



Dear Friend,

Thank you for your interest in Adoptions Together. Our mission is to build healthy families and to keep them strong.

Founded in 1990, Adoptions Together is a non-profit child placement agency, licensed in Maryland, Washington D.C. and Virginia. We welcome every child in need of a family regardless of race, health or special need, and are honored to have helped nearly 2,500 children join loving adoptive families.

We offer the following programs:

♥ **Domestic Infant Adoption:** We bring together birth and adoptive parents and design personalized adoption plans to meet the needs of all involved.

♥ **AdoptionWorks:** We identify children who are waiting in State foster care for a permanent family and match them with prospective parents. Many of the children in need of families are African American, members of a sibling group and over the age of six.

♥ **International Adoption:** We work hard to find permanent homes for infants, toddlers and older children who are growing up in orphanages in Asia, Eastern Europe and Latin America.

♥ **Home Study and Post Placement:** Our team of qualified professionals provides a complete array of home study services including pre-adoption preparation, assessment and post placement support.

♥ **Center for Adoptive Families:** Our mission of bringing children and families together is equaled only by our commitment to keep these families strong. We offer individual and family counseling, support groups, community and professional education, parenting workshops and summer camps.

If you are seriously considering adoption, we hope you will consider Adoptions Together. We wish you the best on your adoption journey.

Warm regards,
Janice Goldwater, LCSW-C
Founder and Executive Director

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www.adoptionstogether.org

Adoption Works Information Packet

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AdoptionWorks

A program for the adoption of school-aged children in foster care

Frequently Asked Questions

◆ **What is AdoptionWorks?**

AdoptionWorks is a program at Adoptions Together that facilitates the adoption of school-aged children who are growing up in public foster care throughout the United States.

◆ **Who can apply?**

Individuals and families of all types are encouraged to apply. Adoptions Together works with many types of families including, single, married and with or without children.

◆ **What type of child can I adopt and where do I need to live?**

AdoptionWorks (AW) places school-aged children from throughout the United States with parents who reside in MD, DC & VA.

◆ **Why are these children in public foster care?**

Children enter the public foster care system for a wide variety of reasons, such as abuse, neglect, drug abuse in their birth families, and many other factors.

◆ **What are the steps and how long is the wait for a child?**

Parents must attend 27 hours of training, complete a home study; work with an AdoptionWorks team member to locate a child, be placed, and proceed toward finalization. You can begin the process of finalizing your child's adoption after the child has been in your home for a **minimum** of six months.

◆ **What is an adoption home study?**

Each AdoptionWorks home study consists of three to four interviews with a licensed social worker that is experienced in adoption. Information is collected about the applicant's background, references are checked and a home safety inspection is completed. A report is written by the home study social worker and a recommendation is made as to whether the applicant should proceed with an adoption.

◆ **What if I already have a home study and/or have attended pre-adoption training elsewhere?**

We require all families entering the program to attend the AdoptionWorks training and have a home study completed by our agency.

◆ **How much information will I receive about a child whom I might consider adopting?**

We will provide you with all of the information about a child that we are able to obtain from the agency that is serving as the child's guardian. Information may include a medical, social and developmental history that is collected from professionals involved in caring for the child. We will assist you with making a decision as to whether the child and your family are a good fit.

◆ **What if my child needs special psychological or medical care?**

Most children who are adopted through AdoptionWorks are eligible for Medical Assistance.

◆ **Can a biological family reclaim a child placed for adoption through AdoptionWorks?**

Most of the children are legally free and cannot be reclaimed by their biological parents. In some cases, children are placed with prospective adoptive parents while the public agency pursues the legal termination of parental rights. These "legal risk" placements are only made when the prospective adoptive parents understand and are willing to accept the risk that a placement might disrupt.

◆ **Can I adopt a child whose race is different from mine through AdoptionWorks?**

Yes. Part of the training provided explores transracial adoption issues.

◆ **Will my child be eligible for an adoption subsidy?**

Most children who are adopted are eligible to receive an adoption subsidy. The amount of the subsidy depends upon the special needs of the child.

◆ **What does it cost to participate in the AdoptionWorks program?**

Application/Training: The Application/Training fee is \$350, due with your application and is **non-refundable**.

Home Study: The Home study fee is \$700, due when you turn in your home study paperwork.

Program Deposit: The Program Deposit is due when you sign the AdoptionWorks contract after your home study is completed.

Placement Services: AdoptionWorks charges a \$7,000 placement fee, which covers all services involved in matching, placement, supervision of placement, and finalization of an adoption. Some states will pay this fee for the adoptive parents, for the adoption of children from their state. Others states do not. Maryland is currently among the states that do not pay this fee.

