 261.401;
5. The right to be free from any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment, which includes:
  - a. Shaking the baby
  - b. Subjecting the child to corporal punishment;
  - c. Threatening the child with corporal punishment:
  - d. Any productive work that serves no purpose except to demean the child, such as moving rocks from one pile to another or digging a hole and then filling it in;
  - e. Denying the child food, sleep, toileting facilities, mail, or family visits as punishment;
  - f. Subjecting the child to remarks that belittle or ridicule the child or the child's family;
  - g. Threatening the child with the loss of placement or shelter as punishment;



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6. The right to discipline that is appropriate to the child's age and developmental level;
7. The right to have restrictions or disciplinary consequences explained to him/her when measures are imposed;
8. The right to humane environment, including any treatment environment, which provides reasonable protection from harm and appropriate privacy for personal needs;
9. The right to receive educational services appropriate to the child's age and developmental level;
10. The right to appropriate equipment and supplies for, and training in, personal care, hygiene, and grooming;
11. The right to reasonable opportunities to participate in community functions, including recreational and social activities such as Little League teams, Girl Scouts and Boy Scouts, and extracurricular school activities outside of the agency to the extent that is appropriate for the child;
12. The right to have adequate personal clothing, which must be suitable for his/her age and size and comparable to the clothing of other children in the community, and reasonable opportunities to select his clothing;
13. The right to have personal possessions at his/her home and to acquire additional possessions within reasonable limits;
14. The right to be provided with adequate protective clothing against natural elements such as rain, snow, wind, cold, sun, and insects;
15. The right to maintain regular contact with his/her family unless the child's best interest, appropriate professionals, or court necessities restrictions;
16. The rights to send and receive uncensored mail, to have telephone conversations, keep a personal journal and to have visitors, unless the child's best interest, appropriate professions, or court order necessities restrictions;
17. The right to hire independent mental health professionals, medical professionals, and attorneys at his/her own expense;



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18. The right to be compensated for any work done for the agency or home as part of the child's service plan or vocational training, with the exception of assigned routine duties that relate to the child's living environment, such as cleaning his/her room, or other chores, or work assigned as a disciplinary measure;
19. The right to have personal earnings, allowances, possessions, and gifts as the child's personal property;
20. The right to be able to communicate in a language or any other means that is understandable to the child at admission or within a reasonable time after an emergency admission of a child, if applicable;
21. The right to confidential care and treatment;
22. The right to consent in writing before permitting any publicity or fund raising activity for the agency, including the use of his/her photograph;
23. The right not to be required to make public statement acknowledging his/her gratitude to the foster home or agency;
24. The right to be free of unnecessary or excessive medication;
25. The right to have comprehensive service plan that addresses the child's needs, including transitional and discharge planning;
26. The right to participate in the development and review of his/her service plan within the limits of the child's comprehension and ability to manage the information;
27. The right to receive emotional, mental health, or chemical dependency treatment separately from adults (other than young adults) who are receiving services;
28. The right to receive appropriate treatment for physical problems that affect his/her treatment or safety;
29. The right to be free from pressure to get an abortion, relinquish her child for adoption, or to parent her child, if applicable;
30. The right to report abuse, neglect, exploitation, or violation of personal rights without fear of punishment, interference, coercion, or retaliation.



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**By signing this important document, you are stating that you read it in its entirety and understand. You are also signing that you agree to follow what you have read.**

\_\_\_\_\_  
**Adoptive father** **Date**

\_\_\_\_\_  
**Adoptive mother** **Date**

\_\_\_\_\_  
**Baby/ infant** **Date**



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**XVIII. CORPORAL PUNISHMENT**  
**CLAUSE**

**ADOPTION ANGELS PROHIBITS ANY FORM OF PHYSICAL DISCIPLINE OR CORPORAL PUNISHMENT PRIOR TO FINALIZATION. VIOLATION OF THIS POLICY CAN RESULT IN REMOVAL OF THE CHILD FROM THE ADOPTIVE HOME.**

“We acknowledge that we have been informed of the **Adoption Angels policies**, which prohibit the exercise of corporal punishment as discipline before finalization. We are aware of the penalties for violating this policy. We pledge that we will not employ any form of physical violence or corporal punishment in the discipline of our adopted child prior to finalization.”

X \_\_\_\_\_  
Adoptive Father/Date

X \_\_\_\_\_  
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. 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.

**Adoption Angels**



- 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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- 5. Are you a friend? \_\_\_\_ Neighbor? \_\_\_\_ Professional? \_\_\_\_
- 6. How did you come to know him? \_\_\_\_\_ Her? \_\_\_\_\_
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 \_\_\_\_\_  
 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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**Adoption Angels**



- 1. How long have you known the applicants? \_\_\_\_\_ Him \_\_\_\_\_ Her
- 8. Are you a friend? \_\_\_\_ Neighbor? \_\_\_\_ Professional? \_\_\_\_
- 9. How did you come to know him? \_\_\_\_\_ Her? \_\_\_\_\_
- 10. 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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## **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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## **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**

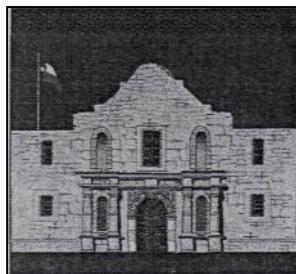
Mission Trail, Missions baseball games, Lackland AFB History and Traditions Museum, South Park Mall

### **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](http://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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Employee name: \_\_\_\_\_

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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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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