



Heart of Adoptions Alliance, Inc.

A NOT-FOR-PROFIT, FLORIDA LICENSED CHILD-PLACING AGENCY

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Dear Prospective Adoptive Family:

Welcome to Heart of Adoptions Alliance, Inc. We are so pleased you have contacted our agency in hopes of adopting a child. We are a licensed, child-placing agency founded in 2001 that offers domestic adoption services including home studies and post-placement supervision. We have several locations throughout the state, and serve birth and adoptive families anywhere in the United States.

Our programs include:

- Traditional Adoption Program
- Extra Care Adoption Program
- Older Child/ Sibling (DCF Intervention) Adoption Program
- Identified / Matched Adoptions
- Adoption Home Studies and Post-Placement Supervision

We will immediately begin the search for your birth mother or child once your completed application is accepted and approved by our office. Wait times for our programs are further explained in this packet. Our agency holds monthly informational meetings and individual consultations at most of our locations. The dates and times of these meetings can be viewed on our website.

If you need assistance obtaining a home study, we can provide this service if you are in Florida or provide references to you if you reside outside of Florida. Your profile is how you will be presented to birth parents, so you should consider the profile to be your “adoptive resume”. This is your best chance to express your feelings about the birth parent’s decision in the form of a “dear birth parent” letter. We utilize Parent Finder (www.parentfinder.com) to design, develop, and create your profile - both print versions as well as electronic versions. You will receive the information to begin this process after you submit your application, payment, and other supporting documents; average time for the profile to be available for view on our website is approximately 3 weeks but can depend greatly on how efficiently you move through the process.

Once you have joined our program, it is very important that you notify us immediately if circumstances change. Such circumstances could be you are no longer open to receiving a placement (i.e. if you become pregnant or receive a child from another source). Otherwise, your profile will continue to be shown to birth parents who will be very disappointed to learn that their adoptive family selection is no longer available.

Many times, prospective adoptive parents want to know how they can expedite their chances of adopting a baby. I would first suggest that you tell everyone you know about your search for a child, with the hope that someone may learn of a situation down the road. We often work with birth parents out of state, so geography is no limitation. Secondly, I would suggest discussing your comfort levels as well as various issues we see birthparents present with often with one of our adoption professionals so that we can best meet your needs.

We rely upon and heavily use e-mail and encourage you to do so as well, so that your questions and concerns can be handled expeditiously and efficiently. E-mail can be directed to us by using the employee's first name, followed by @heartofadoptionsalliance.com. Typically, we do not call adoptive parents when their profiles are shown to birth parents, as it is not really helpful to report that your family was not chosen. As a result, there may be long periods of inactivity from your perspective since there will not be much to report until you are matched. Lastly, we periodically send out information about adoption via email. The information is general in nature and may serve as a good resource to answer questions that arise while you wait to fulfill your parenting dreams. Please, do not hesitate to reach out to any one of our professional staff members if you would like more information on a specific topic or situation.

Once you review our packet, we strongly encourage you to attend one of our informational meetings so we can address any additional questions you may have and also get to know you! You can sign up on our website to attend an informational meeting at one of our locations which is most convenient for you. Heart of Adoptions Alliance, Inc. and our staff look forward to working with you.

Respectfully,

Adrienne Elliott

Adrienne Elliott M.S.
Executive Director

PROGRAM INFORMATION

Heart of Adoptions Alliance, Inc. primarily places newborns directly from the hospital. Occasionally, a toddler or older child is available. Birth parents select from profiles of screened and approved prospective adoptive families. Most birth parents choose to speak with or meet their selected adoptive family prior to their child's birth. On-going contact after adoption through pictures and letters is required by Heart of Adoptions Alliance, Inc. for a minimum of 5 years, and in most cases 18 years.

Both heterosexual and homosexual couples as well as single applicants are eligible to apply for the adoption programs, although single applicants need to understand their wait time may be significantly longer. Additionally, families adopting a child of another race are expected to demonstrate an understanding of the potential challenges associated with trans-racial adoption. Additional training in cultural and/or race differences are required.

A newborn care class is required for all first-time parents and current parents whose children are over the age of 5. You may pick one of the following two options to complete this requirement:

- **The Baby Manual.** This is an online only class that can be accessed here: <https://www.babymanual.com/stork/25/>. Use the code "HeartOfAdoptions" for 20% off. Once you complete the training (you can skip section 5 on breastfeeding), complete "The Baby Manual Quiz" attached and submit it along with your application and payment.
- **Attend a class at your local hospital, Red Cross, health department etc.** Submit the certificate you receive at the class along with your application and payment. (Feel free to choose this option, but please remember that their classes may include childbirth education and be attended by pregnant families).

A Water Safety course is another requirement to be taken by all families, regardless if you have a pool or live on the water. This course is free! It can be found online:

<http://centervideo.forest.usf.edu/qpi/poolsafety/poolsafety.html>

Note: The test will not appear if any portion of the video (even a single frame) is skipped or fast-forwarded. Please provide a copy of the completion certificate along with your application at time of submission.

TRADITIONAL ADOPTION PROGRAM

This program includes all races or race combinations.

Waiting times for this program vary, due to a host of controllable and non-controllable factors. Generally, the average waiting period to be matched with a birth mother in this program is slightly less than two years. However, waits can be dramatically shorter or longer depending on individual situations and the restrictions of the prospective adoptive family regarding birth mother history.

Living and medical expense assistance is typically requested by birth mothers in the traditional adoption program, therefore families should budget for these expenses in addition to the fees included in the fee schedule. Living expenses vary per situation, but a good estimate for this program is \$4,000 to \$8,000. Obviously, some birth mothers have much greater needs, which results in a more expensive adoption situation.

EXTRA CARE ADOPTION PROGRAM

Families open to at least four (4) of the following seven (7) categories are qualified to sign up for this program. The initial fees are reduced as well as some fees are waived that are typically due by placement. The categories for this program are:

- Methadone Program
- IV Drug Use
- Hepatitis C
- Poly-Substance Abuse
- Significant Mental Health History (bi-polar, schizophrenia)
- Completely Open Adoption
- No Pre-Natal Care (and will likely not receive throughout pregnancy)
- Safe Haven (legal risk for 30 days)

Waiting times for this program vary just as they do in the Traditional Program. Generally, the average waiting period to be matched to a birth mother in this program is slightly less than one year. Wait times depend on many factors, especially on the prospective adoptive family's preferences and flexibility regarding birth mother history.

Living and medical expense assistance is typically requested by birth mothers in the Extra Care Program, therefore families should budget for these expenses in addition to the fees included in the fee schedule. Living expenses vary per situation, but a good estimate is \$4,000 to \$8,000. Some expenses can be subsidized to assist families that are truly excited and interested about adopting an extra-care infant but may not have the budget to cover all birth mother expenses.

Please take into consideration that your home study must approve you for any situations that you accept so when completing the application and selecting the program(s) you must be approved for this type of situation, i.e. drug exposure, mental health history, etc.

OLDER CHILD/ SIBLING ADOPTION PROGRAM

Children in this program can be any race. They are typically via intervention cases with the state foster care system. Many of these children will need assistance with transitioning to a forever home which requires specialized training for adoptive families. If this is something you are interested in please speak to an adoptive parent coordinator to discuss options. Home study documents need to include that you are approved for an older child situation and/or sibling set. These situations are not customary but do occur often enough to have families interested in this type of situation. Often times we do not have birth records or consistent medical and/or educational records but we do everything we can to get adequate records in situations such as this.

IDENTIFIED/ MATCHED ADOPTIONS

If you are a family lucky enough to have already identified a birth mother that is choosing to place her child with you for adoption, then we can help. Heart of Adoptions Alliance, Inc. can assist both you and the birth parents in completing the adoption process.

If you are a Florida resident, beginning with your adoption home study, we will prepare you for the adoption process. If you reside outside of Florida, we can refer you to a reputable home study agency in your home state. If you are communicating directly with the birth parents, we will provide support and guidance along the way. Should you choose not to communicate directly, you can rely on us to make sure your desires and wishes are known while ensuring the birth parents also receive the services and support they need to feel secure about their adoption decision.

Birth parent interviews and counseling, relinquishment, and legal finalization are just some of the other services that are available. The agency's fees for assisting with an identified adoption vary depending on the extent of the services provided, but are much lower than our other programs.

ADOPTION HOME STUDIES & POST-PLACEMENT SUPERVISION

Every family hoping to adopt must have an approved adoption home study. Our agency can provide this for you. As a licensed, child-placing agency, our home studies are accepted by agencies throughout the nation. In addition, we are able to complete home studies more quickly than many agencies, and often, our home study is less expensive than many programs in Florida. Post-placement supervision visits are required follow-ups to the home study after a child is placed in your home. Our agency can perform the required number of post-placement visits to insure completion in time for you to finalize your adoption.

PROGRAM FEES

***Please note- Similar to best practices used in law firms, Heart of Adoptions Alliance, Inc. offers a unique benefit to our clients by placing all of your adoption funds into a trust account. This ensures our clients' money is spent solely for their specific adoption and not overall agency overhead, etc. unless it is a fee for service provided such as the home study or post placement services. Client money is not utilized until such time as you have invoices for costs, natural mother living expenses, or your retainer for services. This protects your money from being spent prematurely and allows you, the client, safe guards from any unnecessary loss of funds.

Application Fee:	\$950	Traditional Adoption Program
	\$450	Extra Care Adoption Program

If you are signing up for the Extra Care Program you are also automatically included in the Traditional Program. If you are **ONLY signing up for the Traditional Program then the full fee is due. If you are signing up for both programs, the fee is \$450 you do not have to pay for multiple program participation. Application fee is non-refundable.

\$2,000	Older Child/ Sibling Adoption Program
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This fee applies to placements of older children/sibling groups only. This fee covers the application as well as assistance and attendance from our staff at any Match Meeting/Proposal Meetings held through a foster care agency. There are no advertising fees for this program.

Advertising Fee:	\$3,500	Traditional Adoption Program
	\$500	Extra Care Adoption Program

This fee applies to placements in our Traditional Program and Extra Care Program, but is waived for older child/sibling adoption placements. **Part of this fee is due at time of application, (\$2000 Traditional Program, \$500 Extra Care Program)** the remaining amount is due at the time of match. Items covered by this fee include but are not limited to all agency advertising costs including profile creation and development services. It includes your profile being listed on our website as well as www.Parentfinder.com, camera rental and editing for online video profile, 12 copies of your printed and bound profiles, Facebook and blog/journaling assistance, an e-book as well as flipbook accessibility on the website. Advertising fee is non-refundable.

Agency Fee:	\$18,000	Traditional Adoption Program
	\$18,000	Extra Care Adoption Program

Varies/ situation Older Child/ Sibling Adoption Program

A portion of this fee (\$3,000 retainer) is due at the time of a match and the balance is due prior to the birth of the child or placement. Should placement not occur for any reason, this fee is fully refundable less the retainer already paid. An additional fee of \$1,000 for stork drop situations and \$3,000 for twins cases will be added to cover additional casework and legal work to be done.

Pregnancy Program Fee: \$1,200

This fee applies to placements in our Traditional Adoption program, but is waived for other program placements.

Birth Parent Expenses: Varies per situation

Birth parent living and medical expenses are actual costs, which are passed to the adoptive family. These monies are typically collected at the time of match and dispersed monthly.