With the Federal Adoption Tax Credit, You will be able to claim a full \$10,000 tax credit in the year that you finalize your adoption, **regardless of the amount of money you spent on the adoption**. Therefore, you can more than cover the cost of an adoption from a state that does not pay purchase of service.

◆ **How do I get started?**

We encourage you to attend one of our scheduled information meetings or contact one of our team members:

- Carol Edelstein, Adoption Works Director @ 410-402-1117 or cedelstein@adoptionstogether.org
- Lauren Defina, Program Coordinator @ 410-402-1120 or ldefina@adoptionstogether.org

A Desire to
LOVE

A Reason to
ADOPT



Give An Older African-American Child A Family

Get the Facts about African-American Children in Foster Care

- ❖ Nationally, there are over half a million children in foster care today.
- ❖ Approximately 118,761 of these children are waiting to be adopted. Almost half of the waiting children are African American.
- ❖ The majority of children arrive in the system because they have been abused, neglected or abandoned.
- ❖ Once a child comes into foster care after being abused, neglected or abandoned, the child waits, according to the national average, for 26 months, that's over 2 years, to be considered for adoption.
- ❖ After one year in the system, a child's probability of being adopted drops by 50% and continues to steadily drop the longer a child waits.
- ❖ African-American children wait in the foster care system longer than their Caucasian counterpart.
- ❖ Each year in the United States more than 20,000 older children "age-out" of the system, which means they were not adopted by the cut-off age of 18, in most states, and were, therefore, forced to leave the system to fend for themselves in society.
- ❖ During the first few years of "aging-out,"
 - 32 percent rely on public assistance;
 - 27 percent of males and 10 percent of females will become incarcerated; among young women, 6 out of 10 become pregnant without the ability to take care of their unborn child.

You can make the difference. ADOPT!

Please Call Carol Edelstein at 410-402-1117 to learn about the adoption process.

AdoptionWorks Program Fee Schedule

<u>Application/Training Fee</u> (due with application)	\$ 350.00
<u>Home Study Fee</u> (due with completed home study paperwork)	\$ 700.00
<u>AdoptionsWorks Subsequent Home Study Fee</u>	\$ 500.00
<u>Program Deposit</u> (due with signed contract, after home study completion)	\$1,000.00
<u>Placement Fee</u>	\$7,000.00

The balance of the placement fee is payable as follow:

- At the time of placement \$5,000.00
- Prior to finalization of adoption \$2,000.00

Note: Many states will pay these placement fees (called Purchase of Service fees) to Adoptions Together, for their foster children to be placed for adoption with AdoptionWorks families.

Note: All fees are nonrefundable

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ADOPTIONS TOGETHER HOME STUDY PLUS SERVICES

<p>(1) Initial Home Study (For Infant and International Programs):</p> <ul style="list-style-type: none"> • \$450 due with application • \$1,000 due when paperwork completed 	<p>\$ 1,450 (\$200 additional supplement for Hague country)</p>
<p>(2) AdoptionWorks Home Study:</p>	<p>\$700</p>
<p>(3) 30-day Expedited Home Study: <i>(Permitted only when a specific child has been identified for adoption and placement is imminent, or with the approval of Adoptions Together Clinical Director)</i></p>	<p>\$ 2,300</p>
<p>(4) Adoption Together Placement Clients:</p> <ul style="list-style-type: none"> • Annual Update of Domestic and International Program Clients • Subsequent Placement Home Study 	<p>\$250 \$900</p>
<p>(5) Home Study Plus Client Fees:</p> <ul style="list-style-type: none"> • Annual Update of Domestic Adoptions Together Home Study • Annual Update of International Adoptions Together Home Study • Expedited Annual Update • Subsequent Placement/Adoptions Together Home Study • Interim Update of Adoptions Together Home Study 	<p>\$500 - 700 \$500 - 700 To be determined \$900 \$200</p>
<p>(6) Home Study Conversions (from Other Agencies to Adoptions Together):</p> <ul style="list-style-type: none"> • Review of Non-Adoptions Together Home Study • Update of Home Study from another Agency • Subsequent Placement/ Non-Adoptions Together Study 	<p>\$115 To be determined \$1,150</p>
<p>(7) Changes to Adoptions Together Home Study:</p>	<p>\$50 - \$300</p>
<p>(8) Post Placement Services:</p> <ul style="list-style-type: none"> • Standard Post Placement Supervision <i>(Includes 3 visits and reports)</i> • Additional Post Placement Supervision per report • Post Placement Supervision Report and Tracking • Expedited Post Placement Supervision per report <ul style="list-style-type: none"> ○ <i>(Charged when report is required with less than 30 days notice)</i> • Post Placement Supervisory Telephone Conference <ul style="list-style-type: none"> ○ <i>(When required by court or placing agency)</i> • Post Placement Supervisory Telephone Conference <ul style="list-style-type: none"> ○ <i>(When required by court or placing agency)</i> • Post Placement Supervision Report for additional child 	<p>\$1,050 \$350 \$370 per report \$475 \$50 (No Report) \$100 (with Report) \$50 - \$175</p>
<p>(9) Court Finalization Reports <i>(Not required in all states)</i></p>	<p>\$550 (One Report) \$275 (For Each Additional Child)</p>
<p>(10) Mileage Fee Roundtrip <i>(Charged to applicants who live more than 50 miles from Baltimore, Silver Spring or Herndon offices)</i></p>	<p>\$120</p>
<p>(11) Home Study Plus Document Preparation Fee</p>	<p>\$50</p>
<p>(12) Tracking Home Study and Clearance Update Requirements for Home Study Plus Clients</p>	<p>\$100 annual fee</p>
<p>(13) Administrative Fee for Processing Refunds</p>	<p>8 \$25</p>
<p>(14) Returned check fee</p>	<p>\$35</p>

