

Because the following information will be transferred onto legal documents, it is extremely important that you type or print as clearly and accurately as possible, making sure to complete all information.

HUSBAND:

WIFE:

First Name: _____

First Name: _____

Middle Name: _____

Middle Name: _____

Email: _____

Email: _____

Date of Birth: _____

Date of Birth: _____

Birthplace: _____

Birthplace: _____

Ethnicity: _____

Ethnicity: _____

Social Security No.: _____

Social Security No.: _____

Employer Name: _____

Employer Name: _____

Your Position: _____

Your Position: _____

Employer Address: _____

Employer Address: _____

City/State/Zip: _____

City/State/Zip: _____

Work phone: _____

Work phone: _____

Marriage: Date: _____ Place: _____

Marriage: Date: _____ Place: _____

Divorce: Date: _____ Place: _____

Divorce: Date: _____ Place: _____

Driver's License No.: _____

Driver's License No.: _____

(If adopting internationally)

Husband Passport Number: _____

Wife Passport Number: _____

Issuing Authority: _____

Issuing Authority: _____

Passport Issue Date: _____

Passport Issue Date: _____

Passport Expiration Date: _____

Passport Expiration Date: _____

.....
Name(s) of Child(ren):

Date of Birth(s):

DESCRIPTION OF CHILD YOU WOULD ADOPT:

Please rank the following 1-3, with 1 (one) being the most important to you in choosing a referral of a child:

_____ Age of Child _____ Sex of Child _____ Health of Child

(If adopting Domestically) Please check the ethnicity of the child which you would be willing to consider:

_____ African Am. _____ Caucasian _____ Hispanic _____ Mixed Ethnicity

_____ All of the above

Number of children you desire to adopt: _____ One _____ Two _____ Three

STATEMENT OF FAITH:

As adoptive parent(s) with HOPE for Children, Inc. I/we hereby state that I/we believe in God and are committed to a Christian lifestyle.

Only one parent must initial to accept statement of faith _____

CHILD CONSIDERATION

| We may consider: | Most Preferable | Would Consider | Least Preferable |
|--|-----------------|----------------|------------------|
| 1. Boy | _____ | _____ | _____ |
| 2. Girl | _____ | _____ | _____ |
| 3. Siblings | _____ | _____ | _____ |
| 4. 0-12 months old | _____ | _____ | _____ |
| 5. 1-3 years old | _____ | _____ | _____ |
| 6. 4-5 years old | _____ | _____ | _____ |
| 7. 5+ years old | _____ | _____ | _____ |
| 8. Prematurity | _____ | _____ | _____ |
| 9. Cross-Eyed | _____ | _____ | _____ |
| 10. Club foot/feet | _____ | _____ | _____ |
| 11. Orthopedic disorders | _____ | _____ | _____ |
| 12. Cleft palate/cleft lip | _____ | _____ | _____ |
| 13. Allergies or asthma | _____ | _____ | _____ |
| 14. Diabetes | _____ | _____ | _____ |
| 15. Congenital heart defects | _____ | _____ | _____ |
| 16. Cosmetic factors, (i.e. birthmarks) | _____ | _____ | _____ |
| 17. Impaired sight/blindness | _____ | _____ | _____ |
| 18. Impaired hearing/deafness | _____ | _____ | _____ |
| 19. Delayed emotional development | _____ | _____ | _____ |
| 20. Delayed mental development | _____ | _____ | _____ |
| 21. Seizure disorder | _____ | _____ | _____ |
| 22. Hepatitis | _____ | _____ | _____ |
| 23. HIV Positive/AIDS | _____ | _____ | _____ |
| 24. Fetal Alcohol Syndrome | _____ | _____ | _____ |
| 25. Downs Syndrome | _____ | _____ | _____ |
| 26. Family History of Mental Health Disorders | _____ | _____ | _____ |
| 27. Other: Specify: _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

This checklist should not be construed as the agency's absolute promise that an undesirable condition will never occur, but simply a general idea of how adoptive parents view certain medical conditions, and what conditions may be present in the child. *This checklist will NOT be included in the dossier for an international adoption.*