Costs: \$1,000-\$1,500(estimated)
(additional \$500 for twins cases)

Other costs are estimated at the time of match based on the situation. Out of pocket costs are actual and typically range from \$1,000-\$1,500 and are due at the time of match. Types of things covered by this fee include but are not limited to: incidental office expenses, court filing fees, photocopy costs, phone (cell, long distance and collect), notary public charges, CAIRS technology costs, service fees, mileage, tolls, gasoline, weekend/after hours consent signing fee, birth father and/or legal father searches, publication costs, or third party expenses.

Finalization Fee: \$2,500

The adoptive family is responsible for attorney fees associated with the finalization of the adoption. This fee includes all court costs.

Child Connect Fee: \$800

In most situations, the adoptive family is required by the birth parents to provide post-birth/adoption picture and letter updates, which are handled by a third-party provider.

Home Study Review Fee: \$300

This fee covers our time to review any home study report completed by someone other than Heart of Adoptions Alliance, Inc. This review is necessary to ensure that your home study meets Florida requirements for placement of a child.

Counseling Fee: \$80-100/hourly

Birth parents are encouraged to utilize counseling services. Most services are provided at no cost. However, in some instances it is necessary for the adoptive family to cover these expenses.

Interstate Compact on Placement of Children (ICPC) Fee: \$2,000

This fee applies to families that reside in a different state than their birth mother.

Intra/Interstate Conversion Fee: \$1,000

This fee applies when a family relocates to another state after placement but before finalization of the adoption.

Foster Care Fee/Cradle Care (per week plus expenses): \$65/day which includes incidentals
Excludes medical care and mileage

This fee applies in situations where child is born but cannot yet be placed in the adoptive home.

Travel: \$250-\$1000 /Varies Per Situation
Travel fees cover our attorney, paralegal, and/or caseworker to travel to/from the location where adoption consents are being signed.

Medicaid: \$250
This fee applies only if baby is admitted to NICU or if adoptive families request that we apply rather than covering the baby from birth on their own insurance.

DCF Intervention Fee: \$3,000
This fee covers the legal process when a birth parent is placing a child for adoption through a private agency, even when the child is under the jurisdiction of the dependency court, as long as no final judgement of termination of parental rights has been entered, resulting in removing the child from foster care and placing into an adoptive home. (This fee is due at time of match acceptance and is non-refundable.)

FEES FOR INDIVIDUAL SERVICES

Domestic Home Study Fee: \$975

Home Study Update Fee \$600

Expedited Home Study / Update Fee: \$300

Post Placement Supervision Fee (Per Report): \$250
(required monthly until Finalization)

Home study fees are due at the beginning of the home study process. Post placement fees and travel costs for traveling outside of Tampa, Naples, Orlando, or Merritt Island will be collected at the time of your home visit. Costs are \$20 per hour + current standard federal rate for mileage.

Agency Networking Fee: \$2,000 - \$5,000

Often other agencies contact Heart of Adoptions Alliance, Inc. seeking an adoptive family for a particular birth mother or older child situation. If you are open to adopting through another agency, we can assist with guidance, case management, and/or legal advice. You will be notified and will have the opportunity to decide if you want to move forward with a networking situation if one is presented to you. This fee is based on our level of involvement.

Identified / Matched Adoption Fee:

Varies per situation

Please call us for a fee quote and explanation of services. Birth parent interviews and counseling, relinquishment, and legal finalization are just some of the services that are available. Fees vary depending on the extent of the services provided, but are lower than our other program fees.

Older Child/ Sibling Adoption Fee:

Varies per situation

Please call us for a fee quote and explanation of services. These situations are typically, though not always, a result of an intervention via the state foster care system. Fees vary depending on the extent of the services provided, but are lower than our other program fees.

OTHER SERVICES

Birth Parent Interview and Report Fee:	\$500
Subsidy Application Processing Fee:	\$1,200
Passport Documents Processing Fee:	\$750
International Assessment Fee:	\$750

****No refunds on application, advertising, home study, foster care, counseling, post placement or Child Connect fees. Fees are subject to change and current fee structure shall apply at the time of match/placement.***

COMMONLY ASKED ADOPTION QUESTIONS IN FLORIDA**How much does adoption cost?**

The costs of adoption are wide-ranging, primarily depending on the birth mother's living and medical expense needs. The average adoption cost through our agency range from \$32,000 to \$45,000, but could be as high as \$50,000 or more. You will be able to tell us your adoption budget so that we can stay within your parameters.

In matched situations where an adoptive family has already identified birth parents, fees typically range from \$8,000 to \$13,000 depending on the extent of services provided.

In older child/ sibling adoption situations, fees range based on the extent of services provided.

What is the pregnancy program fee?

These are monies that are paid to or on behalf of pregnant women who have chosen adoption as an option for their pregnancy and need assistance with living expenses, which are not ultimately covered by an adoptive family. The reasons for this are varied: she may need assistance before an adoptive family has been identified, it may be due to a failed adoption, it may be the child is born or will be born with special needs, it may be that the agency uncovers that a birth mother is fraudulent in her adoption plans, or it may be due to a variance between the birth mother's needs and what can be afforded by a family.

What is a home study?

An independent investigation to verify your suitability as adoptive parents. They are valid for one year or one placement in Florida and can be updated easily. If you need assistance in obtaining a home study, please advise, as Heart of Adoptions Alliance, Inc. can complete your home study or refer you to a qualified professional.

Are there age, marital, religious or other restrictions?

There are no restrictions due to religious beliefs. We do restrict the minimum age allowance of an adoptive parent to 25 years old and maximum age allowance of an adoptive parent to be 50 years old. There are no restrictions on marital status but it could affect the manner in which an adoption is processed, i.e. unmarried couples have to adopt as a single parent adoption. Married couples must have been married a minimum of 2 years and each prospective adoptive parent may have no more than 2 previous divorces. Please feel free to discuss options with an adoption case worker.

Will you work with military families?

Yes. Please discuss with an adoption case worker how this could have an effect on timeframes for various situations. It may be necessary to have a Power of Attorney drawn up to include wording of "adoption related decisions", please speak to your caseworker regarding specifics to your case.

Will you work with out-of-state families?

Yes. We process many Interstate Compact adoptions and will assist in reconciling the conflict of laws that often exists between states. Please feel free to discuss specific regulations/requirements of ICPC with an adoption case worker. We currently are unable to accept prospective adoptive families from New York or New Jersey (Though our sister agency Heart of Adoptions Alliance, Inc. may be able to as well as there are advertising only programs we may be able to offer you.) But, feel free to inquire as this may change.

Will you work with out-of-country families?

Yes. We work with many families residing outside the United States. However, international families should be aware that some birth mothers are hesitant to place their children with adoptive families from other countries; therefore there may be an increased wait time. Additionally, the adoptive family's country of residence adoption laws must also be followed as well as citizenship and/or permanent resident cards must be up to date and meet all regulations. Both parents must meet US Citizenship and/or Permanent Residency requirements if residing in the US.

Where do your birth mothers come from?

We work with birth mothers from all over Florida and many across the nation. They typically identify our agency through yellow page advertising, the Internet, and word of mouth.

What is the profile of a typical birth mother?

There are many different variables, but our statistics show most birth mothers who have placed their children with our adoptive families are between 19 and 35 years of age, are single parents to one or more children, and they know the realities of parenting and are more likely to go through with an adoption plan. They often are exposing their unborn child to various drugs as well as many have had traumatic histories such as being raised in foster homes, abusive relationships, or legal issues. Teenagers sometimes consider adoption; however, many choose parenting or abortion and some are not mature enough to go through with an adoption plan.

How am I matched with a birth mother?

The birth mother usually makes a “dream family list” that identifies the qualities important to her in an adoptive family. She is then presented with the first five families on our list that meet her requests and who have comfort levels matching the various social/medical history that she is presenting with, she then selects from those families. Occasionally birth mothers prefer for us to select the family, and this is done in chronological order with taking into consideration social/medical situations.

When a birth mother selects our profile what happens next?

Once a birth mother selects your profile, the caseworker will reach out to you and let you know. They will then send you pre-engagement documents to review. Pre-engagement documents will include the Adoption Agreement which will list the fees associated with this particular situation, social and medical histories of the birth mother (and birth father if available), as well as any medical records we have at this time, if any, and all redacted for privacy. We ask that you take no more than 48 hours to review the documents and respond to the caseworker as to whether you will accept or decline the match. This is to ensure that the birth parents’ needs are met, which include financial and emotional support. Taking longer than the allotted time can cause significant concerns for the birth parents who want someone who wants their baby, and she may need to look at further profiles, etc. In addition, if you decline a situation that is within your APQ parameters, we will place your file on hold for a minimum of 45 days so we can complete a mandatory review of your application with one of our adoptive parent professionals before reactivation. Depending on the situation, we may suggest counseling and or educational classes as well.

Should I call your office to get updated about my place on the list?

No. Such calls are time consuming and take away from the time we have to work with birth mothers. In addition, such calls are largely unproductive as your place on the list is a compendium of many factors and doesn’t necessarily bear a relationship to when you will be selected by a birth mother. We welcome you to touch base and discuss profile views/exposure, comfort levels, etc. that can effect your wait time. There will be times when there have been no situations meeting your comfort levels which will obviously effect if we have been able to show your profile or not.

What information will I have on the birth parents?

In most situations, you will receive a lengthy family, social and medical history compiled by the birth mother, and sometimes the birth father. Where possible, we also obtain medical records from the OB/GYN and the hospital. If requested, we can obtain criminal records or other third party documents. We cannot guarantee the health or medical history of the baby.

What information will the birth parents have about me?

Your family profile should include information you want your birth mother to know about you. The birth parents may also ask additional questions which will be answered with your approval. It is common, for example, for a birth mother to want to know the first name you select for the baby.

What tests will be run on the birth mother?

We generally request HIV, drug screening, hepatitis and all the normal OB/GYN tests. Sonograms are also routinely requested but not always done as often as we wish. You can usually ask for any other type of testing or additional sonograms, excluding amniocentesis which the doctors will only perform for a medical reason. Please note there may be a charge for additional testing. Please

note- We cannot force a birth mother to receive pre-natal care or comply with medical testing/procedures prescribed during pregnancy. Tests will be done at the hospital at time of labor and delivery.

What tests will be run on the baby?

We request routine newborn testing and where indicated, we order HIV, drug screening, and hepatitis testing.

What kind of contact will we have with the birth parents?

It is agency practice that birth parents and the prospective adoptive parents have a conference call on the phone or Skype via computer within a week of accepting a match as well as a face-to-face meeting completed pre-birth. Such meetings generally consist of lunch at a restaurant to help the birth parents and prospective adoptive parents begin to build a relationship. This agency practice is waived if a birth parent does not want it but it should be factored into the prospective adoptive family's adoption plans, travel expenses, etc. On-going contact after adoption through pictures and letters is required for a minimum of five years and in many cases eighteen years. This is done confidentially through the agency, via a secure online program, so no identifying information is exchanged.

What should we say or not say in communicating with the birth parents?

You should focus on being yourselves, letting the birth parents get to know you and establishing a comfort level. We want the birth parents to have concern and empathy for your situation, and for you to understand theirs. You should not be interrogative, ask for personal or confidential information or question medical history. If you have a question in this regard, let us handle it.

Will the birth mother receive counseling?

We strongly advocate counseling for the birth parents, and insist on it to the extent possible. We typically refer birth parents to free local resources in their area for counseling and support (i.e. crisis pregnancy centers). In situations where these services are unavailable, the adoptive family may be responsible for covering the cost of private counseling. Many birth mothers are not willing to attend counseling and, of course, cannot be forced to do so.

How and when will we know when the baby is born?