Financing Your Adoption

While adoption services can be expensive, financial programs and resources may be available to help you with these costs. At Adoptions Together, we may be able to help you locate the financial resources you may need. Whether you are eligible for adoption tax benefits, adoption assistance programs from your employer, or the adoption subsidy program, we can direct you to the information you need. You might want to begin your research with an excellent resource guide from the National Endowment for Financial Education, [How to Make Adoption An Affordable Option](#). This booklet can be downloaded from the internet at www.nefe.org

Federal Tax Credit

You may be able to reduce the cost of your adoption by applying for an adoption tax credit on your federal tax return. For adoptions finalized starting in tax year 2002, the credit is up to \$10,000 per adoption. (Prior to 2002, the tax credit was \$5,000 per adoption or \$6,000 for the adoption of a child with special needs.) The \$10,000 credit also applies to international adoptions after finalization. The tax credit limit is for expenses associated with each adopted child, rather than an annual limit. The tax credit benefits moderate-income families most; it phases out for high-income families. The phase-out starts for families whose adjusted gross income exceeds \$150,000. The tax credit is eliminated entirely once adjusted gross income reaches \$190,000.

The federal adoption tax credit is more beneficial than a simple tax deduction. Under the tax credit, adoption expenses may be deducted from your overall federal tax liability. For example, if your federal tax obligation is \$4,000 and you have \$3,000 in adoption expenses, your tax liability is reduced to \$1,000.

What this means in real dollars is that you will receive a refund of \$3000, if your tax liability has been withheld from your paycheck, or you will owe \$3000 less to the IRS if you are self-employed. Additionally, if your tax bill is smaller than the amount of your expenses, you can carry forward the unused portion of your adoption tax credit for the next several years. Qualified adoption expenses may include adoption fees, attorney fees, travel costs, including necessary transportation, meals, and lodging. If you are receiving reimbursement for the allowed adoption expenses from another source, such as the Adoption Subsidy program, or from an employee benefits program, there are limitations on the use of the tax credit. To learn more about the Federal Adoption Tax Credit, you should consult your tax professional and [IRS Publication 968](#). To access the IRS web site for information on the tax credit, see www.irs.gov/taxtopics

This site is helpful for understanding the benefits of the tax credit.
<http://www.adoptionlearningpartners.org/courses/taxcredit.cfm>

Employee Benefit Programs

Perhaps your employer is among the roughly 25% of companies in the United States that offer some form of adoption benefits to their employees. Typical benefits may include reimbursements of adoption expenses; paid leave in addition to vacation time, sick leave, or personal days; and unpaid leave. Reimbursement amounts can run from \$1,000 to \$10,000. Adoptions Together maintains a list of employers that offer adoption assistance. To find out whether your employer offers adoption benefits, contact the human resources office where you work.

Even if your company does not now offer adoption benefits, you may be able to persuade your employer to do so. Studies have shown that adoption benefits are among the most cost-effective advantages an employer can offer. The National Adoption Clearinghouse can help you and your employer to establish an adoption benefits program. You can contact NAIC at 888-251-0075 or <http://naic.acf.hhs.gov/parents/prospective/funding/index.cfm>.

Military Benefits for Adoption

The military will reimburse active-duty personnel for most one-time adoption costs up to \$2,000 per child, whether adopting a Domestic healthy infant or older child, or a child from abroad. (Travel costs, foreign or domestic, are not covered.) There is a maximum reimbursement of \$5,000 in a given year, even if both parents are in the military.

Reimbursement is made only after the adoption is finalized and only if the adoption was provided through a state adoption agency or a *not-for-profit* private agency. Adoption and placement fees that may be reimbursed include:

- Fees for birth parent counseling
- Legal fees and court costs
- Medical expenses - hospital expenses of the biological mother and newborn infant.

