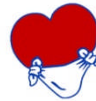

Heart of Adoptions, Inc.

APPLICATION FOR ADOPTION

Include the following with your application:

- $750 non- refundable application fee (waived for African American Adoption Program)
- $1,500 non-refundable advertising fee (waived for African American Adoption Program)
- Signed disclosure statement
- (5) Family profiles (including an electronic version)
- **Mail to: 418 West Platt Street, Tampa, Florida 33606 · Attn: Family Social Worker**

PARENT (1) INFORMATION

Name: ____

DOB: _______________ Birthplace: _____________________ SSN: __________________________

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

Work phone: ______________ Cell phone: ___________________ Email: ________________________

PARENT (2) INFORMATION

Name: ____

DOB: _______________ Birthplace: _____________________ SSN: __________________________

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

Work phone: ______________ Cell phone: ___________________ Email: ________________________

Address: ____

City: __________________ State: ___________ Zip: ____________ County: _______________________

Home phone: ________________________________ Fax: ______________________________________

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

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

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

Do you have an approved adoption home study: ☐ Yes ☐ No ☐ Currently in process

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

If you answered yes or in process to either question, list name of clinician or agency completing your home study:

____

Telephone: __________________________________ 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.

CHILD RACIAL AND ETHNIC BACKGROUNDS

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.

Check the program you're applying to and complete the racial selection chart for that program only.

☐ INFANT PROGRAM

The Traditional Program consists of all **non** African-American races. Check all racial combinations that you are willing to accept.

Caucasian	
Hispanic	
Asian	
American Indian / Alaskan Native	
Native Hawaiian / Other Pacific Islander	
Caucasian / Hispanic	
Caucasian / Asian	
Caucasian / American Indian / Alaskan Native	
Caucasian / Native Hawaiian / Other Pacific Islander	
Caucasian / Other	

☐ AFRICAN-AMERICAN INFANT PROGRAM

The Minority Program consists of children with full African-American/Black heritage or African-American/Black heritage combined with any other race. Please indicate all racial combinations that you are willing to accept.

African-American	
African-American / Caucasian	
African-American / Hispanic	
African-American / Asian	
African-American / American Indian / Alaskan Native	
African American / Native Hawaiian / Other Pacific Islander	
African / Other	

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 mother during the pregnancy (no identifying information exchanged)? □ Yes □ No

After the birth, are you willing to send the birth mother pictures and letters through the agency?
□ 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 email or telephone calls (phone numbers are exchanged)? □ 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)? □ Yes □ No □ May consider, please contact

Comments:

ADOPTION BUDGET

(this information is not shared with the birth family)

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.

What is your complete adoption budget/cap? $ ____________________

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

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

Comments:

ADOPTIVE FAMILY INSURANCE

(check all that apply)

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

If you do not release this information to the hospital where the child is born, a medical retainer in the amount of $2,000 shall be collected and refunded if not used.

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 information to birth mothers that indicate they had one drink of alcohol. 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.

DRUG & ALCOHOL USAGE	Yes	No	Comments
Cigarettes			
Alcohol- Mild Exposure			
Alcohol- Moderate Exposure			
Alcohol- Severe Exposure			
Marijuana			
Cocaine			
Methamphetamine			
Heroin			
Methadone			
Drug Stimulants			
Anti-Depressants			
Anti-Convulsants			
Diet Pills			
Other- due to the number of different substances it is impossible to list them all. If you would like to be considered for items not listed above check this category. You will be contacted by telephone at which time you can accept/reject situation			

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
		Retardation: mental or physical (developmental disorders)			Sickle cell anemia or trait (African American program)
		Down's Syndrome			Cystic fibrosis
		*Other			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 by phone at which time you can accept/reject these situations.

MISCELLANEOUS SITUATIONS

	No Prenatal Care To Date (medical appointment scheduled)		Older Children (list max. age) ___________
	Premature- Under 35 weeks		Twins
	Birth Mother Raped		Special Needs
	Gender Specific- **Boy Only** (waiting time is likely to increase significantly)		Gender Specific- **Girl Only** (waiting time is likely increase significantly)

HOW DID YOU HEAR ABOUT US?

Internet: ☐ Google ☐ Yahoo ☐ MSN ☐ Adoption.com ☐ Other: ___________________________

☐ 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, Inc. 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.

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 Heart of Adoptions, Inc. (HOA) 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 HOA is authorized to maintain and display my / our information on HOA premises, and to provide and share confidential information to my / our home study agency and HOA 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 agree that to best of my / our knowledge and belief all statements made in this application are true and complete.

______________________________ ______________________________ ___________________

Parent Signature Parent Signature Date

<u>ADOPTION DISCLOSURE AND</u>
<u>ACKNOWLEDGMENT OF RECEIPT OF ADOPTION DISCLOSURE</u>

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, INC.
418 WEST PLATT STREET, SUITE A
TAMPA, FL 33606
813-258-6505

2. The adoption entity does not provide legal representation or advice to parents or anyone signing a consent for adoption or affidavit of nonpaternity 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, DANELLE D. BARKSDALE, MARTHA A. CURTIS, STEVEN HURWITZ, NICOLE WARD MOORE, AND ROBERT L. WEBSTER III, 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 nonpaternity 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 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 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. 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.

9. 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 nonpaternity.

10. 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.

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

12. 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.