We have 24-hour per day telephone support for birth mothers to reach us when they are admitted to the hospital for labor. We suggest that you provide the agency with up to date cell phone numbers and/or alternative ways to contact you after being matched with the birth mother so we can get a hold of you at any time, especially if the birth mother requests that you be present for delivery.

When will the consent for adoption be signed?

Pursuant to Florida law, the consent will be signed no sooner than 48 hours after delivery unless the birth mother is being discharged earlier by her doctor. With a caesarean section, the wait may be slightly longer as we must ensure that the birth mother is free of narcotic medication.

Can a birth parent change his/her mind once a consent for adoption is signed?

Pursuant to Florida law, a birth mother who executes a consent for adoption involving a child six months or younger, does not have a grace period in which to change her mind. The consent for adoption is permanent and irrevocable from the moment it is signed, and can only be overturned

based on fraud or duress. However, in cases where the birth mother is placing a child older than six months, the birth mother has 3 business days to revoke her consent for any reason.

What rights do birth fathers have?

In Florida, if able and aware of the pregnancy, a birth father that desires to establish and/or protect his rights is expected to pay a fair and reasonable amount of the expenses incurred in connection with the mother's pregnancy and the child's birth, in accordance with his financial ability, when not prevented from doing so by the birth mother. We attempt to locate and contact birth fathers to see if they will voluntarily cooperate with the adoption and sign a consent or affidavit of non paternity. For unmarried biological fathers who are located and will not cooperate, the Florida Supreme Court has mandated that we serve them with a notice of the birth mother's intended adoption plan. The notice gives the potential father a period of 30 days within which to indicate his intent to contest the adoption by taking certain specified actions which include that he: 1) register with the Putative Father Registry and 2) file an affidavit with the court committing to certain obligations with respect to the child. If the unmarried biological father fails to timely complete the required actions, we seek a court determination that he has no rights to the child. If the unmarried biological father timely completes the required actions, he preserves his right to notice and his consent to the adoption is required as if he had been married to the birth mother or otherwise established to be the child's legal father. In such cases, his failure to provide financial support to the birth mother during her pregnancy remains a basis for the court to waive his consent and the judge will determine if he provided the pre-birth support necessary to prevent adoption. All placements are at-risk. This means you may have to return the child should termination or finalization be denied by the court. Additionally, birth parents and legal parents have a maximum period of 1 year to challenge termination of parental rights and any subsequent adoption, measured from the time the termination of parental rights order is entered. Arguments may be made to extend these time frames if there is fraud or other misconduct.

Can birth mothers receive living expenses?

Yes. Florida law permits adoptive parents to pay the actual and reasonable living expenses during the pregnancy and up to a maximum of six weeks following delivery if the birth mother is unemployed, underemployed or suffering from a medically diagnosed disability. This is done through the agency and not directly from the adoptive family to the birth mother.

Will I receive a refund of living expenses if the birth mother does not place?

We have the birth mother sign a financial agreement, which obligates her to repay such monies if the match fails. In reality, very few have the resources to do so. The financial agreement may allow you to write off such losses as a bad debt. In addition, you can pursue a judgment against the birth mother, which is valid in Florida for 20 years (and renewable for another 20). An attorney that specializes in creditors' issues can then handle pursuit and enforcement of the judgment.

Can I work with more than one agency at a time?

Yes. We encourage you to network, but require that you inform us if you have been matched to a situation through another agency as we will not show you to cases while you are matched through another agency. In addition, if you accept placement through another agency your file will be closed as the home study will no longer be valid. You may request to be removed from our waiting list or be placed on a hold status at any time. We will place a file on hold for up to 4 months. Remember that a home study is good for one year or one placement; so if you have taken

placement of a child but would like to continue towards another adoption with the other you would need to restart the process with a new home study, etc.

Can I place my application on a “hold” status?

Yes. In the event that you decide to place your file on a hold status (i.e. you are matched to a birth mother via another agency, you choose to pursue fertility treatments, you become pregnant), you must notify the adoptive parent coordinator who will place your file on hold for up to four (4) months. If you do not contact the adoptive parent coordinator before the expiration of the four (4) months to obtain an extension, your file will be closed. Please be advised that the length of time your file is on hold does not count toward your total wait time. If your file is closed and you decide to re-apply to our agency at a later date, you will be responsible for starting the process over from the beginning.

How does a failed match affect my position on the waiting list?

The agency will attempt to expedite another match for families that experience a failed adoption.

Will my insurance cover the baby?

Most insurance companies in Florida are mandated by law to provide coverage for an adopted child. Coverage can exist from the moment of birth if the adoptive family agreed to the placement prior to the child's birth. Additionally, federal laws, including the Omnibus Budget Reconciliation Act of 1993 "OBRA '93" (private employers) and the Health Insurance Portability and Accountability Act of 1996 "HIPAA" (governmental employers), prohibit discrimination against adopted children. Therefore, health insurance coverage for adopted children is available to all families covered by group health plans at the time of placement, which is defined as the time when the adoptive family assumes financial responsibility for the child. Health insurance plans that are individual plans (not employer-sponsored) are not subject to federal regulation. If you are covered by an individual plan, you should check the laws of your state to determine your rights. We suggest that you contact your insurance company at the time of your home study or as soon as you have a match so that you can ensure your coverage is in place for the child's birth.

When will my adoption be finalized?

Florida law permits finalization once the 90 day post-placement supervision period has expired, however, the Petition for Adoption cannot be set for final hearing until 30 days after entry of the Final Judgment Terminating Parental Rights. Finalization generally occurs within four to six months after placement, but can be delayed by a birth parent's failure to cooperate or the court's crowded docket. We will notify you when your final hearing is set.

What is post placement supervision?

Florida law requires monthly post placement supervision visits one per month until finalization occurs. The first visit is required to be completed within the first week after placement and will be completed by HOA, the remaining visits are usually done by the individual or entity that did your home study. If additional visits are needed, you will be notified. Please be sure to notify them when you receive a placement.

When can I obtain a birth certificate?

We apply for the birth certificate after finalization of the adoption, and it usually takes 4 - 6 weeks thereafter to obtain.

When can I obtain a social security card?

Not until the adoption is finalized and you receive the birth certificate. You can then apply for one at your local office.

Financial Assistance:

Heart of Adoptions Alliance, Inc. has partnered with **Your Adoption Finance Coach** to provide our families with access to financial resources to help take the worry out of financing your adoption.

Services provided by Your Adoption Finance Coach include:

- Live and online coaching with experts who have been through the adoption process themselves and know the complexities of funding your adoption
- Emphasis is put on adoption budget and planning guides as well as templates to customize your own financial plan
- Online video library with over 4 hours of content available to you 24/7.

Participating families will learn how to apply for grants and loans, plan and implement a fundraising campaign, learn about the adoption tax credit and analyze crowd-funding platforms to determine which is best for you. Experienced Coaches available to you to answer all your questions about how to find the money to pay for your adoption.

Whether you have all the money for your adoption or not, these services are invaluable to you in developing a financial plan for your adoption.

Heart of Adoptions Alliance, Inc. is eager to help you create your road map to financing your adoption. For more information regarding Your Adoption Finance Coach check out the Finance Coaching tab on our website located under Helpful Links on the Hoping to Adopt page. When you sign-on with Heart of Adoptions, Inc. you will be automatically added to this service. You have the option to 'opt out' at any time but it is a fee service to you.

<http://heartofadoptions.adoptionfinancecoaching.com/>

Is there a tax credit for adoption?

Adoption Credit. For 2017, the credit allowed for an adoption of a child with special needs is \$13,570, and the maximum credit allowed for other adoptions is the amount of qualified adoption expenses up to \$13,570. Phase-outs do apply beginning at taxpayers with modified adjusted gross income (MAGI) in excess of \$203,540 and completely phased out for taxpayers with MAGI of \$243,540 or more.

Please consult with your tax advisor or the IRS to determine your eligibility, as well as the many other tax related benefits associated with children.

Families adopting a child domestically can claim the tax credit whether or not the adoption goes through. This helps families that cover the expenses of a birth mother who later decides not to release the baby for adoption. IRS Publication 968 provides an alternate method to obtain proof of the child's identity when you can't get an adoption tax number due to a disrupted adoption.

Families adopting a child from overseas can take the tax credit only if the adoption becomes final. Adoptive parents must keep records of their expenses, but the IRS defines the allowable expenses broadly as "reasonable and necessary" fees including adoption, attorney fees, travel costs and other expenses related to a legal adoption.

When and how can I take the dependency deduction?

Check with your tax advisor, but generally in the year you accept placement of the child. If you do not yet have a social security number, an Adoption Taxpayer Identification Number can be issued

in the interim. You must complete IRS Form W-7A, which can be downloaded at www.irs.gov or you can call the IRS at 1-800-829-3676.

Is the earned income credit and child tax credit available for adopted children?

Yes, if you otherwise qualify under the IRS rules and regulations. These are two separate tax benefits.

Should I update my will?

Once the adoption process is complete and you have welcomed your son or daughter home, take a few minutes to let it all sink in, and then make an appointment with your attorney to revise your Last Will and Testament. Having an up-to-date Will is important for all of your children whether they came to you through birth or adoption.

There are many reasons why parents should have a current Will. The two most important reasons involve naming your children as beneficiaries of your estate and appointing their guardians.

Although most states treat adopted children the same as birth children, it is best to specifically identify your adopted child(ren) as a beneficiary of your estate. The second reason has to do with appointing a guardian of the child and a conservator of the child's property. A Will is the only place you can make these designations. If you fail to designate someone to act in these capacities, the Court will make the determination for you.

What is the Indian Child Welfare Act?

The ICWA is a federal law that was enacted in 1978 to protect American Indian children who are members of or are eligible for membership in an Indian tribe from being placed for adoption with non-Indian families. The ICWA allows for a tribe to intervene in a termination of parental rights proceeding and, in some cases, allows for jurisdiction to be transferred to the tribe. In order to determine that a child placed for adoption does not fall within the ICWA, we request information from the birth parents as to whether they, or their relatives, are eligible for tribal membership. In order to comply with the ICWA, we write to any tribe that the birth parents indicate may have an interest in the child. In most cases, the child does not qualify for tribal membership and the tribe responds that it has no intention to intervene in the placement. An adoptive placement that involves a child with American Indian heritage is at risk until such time as the tribe indicates that it has no intention to intervene and until the birth parents' rights are terminated.

What Is the Interstate Compact for the Placement of Children (ICPC)?

The ICPC is a uniform law drafted in the 1950's, which today has been enacted in all 50 states, the District of Columbia, and the U.S. Virgin Islands. The ICPC contains 10 articles, which establish the procedures for interstate placements and assign responsibilities for all parties involved in placing a child for adoption. The ICPC applies only to children who are placed for adoption across state lines, but not to placements made with a parent, stepparent, grandparent, or other close adult relatives.

How does the Interstate Compact work?

If an adoptive family is from state A (receiving state) and the baby is born in state B (sending state), ICPC applies. In this situation:

1. The family would travel to the sending state for the adoption of the child.
2. Before they are allowed to leave the sending state, the adoption agency would submit the ICPC paperwork to the sending state's ICPC office.

3. After the sending state has approved the adoption, all of the paperwork would then be forwarded to the receiving state's ICPC office.

4. Once the receiving state has approved the paperwork, the family is notified of the approval, and only then can they return to their state.

If ICPC is not followed, or the family leaves before ICPC approval, the adoption could be jeopardized and the child may be returned to the sending state. Florida allows for the adoptive family to stay with the child during the wait.

What are the ICPC Safeguards?

The ICPC offers safeguards to all parties involved in the adoption, especially the child.