The military's Exceptional Family Member Program is designed to ensure that the adoptive families of children with special needs are assigned to duty stations where the child's needs may be met. In some instances, a military family caring for an adopted disabled child may receive monthly assistance up to \$1000 under the military's Program for Persons with Disabilities.

While the military has long provided health care for adopted children, as part of the health benefits provided by the Federal government to military personnel and their dependents, it is now available for adopted children as soon as they are placed in your home, rather than having to wait until the adoption is finalized. Moreover, military health care does not require a waiting period for pre-existing conditions.

Military personnel may make use of leave programs similar to those offered by civilian employers. Reimbursements and benefits apply whether the adopting parent is single or married and whether the adoption is completed in the US or overseas.

NOTE: *Independent adoptions, or adoptions provided through a For-profit adoption agency, do not qualify for military reimbursements.*

For more information about adoption for military families, call the Adoption Exchange Association at 1-303-333-0845. Or visit the web at www.nmfa.org.

Credit Cards and Frequent Flyer Miles

Families adopting through the International Adoption Program typically travel overseas to complete their adoptions. You can use frequent flyer miles to reduce the cost of airfare significantly. Many credit card companies offer frequent flyer miles as incentives. Check with your individual credit card issuers to see if this benefit is available to you.

Adoption Loan Information

Please contact the National Adoption Foundation to explore grants and loans specifically for adoption www.nafadopt.org

Adoption Subsidy Program

Families who adopt children with special medical, emotional, and/or developmental needs; older children; or members of a sibling group may be eligible for an adoption subsidy from federal and state governments. This financial assistance is available to ensure that families who adopt these children have the necessary services and financial resources to meet their children's ongoing needs.

Subsidies fall into three categories:

1. **Monthly Financial Assistance.** This type of subsidy is designed to remove financial barriers for families who adopt children with special needs. Nearly all children in public foster care who are waiting to be adopted are eligible for this type of assistance. Subsidies are awarded on a case-by-case basis and vary depending on the needs of the child. Annual reviews of subsidies are conducted to ensure that the child still qualifies for assistance. Eligibility for the subsidy is based solely on the needs of the child; the adoptive parents' financial resources do not determine whether a child is eligible for a subsidy.
2. **Medical Assistance.** Children in subsidized adoptions are also eligible for a medical subsidy through a new Medicaid-managed care program.
3. **One-Time Subsidy.** This nonrecurring payment, which may be offered in addition to the monthly financial subsidy, is designed to cover specific expenses or special services related to the adoption of a particular child or children. Reimbursable expenses may include adoption placement fees, court costs, attorney's fees, required health and psychological examinations, transportation, and reasonable costs of lodging and food for the child and/or the adoptive parents when necessary to complete the placement or adoption process.

To be eligible for any subsidy, a child must first meet **both** of the following two requirements:

- A local department of social services or a private agency in Maryland must hold guardianship of the child
- The child could not be placed for adoption without a subsidy

To be eligible for any subsidy, a child must also meet one of the following requirements:

- The child must be six or older, but has not reached the age of 18 years
- The child must be a member of a minority group
- The child must have a physical or mental handicap and/or be emotionally disturbed
- The child must be a member of a sibling group which is to be placed together

If you are interested in adopting a child who may be eligible for an adoption subsidy, we will assist you in applying for a subsidy for your child.

CENTER FOR ADOPTIVE FAMILIES

The **Center for Adoptive Families (CAF)** provides specialized support, education, and training to families and professionals across the country. Families built through adoption, kinship, and foster care often face challenges during their lifetime, and need expert assistance to provide a healthy home for their children. Since 1992, CAF has been providing quality counseling services, support groups, and professional trainings at the local and national levels. CAF staff consists of master's-level mental health professionals, educational specialists, and certified mediators with expertise in adoption issues. We offer services in various locations throughout Maryland, Virginia, and Washington DC, as well as professional trainings nationwide. For detailed information, please visit our website at www.centerforadoptivefamilies.org

Contact: 301-422-5110 or caf@adoptionstogether.org

Individual, couples, and family counseling

- ♥ General adoption issues
- ♥ Attachment difficulties
- ♥ Depression/anxiety
- ♥ Infertility
- ♥ Behavior challenges
- ♥ Birthparent counseling
- ♥ Search and reunion

Educational Counseling

Private sessions provide families with expert advice around common adoption issues, such as:

- ♥ How to Talk to Your Children About Adoption
- ♥ Accessing Appropriate School Services
- ♥ Transracial Adoption

Adoption Preparation Seminars

- ♥ The ABC's of Adoption Seminar (for prospective adoptive parents)
- ♥ Domestic adoption
- ♥ International adoption
- ♥ Finalizing/re-finalizing adoption

Support and Education Groups

- ♥ Kids Connection - just for children, ages 7 to 12
- ♥ Project Succeed - for parents
- ♥ Super-Parenting - for parents of challenging children

Professional Development

Since 1993, CAF has trained human services and medical professionals, across the country, on clinical and adoption-related issues. We offer services in various locations throughout Maryland, Virginia, and Washington DC, as well as professional trainings nationwide.