Adoptive Applicant

Date

Adoptive Applicant

Date

PERSONAL BACKGROUND INVENTORY

1. Has either applicant ever been accused or convicted of child abuse?
Yes No (circle one)

2. Has either applicant ever received psychiatric or psychological counseling?
Yes No (circle one)

3. Does either applicant have a history of prolonged usage of alcohol, drugs or narcotics (personal or family)?
Yes No (circle one)

4. Has either applicant ever suffered any sexual or physical abuse in childhood?
Yes No (circle one)

If yes to any of the above, please explain: (#)

5. Has either applicant ever been involved in any sexual abuse as an adult?
Yes No (circle one)

If yes, please explain: _____

6. Has either applicant ever been arrested for any reason? (These include but are not limited to DUI, Domestic Violence, trespassing, etc., even if found not guilty.)
Yes No (circle one)

If yes, please explain: _____

7. Has either applicant ever been convicted of any criminal offense? (These include but are not limited to DUI, Domestic Violence, trespassing, etc.)
Yes No (circle one)

If yes, please explain: _____

8. Including your children, please list the names, date of birth and relationship with any other persons living with you:

Adoptive Applicant

Date

Adoptive Applicant

Date

FINANCIAL QUESTIONNAIRE

How do you plan to pay for the various adoption fees? (loan, savings, gift, donations, etc.)

Net Monthly Income: _____

Wages: _____

Other: _____

Total Monthly Income: _____

Monthly Expenses: _____

Mortgage/Rent: _____

Utilities: _____

Car Payment #1: _____

Car Payment #2: _____

Credit Cards: _____

Church Contribution: _____

Personal Loans: _____

Other Living Expenses: _____

Miscellaneous: _____

Total Monthly Expenses: _____

NET MONTHLY INCOME OVER EXPENSES: _____

We hereby authorize HOPE for Children, Inc. or its representatives, to pursue any investigation (financial or otherwise) it deems necessary in order to properly evaluate us as an adoptive family. We understand and agree that at times it may require independent investigations conducted by personnel hired by HFC.

We hereby acknowledge that we have read and understand the applicable expense schedule (same Fee Code as listed in the upper left hand corner of this page). Be sure that you fully understand all fees and expenses. Sign and return the enclosed acknowledgment with your application.

Adoptive Applicant (Father)

Date

Adoptive Applicant (Mother)

Date

PERSONAL MEDICAL BACKGROUND INVENTORY

(Adoptive Father)

Each country has rules as to what types of medical conditions or lifestyles they will accept in regard to individuals adopting from their country. In order to assist us in determining if you will be able to adopt from the country of your choice or to best choose the country that will most likely place a child with you, please check any medical conditions you have been diagnosed with or lifestyle issues that apply to you, either in the past or present:

- | | |
|--|---|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Kidney problems |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Liver disease / hepatitis / jaundice |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Lung disease, tuberculosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Mental impairment |
| <input type="checkbox"/> Blood transfusion(s) | <input type="checkbox"/> Mood disorder |
| <input type="checkbox"/> Cancer or tumor | <input type="checkbox"/> Neurological disorder |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Personality disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical impairment |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Sexually transmitted disease |
| <input type="checkbox"/> Epilepsy, seizures | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Head injuries | <input type="checkbox"/> Strokes |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Suicide attempts |
| <input type="checkbox"/> High blood pressure / cholesterol | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Ulcer in stomach / duodenum |
| <input type="checkbox"/> Homosexuality | |

Are there any medical conditions not listed above that you have been diagnosed with?

Please indicate which medications you are currently taking, with or without a prescription, and the reason(s) you are taking these medications.

I state that I have been truthful and have provided information on all medical conditions and lifestyle issues that apply to me to the best of my knowledge. I understand that certain medical conditions or lifestyle issues may not be accepted by the program of my choice or by any of HFC's current international programs.