- Requires both a home study of the adoptive family and that an evaluation of the interstate placement be completed.
- Ensures the sending and receiving state's laws and policies are followed before it approves the interstate placement.
- Assigns responsibility to the sending agency, thus guaranteeing the child's legal and financial protection.
- Allows the prospective receiving state the opportunity to consent to or deny the adoptive placement.
- Provides for continual supervision and regular reports on each interstate placement.
- Ensures the sending agency does not lose legal jurisdiction of the child after moving to the receiving state.

What time is needed to process ICPC?

ICPC typically requires the submission of your baby's discharge paperwork and medical records so only when these items become available can the ICPC package be completed and sent out. Once the ICPC paperwork has been submitted, it takes an average of **7-10 business days** to process. This is an average time frame and some ICPC offices can take longer. Adoptive families should make the necessary arrangements to stay in the state for at least 2 weeks. Only one parent must stay with the child or foster care can be arranged if necessary.

Adoptive families will be notified immediately upon ICPC approval. We need to know where you are at all times during this wait and have as many contact numbers as possible. Clearance for you to return home **MUST** be received by you from our office, not your home study agency or the ICPC offices of your home state.

We understand the adoptive family's desire to get back to their home and share their excitement and joy with family and friends as quickly as possible. We encourage you to use the time to bond with your newest family member during the ICPC process. Looking at the clock or counting the days that have passed will only make the wait seem longer. We will endeavor to minimize your wait. However, the wait for ICPC approval is generally out of the control of the agency and your attorney. You will be contacted only when ICPC approval has been given. Until that time, we appreciate your patience and understanding and ask that you refrain from contacting the agency or your attorney to see if ICPC approval has been granted. These requests are not favored by the Florida ICPC office.

DISCLAIMER:

The information provided above is an overview of Florida's adoption law. It is a brief introduction to

a complex topic. This is not a complete dissertation of the law, is not tailored to a specific case, and you should not rely on this document. Moreover, many facets of Florida adoption law are untested; therefore, this information may change as the courts interpret the law. When you have specific questions regarding your particular adoptive placement, please address them with us, or another qualified advisor.

Application for Adoption Supplement

Note: Please use the following information as a supplement when filling out the Application for Adoption. Once you have completed the application, your responses will be reviewed by our staff and you will be advised accordingly.

The Application for Adoption is the single most important document in determining the expectant parents you will be matched with, and the length of time you will likely wait. The more restrictive a family is on their application, the less exposure their Family Profile will receive. The application is broken down into several key sections. Each section of the application will be briefly discussed with regards to show how it would effect your waiting time.

The Application is the single most important document in reducing your wait time.

Program Selection: We have three program options: Traditional Program, Extra Care Program, and Older Child Program. You do not have to select just one program, simply check the box on the application that corresponds with the program(s) you are applying for. Keep in mind that your home study must approve you

for the type of situation you accept. If you are applying for more than one program, you do not have to pay multiple application fees. If you are signing up for the Extra Care Program or Older Child Program you are automatically included in the Traditional Program as well. The full fees are for those only signing up for the Traditional Program.

Race: Adoptive families must be completely comfortable with the race of the child they want to adopt. Families interested in reducing their wait time should think carefully when selecting the race(s) of the child they want to adopt. The more open you are/can be to different races and ethnicities, the more opportunities you have to get exposure for your profile which will hopefully help reduce your wait time.

Gender: While the agency does not prohibit adoptive parents from stating a gender preference, this is highly discouraged for a number of reasons. One- many expectant parents do not want to select adoptive parents who only want their child if it is of a certain sex. Some expectant mothers do not want to know the sex of their child in advance (and some not at all). Two- matching often occurs before sex is known. Three- sonograms are not 100% accurate on gender issues. Four- gender preference significantly prolongs the period within which the prospective adoptive parents receive a child. If, however, a gender specific preference is stated, and the adoptive parents are matched with a birth mother, the adoptive parents will not be permitted to withdraw from that match if the child turns out to be a different sex than anticipated. Failure to honor this requirement will result in permanent removal of the adoptive parents from the Agency's waiting list.

Physical Characteristics: While we collect a variety of information for each adoption, adoptive families should not make requests with regard to the physical characteristics of the birth parents. This is an unrealistic expectation for an adoptive family to have and often times the birth mothers specific physical characteristics do not match the child's.

Contact with the Birth Parents: There are essentially 3 types of adoptions that adoptive

There are 3 types of adoptions for adoptive families to consider

families must consider concerning contact with the expectant/birth parents. Each type of contact varies, as does the effect on the waiting time. The amount, type, and frequency of contact are usually determined by the expectant parents. Contact can be defined as letters, pictures, phone calls, and/or meetings. There are some things to consider when deciding what type of adoption you are looking at as there are ways to have privacy and maintain your confidentiality while having a higher level of communication and 'openness' with a birth family. For example: If you use a smart phone to take pictures, it can automatically encrypt the location of where you are when the photo is taken into the digital component of the photo. You have to turn off the location feature on your phone to prevent this. If you have an iPhone, it's under settings>privacy>location services> and then next to camera you can turn it off and on. This is highly important for adoptive families who send electronic pictures to birth parents as birth parents can download the pictures from the emails and then look under properties which reveals GPS locations. With the GPS coordinates on the pictures, they can map to the precise location where the picture was taken, including right in the adoptive family's' backyard. If you don't want to disable this feature another option is to purchase a pre-paid phone which is not associated to any person or carrier service and you can exchange picture messages, text messages, even phone calls without feeling your privacy is at stake. We welcome the opportunity to discuss openness and/or communication possibilities with you.

1. **Open Adoption:** An open adoption is an adoption where all identifying information such as full names, addresses, and/or telephone numbers are exchanged between the adoptive family and the birth parents. While this type of adoption does not occur with great frequency, adoptive families willing to accept open adoption increase their chance for a faster adoptive placement.
2. **Semi-Open Adoption:** With a semi-open adoption, there is no identifying information exchanged between the adoptive family and the birth parents. There is however, the possibility that one or all of the following could occur; the adoptive family could meet the birth parent in person before or after the placement, conference calls could be set up through our offices to facilitate conversations, and/or letters and pictures could be exchanged through our offices for up to 18 years after the adoption takes place. We suggest creating an email account now, separate from your normal email account, that should the birth parents you are matched with decide they wanted more contact you can share this with them. We also suggest considering a 'track phone' which doesn't have to

be linked to a name and can be purchased in the area your birth parents reside so there are no long-distance charges if the birth parent decides they want to share text messages, picture messages, etc. This is far and away the most popular type of adoption, as birth mothers want to make sure that their baby is being taken care of. It helps them deal with the grieving process and is a small price to pay for the gift they have given you. It is extremely important to listen to the caseworker regarding the type and frequency of contact so that the adoption is not jeopardized.

3. **Closed Adoption:** A closed adoption is the least requested of all three adoption formats by the birth parents, which is the main reason we do not offer it to adoptive families. Closed adoptions offer no correspondence between the adoptive family and the birth parents, and no identifying information is exchanged. We do **NOT** offer this type of adoption to adoptive families; however, they may occur only if the birth parents request it.

It should be clearly understood that birth parents can, and do, change their mind regarding contact. For example, an expectant mother may indicate she wants an open adoption when she initially contacts us, but chooses semi-open or closed adoption at the time of placement. If the expectant mother changes her mind from semi-open to open, and the adoptive family matched with her is not comfortable with this type of contact, the adoptive couple can withdraw from that particular situation. Adoptive families must understand we have no control over these changes.

Legal-Risk Adoptions: All domestic adoptions involve the termination of parental rights of the birth parents. In an ideal world, the birth fathers would sign the adoption papers at the same time the birth mother does and the court would enter an immediate order terminating parental rights. The reality of the situation is the vast majority of birth fathers disappear, are unknown, or simply refuse to cooperate, so their rights must be terminated through the courts in a more lengthy process. This lack of birth father involvement significantly contributes to why birth mothers are turning to adoption.

In these cases, there are legal procedures, emotional obstacles, and financial challenges for the adoptive family should the father attempt to assert his parental rights. The number of fathers that actually assert their rights is low. Regardless, we always advise our families to “expect the best, but prepare for the worst”. Most birth fathers do a lot of talking, but take little action when it comes to asserting their parental rights. There are set requirements the unmarried biological birth father must fulfill during and after the pregnancy in order for him to assert his parental rights. In most cases birth fathers fail to meet these requirements.

Adoption Budget: Many adoptions exceed our average cost estimates. While placement fee does not increase, the main reasons for the higher budget costs are uncovered medical bills and living expenses. With higher cost adoptions, there are fewer families for birth parents.

Families who can afford higher cost adoptions will open themselves up to more opportunities and usually decrease their wait time.

On the application form you will be asked to list your adoption cap limit. This will help us avoid placing you in an adoptive situation that exceeds your adoption budget. **The cap limit does NOT include any application or home study fees.** It should be noted that we try to place families in situations below their budget. In cases involving uncovered medical expenses and other miscellaneous expenses, we cannot guarantee that your adoption will fall below your cap in these situations. We will try to make every effort to let you know the total projected cost of your adoption ahead of time. All adoptive families are **required** to list an adoption cap limit on the application.

1. **Medical Fees:** Medical expenses make the task of estimating adoption fees very difficult. Many of the birth mothers we work with are eligible for Medicaid or they have their own private insurance, which covers their delivery costs. It should be noted that while neither Medicaid nor the mother's insurance will cover the cost of the baby, most adoptive family's insurance will. If your insurance does not cover the medical bills of the baby, these bills average approximately \$500-\$2000. Adoptive families are responsible for determining what their insurance will and will not cover prior to a match and should have this information readily available. Unless otherwise noted, adoptive families are responsible for medical bills their insurance does not cover.
2. **Living Expenses:** Living expenses for birth parents are allowed in certain states and circumstances. These court-approved expenses help with funds needed during the course of the pregnancy. They typically cover items related to the pregnancy such as utilities, food, maternity clothes, and shelter. There are variations on payments of living subsidies depending on state laws, the birth mother, and her particular situation. Families should realize that the recovery of such expense, paid **before** placement from a mother who decides against adoption, is remote. Most of these mothers simply do not have the money to reimburse families. We do, however, have expectant parents sign contracts (where allowable by law) stating they are obliged to reimburse for these expenses if they do not place for adoption. There is minimal risk for families that can provide living expenses at the time of placement.

Over the years, birth mothers that accept living expenses choose adoption more than ones that do not. We have found many birth mothers use the subsidy to start a better life. Whole this is not always the case. Our general conclusion is these mothers are more fully committed to adoption.

Drug and Alcohol Usage (see chart in Appendix A) Information provided on such drug and alcohol affects in Appendix A was researched from various scientific studies and health/pregnancy books. While the chart provides a general understanding of drug usage, it is

each family's responsibility to further research the effects of each drug on the fetus. Families are often scared of drug usage and assume use of drugs guarantees birth defects, which is not always the case.

While some usage can adversely affect the fetus, you should know a few facts. Many studies on the effects of drug usage are performed on animals. Studies that are done on humans admit that the findings are hard to isolate the drug itself due to many environmental factors with the pregnant mothers. Variables that are hard to control are diet, vitamins, and genetic coding. Furthermore, studies claiming intelligence or developmental delays admit to the influence of environmental factors such as the child's home life, education system, etc. Unfortunately, studies illustrate the effects of drugs and alcohol produce vague and scientifically weak evidence. Drugs or alcohol can have varying effects depending on the average frequency and amount of usage.