Training and seminar topics include:

- ♥ General adoption issues
- ♥ Attachment disorder and clinical issues
- ♥ International adoption issues
- ♥ Adoption and the older child
- ♥ Transracial placement considerations
- ♥ Therapeutic parenting
- ♥ School programs for educators
- ♥ Post-adoption program development

Mediation Services

Our expert mediation services help clarify and negotiate mutual benefits and responsibilities for open adoption. Our certified mediators have completed specialized training in adoption to assist adoptive parents and birth parents in relationships that enrich and support their child's well being.



APPLICATION

Date Submitted: _____

HOME STUDY PLUS SERVICES

(You are requesting a home study plus services with Adoptions Together and either have selected another agency for placement and/or are undecided at this time.)

- Domestic Infant
- International* (Country _____)
_____ Placing agency if known

**Adoptions Together will no longer be providing Home Study Plus Services to families adopting from Russia and Azerbaijan.*

HOME STUDY & PLACEMENT WITH *ADOPTIONS TOGETHER*

- AdoptionWorks
- Domestic Infant
- International - _____ Country

PLACEMENT ONLY (HOME STUDY COMPLETED BY OTHER AGENCY)

- International - Submit this completed application with the home study.
- Domestic Infant - Submit this completed application with the home study.

**The law prohibits unmarried couples from adopting in Virginia. Therefore, AT is not permitted to conduct home studies for unmarried couples.*

HOW DID YOU HEAR ABOUT ADOPTIONS TOGETHER?

- Website
- Yellow Pages
- Advertisement _____
- Brochure/Flyer
- Referral by friends/family members
Who? _____
- Other _____

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Please note: If additional space is needed to answer any question(s), refer to the last page of this application. A blank lined sheet has been provided for you.

I. IDENTIFYING INFORMATION (use APPLICANT 2 for 2nd member of couple)

APPLICANT 1		APPLICANT 2	
First Name:		First Name:	
Last Name:		Last Name:	
Date of Birth: (m/d/y)		Date of Birth: (m/d/y)	
Age:		Age:	
Soc. Sec. #		Soc. Sec. #	
Street Address:		Street Address:	
City:		City:	
State, Zip:		State, Zip:	
US Citizen:	<input type="checkbox"/> YES <input type="checkbox"/> NO	US Citizen:	<input type="checkbox"/> YES <input type="checkbox"/> NO
County of Residence:		County of Residence:	
Length of Residence:		Length of Residence:	
E-Mail:		E-Mail:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Previous Street Address:		Previous Street Address:	
City:		City:	
State, Zip:		State, Zip:	

DIVORCED: Please list prior marriages

DIVORCED: Please list prior marriages

Date:		Date:	
Date:		Date:	
Date:		Date:	

ARE YOU (APPLICANT 1 & 2) CURRENTLY MARRIED TO EACH OTHER? YES NO

Date of Marriage:		Place of Marriage:	
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II. EMPLOYMENT (USE APPLICANT 2 FOR 2ND MEMBER OF COUPLE)

APPLICANT 1		APPLICANT 2	
Employer:		Employer:	
Street Address:		Street Address:	
City:		City:	
State, Zip:		State, Zip:	
How Long Employed:		How Long Employed:	
Position Held:		Position Held:	
Annual Salary:		Annual Salary:	
Other Income:		Other Income:	

III. EDUCATION *(use APPLICANT 2 for 2nd member of couple)*

APPLICANT 1		APPLICANT 2	
Highest Degree:		Highest Degree:	
Year Obtained:		Year Obtained:	
Institution:		Institution:	
High School:		High School:	

IV. CHILDREN LIVING IN THE HOME

Full Name:				D.O.B:	/ /
Adopted?	Finalized?	Adopted Child's Birth Country:			
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	Date and Place of Finalization:			
Full Name:				D.O.B:	/ /
Adopted?	Finalized?	Adopted Child's Birth Country:			
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	Date and Place of Finalization:			
Full Name:				D.O.B:	/ /
Adopted?	Finalized?	Adopted Child's Birth Country:			
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	Date and Place of Finalization:			