If adopting from China, please indicate if you are currently taking, or have regularly taken medication in the last two years for severe mental disorders: _____

Adoptive Applicant (Father)

Date

PERSONAL MEDICAL BACKGROUND INVENTORY *(Adoptive Mother)*

Each country has rules as to what types of medical conditions or lifestyles they will accept in regard to individuals adopting from their country. In order to assist us in determining if you will be able to adopt from the country of your choice or to best choose the country that will most likely place a child with you, please check any medical conditions you have been diagnosed with or lifestyle issues that apply to you, either in the past or present:

- | | |
|--|--|
| <input type="checkbox"/> Alcoholism <input type="checkbox"/> Anemia <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Blindness <input type="checkbox"/> Blood transfusion(s) <input type="checkbox"/> Cancer or tumor <input type="checkbox"/> Deafness <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug abuse <input type="checkbox"/> Epilepsy, seizures <input type="checkbox"/> Head injuries <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure / cholesterol <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Kidney problems <input type="checkbox"/> Liver disease / hepatitis / jaundice <input type="checkbox"/> Lung disease, tuberculosis <input type="checkbox"/> Mental illness <input type="checkbox"/> Mental impairment <input type="checkbox"/> Mood disorder <input type="checkbox"/> Neurological disorder <input type="checkbox"/> Obesity <input type="checkbox"/> Personality disorder <input type="checkbox"/> Physical impairment <input type="checkbox"/> Sexually transmitted disease <input type="checkbox"/> Smoking <input type="checkbox"/> Strokes <input type="checkbox"/> Suicide attempts <input type="checkbox"/> Thyroid disease <input type="checkbox"/> Ulcer in stomach / duodenum |
|--|--|

Are there any medical conditions not listed above that you have been diagnosed with?

Please indicate which medications you are currently taking, with or without a prescription, and the reason(s) you are taking these medications.

I state that I have been truthful and have provided information on all medical conditions and lifestyle issues that apply to me to the best of my knowledge. I understand that certain medical conditions or lifestyle issues may not be accepted by the program of my choice or by any of HFC's current international programs.

If adopting from China, please indicate if you are currently taking, or have regularly taken medication in the last two years for severe mental disorders: _____

Adoptive Applicant (Mother)

Date

REFERENCE LIST

Relative not living in the home:

Name: _____

Phone: _____

Address: _____

City/State: _____ Zip: _____

Friend:

Name: _____

Phone: _____

Address: _____

City/State: _____ Zip: _____

*Work Associate:

Name: _____

Phone: _____

Address: _____

City/State: _____ Zip: _____

*If the prospective adoptive parent has worked with children in the past five years, a reference must be obtained from the former employer(s) for that work experience.

We give HOPE for Children, Inc. permission to contact the above listed references. We agree that should additional references be needed, we will provide them upon request. We also give permission to the agency to cross-reference any of our references. A cross-reference is a reference received by HOPE for Children, Inc. from any of the names above. HOPE for Children, Inc. reserves the right to contact other references besides those listed above.

Adoptive Applicant (Father)

Date

Adoptive Applicant (Mother)

Date

GRIEVANCE PROCEDURE

Adoptive parents, those applying for adoption, foster parents, foster applicants and HOPE for Children, Inc. social workers have the right to file a grievance with HOPE for Children, Inc. if they disagree with a decision of the Agency, or if they feel the decision was not made in accordance with the written policies of the Agency. HOPE for Children always encourages those with disagreements to settle the matter informally. However, a Grievance Hearing can be requested by sending a letter to the HOPE for Children Executive Director. The letter must include the specific matter to which there is a grievance, the reason(s) the person felt the decision to be incorrect, and a proposition for a solution to the matter. Grievances must be filed within 30 days of the disputed matter. The Executive Director will determine, upon receipt of the grievance, what the interim disposition of the disputed matter will be until the grievance determination, and the appeal decision is finalized. HOPE for Children will schedule a grievance hearing within 30 days of the receipt of the request. Those attending will be the HOPE for Children Executive Director, the HOPE for Children caseworker, any witnesses that the party requesting the grievance would like to bring, and the person requesting the grievance. The HOPE for Children Executive Director will issue a decision within 30 days.

