ADOPTION CENTER FOR FAMILY BUILDING

8707 Skokie Blvd., Suite 208, Skokie, IL 60077 (847-674-3231)

AND

8645 Connecticut St., Merrillville, IN 46410 (219-795-9900) <u>ADDRESS ALL CORRESPONDENCE TO OUR ILLINOIS OFFICE</u>

APPLICATION FOR ADOPTION PREPARATION AND HOME STUDY

	DATE					
LAST NAME C	F APPLICAN	Γ(S)				
IST APPLICAN	т					
	First	Middle	Last	(name you pro	efer to be called	
Birthda	ıte	Birthplace _				
Occupa	ation	<u>`</u>				
		An				
2 ND APPLICAN	T					
	First	Middle	Last	(name you pre	fer to be called)	
Birthda	te	Birthplace _				
Educati	ion					
						
Occupa	ition					
Social S	Security #	An	nual Income			
		JS: married single	divorced separated	_ other (describe)		
PRESENT ADD	ORESSStree	ot C	City State	Zip		
How long reside		n Rent # of Roon	ns # of Bedrooms		County	
CONTACT INF (Home Phone)						
	Name		Name			
(Cellular)						
(Business) If other than cellular						
(Email)						

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CHILDREN V.		
CHILDREN Yes		
	nd ages	
	By adoption By	
OTHER MEMBERS OF	YOUR HOUSEHOLD	
RELIGION (if applicable	e)	
	TATUS	
persons who know how y RELATIVES	provide the names and addresses of two	
PERSONAL		
C		
D		
Are any of the following	in your backgrounds (current or past)	e criminal record (both arrests & conviction in a counseling)? If yes, please comment.
	in Illinois or Indiana? 1 st Applicant_	2 nd Applicant
How long have you lived		
How long have you lived How did you hear about	us?	
How long have you lived How did you hear about t Have you had an initial th	us?	o, dateWith whom
How long have you lived How did you hear about the Have you had an initial the Have you attended a 30-re Are you requesting a Dor If you working with an occontact person:	us?	o, dateWith whom
How long have you lived How did you hear about of Have you had an initial th Have you attended a 30-re Are you requesting a Dor If you working with an or contact person: If international, what place	hree-hour consultation at ACFB? If so ninute ACFB Open House? If so, dat mestic or International homestudy?ut of state agency for a domestic adopting agency and country?	o, dateWith whom teWith whom otion, please provide name, address and
How long have you lived How did you hear about the Have you had an initial the Have you attended a 30-re Are you requesting a Dor If you working with an or contact person: If international, what place The information we/I have	us?	o, dateWith whom teWith whom otion, please provide name, address and
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How long have you lived How did you hear about the Have you had an initial the Have you attended a 30-re you requesting a Dor of you working with an occuract person: If international, what place the information we/I have SIGNATURE(s)	hree-hour consultation at ACFB? If so ninute ACFB Open House? If so, dat mestic or International homestudy?ut of state agency for a domestic adopting agency and country?ve provided on this application is true licant)	o, dateWith whom teWith whom otion, please provide name, address and to the best of our/my knowledge.

April 2019



SIMPLE FEE SCHEDULE

Application \$425
Domestic
Post placement Visits
Program Services Initial Consultation
Interstate Fee\$650 (if applicable)
Agency Assisted (Client locates birth mother)\$9,500 (Match \$5,500, placement \$4,000, plus birth mother/agency expenses)
 Match fee is non-refundable, but paid only once Additional expenses associated with an adoption include birth mother and agency expenses, newborn hospital care, legal Reduced placement fee available to families with incomes under \$100,000 and for African American families* This agency is committed to diversity and insuring that African American birth parents have choices.
Please Note: Designated/Identified Adoptions – See separate fee schedule for non-program participants only
Fees are non-refundable once services have been initiated. Fees are subject to change.
By signing the Simple Fee Schedule, I acknowledge receipt of this general description of fees and refund policy.
Signature Date Signature Date

Fees current as of August 2019

Adoption Center for Family Building 8707 Skokie Blvd., Ste. 208 Skokie, IL 60077

INFORMATION DISCLOSURE to Expectant Parent(s)

WE/I, ACKNOWLEDGE THAT INFORMATION ABOUT THE FOLLOWING HAS BEEN PROVIDED BY THE CENTER*:

ure	Date	Signature	Date		
		ight to receive informa	ation about the		
Confidentiality Policy					
Grievance Procedure					
Written Rights and Responsibilities of Birth and Adoptive Parents, as provided b DCFS					
General description of fees and refund policy					
General Eligibility requirements					
Summary of Policies and Practices					
Description of adoption services and programs					
	Summary of Policies and General Eligibility requirements of the General description of the Written Rights and Rest DCFS Grievance Procedure Confidentiality Policy I have been informed the	Summary of Policies and Practices General Eligibility requirements General description of fees and refund Written Rights and Responsibilities of DCFS Grievance Procedure Confidentiality Policy I have been informed that I have the riperspective adoptive family.	Summary of Policies and Practices General Eligibility requirements General description of fees and refund policy Written Rights and Responsibilities of Birth and Adoptive PDCFS Grievance Procedure Confidentiality Policy I have been informed that I have the right to receive information perspective adoptive family.		

*Information is on our Website and in our Information Packet. The Information Packet is mailed or given to you directly.

Print Name

Print Name

Confidentiality Policy: It is the policy of the Adoption Center for Family Building to respect the privacy and confidentiality of birth parents, adoptive parents and children placed for adoption through this agency. All client information is considered confidential and is to be released only as authorized by the individual.

April 2013