V. CHILDREN LIVING OUT OF THE HOME

Full Name:				D.O.B:	/ /
Adopted?	Finalized?	Adopted Child's Birth Country:			
<input type="checkbox"/> NO <input type="checkbox"/> YES →	<input type="checkbox"/> NO <input type="checkbox"/> YES →	Date & Place of Finalization:			
Current Address:					
	Street	City	State	Zip	
CURRENT PHONE:	()				
Full Name:				D.O.B:	/ /
Adopted?	Finalized?	Adopted Child's Birth Country:			
<input type="checkbox"/> NO <input type="checkbox"/> YES →	<input type="checkbox"/> NO <input type="checkbox"/> YES →	Date & Place of Finalization:			
Current Address:					
	Street	City	State	Zip	
CURRENT PHONE:	()				
Full Name:				D.O.B:	/ /
Adopted?	Finalized?	Adopted Child's Birth Country:			
<input type="checkbox"/> NO <input type="checkbox"/> YES →	<input type="checkbox"/> NO <input type="checkbox"/> YES →	Date & Place of Finalization:			
Current Address:					
	Street	City	State	Zip	
CURRENT PHONE:	()				

VI. OTHER ADULTS (over age 18) LIVING IN THE HOME

Name:		Relationship:	
Name:		Relationship:	

VII. EXTENDED FAMILY INFORMATION *(use APPLICANT 2 for 2nd member of couple)*

APPLICANT 1		APPLICANT 2	
Mother:		Mother:	
D.O.B. (m/d/y):		D.O.B. (m/d/y):	
Marital Status:		Marital Status:	
Address:		Address:	
Occupation:		Occupation:	
Deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Father:		Father:	
D.O.B. (m/d/y):		D.O.B. (m/d/y):	
Marital Status:		Marital Status:	
Address:		Address:	
Occupation:		Occupation:	
Deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sibling:		Sibling:	
D.O.B. (m/d/y):		D.O.B. (m/d/y):	
Marital Status:		Marital Status:	
Address:		Address:	
Occupation:		Occupation:	
Deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sibling:		Sibling:	
D.O.B. (m/d/y):		D.O.B. (m/d/y):	
Marital Status:		Marital Status:	
Address:		Address:	
Occupation:		Occupation:	
Deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sibling:		Sibling:	
D.O.B. (m/d/y):		D.O.B. (m/d/y):	
Marital Status:		Marital Status:	
Address:		Address:	

Occupation:		Occupation:	
Deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO

VIII. PERSONAL INFORMATION (use APPLICANT 2 for 2nd member of couple)

APPLICANT 1				APPLICANT 2			
Height:		Weight:		Height:		Weight:	
Hair Color:		Eye Color:		Hair Color:		Eye Color:	
Race:				Race:			

HAVE YOU EVER BEEN:		HAVE YOU EVER BEEN:	
Arrested: (even if expunged OR occurred before 18 yrs. old)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Arrested: (even if expunged OR occurred before 18 yrs. old)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Convicted of a Crime:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Convicted of a Crime:	<input type="checkbox"/> YES <input type="checkbox"/> NO
In Jail or Prison:	<input type="checkbox"/> YES <input type="checkbox"/> NO	In Jail or Prison:	<input type="checkbox"/> YES <input type="checkbox"/> NO
The subject of a Child abuse or Neglect Investigation (even if it did not result in arrest or conviction.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	The Subject of a Child Abuse or Neglect Investigation (even if it did not result in arrest or conviction.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES to any of the above, please explain:		If YES to any of the above, please explain:	
Are you under any legal obligation to pay Child Support?		Are you under any legal obligation to pay Child Support?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, are your payments up to date?		If YES, are your payments up to date?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever filed for bankruptcy?		Have you ever filed for bankruptcy?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please explain:		If YES, please explain:	

IX. PERSONAL HEALTH (use APPLICANT 2 for 2nd member of couple)

APPLICANT 1		APPLICANT 2	
<i>Information on Physician who will complete the Medical Exam for the Home Study.</i>		<i>Information on Physician who will complete the Medical Exam for the Home Study.</i>	
Name:		Name:	
Street Address:		Street Address:	
City:		City:	
State, Zip:		State, Zip:	

Are you currently being treated by a Physician?	Are you currently being treated by a Physician?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please describe the conditions:	If YES, please describe the conditions:
Describe any chronic medical conditions:	Describe any chronic medical conditions:

Please describe all hospitalizations within the last five years:	Please describe all hospitalizations within the last five years:
Have you ever sought treatment from a mental health professional?	Have you ever sought treatment from a mental health professional?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please explain the circumstances, including dates:	If YES please explain the circumstances including dates:
Have you ever participated in a drug or alcohol treatment rehabilitation program?	Have you ever participated in a drug or alcohol treatment rehabilitation program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please explain:	If YES please explain:

Health Insurance		Health Insurance	
Name of Insurer:		Name of Insure:	
Policy Number:		Policy Number:	
Effective Date:		Effective Date:	
Life Insurance		Life Insurance	
Kind:		Kind:	
Amount:		Amount:	
Beneficiary:		Beneficiary:	

X. REFERENCES

T Note that all references will be contacted by phone and one will be interviewed in person.