If the matter is still not resolved, an appeal can be made within two weeks to the President of the Board for HOPE for Children. The President will decide on a case by case basis the format of this Administrative Review, i.e. whether to have interviews with each party, a full meeting with all involved parties, or to simply conduct a paper review of all known facts. The President will notify all parties on the method chosen to decide the appeal. The decision of the President will be final.

We have read, understood and agree to all requirements listed above.

Adoptive Applicant (Father)

Date

Adoptive Applicant (Mother)

Date

INTERNATIONAL ADOPTION DISCLOSURE **(For International Applicants Only)**

You are considering what many have found to be a most exciting and rewarding experience. It is also a very emotional experience and will test your patience, perseverance, and spiritual strength. You will greatly benefit from the support of family, friends and other international adoptive parents, as well as depending on God. We encourage you to seek out the people who can provide this much needed support as you go through the process of giving a home to an orphan from another country.

An international adoption can be a long and complicated process. Once you have completed the initial paperwork, you will have very little, if any, control over the process. This can be very frustrating. In international adoption, you are dealing with countries where the culture and way of getting things done are different from how we do things here. Some countries permitting international adoption may have unstable governments or there may be strong anti-international adoption sentiment in the country, even though adoption is legal. There may be delays in your adoptive process or even the halting of it, caused by strikes, moratoriums, scandals, long vacation periods or complete changes of governments. Children available for adoption from foreign countries are in the custody of their country of birth. All adoption procedures must be completed under the laws of the child's country of birth. We do not have the authority to mandate activities or direct individuals in the foreign country for the benefit of American families. Although a child may be referred to you, the child is not yours until finalization of the in-country adoption process by decree and visa approval by the U.S. Embassy. Until that time, the child remains in the custody of his/her country of birth and may be withdrawn from adoption regardless of the adoptive family's wishes. We have no control over this.

PROCESSING TIME

We cannot guarantee any time frame for any particular part of the process since there are so many variables. We can only estimate time frames. The same is true for the time a family will wait for a referral. This varies from country to country and depends on the number of families waiting, number of children referred, and status of adoptions in a specific country.

Your only control over the process will be at the beginning when you complete your home study, submit your immigration work, and prepare the dossier for the foreign government. When these are completed, you are considered ready to accept the referral of a child. Unavoidable delays and additional costs in the adoption process can be caused by vacations, sickness, and other absences of essential governmental staff in the source country.

FEES

Fees for an international adoption include, but are not limited to, cost of the home study, post placement services, fees to the foreign source, transportation, translation, document certifications and authentications, postage, telephone calls, immigration work, child's visa, your visas, stay in the foreign country, agency program fees, orphanage donations, humanitarian aid donations, gifts to individuals in the foreign country, etc. At the time of application and referral, HOPE for Children will provide an estimate of the current foreign fees and expenses. However, we cannot guarantee the final amount of your fees and expenses.

All fees that are paid to HOPE for Children, Inc. or paid to an adoption or governmental official or the foreign source are non-refundable. If the foreign source is unable to complete the adoption process of a child whom you have accepted and for whom you have paid the agency program fee to us, we will continue to work with you until a new adoption for you is completed (if you choose). The agency program fee paid by you will be credited toward the current fees of the new program. We have no control over any monies paid to foreign individuals, agencies or organizations in a foreign country. We are not responsible for refunding these fees.

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THE CHILD

Children in other countries become available for adoption for many reasons. Some are born out of wedlock. Because there is little or no help for single mothers with dependent children in foreign countries, some mothers release their children for adoption in order to provide a better life for the child. Poverty, ill health, death, divorce, abuse, or abandonment can also be reasons for children to enter orphanages or foster care. Often, very little background information is available. Rarely is there any significant medical, prenatal, social or developmental history for the child or his/her biological family. Sometimes even actual birth dates are unknown. Sometimes the prospective adoptive family will not receive a picture of the child at the time of referral. Occasionally, pictures are available at a later time during the process. Medical evaluations attempt to identify serious medical problems, but some problems may be undiagnosed. Medical practices abroad often do not allow for the comprehensive screening that is available in the United States. Families who adopt internationally must understand and accept the reality of medical risk.