In adoption cases, most drug usage occurs in the first 10 weeks before the birth mothers typically know they are pregnant. Although it is not always the case, many quit usage when they learn of their pregnancy. We do perform drug tests on pregnant mothers, absent her failure to cooperate. The adoptive family is allowed to perform drug screening on the baby at their own expense. If drug exposure is discovered, the adoptive family may withdraw from the situation. It should be clearly understood that the agency is not liable for any misrepresentation made by birth parents.

On our application, drug usage is broken down to mild, moderate, and heavy usage. The following should be taken into consideration as you make your selections for what you would accept for a birth mother's usage levels. This is to help you understand what the classifications mean as a general overview- meaning that the classifications are generalized and should not be taken as comprehensive.

Mild: This is minimal usage either prior to knowledge of the pregnancy or on an occasional basis only. This may be once every few weeks, a few times in one month but then ceased, or sporadically used throughout the pregnancy but not on a consistent basis. This would include daily cigarette smoking if less than a pack per day- even if not ceased.

Moderate: This is classified as weekly usage or frequently used, i.e. daily but then ceased once knowledge of pregnancy occurs. This would include approximately one pack of cigarettes per day- even if not ceased. This would also include marijuana daily if not occurring multiple times throughout the day- even if not ceased.

Heavy: This is daily use, sometimes multiple times a day. This would also include large doses- if a non-prescribed amount or over the amount that has been prescribed. This would include multiple packs of cigarettes per day. This would also include binge drinking if it occurred throughout the pregnancy even if only on a monthly basis; this would not be the fact if the binge drinking occurred just a few times prior to knowledge of pregnancy. This would also include if a birth mother is using a drug intravenously.

**** Please take into account-** that some medications are prescribed during a pregnancy and that although the dose may seem high (heavy) it is not necessarily considered heavy usage as the body metabolizes medications differently throughout pregnancy. Often times, medication doses must be increased during pregnancy to allow for the proper absorption and therapeutic level to be maintained.

****Please also take into consideration that everyone's perception is different in terms of drug usage/exposure and please use the comment section on the application to indicate what you would/wouldn't be open to. Remember, although we all want a healthy baby- reality is that when a woman has an addiction she isn't necessarily thinking the same way we might. "It's not a pregnant person that uses drugs. It's a drug addict that gets pregnant."**

Medical History We provide adoptive families with medical information that is completed by the expectant mother and, in some cases, the expectant father. In the application, adoptive families can select the medical information they are comfortable accepting in their adoption. For definitions of the medical conditions in the application, please refer to Appendix B.

Miscellaneous Situations

Special Needs- Could include various amounts of mental and physical handicaps. By marking special needs on your application, we assume you may not accept every situation, but it does allow us to determine which families are accepting of such children. We will call you with specific situations.

Premature- Babies born prematurely can have various levels of physical problems either temporary or permanent, due to under development. While variations occur, premature is defined by the Agency as any baby born under 35 weeks. Families should also realize that premature adoptions often include high medical costs, so it is extremely important that your insurance covers the baby (or plan on paying the agency fee to apply for Medicaid for the baby). If you have concerns regarding premature infants, we suggest you contact a local pediatrician for expertise on such matters. There is no way to know if a baby is going to be born prematurely. If an adoptive family that has not selected premature on their application is matched with a birth mother that has delivered prematurely, they will be contacted and given the ability to back out of that particular situation.

Rape- Some birth mothers come to us as a result of rape. While most are not reported to the police, we still acknowledge that a birth mother's statement is enough to inform our adoptive families. Because of the emotional trauma suffered in such cases, birth mothers rarely reveal the specifics of these rape situations.

Adoptive Family Profile

As an agency, we feel it is important that our adoptive families are represented with a high quality, multifaceted approach in advertising and exposure options. We ensure this by using an up to date marketing company that specializes in profile

Keys to a successful profile

Quality Photographs

Show your Personalities

Variety of Pictures

Video Profiles

creation and development, as well as video creation and various social media outlets to help birth mothers have access to your profile. The profile is extremely important because it is the only item a birth parent sees when selecting a family. Because of this fact, adoptive families should spend more time and give considerable thought to the content of their profile. Families are encouraged to let their personalities shine through so the expectant parents can get an accurate idea of the type of person you are and will be as parents. Quality profiles are often the difference between a birth parent selecting one family over another. Once your application and payment have been received, reviewed, and approved for our wait list, then information will be sent to you on beginning your profile creation. The length of time it takes for your profile to be available for viewing by birth parents depends a lot on you. Average time for this is about 3 weeks until your profile is created, approved, and uploaded to our website. At this time we also have printed copies of the profile ordered and they are delivered to us within about 10 business days, again on average. You will also be working on your video profile and other social media outlets during this time. There are no additional fees for the profile creation program, and using the service we is the only way to have electronic exposure with our agency.

Networking/ Multiple Agency Registration

We understand the desire to sign up with multiple agencies as well as to network with lawyers in hopes of decreasing your wait time. We encourage the use of sites such as but not limited to www.adoptomist.com or www.adoption-share.com as well as to provide your OB/GYN with a copy of your profile or to network with friends and family as they may know of situations. We ask that if you are matched to birth mother through another source/agency or you take placement through another source/agency that you notify Heart of Adoptions so we are no longer showing your profile. ***Remember, a home study is good for one year or one placement so even if you want to remain active on our wait list if you have accepted placement through another source/agency you will need to update your home study documents.***

The Adoptive Family Home Study

A home study is required for every adoption.

A home study is a basic overview of your family's life. It highlights items such as marriage, relationships, interactions with children, your home and neighborhood, and your childhood. The home study helps the court system determine if a stable environment exists for a family to receive an adoptive placement. A normal home study takes approximately eight to

twelve weeks to complete, although it largely depends on the speed in which you collect the accompanying documents, as well as the caseload of the agency conducting the home study. An expedited home study can be completed much faster in emergency situations. One of the steps involved in the home study process is for a social worker to visit your home for a personal interview.

As a prospective adoptive family, you will be required to gather certain documents for your home study. These documents are necessary to legally establish your identity for the courts. A list of these documents will be provided to you from your home study professional.

Choosing a Home Study Professional

If you reside outside of Florida, call for a free referral to a qualified home study professional in your area.

1. You should have your home study completed by a licensed adoption agency in the state you reside. Many states and courts only accept home studies from licensed agencies.
2. The agency you choose should be able to schedule the interviews and complete the home study in a timely fashion, usually within 8-10 weeks.

APPENDIX A

SUBSTANCE USAGE

The information provided below was taken directly from the ‘Merck Manual for Medical Information; Home Edition’, ‘The Twelve-Month Pregnancy’ by Barry Herman, M.D., and Susan K. Perry, Ph.D., and Internet research (unless otherwise noted) and is provided for educational purposes only. Adoptive families should consult a physician when inquiring about drug usage and the effect on the child.

Cigarettes- This is the most common addiction among pregnant women in the United States. The most consistent effect of smoking on the baby during pregnancy is reduction in birth weight: The more a woman smokes during pregnancy, the less the baby is likely to weigh. In addition, children of smoking mothers may have slight, but measurable, deficiencies in physical growth, intellectual development, and behavior. These effects are thought to be caused by carbon monoxide, which may reduce the oxygen supply to the body’s tissues, and nicotine, which stimulates the release of hormones that constrict the vessels supplying blood to the placenta and uterus.

Alcohol- This is the leading known cause of birth defects. Fetal Alcohol Syndrome, one of the major consequences of drinking during pregnancy, is found in about 2.2 out of 1, 100 live births.

This condition includes growth retardation before or after the birth, facial defects, a small head, and abnormal behavioral development. Mental retardation more often results from Fetal Alcohol Syndrome than from any known cause.

Drug Abuse\Addiction- This is seen in more and more pregnant women. More than 5 million people in the United States regularly use marijuana and cocaine.

Marijuana- approximately 14% of pregnant women use marijuana to some extent. Although no specific research shows that marijuana causes birth defects or slows growth in the uterus, some studies suggest that heavy usage is linked with behavioral abnormalities in babies. Some studies have also suggested the following regarding the use of marijuana during pregnancy:

1. Regular use shortens length of gestation
2. Birth length has also been noted to be affected (shorter)
3. Marijuana is not a teratogen (does not cause birth defects), but can cause neuro-behavioral symptoms such as altered visual responses, tremors, and jitteriness; such babies are sometimes difficult to comfort and settle.
4. No lasting effects on motor development have been reported
5. In animals, ovulation can be affected and sperm counts decrease with use

Cocaine/ Crack- abuse during pregnancy can cause problems for both the mother and fetus. Cocaine stimulates the central nervous system, acts as a local anesthetic, and constricts blood vessels. Constricted blood vessels may reduce blood flow so that the fetus sometimes does not get enough oxygen. The reduced blood flow and oxygen supply to the fetus can affect the growth of certain organs and can result in skeletal defects. Nervous system and behavioral problems in babies of cocaine users include hyperactivity, uncontrollable trembling, and learning problems, which may continue through age 5.

However, despite some reports of cocaine's ill effects on the developing fetus, scientists lack definitive evidence specifically linking cocaine to adverse reproductive effects. Using a powerful statistical technique, a Canadian research team has found that cocaine by itself causes very few problems during pregnancy.

A study at the University of Toronto identified 20 previously published cocaine studies that involved pregnant women and yielded mixed results. Those studies often relied on small samples of cocaine users—a problem the limited each study's statistical power.

To hone in on cocaine's reproductive risks, the research team turned to a method called meta-analysis, which found no statistical link between prenatal cocaine use and premature delivery, low birth weight or congenital heart defects in babies—problems often thought to result from cocaine.

The meta-analysis did reveal a chance that a pregnant woman's cocaine use by itself might cause malformations of the genital-urinary tract in a small number of infants. The team indicated this effect may trace to cocaine-induced constriction of the placental blood vessels.

Methamphetamine- Methamphetamines are synthetic amphetamines or stimulants that are produced and sold illegally in pill form, capsules, powder, and chunks. Two such Methamphetamines are crank and ice.

Crank refers to any form of Methamphetamine. Ice is a crystallized smoke-able chunk form of methamphetamine that produces a more intense reaction than cocaine or speed. Methamphetamines stimulate the central nervous system, and the effects may last anywhere from 8-24 hours. Both crank and ice are extremely addictive and produce a severe craving for the drug.

If methamphetamines are used during pregnancy, babies may tend to be: asocial, incapable of bonding, have tremors, have birth defects, cry for 24 hours without stopping. Using amphetamines during pregnancy can affect the baby's development before birth and has been linked with bleeding, early labor and miscarriage.

Amphetamines cause the heart rate of the mother and baby to increase. Amphetamines also cause the baby to get less oxygen, which means that he/she may grow slowly and be smaller at birth.

When amphetamines are injected there are risks associated with using or sharing injecting equipment. It is possible to become infected with HIV (the virus which causes AIDS) and this virus can be passed on to the baby.

Withdrawal

If amphetamines are used close to the birth, the baby may be born directly affected and may be over-active and agitated. The babies of mothers who regularly use amphetamines may also experience withdrawal symptoms in the first few weeks after birth.

Combining other drugs with amphetamines such as tranquilizers, alcohol or heroin can increase the risks associated with their use. It can also complicate withdrawal symptoms in babies.

Heroin/Methadone/ Opiates- Even though heroin, methadone, and other opiates can affect menstrual function and the ability to conceive, addicts can and do become pregnant. No evidence exists at this time of an increased incidence of birth defects, but heroin, methadone, and opiates (such as prescription pain medicines) are believed to affect the developing brain and may cause behavioral abnormalities later in childhood. The drug reaches the fetus in the uterus, making the developing baby dependent on the drug as well. Babies born with a dependency often

suffer severe withdrawal symptoms after birth and require intensive support. Babies are not ‘addicted’ as they do not have the behaviors but they are dependent on the drug and need assistance with withdrawing at times.

