

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

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

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

International Home Study: (45 – 90 days average completion time) \$1,295

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

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

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

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

Phase II begins immediately upon our receipt of your Home Study Application. Once we receive your Home Study Application we will assign you to a home study worker who should be in direct contact with you within two business days. If you want to get a head start, you can find the supporting document checklist on our website under the Home Study section. If you have any questions, do not hesitate to contact us at 1-800-ADOPTION or email the home study coordinator at [homestudy@americanadoptions.com](mailto:homestudy@americanadoptions.com)

Thank You,

*The Staff of American Adoptions*



**Adopting Father Information:**

Full legal name: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Salary: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

**Adopting Mother Information:**

Full legal name: \_\_\_\_\_

Maiden name: \_\_\_\_\_ Other names: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Salary: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

**Other Children in the Family:**

Legal name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Adopted? Yes No If yes, date of adoption: \_\_\_\_\_ Gender: Male Female

Legal name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Adopted? Yes No If yes, date of adoption: \_\_\_\_\_ Gender: Male Female

Legal name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Adopted? Yes No If yes, date of adoption: \_\_\_\_\_ Gender: Male Female

If any of your children are adopted, who did you work with (agency, private attorney, etc.)?

\_\_\_\_\_

Are any of your children from a previous marriage? Yes No

Do these children primarily reside in your home? Yes No

**Legal:**

Have either of you ever been arrested? Yes No

Have either of you been convicted of a crime? Yes No

Have either of you ever been reported for child abuse/neglect? Yes No

***If you answered yes to either question, please contact the home study coordinator so we may provide you any additional steps that may be necessary to continue the home study process.***

**Adoption information:**

What race or race combinations are you considering? Please check all that apply.

- Caucasian
- African American
- Hispanic
- Asian
- Other

**Please rate your level of comfort with the following situations on a scale of 1 to 10, 10 being the most comfortable.**

How flexible are you concerning general medical conditions either in the birth parents or the child? (please circle)

1    2    3    4    5    6    7    8    9    10

How flexible are you concerning alcohol use in the birth parents? (please circle)

1    2    3    4    5    6    7    8    9    10

How flexible are you concerning drug use in the birth parents? (please circle)

1    2    3    4    5    6    7    8    9    10

How flexible are you concerning contact with the birth parents? (please circle)

1    2    3    4    5    6    7    8    9    10

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

- Twins
- Premature
- Special needs (mild, correctable)
- Sibling group

You can now complete step one of the home study process by signing this document and returning this application along with your home study fee. If you need a domestic home study the fee is \$1,000 and if you want an international home study the fee is \$1,295 (please include attached International form). **Send or fax this application and payment to: American Adoptions, ATTN: Home Study Coordinator, 9101 W. 110<sup>th</sup> Street, Suite #200, Overland Park, KS, 66210 Fax: 913-383-1615.** By signing this application, you are verifying all information on this application is true and accurate and understand that fees paid are non-refundable.

\_\_\_\_\_  
Adoptive Parent Signature

**AMERICAN ADOPTIONS IS CURRENTLY CLOSED APPLICATIONS FOR:  
UKRAINE, RUSSIA AND KAZAKHSTAN**

**This Section for International Home Studies Only**

What Country are you adopting from? \_\_\_\_\_

Who is your International Placing Agency? Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

What age of child(ren) are you considering? \_\_\_\_\_

Do you have a gender preference? Yes No      If yes, please circle:      Male      Female

Please contact your international placing agency at this time to request the specific requirements necessary for American Adoptions to complete your home study. International placing agencies know the specifics for each Country that they work in and those specifics are generally quite different than what is typically done for a domestic home study. American Adoptions requires that you provide this specific information in writing to your home study worker at the first home visit in order to avoid potential rewrites and delays in completing the written home study report.

# HOME STUDY SERVICE GUIDE

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

Domestic Home Studies: \$1000, International Home Study: \$1295

Travel: \$25.00 per hour (paid by you directly to your worker upon visit)

**The above pricing fulfills the requirements for many domestic and international home study services. However, some court systems, countries, and other domestic/international adoption professionals require or request services in addition to a typical home study. We will perform these services only at a client's request. Unless otherwise stated, these services range from \$20 to \$250. If you would like a more complete fee break down you may call for an itemization.**

1. Home study update - An update is a follow up report to the home study if a placement has not occurred by the one-year mark. A few states require an update to occur every six months. International updates (when accepted) are \$600 and domestic are \$400.
2. Telephonic update - An update that is performed telephonically.
3. Addendum to home study - Requested addition to a completed home study.
4. Post placement visits - Visits that occur after a baby is placed in your home, these post placement reports are provided to the court and provide updates on the child and family. Domestic are \$250 and international are \$350 plus travel reimbursement.
5. Court report - Some courts require a report in addition to the home study and/or post placement reports. This report typically summarizes the home study and post placement and ultimately recommends the permanent placement of the child for the final adoption hearing.
6. Rewriting of home study or post placement - Some clients or other adoption professionals will request a rewrite of a home study to better comply with standards they may face in a particular court system or country.
7. Forwarding a home study - In some cases, families change adoption professionals or request we forward additional (more than the standard home study package contains) copies of their home study.
8. Court appearance by social worker - Some courts require the home study worker to appear in court.
9. State department authorization letter - Needed only for some international home studies (depending on the country).
10. Apostil documents - The objective of the apostilling procedure is to guarantee authenticity and dual execution of notarized documents. (For international adoptions only)
11. Miscellaneous - providing additional copies of the home study, additional counseling for issues beyond a home study, additional request of documents outside of our standard home study package. Extra charge per additional home visits over the state standard.

