

ADOPTION CENTER FOR FAMILY BUILDING
8140 McCormick Blvd., Suite 131, Skokie, IL 60076 (847-674-3231)
AND
8645 Connecticut St., Merrillville, IN 46410 (219-795-9900)
ADDRESS ALL CORRESPONDENCE TO OUR ILLINOIS OFFICE

APPLICATION FOR ADOPTION PREPARATION AND HOME STUDY

DATE _____

LAST NAME OF APPLICANT(S) _____

1ST APPLICANT _____

First	Middle	Last	(name you prefer to be called)
Preferred Pronouns _____		Birthdate _____	
Birthplace _____		Race _____	
Education _____			
Employment _____			
Occupation _____			
Social Security # _____ - _____ - _____		Annual Income _____	

2ND APPLICANT _____

First	Middle	Last	(name you prefer to be called)
Preferred Pronouns _____		Birthdate _____	
Birthplace _____		Race _____	
Education _____			
Employment _____			
Occupation _____			
Social Security # _____ - _____ - _____		Annual Income _____	

CURRENT MARITAL STATUS: married ___ single ___ divorced ___ separated ___ other (describe) _____

PRESENT ADDRESS _____

	Street	City	State	Zip	County
How long resided _____	Own _____ Rent _____	# of Rooms _____	# of Bedrooms _____		

CONTACT INFORMATION

(Home Phone) _____

Name _____

Name _____

(Cellular) _____

(Business) _____

If other than cellular

ADOPTION CENTER FOR FAMILY BUILDING

(Email) _____

MARRIAGE DATE AND PLACE

Previous marriages (date, place and where terminated) _____

CHILDREN Yes _____ No _____

If yes, names and ages _____

By birth _____ By adoption _____ By remarriage _____

OTHER MEMBERS OF YOUR HOUSEHOLD _____

RELIGION (if applicable) _____

CURRENT HEALTH STATUS _____

REFERENCES (Please provide the names and addresses of two close relatives and five unrelated persons who know how you care for children.)

RELATIVES

A. _____

B. _____

PERSONAL

A. _____

B. _____

C. _____

D. _____

E. _____

Are any of the following in your backgrounds (current or past): criminal record (both arrests & convictions), history of drug use, hospitalizations, mental health issues (such as counseling)? If yes, please comment.

How long have you lived in Illinois or Indiana? 1st Applicant _____ 2nd Applicant _____

How did you hear about us? _____

Have you had an initial three-hour consultation at ACFB? If so, date _____ With whom _____

Have you attended a 30-minute ACFB Open House? If so, date _____ With whom _____

Are you requesting a Domestic or International home study? _____

If you working with an out of state agency for a domestic adoption, please provide name, address and contact person: _____

If international, what placing agency and country? _____

The information we/I have provided on this application is true to the best of our/my knowledge.

SIGNATURE(s) _____

(1st Applicant)

(2nd Applicant)

PRINT NAME _____

Date _____

Please return Application, Fee Schedule, and Information Disclosure

Acknowledgement to our Skokie office, along with the \$500 application fee.



Adoption Center
for Family Building
"Adoptions with Heart"

Agency Fee Schedule

Application..... \$500

Illinois Home Study..... \$3,000

Indiana Home Study..... \$2,100

Home Study includes: Counseling and preparation, assessment of emotional, physical and financial stability, compliance with state requirements

- Post Placement visits \$500 each
- Annual Home Study update...Domestic \$1,000; International \$1,150
- IL Home Study for second adoption...\$2,200
- IL International Home Study...\$4,000
- IN Home Study for second adoption...\$1,800
- IN International Home Study...\$4,000
- Change of address update...\$450
- Addendum Fee.....\$450
- Additional fee for Expedited Home Study...\$800
- Embryo Donation Family Study...\$1,600
- Step-Parent/Relative Adoption...\$1,150
- Outside Advertising Website Fee....\$1,000
 - \$75 domain registration fee
- Coordination with another agency
 - If you are working with more than one other agency/consultant, there will be an administrative fee of \$150 per additional agency/consultant

Program Services*

Initial Consultation.....\$375

Program Fee.....\$6,800 (1/2 due with home study fee & 1/2 due at second consultation)

Program fee includes:

- second consultation
- website management
- multi-state marketing
- matching services
- supportive counseling
- Program participants are required to update their home study annually

Placement Services

Includes: Case management, counseling, placement and post placement services

I. **Traditional Program** (Adoptive family is matched with birth mother and counseling services are initiated for birth mother)

Match Fee (1) \$6,000 Plus expenses (2)

Placement Fee..... \$18,000 (3) (3a)

II. **Agency Assisted Program** (Client locates a birth mother and initiates services)

Birth mother Service Fee (1) \$5,700 Plus expenses (2)

Placement Fee \$5,000

(1) Match fee is non-refundable, but paid only once

(2) Additional expenses associated with an adoption include birth mother and agency expenses, newborn hospital care, legal costs

(3) Reduced placement fee for families with incomes under \$100,000

(3a) Twin placement is placement fee and a half

- (4) Birth mother residing outside of Illinois or Indiana: match fee plus \$5,000 placement fee
- (5) Reduced placement fee available for African American families. This agency is committed to diversity and insuring that African American birth parents have choices.

Interstate Services..... \$1,000
 Applies only to families who do not reside in the state in which the baby is born.

The following is a list of possible expenses:

Birth Mother Living Expenses and Agency Expenses – When a match occurs, an escrow is established to cover birth mother living expenses and agency expenses (i.e. birth parent counselor’s mileage, tolls, meals, searches on Putative Father Registry, overnight mailings. Any remaining balance will be refunded after finalization.

Newborn Hospital Care - Typically covered under adoptive parent insurance.

Training/Adoption Education - No charge for ACFB adoption education classes, but there are costs for required training offered by outside resources.

Background Clearances - Fees charged for obtaining clearances are paid to a third-party vendor.

Birth Mother Medical – if needed

Client Advertising – Print or online (optional)

Legal services and court costs – Paid to attorney

DCFS Subsidy Application Assistance (if child has special needs) - \$1,500

Post Adoption Services – Separate service request and fee

I understand that my adoption cannot be finalized until all fees have been paid-in-full.

By signing this fee schedule, I acknowledge that I have received a copy of this fee schedule. Furthermore, I understand that this agency cannot guarantee that I will be approved as an adoptive parent, or that a child will be placed with me, or that the court will approve the placement.

Signed by: _____ Signed by: _____

Print name: _____ Print name: _____

Date: _____ Date: _____

Note: Application fee is non-refundable. Fees are non-refundable once services have been initiated. There is a 3% service fee for all credit card payments \$1,000 and over. ACFB does not accept credit card payments for the placement fee. Fees are subject to change.

**Adoption Center for Family Building
8140 McCormick Blvd., Ste. 131
Skokie, IL 60076**

**INFORMATION DISCLOSURE ACKNOWLEDGEMENT
Prospective Adoptive Parent(s)**

WE/I, ACKNOWLEDGE THAT INFORMATION ABOUT THE FOLLOWING HAS BEEN PROVIDED BY THE ADOPTION CENTER FOR FAMILY BUILDING:

1. Description of adoption services and programs
2. Summary of Policies and Practices
3. General Eligibility requirements
4. General description of fees and refund policy
5. Written Rights and Responsibilities of Birth and Adoptive Parents, as provided by DCFS
6. Grievance Procedure
7. Confidentiality Policy

Signature	Date	Signature	Date
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Print Name	Print Name
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***Information is on our website www.centerforfamily.com and in our Information Packet. The Information Packet is mailed or given to you directly.**

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.