Effects During Pregnancy

The baby will get some heroin, methadone and/or opiates through the placenta and the baby’s growth and development may be affected. If the mother is not eating or sleeping properly the baby may be further affected.

The use of this class of drugs can result in low birth weight babies who can experience complications such as infections and breathing problems in the first weeks of life. Injecting heroin or other opiates increases the risk of becoming infected with Hepatitis and/or HIV (the virus which causes AIDS). Infection can result from sharing needles and other injecting equipment.

Withdrawal

The baby could experience withdrawal after birth. The severity of withdrawal can depend on other factors such as the mother’s own health. If mothers use opiates during pregnancy and regularly go through withdrawal the baby will too. The baby cannot be treated at this stage and there is evidence to suggest that this results in a higher risk of premature labor and the baby being undernourished.

Women who are on a methadone program have fewer complications during pregnancy and childbirth and are generally healthier than those who are using heroin or prescription opiates illegally received. This is probably due to a combination of clean, controlled drug use and easier access to medical/pre-natal care as well as easing some of the stress caused by the need to raise the money to buy drugs.

Complications are less likely to occur if methadone treatment is started early in the pregnancy. Methadone crosses the placenta so when taken some will reach the baby. There is some evidence of a reduction on obstetric complications with Methadone. Babies cope better with a controlled and constant drug environment.

Managing Withdrawal

The baby may still go through a withdrawal even if the mother is taking methadone. The baby will be treated with either supportive care or medication to ease the withdrawal symptoms. As the withdrawal symptoms ease, the baby’s medication (if it has been necessary) will be slowly reduced. When the baby is progressing well both in their general health and withdrawal the baby will be able to go home from the hospital.

Ecstasy - A synthetic drug that acts both as a hallucinogen and a stimulant. Ecstasy is an illegal drug used in clubs and ‘raves’ to produce a sense of well-being. Being a stimulant it allows people to stay awake through long hours of the night. It is known as a safe social drug among partygoers although a number of deaths have been reported. The drug or combinations of drugs that make up Ecstasy are not always the same, but all contain a stimulant methylenedioxymethamphetamine (**MDMA**). It is believed that it reaches the brain in about 40 minutes and releases serotonin and dopamine. Bulking agents are sometimes contaminated with cocaine, caffeine, or ketamine.

Drug Stimulants/ Amphetamines (speed, Ritalin, Adderall, methcathinone) - Definition: Medication that temporarily increases the rate of function. Some stimulants affect only a specific organ such as the heart, lungs, brain, or nervous system. Some effects of high doses of stimulants may be:

- | | | |
|--------------------------|--------------------------|-----------------|
| *nervousness or insomnia | *dizziness/headaches | *weight loss |
| *increased heart rate | *elevated blood pressure | *hallucinations |

Barbiturates-Barbiturates are drugs that act as central nervous system depressants, and can therefore produce a wide spectrum of effects, from mild sedation to total anesthesia. Barbiturates have now largely been replaced by benzodiazepines in routine medical practice – for example, in the treatment of anxiety and insomnia – mainly because benzodiazepines are significantly less dangerous in overdose. When barbiturates are taken during pregnancy, the drug passes through the mother's bloodstream to her fetus. After the baby is born, it may experience withdrawal symptoms and have trouble breathing.

Anti-Depressants- A study published in the New England Journal of Medicine reassures women suffering from depression that are taking anti-depressant medications during pregnancy does NOT appear to affect the unborn child. This latest study, considered an important piece of research, seems to calm the fears of many women who suffer from depression and who need these medications.

Some of the newer anti-depressants have shorter “half-lives” – meaning they are metabolized more quickly and would probably be a better choice than one such as Prozac. Lithium, on the other hand, which is prescribed for manic-depressive (bi-polar) illness, has been associated with increased fetal cardiovascular malformations.

Valium is an example of a drug that can have vastly different effects on the baby, depending on when you take it. According to some studies, if taken early in the pregnancy, Valium may increase the risk of cleft lip. If taken chronically, it can cause withdrawal symptoms in the baby after birth. Taken in heavy doses during labor, Valium may harm the baby, and if taken right before birth, it may cause sleepiness in the baby at the time of birth.

Tranquilizers- Benzodiazepines (Ativan, Xanax) are the most common minor tranquilizers and sleeping pills used. Benzodiazepines are addictive to both the mother and the baby. The baby is less able to cope with tranquilizers than the mother. Benzodiazepines taken close to the time of birth could be harmful if taken continuously or in high doses.

Benzodiazepines can produce withdrawal symptoms in newborn babies. Withdrawal symptoms can include breathing problems, poor body temperature control, poor muscle tone, and difficulty sucking. The babies can appear floppy or limp and this poor muscle tone can last for a number of months, although the babies do eventually recover.

If benzodiazepines have been used consistently throughout the pregnancy, withdrawal symptoms can last for one week or more (although they can take some days to appear).

Anti-Convulsants- Anti-convulsants are associated with birth defects. It is recommended that, when planning a pregnancy, you consider stopping such medications if you have been seizure-free for two years or more, or choose the lowest risk drugs available. In addition, be sure to discuss it with your doctor if you are currently taking an anti-hypertensive from a group called angiotension-converting enzyme (ACE), since these have been shown to cause fetal kidney dysfunction and still birth.

Hallucinogens- (Acid/LSD, mushrooms, “Special K”/Ketamine) Hallucinogens are drugs that cause hallucinations—profound distortions in a person's perceptions of reality, including delusions and false notions. In this state, people see images, hear sounds and feel sensations that seem real but do not exist. Increased risks that may arise due to hallucinogen consumption during pregnancy include preterm labor, low birth weight, and depending on time of usage physical abnormalities.

Diet Pills- (Alli, Xenical) Diet pills typically contain stimulants that increase heart rate in order to achieve higher calorie burns throughout the day. Weight loss drugs should not be used during pregnancy as they are contraindicated. Weight loss offers no potential benefit and may result in fetal harm during pregnancy. Consistent elevated blood pressure during pregnancy can reduce blood flow to the placenta which can cause your baby to receive fewer nutrients and have a low birth weight.

Miscellaneous Information- Since the fetus’s organs form during the first two months of pregnancy, exposure to a harmful medication during these few weeks can cause the most serious birth defects. A similar exposure later in pregnancy may have a different effect or no significant effect at all.

Fortunately, birth defects resulting from drug exposures during the first two weeks after conception are rare, in part because the organs have yet to be formed. At this early stage, exposures have an “all or nothing” effect. That is, either the pregnancy ends in miscarriage

because the insult is so great, or the embryo develops normally. The majority of severe birth defects occur during the third to the tenth week of fetal development, when the fetus is most susceptible. Later on in the pregnancy, after all the organs are formed, drug exposures can affect the developing fetus, but the risk appears to be less. During this later stage, all the structures are formed and are basically increasing in size. Medical insults during this time may cause abnormalities of growth; that is, one or more body parts may turn out larger or smaller than they should be. For example, cocaine use has been associated with absent parts of arms or legs but this effect is rare, and the risk of running into a serious problem is less than it is with early exposures.

The only exception—and it's certainly and important exception—is the brain. Since brain growth and development continues through much of pregnancy, substances that affect brain development can have serious consequences even later in pregnancy.

Appendix B

Medical Definitions

The information provided below was taken directly from Mosby's Medical, Nursing & Allied Health Dictionary, Fifth Edition and is provided for educational purposes only. Adoptive families should consult a physician when inquiring about medical conditions, their predisposition to being passed on hereditarily, and their effects on the child.

AIDS/HIV (acquired immunodeficiency syndrome)-Virus that attracts and kills CD4 lymphocytes, thus weakening the immune system's ability to prevent infection. HIV is spread by sexual intercourse or exposure to contaminated blood, semen, breast milk, or other body fluids of infected persons. Although there is no known cure for AIDS there are a number of treatment options available.

Cancer- Any of a large group of malignant neoplastic diseases characterized by the presence of malignant cells. Each cancer is distinguished by the nature, site, or clinical course of the lesion. More than 80% of cancer cases are attributed to smoking, exposure to carcinogenic chemicals, ionizing radiation, and ultraviolet rays.

Cystic Fibrosis- An inherited disorder of the exocrine glands, causing those glands to produce abnormally thick secretions of mucus, elevation of sweat electrolytes, increased organic and enzymatic constituents of saliva, and over-activity of the autonomic nervous system. The glands are most affected are those in the pancreas and respiratory system and the sweat glands. Cystic fibrosis is usually recognized in infancy or early childhood, chiefly among Caucasians. Life expectancy in cystic fibrosis has improved dramatically over the past several decades, and with early diagnosis and treatment most patients can be expected to reach well into adulthood.

Depression- Depressive illnesses are disorders of the brain. Some types of depression tend to run in families. However, depression can occur in people without family histories of depression too. Nobody is sure what causes depression. Experts say depression is caused by a combination of factors, such as the person's genes, their biochemical environment, personal experience and psychological factors.

Developmental Disorders- A form of mental retardation that develops in some children after they have progressed normally for 3 or 4 years of life. Onset of the mental deterioration usually begins with a vague viral infection or other similar disease symptoms.

Diabetes- A complex disorder of carbohydrate, fat, and protein metabolism that is primarily a result of a deficiency or complete lack of insulin secretion. The disease is often inherited but may be acquired by other means such as obesity, sedentary lifestyle, high-fat low-fiber diet, hypertension and aging. The prognosis for individuals diagnosed with diabetes is excellent as the disease can be controlled through maintaining insulin levels, diet, and lifestyle changes.

Down's Syndrome- A congenital condition characterized by varying degrees of mental retardation and multiple defects. It is the most common chromosomal abnormality of a generalized syndrome and is caused by the presence of an extra chromosome. Down's Syndrome occurs in approximately 1 in 650 live births and is associated with advanced maternal age, particularly over 35 years of age. The average IQ is in the range of 50-60, so that the child is usually trainable and in most instances reared at home. While the mortality rate is high during the first few years, those who survive can live to middle to old age.

Hepatitis- An inflammation of the liver, most commonly caused by a viral infection. A pregnant woman who already has Hepatitis C (or gets Hepatitis C at some point during the pregnancy), the chance of passing the virus to the baby is low, less than 5 percent. With proper prenatal care, babies born to Hepatitis C-positive mothers or fathers are usually quite healthy. The chance of the baby being infected with Hepatitis C is the same whether born by vaginal delivery or cesarean section. In addition, with recent medication and medical interventions that have been developed, viral load levels are at times so low they are undetectable, and present an even lower risk of being transmitted to the baby.

Hydrocephalus (*a.k.a. water on the brain*)- A pathologic condition characterized by an abnormal accumulation of cerebrospinal fluid, usually under increased pressure, within the cranial vault caused by developmental anomalies, infection, trauma, or brain tumors. Treatment consists almost entirely of surgical intervention. Surgically treated hydrocephalus with continued neurosurgical and medical management has a survival rate greater than 80% although prognosis largely depends on cause of the condition.

Leukemia- A broad term given to a group of malignant diseases characterized by diffuse replacement of bone marrow. The incidence of leukemia is about 15 in 100,000 for all age groups and males are affected about twice as often as females. The origin of leukemia is not clear, but it may result from genetic predisposition plus exposure to radiation, benzene, or other chemicals that are toxic to bone marrow. The most effective treatment includes intensive combination chemotherapy, antibiotics to prevent infections, and blood transfusions.