**\*Please use this form for credit card services only\***

**CREDIT CARD AUTHORIZATION**

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

- **Account no.** \_\_\_\_\_
- **Expiration:** \_\_\_\_/\_\_\_\_ (MM/YY)
- **Amount:** \$ \_\_\_\_\_

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

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

**Date \_\_\_\_\_, 20\_\_\_\_\_**

**Signature \_\_\_\_\_**

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Kansas Bureau of Investigation  
Attn: Adult Records (NCJRC)  
1620 Tyler  
Topeka, Kansas 66612-1837

~~NOTE: This document (cost of \$16) will include form download, postage, and return to be a total of \$45.~~

#### **Child Abuse Central Registry Report-**

There will be a \$10 fee for each forms sent (check or money order made payable to SRS).  
Complete enclosed forms and return to:

SRS  
Child Abuse & Neglect Central Registry  
P.O. Box 2637  
Topeka, Kansas 66601

#### **Federal Bureau of Investigation Check-**

The following are steps to complete your FBI clearances; American Adoptions requires ALL families to complete these clearances even if your particular state does not require them. Please follow these steps *precisely!*

1. Go to the website <http://www.fbi.gov/hq/cjisd/fprequest.htm>. Follow the instructions for FBI Criminal Clearances and print off the cards on Step number 2.
2. Write a simple cover letter to the FBI office stating that you are requesting FBI clearances for the purpose of adoption. Include your phone number and email address so the FBI can contact you with any questions during their process.
3. Each person signs a release of information (included) so that the FBI clearances will be returned to American Adoptions for your file.
4. Include a certified check or money order made out to the Treasury of the United States for **\$18 per person**. Make sure your certified check or money order are dated and (if necessary) signed by you.

5. Mail the letter, authorization forms and completed fingerprint cards to:  
Federal Bureau of Investigation  
Criminal Justice Information Service Section  
Attn: Records Request  
1000 Custer Hollow Road  
Clarksburg, WV 26306

**For priority processing, write on the envelope “Adoption”**  
**\*\*Failure to put adoption on the envelope will cause a 2-4 week delay!**

\*\* NOTE: If during the course of your criminal and child abuse background screening process this office receives a “hit” on an applicant, the applicant will be notified by the main office. The applicant must then obtain a full disposition or full disclosure of the incident by the reporting entity. In addition, probation reports, court documents, counseling reports and evaluations will also be required. The home study procedure will be suspended until the requisite documents are received in our office. Those documents will be forwarded to your social worker for full assessment. If an applicant declines to cooperate with this policy, the home study or activation will be terminated and no refund of fees will be granted.

Kansas Central Repository  
Manual Record Check Request

This page is used to provide identifying information for one person to be checked. The Full Name and Date of Birth are mandatory fields; the record check cannot be done without at least those two fields. Please include as much additional information as possible to ensure the best search is conducted. Note that each search permits the additional of one alias or maiden name. If the subject of the search has been known by three or more names, then submit a second records check form for the third name. Searching the first two names will be done in the first record check. The third name searched constitutes a new, billable record check.

Attach additional copies of this page as needed for more searches.

This is not the proper form to use for CERTIFIED record checks. If you require CERTIFIED record checks, print the Request for Certified Record Check form found on the KBI Public Access site: [www.accesskansas.org/kbi/criminalhistory](http://www.accesskansas.org/kbi/criminalhistory).

Requested by: American Adoptions, Inc. 9101 W. 110<sup>th</sup> St., Suite 200, Overland Park, KS 66210

Requestor Code: 902KS0171

Identification of the individual to be searched:

A fingerprint card [is] [is not] included.

Full Name: \_\_\_\_\_

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Sex: \_\_\_\_ Race: \_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_ Weight: \_\_\_\_ Occupation: \_\_\_\_\_

Residence: \_\_\_\_\_

For KBI Use
-------------

Total Payment for ALL searches requested. Make checks payable to: *KBI Record Check Fee Fund*

\_\_\_\_ Name searches at \$15 per search \_\_\_\_ Certified name searches at \$25 per search = \$ \_\_\_\_ Total fee enclosed.

---

Kansas Bureau of Investigation Attn: Criminal History Records Section 1620 SW Tyler Topeka, KS 66212-1837

Kansas Central Repository  
Manual Record Check Request

This page is used to provide identifying information for one person to be checked. The Full Name and Date of Birth are mandatory fields; the record check cannot be done without at least those two fields. Please include as much additional information as possible to ensure the best search is conducted. Note that each search permits the additional of one alias or maiden name. If the subject of the search has been known by three or more names, then submit a second records check form for the third name. Searching the first two names will be done in the first record check. The third name searched constitutes a new, billable record check.