<i>Please list three people who know you well (excluding relatives or clergy)</i>			
Name:			
Address:			
Phone:		E-Mail:	

Name:			
Address:			
Phone:		E-Mail:	

Name:			
Address:			
Phone:		E-Mail:	

If you have a child or children living in your home who is attending school, please list below a reference who is a teacher, administrator, or counselor employed by one of the schools attended by one of your children.

Name:			
Address:			
Phone:		E-mail:	

XI. ADOPTION PLANS

Why are you considering adoption at this time?	

Please Describe the Type of Child or Children you would like to adopt:			
Sex:		Age:	
Race:		Other:	

Have you selected a legal guardian for the child you wish to adopt?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide the following information:	
Name:	
Address:	
Phone:	

Have you attended any adoption related workshops/classes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please list:	

Have you ever worked with another agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide the following information on the agency(ies):	

AGENCY 1.

Name:			
Address:			
Service Used:			
Outcome:			

AGENCY 2.

Name:			
Address:			
Service Used:			
Outcome:			

Are you currently working with another agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide the following information on the agency:	
Name:	
Address:	
Phone:	

Please note: A release form must be signed to give Adoptions Together permission to contact all other adoption agencies that you have worked with. The form will be provided to you after your application is received.

XII. HOME STUDY

Would you like Adoptions Together to complete your Home Study?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been denied a Home Study?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please explain:	
<i>If another agency is providing your Home Study, please provide the following information:</i>	
Agency Name:	
Agency Director:	
Agency Address:	
Agency Phone:	
Social Worker's name:	Phone:
HAS THE HOME STUDY BEEN COMPLETED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date Completed:	

Please have a copy of your home study sent to Adoptions Together upon completion.

XIII. FEDEX OR UPS ACCOUNT # _____

XIV. If Adoptions Together is providing your Home Study:

PLEASE PROVIDE US DIRECTIONS TO YOUR HOME FROM OUR OFFICE NEAREST YOU:

DIRECTIONS TO YOUR HOME FROM OUR <i>SILVER SPRING OFFICE</i> (NEW HAMPSHIRE AVE. - NEAR THE WHITE OAK EXIT OFF 495 - WASHINGTON BELTWAY)

DIRECTIONS TO YOUR HOME FROM OUR <i>BALTIMORE OFFICE</i> (NEAR INTERSECTION OF RT 40 & INGLESIDE AVE. - NEAR EXIT 15A OFF 695 - BALTIMORE BELTWAY)

DIRECTIONS TO YOUR HOME FROM OUR <i>VIRGINIA OFFICE</i> (457 A CARLISLE DRIVE, HERNDON, VA 20170)

Adoptions Together IS REQUIRED BY LAW TO DENY THIS APPLICATION IF ANY OF THE INFORMATION PROVIDED IN IT IS KNOWN TO BE FALSE OR MISLEADING BY THE APPLICANT.

I/WE, THE UNDERSIGNED, HAVE READ THE STATEMENT ABOVE AND HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE.

SIGNED:

Applicant 1: _____ Date: _____

Applicant 2: _____ Date: _____

INCLUDE CHECKS PAYABLE TO ADOPTIONS TOGETHER FOR SERVICES REQUESTED:

ADOPTIONWORKS APPLICATION/TRAINING FEE \$350 (INITIAL PAYMENT)

FOR OFFICE USE ONLY

	<u>FEE</u>	<u>DATE RECEIVED</u>
ADOPTIONWORKS HOME STUDY FEE (DUE WITH HOME STUDY PAPERWORK):	\$700	/ / ____ / ____ / ____

Adoption Works Application Supplement

1. Name: _____ Date: _____

2. How did you learn about Adoption Works? _____

3. Have you ever attended adoption preparation classes? YES NO

If YES, please provide the following information on the agency that provided the classes.

Name of Agency:			
Street Address of Agency:			
City:		State:	Zip:
Date of Attendance:			

Please indicate your preferences about the child whom you would like to adopt. Please be specific as possible.

Age Range:		
Preference for:	<input type="checkbox"/> Male	<input type="checkbox"/> Female

4. Would you consider adopting a sibling group? YES NO

If YES, please provide the following information on the children that you would like to c

Age Range(s):		
Sex(es):		

5. What race child are you interested in adopting?

Please all that apply.

- African American
- Multiracial
- Asian
- Latino
- Caucasian

Please give us your opinion about whether you would consider adopting a child with any of the following needs. Please understand that this is used as a guideline to assist us getting to know you and the type of child or children that you are interested in adopting.

Please only one box per question.