Acknowledgment of Disclosure:

Signature:________________________ Signature:____________________

Print name:_______________________ Print Name:___________________

Date:____________________________ Date:_________________________

Time:___________________________ Time:_________________________

Sign here to acknowledge that a copy of this disclosure was received for your records:

________________________________ ________________________________

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, our Adoptive Family Consultant will review your responses and advise accordingly.

The Adoption for Adoption is the single most important document in reducing your wait time. 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 could effect your waiting time.

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

RACE Adoptive families must be completely comfortable with the race of the child they want to adopt. We have two adoption programs for adoptive families. The first is the Traditional Program, which offers the adoption of all **non**-African-American races. The second one is the Minority Program, which offers the adoption of African-American races and any race combined with African-American. Families interested in reducing their wait should think carefully when selecting the race(s) of the child they want to adopt. The more open you are to different races, the more opportunities you have to adopt.

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 birth mothers do not want to select adoptive parents who only want their child if it is of a certain sex. Some birthmothers do not want to know the sex of their child in advance (and some not at all). Two, matching often occurs before the sex is known. Three, sonograms are not 100 % accurate on gender issues. Four, gender preferences significantly prolong the period within which the 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 request 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 families must consider concerning contact with the 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 birth parents. Contact can be defined as letters, pictures, phone calls, and/or meetings.

There are 3 types of adoptions for adoptive families to consider

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 an 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 may occur; the adoptive family could meet the birth parents 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. 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-** We do **not** offer this type of adoption to adoptive families, however, they may occur only if the birth parents request it. 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.

It should be clearly understood that birth parents can, and do, change their mind regarding contact. For example, a birth mother may indicate she wants an open adoption when she initially contacts us, but choose semi-open or closed adoption at the time of placement. If the birth 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 family 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 extremely low. Regardless, we always advise our families to "expect the best, but prepare for the worst". It should be noted that we have never had a birth father successfully assert his rights after a match with the adoptive parents. 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 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 our placement fee does not increase, the main reasons for the higher 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 significantly.

On the APPLICATION form you will be asked to list your adoption cap limit. This will help us avoid placing you in adoption situation that exceeds your adoption budget. **The cap limit does <u>not</u> include any application 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 $600-$1500. Adoptive families are responsible for determining what their insurance will and will not cover prior to a match. Once activated, adoptive families 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 an 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 the birth parents sign contracts (where allowed by law) stating they are obligated 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. While 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 drug 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 to 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, educational system, etc. Unfortunately, studies illustrating the effects of drugs and alcohol produce vague and scientifically weak evidence. Drugs or alcohol can have varying effects depending on the 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 testing 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 misrepresentations made by birth parents.

MEDICAL HISTORY We provide adoptive families with medical information that is completed by the birth mother and, in some cases, the birth 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. 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

Keys to a Successful Family Profile

- Professionally developed
- Quality photographs
- Show your personalities
- Variety of pictures

Once you have finished your APPLICATION and done everything possible to increase your exposure to inquiring birth parents, it is time to focus on your Adoptive Family 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 and design of their profile. Families are encouraged to let their personalities shine through so the birth parents can get an accurate idea of the type of person you are. Quality profiles are often the difference between a birth parent selecting one family over another.

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

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 3-6 weeks

There are several points to consider when selecting an adoption professional to complete your home study

Appendix A

SUBSTANCE USAGE

The information provided below was taken directly from the 'Merck Manual of 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- 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- 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 that 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 genito-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 smokeable chunk form of methamphetarnine that produces a more intense reaction than cocaine or speed. Methamphetamines stimulate the central nervous system, and the effects may last anywhere from 8 to 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 tranquillizers, alcohol or heroin can increase the risks associated with their use. It can also complicate withdrawal symptoms in babies.

Heroin/Methadone- Even though heroin and methadone 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 and methadone 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 an addict as well. Babies born to addicts often suffer severe withdrawal symptoms after birth and require intensive support.

Effects During Pregnancy

The baby will get some heroin 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.

Heroin use 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 increases the risk of becoming infected with HIV (the virus which causes AIDS). Infection can result from sharing needles and other injecting equipment.

Withdrawal

The baby could experience heroin withdrawal after birth. The severity of withdrawal can depend on other factors such as the mother's own health. If mothers use heroin 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. 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 stresses 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 in obstetric complications with Methadone. Babies cope better with a controlled and constant drug environment.

Managing Withdrawal

The baby may still go through 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 seratonin and dopamine. Bulking agents are sometimes contaminated with cocaine, caffeine, or ketamine.

Drug Stimulants (speed, ritalin, 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

Depressants- A study published in the New England Journal of Medicine reassures women suffering from depression that 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 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 are the most common minor tranquillizers and sleeping pills used. Benzodiazepines are addictive to both the mother and the baby. The baby is less able to cope with tranquillizers 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 angiotensin-converting enzyme (ACE), since these have been shown to cause fetal kidney dysfunction and still birth.

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 pregnancy, after all the organs are formed, drug exposures can affect the developing fetus, but the risk appears to be less. During this latter 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 an 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 mucas, elevation of sweat electrolytes, increased organic and enzymatic constituents of saliva, and overactivity of the autonomic nervous system.

The glands 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.

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.

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 may appear alternately with the other, or elements of both may be present simultaneously. Causes of the disorder are multiple and complex, often involving biologic, psychologic, 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, psychologic, 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 African-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.