Children adopted internationally may also have suffered emotional trauma or deprivation caused by institutional life, multiple moves, loss of a loved one, neglect or abuse. Developmental delays are common in these children and it is impossible to determine whether these delays are due to a lack of stimulation and are correctable, or whether the child has a genetic mental deficiency. Older children from foreign countries have limited educational experiences. It may take them many years to catch up. Children may also have undiagnosed language or learning disabilities.

To summarize, families who adopt children from overseas must recognize that there are no guarantees as to health, intelligence, psychological stability, appearance, development, or behavior of the child.

HOPE FOR CHILDREN'S ROLE

Our goal at HOPE for Children, Inc. is to help orphans to have a Christian family to love them and meet their needs. Many of our staff are experienced adoptive parents themselves and all are dedicated to making every effort to making your adoption successful. HFC will assist you with your immigration work and dossier preparation, keeping you informed of the progress of your case as we are informed about it from the foreign source. We will help you develop a support network with other adoptive families and encourage you to educate yourself about your child's culture and country. We will assist you in finding resources to help prepare you to be an adoptive parent. However, you will need to take an active role in this to receive the most benefit.

We will communicate with you as we receive information on your case. Please understand that because of the nature of the process, there may be times when you will hear from us regularly, and there may be times when there is no new information for many weeks. You may feel free to call us when you have questions. If we are not available, we will return your call as soon as possible. We want you to go into the process knowing that the wait for a referral is a challenging time that requires patience.

Despite all the risks and challenges involved in the international adoption process, thousands of families each year successfully adopt a child internationally. We have witnessed the joy of many families bringing children home through this process. We believe that it is worth all the effort to help a child have a loving family. We look forward to helping you also build your family through adoption.

I have read and understand the above disclosure and agree to proceed with my international adoption with knowledge of the risks and uncertainties involved.

Adoptive Applicant (Father)

Date

Adoptive Applicant (Mother)

Date

**INTERNATIONAL AGREEMENT AND WAIVER
STATEMENT OF RISK REGARDING THE HEALTH OF THE CHILD(REN)
(For International Applicants Only)**

We, the undersigned, hereby acknowledge that we have been informed about various medical conditions that may exist in children adopted internationally, and that there are risks involved in the adoption that we are undertaking. We are aware that there is often a lack of information regarding a child's health, also that the diagnosis may be inaccurate, and that there is usually limited medical and social history on the biological parents.

We understand that a child(ren) will be referred to us in good faith based on available testing and information made available to us or gathered by us. We have been given the opportunity to discuss medical, emotional and psychological risks with a physician of our choice. We understand that we have the freedom to reject the referral of any particular child if we decide it is not an appropriate match for our family. This decision may be based on concerns about the health of the child or any other concerns. We acknowledge, understand and accept the many risks involved in this adoption and hold harmless HOPE for Children, Inc., and all employees and subcontractors arising out of the processing of our placement and adoption including, but not limited to, the following:

1. Any medical, emotional or developmental problems of the adoptive child not diagnosed before, during or after placement in the adoptive home.
2. Any death, injury or health threat to us, the undersigned, or the adoptive child during travel undertaken for the purpose of taking custody of the adopted child.
3. Any deviation from the description of the child to be adopted.

The following conditions are among those that should be considered, including, but not limited to:

| | | |
|-----------------------------|--------------------------------|-------------------------------|
| Chronic ear/sinus infection | Fetal Alcohol Syndrome/effects | Undiagnosed genetic problems |
| Salmonella | Depression | Learning disabilities |
| Tuberculosis | Tantrums | Decayed teeth |
| Hepatitis A & B | Anger & aggressive behavior | Malnutrition |
| Milk intolerance | HIV | ADD or ADHD |
| Scabies / lice | Developmental delays | Attachment and bonding issues |
| Parasites | Emotional & physical delays | Post Institution effects |
| Pneumonia | Vision & hearing delays | Sensory deprivation effects |

Furthermore, we acknowledge that beyond the preparation and completion of our home study and/or international adoption dossier, HOPE for Children, its employees and sub-contractors within the United States or abroad, through its liaison activities, cannot guarantee the actual placement of a child with a family or individual adoptive applicant and that unanticipated changes in document requirements and process are common and beyond the control of HOPE for Children. We understand that ultimately responsibility rests with foreign officials and such other persons in foreign countries having both custody of children and legal authority to control international adoption.