Attach additional copies of this page as needed for more searches.

This is not the proper form to use for CERTIFIED record checks. If you require CERTIFIED record checks, print the Request for Certified Record Check form found on the KBI Public Access site: [www.accesskansas.org/kbi/criminalhistory](http://www.accesskansas.org/kbi/criminalhistory).

Requested by: American Adoptions, Inc. 9101 W. 110<sup>th</sup> St., Suite 200, Overland Park, KS 66210

Requestor Code: 902KS0171

Identification of the individual to be searched:

A fingerprint card [is] [is not] included.

Full Name: \_\_\_\_\_

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Sex: \_\_\_\_ Race: \_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_ Weight: \_\_\_\_ Occupation: \_\_\_\_\_

Residence: \_\_\_\_\_

For KBI Use
-------------

Total Payment for ALL searches requested. Make checks payable to: *KBI Record Check Fee Fund*

\_\_\_\_ Name searches at \$15 per search \_\_\_\_ Certified name searches at \$25 per search = \$ \_\_\_\_ Total fee enclosed.

Kansas Department of Social and Rehabilitative Services  
Protection Report Center Central Registry  
915 SW Harrison 5<sup>th</sup> Fl. South  
Topeka, Kansas 66612

Child Abuse and Neglect Central Registry  
**Release of Information**

I, \_\_\_\_\_, give permission for the release of any information concerning  
(please print complete first, middle and last name)  
myself in the Child Abuse and Neglect Central Registry to:

Contact Person: \_\_\_\_\_ Home Study Coordinator \_\_\_\_\_

Agency Name: \_\_\_\_\_ American Adoptions \_\_\_\_\_

Mailing Address: \_\_\_\_\_ 9101 West 110<sup>th</sup> Street, Second Floor, Suite 200  
\_\_\_\_\_ Overland Park, KS 66210 \_\_\_\_\_

Phone Number: \_\_\_\_\_ (913) 383-9804 \_\_\_\_\_

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

**★★ Please complete the information below by printing in ink. ★★**  
Please print legibly. Do not leave any space blank.

First, Middle and Last Name \_\_\_\_\_

Maiden Name: (If female applicant, please provide  
Maiden name or any other name used. If male applicant,  
Please use N/A) \_\_\_\_\_

Married Names: (Use N/A if none available) \_\_\_\_\_

Nicknames or Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Gender:  Male  Female

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***For Central Registry Use Only***

I, \_\_\_\_\_, give permission for the release of any information concerning  
 (please print complete first, middle and last name)  
 myself in the Child Abuse and Neglect Central Registry to:

Contact Person: \_\_\_\_\_ Home Study Coordinator \_\_\_\_\_

Agency Name: \_\_\_\_\_ American Adoptions \_\_\_\_\_

Mailing Address: \_\_\_\_\_ 9101 West 110<sup>th</sup> Street, Second Floor, Suite 200 \_\_\_\_\_  
 \_\_\_\_\_ Overland Park, KS 66210 \_\_\_\_\_

Phone Number: \_\_\_\_\_ (913) 383-9804 \_\_\_\_\_

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

★★ **Please complete the information below by printing in ink.** ★★  
 Please print legibly. Do not leave any space blank.

First, Middle and Last Name \_\_\_\_\_

Maiden Name: (If female applicant, please provide  
 Maiden name or any other name used. If male applicant,  
 Please use N/A) \_\_\_\_\_

Married Names: (Use N/A if none available) \_\_\_\_\_

Nicknames or Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Gender:  Male  Female

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***For Central Registry Use Only***

**AUTHORIZATION FOR RELEASE OF INFORMATION for FBI**

I, \_\_\_\_\_, authorize the FBI to release the results of the fingerprint search of Criminal Justice Information Services Division's files to the following individuals/ agency:

Individual/ Agency:     **American Adoptions**  
                                  **9101 W. 110<sup>th</sup> St. Suite 200**  
                                  **Overland Park, KS 66210**  
                                  **(800)-236-7846**

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 USC Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 USC 522a(i)(3) by a fine of not more than \$5,000.

Your Signature: \_\_\_\_\_  
(to be signed in the presence of a notary)

**NOTARIZATION**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

Expiration Date of Commission: \_\_\_\_\_  
(seal)

**AUTHORIZATION FOR RELEASE OF INFORMATION for FBI**

I, \_\_\_\_\_, authorize the FBI to release the results of the fingerprint search of Criminal Justice Information Services Division's files to the following individuals/ agency:

Individual/ Agency:     **American Adoptions**  
                                  **9101 W. 110<sup>th</sup> St. Suite 200**  
                                  **Overland Park, KS 66210**  
                                  **(800)-236-7846**

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 USC Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 USC 522a(i)(3) by a fine of not more than \$5,000.

Your Signature: \_\_\_\_\_  
(to be signed in the presence of a notary)

**NOTARIZATION**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

Expiration Date of Commission: \_\_\_\_\_  
(seal)