Bi-polar Disorder (Manic Depression) - A mental disorder characterized by episodes of mania, depression, or mixed mood. One or the other phase may be predominant at any given time, one phase appears alternately with the other, or elements of both may be present simultaneously. Causes of the disorder are multiple and complex, often involving biologic, psychological, interpersonal, and social and cultural factors. Treatments include a variety of medications or the use of electroconvulsive therapy followed by long-term psychotherapy; however the prognosis is usually very good.

Retardation (mental/physical) - The slowing down of any mental or physical activity or failure of intellectual abilities to develop normally, as in mental retardation.

Schizophrenia- Any one of a large group of disorders characterized by gross distortion of reality, disturbances of language and communication, and disorganization and fragmentation of thought, perception, and emotional reaction. The condition may be mild or require hospitalization. No single cause of the disease is known; genetic, biochemical, psychological, and sociocultural factors are usually involved. Recovery may happen in some cases while relapse may occur in others. Treatments usually involve a variety of medications.

Sickle Cell Anemia- Generally found in Africa-Americans, sickle cell anemia is a severe chronic incurable anemic condition that occurs in people homozygous for hemoglobin S. Sickle cell anemia is characterized by joint pain, thrombosis, fever, lethargy, and weakness.



APPLICATION FOR ADOPTION

Include the following with your Application:

- Application Fee \$950 or \$450 (Depending on Program Choice) **non-refundable
- Advertising Fee- \$2000 for Traditional Program (remainder due at time of placement) or \$500 for Extra Care Program**non-refundable
- Approved Adoption Home Study
- Signed Disclosure Statement
- Once application documents and payment have been reviewed and accepted then information to begin profile creation will be sent.
- Water Safety Completion Certificate
- Copy of Government Issued I.D. for each Adoptive Parent

Mail to: 418 West Platt Street, Suite C Tampa, Florida 33606 • Attn: AP Department

PARENT (1) INFORMATION

Name (first, middle, last): _____

DOB: _____ Birthplace: _____ Gender: _____

Are you a US Citizen: ☐ Yes ☐ No If Not, please provide a copy of Visa/Permanent Resident Card/Etc.

Occupation: _____ (If stay-at-home parent/ planning to stay home, check here ☐)

Work phone: _____ Cell phone: _____ Email: _____

PARENT (2) INFORMATION

Name (first, middle, last): _____

DOB: _____ Birthplace: _____ Gender: _____

Are you a US Citizen: ☐ Yes ☐ No If Not, please provide a copy of Visa/Permanent Resident Card/Etc.

Occupation: _____ (If stay-at-home parent/ planning to stay home, check here ☐)

Work phone: _____ Cell phone: _____ Email: _____

Physical Address: _____

Mailing Address: _____

Home phone: _____ Fax: _____

Date of marriage: _____ Prior marriages: ☐ Yes ☐ No

Do you have children: ☐ Yes ☐ No If yes, are they? ☐ Biological ☐ Adopted ☐ Both

Do they reside in the home? ☐ Yes ☐ No ☐ NA Family's Religion: _____

Do you have an approved home study: ☐ Yes ☐ No ☐ Currently in process, est. completion: _____

Have you ever been denied approval for a Home Study? ☐ Yes ☐ No

Who is your home study provider or agency? _____

Main Contact: _____ Phone: _____ Email: _____

Review the following questions carefully as the answers you provide determine which birth parents view your Family Profile. The more restrictive your answers, the fewer opportunities birth parents have to view your profile, which results in a longer wait.

Check the program(s) you're applying to:

☐ **TRADITIONAL PROGRAM**

☐ **EXTRA CARE PROGRAM (Must be open to at least 5 out of 8)**

<input type="checkbox"/>	Methadone Program	<input type="checkbox"/>	Poly-Substance Abuse	<input type="checkbox"/>	Significant Mental Health	<input type="checkbox"/>	No Prenatal Care
<input type="checkbox"/>	IV Drug Use	<input type="checkbox"/>	Hepatitis C	<input type="checkbox"/>	Completely Open Adoption	<input type="checkbox"/>	Safe Haven

☐ **OLDER CHILD PROGRAM**

CHILD RACIAL AND ETHNIC BACKGROUNDS

(check all that apply)

To determine the racial background of the child that you are comfortable with, simply check all items that you would accept and leave blank the ones you would not. Families should feel 100% comfortable with their racial selections. The determination of race is based on information provided by the birth parent(s). Your profile will only be shown to birth parent(s) matching the racial backgrounds you select.

Complete the racial selection chart.

Please check all racial combinations that you are willing to accept.

Caucasian	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>
Asian	<input type="checkbox"/>
American Indian / Alaskan Native	<input type="checkbox"/>
Native Hawaiian / Other Pacific Islander	<input type="checkbox"/>
Caucasian / Hispanic	<input type="checkbox"/>
Caucasian / Asian	<input type="checkbox"/>
Caucasian / American Indian / Alaskan Native	<input type="checkbox"/>
Caucasian / Native Hawaiian / Other Pacific Islander	<input type="checkbox"/>
Caucasian / Other	<input type="checkbox"/>
African-American	<input type="checkbox"/>
African-American / Caucasian	<input type="checkbox"/>
African-American / Hispanic	<input type="checkbox"/>
African-American / Asian	<input type="checkbox"/>
African-American / American Indian / Alaskan Native	<input type="checkbox"/>
African-American / Native Hawaiian / Other Pacific Islander	<input type="checkbox"/>
African-American / Other	<input type="checkbox"/>

CONTACT WITH BIRTH PARENTS

(check all that apply)

State your commitment level regarding contact with the birth family:

Are you comfortable meeting with and/or speaking with the birth parents during the pregnancy or at placement (no identifying information exchanged)? ☐ Yes ☐ No

After the birth, are you willing to send the birth parents pictures and letters through the agency via confidential website? ☐ Yes ☐ No *(If no, please contact agency to discuss whether your application can be accepted)*

After the birth, are you willing to continue contact through direct email or telephone calls with the birth parents? ☐ Yes ☐ No ☐ May consider, please contact

After the birth, are you willing to continue contact through visits (i.e. possibly meeting the birth mother at a park for lunch)? This can occur independently or supervised through the agency.
☐ Yes ☐ No ☐ May consider, please contact

Comments about contact with birth parents: _____

ADOPTION BUDGET

(this information is not shared with the birth parents)

The adoption cap is the total amount the adoptive family is able to spend for an adoption. The cap would include agency and legal fees, birth mother assistance, misc. costs, etc. (but not the home study or post placement fees). Many birth mothers require assistance with living expenses and sometimes medical expenses. The amount you list should be the maximum amount you're able to spend including all fees mentioned above. Please know that the amount you list doesn't necessarily mean your particular adoption situation will cost that much. Average adoptions are a minimum of \$32,000 so budget should be no less than this.

What is your total adoption budget/cap? \$ _____

(This amount does not include application, advertising, home study, post placement, or travel fees)

If there is a potential match for you that is slightly above your adoption cap (no more than \$3,000) would you like to be considered? ☐ Yes ☐ No

Comments: _____

ADOPTIVE FAMILY INSURANCE

Do you want to release your insurance information directly to the hospital where the child is born or do you prefer confidentiality as this information may be accessible by the birth mother?
☐ Yes, please release ☐ No, do not release*

****It is not required that you provide your health insurance information to the hospital; but do note that if you do not release this information, a medical retainer in the amount of \$2,000 shall be collected to cover medical bills and will be refunded if not used.***

BIRTH PARENT MEDICAL & FAMILY HISTORY

(check all that apply)

Mark an 'X' if you are willing to accept a child whose parents have a medical or family history of such disorders or if you would accept the miscellaneous situations. "Birth Parents/child" means the biological mother, biological father or the child has, or has had, the condition listed. "Immediate/Extended Family" means the parents of the biological parents or another relative has, or has had, the condition listed.

Birth Parents/ Child	Immediate/ Extended Family	HEALTH HISTORY	Birth parents/ Child	Immediate/ Extended family	HEALTH HISTORY
		HIV/AIDS			Depression
		Cancer			Bipolar disorder
		Diabetes			Schizophrenia
		Hepatitis			Other mental health issues
		Developmental Disorders/Mental &/or Physical Malformations			Sickle cell anemia or trait (African American program)
		Down's Syndrome			Cystic fibrosis
		*Other (please call)			Leukemia

*Due to the number of different issues it is impossible to list them all. If you would like to be considered for items not listed here check this category. You will be contacted at which time you can accept/reject these situations.

MISCELLANEOUS SITUATIONS

(check all that apply)

	Limited or No Prenatal Care		Older Child(ren) (list max. age) _____
	Premature- Under 35 weeks		Twins/Multiples
	Stork Drop (accepting placement in less than 24 hours)		Sibling Group: (list max # of children) _____
	Birth Mother Raped		Child(ren) with Foster Care/DCF involvement (also known as an Intervention)
	Conception Result of Incest		Special Medical Needs (please call)
	Safe Haven		Gender Specific: Check one ***Wait times will increase
			BOY ONLY GIRL ONLY

CONFIDENTIAL DRUG USAGE DURING PREGNANCY

(check all that apply)

Please check alcohol and drug usage **during pregnancy** that you will accept regarding the birth mother. If, for example, you do not check alcohol during pregnancy we will not send your Family Profile to birth mothers that indicate they had one drink of alcohol, even if it occurred prior to finding out about the pregnancy. Think very carefully on each response. It should be noted that all medical and health history questions are answered by the birth parents and verifying the validity of each response is sometimes difficult or impossible.

It is **highly recommended** that adoptive families research the effects of substance usage through a qualified medical professional. ***This is a great way to interview prospective pediatricians as well.

DRUG & ALCOHOL USAGE	Mild	Moderate	Heavy	Comments
Tobacco/Nicotine				
Alcohol				
Marijuana				
Cocaine/Crack				
Hallucinogens				
Ecstasy/MDMA				
Heroin				
Methamphetamine				
Amphetamine (i.e. Adderall)				
Benzodiazepines (i.e. Valium, Ativan, Xanax)				
Barbiturates				
Opiates (i.e. Percocet, Vicodin, Codeine, Lortab)				
Methadone (recreational)				
Methadone (Maintenance)				
Anti-Depressants				
Diet Pills				
Other (please call)				

HOW DID YOU HEAR ABOUT US?

Internet: ☐ Google ☐ Yahoo ☐ MSN ☐ Adoption.com ☐ Other Search Engine: _____
☐ Medical provider ☐ Friend ☐ Relative ☐ Agency Client ☐ Other Adoptive Family _____
☐ Newspaper ☐ News Story ☐ Magazine ☐ Yellow Pages- location: _____
☐ Home Study Agency _____ ☐ Social Worker _____
☐ Other: _____

APPLICATION AGREEMENT

We, the adoptive family, do hereby confirm that we have read the Application for Adoption Supplement. We understand that the Application for Adoption Supplement definitions are simply a guideline. As an adoptive family, we in no way hold Heart of Adoptions Alliance, Inc. (HOAA) liable for any inaccuracy or falsity due to the studies or sources from which information and definitions were gathered. We understand that it is our responsibility to research each definition and/or study to ascertain our comfort and acceptance with each situation.

We further understand that all information regarding health history, medical conditions, race of parents, etc. is received directly from birth parent responses. Heart of Adoptions, Inc. cannot verify the validity of each response and is in no way liable for any misrepresentations made through this information.