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Furthermore, we understand that delays and additional costs in the adoption process can be caused by vacations, sickness, and other absences of essential governmental staff in the source country. We also understand the importance of personal conduct and other activities in the source country that are sensitive to the culture of the country so as not to jeopardize the adoption process.

We also understand that once fees are paid, they are non-refundable. We understand that foreign fees and expenses are subject to change and agree to pay the fees and expenses that are current and applicable at each stage of our adoption. We agree to pay agency fees according to the schedule that is current at the time this application is submitted.

We understand and agree to abide by all orders of the court of competent jurisdiction in the foreign country. We agree to supply all required post placement reports when applicable. We further agree to pay for the translation and mailing of said reports. We agree, in the event of a disruption of the placement or adoption process, to cooperate with all necessary and appropriate agencies, court officials, and other responsible persons to obtain a proper resolution on behalf of the best interests of the child.

Adoptive Applicant (Father)

Date

Adoptive Applicant (Mother)

Date

DOMESTIC ADOPTION DISCLOSURE (For Domestic Applicants Only)

Today more and more families are considering domestic adoption. Some have given much thought to their decision to build their family in this way, and have educated themselves on the process and issues involved. Some families have not yet given sufficient time and effort to considering such a decision. The following information is not meant to frighten prospective adoptive families, but rather to educate and alert families to the realities of domestic adoption.

You are considering what many have found to be a most exciting, emotional and ultimately rewarding experience in life. It will surely test your patience, perseverance, and emotional strength. You will need the support of family and friends. Other domestic adoptive parents can also be very supportive, and we encourage you to seek out this support system should you decide to proceed.

A domestic adoption can be a long and complicated process. HOPE for Children, Inc. cannot predict how long it will take for you to receive a child. In general, it averages between one to three years. Some families are chosen quickly and some families wait longer. There are no guarantees as to how long the process will take once you are approved. There are simply estimates. Sometimes a family will be chosen two or three times by a birth parent before an adoption actually is experienced. Sometimes birth parents change their minds before the birth of the baby at the hospital or during the 10-day waiting period after the child is born. You will be given choices as to how involved you want to be in the initial process.

THE CHILD

Most of the domestic children available for adoption through HOPE for Children are infants. In general, most of the babies are healthy; however, adoptive couples must understand that in our age of multiple health challenges, there are risks from alcohol, drugs, HIV, hepatitis B, etc. You will be given medical information about the child at the time you are making a decision about whether or not to adopt the child. It will be given to you verbally and you will also receive copies of medical records. If for any reason you are not fully comfortable, you can seek additional medical testing or evaluations to obtain additional information. If you are facing a particular challenge, HOPE for Children will give you names of resources that could possibly assist you in your decision whether or not to accept the child.

HOPE for Children wants you to feel the freedom to say "no" if you do not feel totally and completely satisfied that the child presented to you is the right child for you.

In summary, families who adopt children domestically through HOPE for Children must recognize that there are no guarantees as to health, intelligence, psychological stability, appearance, development or behavior of the child.

FEES

The HOPE for Children domestic adoption fees include but are not limited to: application fee, home study fee, home study update fee (outside Georgia couples only), placement fee, inter-state compact fee (outside Georgia couples only), court report fees, medical expenses, legal expenses, birth mother assistance expenses, and document expenses. You will be given an estimate of the expenses at the time when you are considering the child. Again, you will have the full freedom to say no if the fees and expenses are beyond your capability.