	YES	NO	POSSIBLY
1. Prematurity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Birth mother drug/alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Prenatal alcohol exposure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Vision problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hearing problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Learning disability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Developmental delays.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Special education classes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Mental retardation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Attachment problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has behavior problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. History of sexual abuse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Attention deficit disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Hyperactive.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Family history of mental illness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has frequent temper tantrums.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has poor social skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has difficulty accepting and obeying rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has trouble with lying or stealing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. History of inappropriate sexual behavior.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. History of physical abuse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. History of neglect.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Have no information about birth family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Needs to have contact with siblings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Needs to have contact with birth family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Needs to have contact with foster family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2010 INFORMATION MEETINGS

Please RSVP...seating may be limited.

Domestic Infant and AdoptionWorks

7:00-9:00 PM

Silver Spring

January 19, 2010
March 16, 2010
May 18, 2010
July 20, 2010
September 21, 2010
November 23, 2010

Baltimore

February 16, 2010
April 20, 2010
June 15, 2010
August 17, 2010
October 26, 2010
December 21, 2010

International

7:00-9:00 PM

Baltimore

January 13, 2010
September 8, 2010

Silver Spring

April 14, 2010
December 15, 2010

Domestic Infant, AdoptionWorks, and International Programs

7:00-9:00 PM

Virginia

(Held at the Reston Community Center)

January 7, 2010
February 4, 2010
March 4, 2010
April 1, 2010
May 6, 2010
June 3, 2010

July 8, 2010
August 5, 2010
September 9, 2010
October 7, 2010
November 4, 2010
December 2, 2010

DIRECTIONS TO OUR BALTIMORE OFFICE

5750 Executive Drive, Suite 107

410-869-0620

- Take 695 (*Baltimore Beltway*) to Route 40 East @ Exit #15-A
- Stay in exit lane and turn RIGHT at second light onto Ingleside Ave.
- Drive 2 blocks to sign: BELTWAY WEST CORPORATE CENTER
- Turn RIGHT into Executive Drive
- Bear Left down hill and park. Our door faces the parking lot: Suite 107

DIRECTIONS TO OUR SILVER SPRING OFFICE

10230 New Hampshire Avenue, Suite 200

301-439-2900

- Take 495 (*Washington Beltway*) and
- Exit @ White Oak onto New Hampshire Avenue North
- At the 2nd light, turn LEFT onto Powder Mill Road
- Take first RIGHT into the large parking lot of our building
- Park in front of building and enter through double glass doors
- If doors are locked, dial pound sign and 200 (#200) on keypad found to the right of the doors
- When you hear the "buzz", enter doors - suite 200 is at top of stair

IF TRAVELING SOUTH ON NEW HAMPSHIRE AVENUE:

- Stay in the right lane traveling south on New Hampshire Ave
- Just before freeway signs, you will see: RE/MAX Realtor Sign at the corner entrance of parking lot for 10230 New Hampshire Avenue
- Turn RIGHT into parking lot at RE/MAX sign
- Park in front of building and enter through double glass doors
- If doors are locked, dial pound sign and 200 (#200) on keypad found to the right of the doors
- When you hear the "buzz", enter doors - suite 200 is at top of stairs



DIRECTIONS TO RCC Hunters Woods
Reston Community Center Hunters Woods
2310 Colts Neck Road, Reston, VA 20191

**Please use only the directions on this page;
directions from Mapquest/Google Maps may be
inaccurate**

From Route 495 via Dulles Toll Road (Route 267):

Take Exit 12 to South Reston Parkway
Go south on Reston Parkway
Left on South Lakes Drive
Right on to Colts Neck Road
Go 1/8 mile to the Hunters Wood Village Center entrance on left

From Route 495 via Leesburg Pike (Route 7) going West:

Left on Baron Cameron Ave (Route 606)
Left on Reston Parkway
Left on South Lakes Drive
Right on Colts Neck Road
Go 1/8 mile. The entrance to the Hunters Woods Village Center on left

From Centreville via Route 28

Go North on Route 28
Take Dulles Toll Rd East
Take Exit 12 onto Reston Parkway.
Right on Reston Parkway
Left on South Lakes Drive
Right on Colts Neck Rd
Go 1/8 mile and turn left into Hunters Woods Village Center

From Centreville via Route 50

Go North on Route 28
Exit Route 50 East
Left on Centreville Road
Right on Franklin Farm Road
Left on Fairfax County Parkway
Right onto Sunrise Valley Drive
Right on Colts Neck Road
Go approximately ¼ mile to the Hunters Woods Village Center on the left



Contact Us

The Adoption Works staff is eager to assist you and answer all your questions about the information in this packet.

Please contact one of our team members:

- Carol Edelstein, Adoption Works Director @ 410-402-1117 or cedelstein@adoptionstogether.org
- Lauren Defina, Program Coordinator @ 410-402-1120 or ldefina@adoptionstogether.org