We realize that we may change our Application for Adoption responses at any time, as long as a birth mother has not selected our Family Profile. If a birth mother has selected our profile, we realize we cannot change our Application for Adoption responses. If we change our Application for Adoption, we acknowledge that such changes can affect our waiting time. If we decline an available match that we have been selected for, that is within our comfort levels, we are aware we will be placed on hold for 45 days minimum, may be required to participate in counseling or education, as well as will undergo a review process with an adoptive parent coordinator to discuss future comfort levels and situations.

Once you have joined our program, it is very important that you notify us immediately if circumstances change such as you are no longer open to receiving a placement (i.e. if you become pregnant or are matched or receive placement from another source). Otherwise, your profile will continue to be shown to birth parents who will be very disappointed to learn that their adoptive family selection is no longer available.

Note: If you are accepting of an older child, a child of a different race and/or a special needs situation, it must be documented in your home study or home study update. If a particular case arises before your home study is updated, an emergency update may be required by your social worker.

By signing this application, I/we authorize HOAA to obtain information about me/us from all resources listed above and from all adoption agencies or home study agencies that are currently providing or that in the past have provided services to me/us. I/we agree that HOAA is authorized to maintain and display my/our information on HOAA premises, and to provide and share confidential information to my/our home study agency, Parent Finder, and HOAA affiliates.

Upon receipt of your application and all required supporting documents, you will be contacted by the agency after review. You will either receive verification of your acceptance into our program or you may be contacted to discuss your application further.

- ☐ **I/We have read the accompanying Welcome Packet**
- ☐ **I/We have read the accompanying Supplemental Packet**
- ☐ **I/We agree that to best of my/our knowledge and belief all statements made in this application are true and complete.**

Parent (1) Signature

Parent (2) Signature

Date

ADOPTION DISCLOSURE AND
ACKNOWLEDGMENT OF RECEIPT OF ADOPTION DISCLOSURE

THE STATE OF FLORIDA REQUIRES, PURSUANT TO CHAPTER 63 OF THE FLORIDA STATUTES, THAT THIS FORM BE PROVIDED TO ALL PERSONS CONSIDERING ADOPTING A MINOR OR SEEKING TO PLACE A MINOR FOR ADOPTION, TO ADVISE THEM OF THE FOLLOWING FACTS REGARDING ADOPTION UNDER FLORIDA LAW:

1. The name, address and telephone number of the adoption entity providing this disclosure is:

HEART OF ADOPTIONS ALLIANCE, INC.
418 WEST PLATT STREET, SUITE C
TAMPA, FL 33606
1-866-432-7860

2. The adoption entity does not provide legal representation or advice to parents or anyone signing a consent for adoption or affidavit of non-paternity and parents have the right to consult with an attorney of their own choosing to advise them. THIS MEANS THAT THE ADOPTION ENTITY'S ATTORNEYS, JEANNE T. TATE, DANIELLE D. BARKSDALE, MARTHA A. CURTIS, NICOLE WARD MOORE, ROBERT L. WEBSTER III, ERICA T. HEALEY, and STEVEN HURWITZ, DO NOT AND CANNOT REPRESENT THE BIRTH PARENTS. THE ADOPTION ENTITY'S FEES AND ATTORNEY FEES ARE PAID FOR BY THE PROSPECTIVE ADOPTIVE PARENTS. ADDITIONALLY, JEANNE T. TATE IS THE SOLE OWNER AND PRESIDENT OF THE ADOPTION ENTITY.

3. With the exception of an adoption by a stepparent or relative, a minor child cannot be placed into a prospective adoptive home unless the prospective adoptive parents have received a favorable preliminary home study, including criminal and child abuse clearances.

4. A valid consent for adoption may not be signed by the birth mother until 48 hours after the birth of the child, or the day the birth mother is notified, in writing, that she is fit for

discharge from the licensed hospital or birth center. Any man may sign a valid consent for adoption at any time after the birth of the child. An affidavit of non-paternity may be executed before the birth of the minor.

5. A consent for adoption signed before the child attains the age of 6 months is binding and irrevocable from the moment it is signed unless it can be proven in court that the consent was obtained by fraud or duress. A consent for adoption signed after the child attains the age of 6 months is valid from the moment it is signed; however, it may be revoked up to 3 business days after it was signed.

6. A consent for adoption is not valid if the signature of the person who signed the consent was obtained by fraud or duress.

7. An unmarried biological father must act immediately in order to protect his parental rights. §63.062, Florida Statutes, prescribes that any father seeking to establish his right to consent to the adoption of his child must file a claim of paternity with the Florida Putative Father Registry maintained by the Office of Vital Statistics of the Department of Health by the date a petition to terminate parental rights is filed with the court, or within 30 days after receiving service of a Notice of Intended Adoption Plan (if applicable). If he receives a Notice of Intended Adoption Plan, he must file a claim of paternity with the Florida Putative Father Registry, file a parenting plan with the court, and provide financial support to the mother or child within 30 days following service. An unmarried biological father's failure to timely respond to a Notice of Intended Adoption Plan constitutes an irrevocable legal waiver of any and all rights that the father may have to the child. A claim of paternity registration form for the Florida Putative Father Registry may be obtained from any local office of the Department of Health, Office of Vital Statistics, the Department of Children and Families, the Internet websites for these agencies, and the offices of the clerks of the Florida circuit courts. The claim of paternity

form must be submitted to the Office of Vital Statistics, Attention: Adoption Unit, P.O. Box 210, Jacksonville, FL 32231.

8. With regard to a child who is placed with adoptive parents more than 6 months after the child's birth, an unmarried biological father must have developed a substantial relationship with the child, taken some measure of responsibility for the child and the child's future, and demonstrated a full commitment to the responsibilities of parenthood by providing reasonable and regular financial support to the child in accordance with the unmarried biological father's ability.

9. There are alternatives to adoption, including foster care, relative care, and parenting the child. There may be services and sources of financial assistance in the community available to parents if they choose to parent the child.

10. A parent has the right to have a witness of his or her choice, who is unconnected with the adoption entity or the adoptive parents, to be present and witness the signing of the consent or affidavit of non-paternity.

11. A parent 14 years of age or younger must have a parent, legal guardian, or court-appointed guardian ad litem to assist and advise the parent as to the adoption plan and to witness consent.

12. A parent has a right to receive supportive counseling from a counselor, social worker, physician, clergy, or attorney.

13. The payment of living or medical expenses by the prospective adoptive parents before the birth of the child in no way obligates the parent to sign the consent for adoption.

14. A child may be eligible for a subsidy under Florida law if the child qualifies as a "special needs child" under §409.166 of the Florida Statutes. Preliminarily, this must be a child whose permanent custody has been awarded to the State of Florida, Department of Children and Families or to a licensed child-placing agency. The "special needs" criteria include if the child is

either: eight years of age or older; developmentally disabled; physically or emotionally handicapped; of black or racially mixed parentage; or a member of a sibling group of any age, provided two or more members of a sibling group remain together for purposes of adoption. There also may be other qualifying criteria (including the potential that a qualifying developmental, physical, or emotional condition may not manifest until later in childhood). It is important to seek legal counsel to vet subsidy issues. If adoptive parents do not apply timely for and obtain such adoption assistance prior to finalization of the adoption, they may not be eligible to apply for adoption assistance post-finalization.

Acknowledgment of Disclosure and acknowledgment that I received a copy of this Disclosure for my records:

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Time: _____

Time: _____

Please be sure to watch the Baby Manual Video, link is in beginning of this APQ packet before answering questions. You must receive an 80% or higher on quiz or will need to re-watch video and re-submit the quiz.

1. For the first month, what do you not need?
 - A. Pack of onesies
 - B. Car seat
 - C. Bassinette
 - D. Bedding Set
2. How many diapers, on average, will a baby use per month?
 - A. 170
 - B. 450
 - C. 300
 - D. 225
3. A car seat frame is too heavy to replace a traditional stroller.
True or False
4. A mobile over the crib helps baby sleep.
True or False
5. Safest place for car seat is:
 - A. Behind Driver
 - B. Behind Passenger
 - C. In the Middle
6. Car seat should move how many inches after installation?
 - A. 1 inch
 - B. 2 inches
 - C. ½ inch
 - D. 1.5 inches
7. The key to getting through the first few weeks is:
 - A. Hiring a night nanny
 - B. Establishing a routine
 - C. Having grandparents come to stay
 - D. Buying a video monitor
8. Baby should have a minimum of how many wet diapers per day?
 - A. 3
 - B. 6
 - C. 9
 - D. 12

9. Formula comes in the following forms: powder, liquid concentrate, ready to feed.

True or False

10. Baby should be sitting up to feed.

True or False

11. You should always put a clean diaper under baby before changing.

True or False

12. The best body part to test the temperature of baby's bath water is your:

- A. Elbow
- B. Wrist
- C. Face
- D. Fingers

13. Swaddling gives babies a break and can help calm them.

True or False

14. It is important to be very quiet when trying to get baby to stop crying.

True or False

15. Baby acne is a sign of a more serious health concern.

True or False

16. Gassiness generally peaks at:

- A. 1 month
- B. 2 months
- C. 3 months
- D. 4 months

17. Babies start producing melatonin at around:

- A. 1 month
- B. 4 months
- C. 7 months
- D. 11 months

18. Babies can use a transitional object most effectively at 5 months.

True or False

19. Tummy time should be done at least:

- A. Once per day
- B. Twice per day
- C. Once per week
- D. 3 times per week

20. Babies are too sensitive for massage.

True or False

21. It is a good idea to bring a blanket that smells like home when traveling.

True or False

22. If your baby will need childcare, you only need to visit the center or have the nanny come once before going back to work.

True or False

23. In your transition to parenthood, the most important thing to do is:

- A. Schedule date nights
- B. Anticipate stressors and how you'll handle them
- C. Read many parenting books and incorporate tips into everyday life.
- D. Watch the show "Parenthood"

24. What percentage of couples sees an increase in disagreements after their 1st child?

- A. 27%
- B. 52%
- C. 69%
- D. 83%

25. Even if you don't want to, taking a break to spend time alone and "recharging" is a positive choice for you and your family.

True or False

26. What can be invaluable in lowering stress:

- A. Trusting your instinct
- B. Doing Yoga
- C. Buying a Baby Brezza
- D. Practicing Mindfulness



ACKNOWLEDGEMENT OF FIREARMS SAFETY REQUIREMENTS

Florida Statute 790.174 (Safe storage of firearms required) states:

(1) A person who stores or leaves, on a premise under his or her control, a loaded firearm, as defined in s. 790.001, F.S., and who knows or reasonably should know that a minor is likely to gain access to the firearm without the lawful permission of the minor's parent or the person having charge of the minor, or without the supervision required by law, shall keep the firearm in a securely locked box or container or in a location which a reasonable person would believe to be secure or shall secure it with a trigger lock, except when the person is carrying the firearm on his or her body or within such close proximity thereto that he or she can retrieve and use it as easily and quickly as if he or she carried it on his or her body.

(2) It is a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083, F.S., if a person violates subsection (1) by failing to store or leave a firearm in the required manner and as a result thereof a minor gains access to the firearm, without the lawful permission of the minor's parent or the person having charge of the minor, and possesses or exhibits it, without the supervision required by law:

(a) In a public place; or

(b) In a rude, careless, angry, or threatening manner in violation of s. 790.10, F.S.

This subsection does not apply if the minor obtains the firearm as a result of an unlawful entry by any person.

(3) As used in this act, the term "minor" means any person under the age of 16.

I/We, _____,
acknowledge that I/we have read and understand this document.

Date

Caregiver/Adoptive Parent Signature

Caregiver/Adoptive Parent Signature

NOTE: This acknowledgement must be executed by all foster and adoptive parents during the home study process.