LEGAL RISKS

Most of HOPE for Children's domestic adoptions are with children born in Georgia. According to Georgia law, birth parents cannot sign surrenders of parental rights until the child is at least 24 hours old. Once the surrenders are signed, the birth parents have 10 days during which they can change their minds and decide to parent the child. The tenth day cannot fall on a Saturday, Sunday or legal holiday.

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Even though birth parents have made very rational decisions before the birth of their baby, once the baby is born, emotions sometimes take over and birth parents can change their perspectives. HOPE for Children will counsel with you about the details of your particular adoption so that you can make the best decision possible with the known facts.

Sometimes birth parents have a strong aversion to placing their child in foster care. In this case, HOPE for Children may ask you to consider a “foster to adopt” placement which is an “at risk” placement during the 10 day waiting period. This decision is up to you. Some adoptive parents choose to parent the baby under these circumstances because they do not want to miss out on the bonding. However, birth parents do change their minds and emotions of adoptive parents can be quite fragile under these circumstances.

In some cases, the birth mother signs surrenders but we are unable to locate the birth father. In such circumstances it usually takes two to four months to go to court with a plan of terminating the birth father’s rights. The adoptive parents have a choice in this situation. They may either leave the child in foster care for the two to four month period, or they may choose to adopt the child on an “at-risk” basis, being notified of the results of the court hearing at a later date. Most of these court hearings are very routine and the birth father rights are terminated. In about three percent of our cases, we have had birth fathers who have contested. So far, by God’s grace, in every situation, we have won the case and the adoptive parents have been able to adopt the child. This can be very emotionally, physically, financially and spiritually draining on an adoptive couple. These risks need to be prayed about and thought through with great care.

Again, HOPE for Children will consult with you about the details of your individual adoption at the time the child is presented to you. This information can assist you in your decision-making process. However, we do not guarantee any outcome and can only share our educated experience in these matters.

HOW CAN MY HFC CONSULTANT HELP ME?

Our goal at HOPE for Children is to bring families and children together. Many of our staff are experienced adoptive parents themselves – veterans of many varied adoption experiences. We hope to make your adoption experience a good one, as much as is within our control. Your social worker will assist you with the specifics of your adoption once a match is made. If you are in the “waiting stage,” you may feel free to call Betsy Gooch, Director of Social Services, once a month to receive an update on the current status of domestic adoptions.

MEDICAL/HEALTH OF THE CHILD(REN)

We, the undersigned, hereby acknowledge that we have been informed about various medical conditions that may exist in children adopted domestically and that there are risks involved in the adoption that we are undertaking. We understand that a child(ren) will be referred to us in good faith with the expectation of good health based on available testing and information made available to us or gathered by us. We understand that we will be given the opportunity to discuss medical, emotional and psychological risks with a physician of our choice. We acknowledge, understand and accept the many risks involved in domestic adoption and hold harmless HOPE for Children and all employees and subcontractors arising out of the processing of our placement and adoption including, but not limited to, the following:

- Any medical, emotional or developmental problems of the adoptive child not diagnosed before, during or after placement in the adoptive home.
- Any death, injury or health threat to us, the undersigned, or the adoptive child during travel undertaken for the purpose of taking custody of the adopted child.
- Any deviation from the description of the child to be adopted.

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The following conditions are among those that should be considered, including, but not limited to:

| | | |
|-----------------------------|--------------------------------|-------------------------------|
| Chronic ear/sinus infection | Fetal Alcohol Syndrome/effects | Undiagnosed genetic problems |
| Salmonella | Depression | Learning disabilities |
| Tuberculosis | Tantrums | Decayed teeth |
| Hepatitis A & B | Anger & aggressive behavior | Malnutrition |
| Milk intolerance | HIV | ADD or ADHD |
| Scabies / lice | Developmental delays | Attachment and bonding issues |
| Parasites | Emotional & physical delays | Post Institution effects |
| Pneumonia | Vision & hearing delays | Sensory deprivation effects |

Adoptive Applicant (Father)

Date

Adoptive Applicant (Mother)

Date