



**Adoption Resources of Kimberly Home Inc.  
A registered DBA of The Kimberly Home Inc.**

**1189 NE Cleveland Street  
Clearwater, Florida 33755  
727-443-0471**

**5277 N. Tamiami Trail  
Sarasota, Florida 34234  
941-360-3600**

**Dear Family:**

**Thank you for taking the time to contact us. As a licensed agency in the State of Florida, we are very familiar with the challenges of adoption. Adoption Resources of Kimberly Home, a non-profit agency, was founded to find permanent families for children. We work professionally to place children locally and into homes throughout the United States. Here in Florida we work with Birthmothers who are making an adoption plan to find a loving family to parent their child. We can network with other agencies to place children from many countries.**

**We know from years of experience, just as the backgrounds of all of the children we place are different, so are the needs and hopes of all of the families we serve. We have trained and professional staff to support and guide you through this important and often complex process. From the first informational meeting until your child comes home - and then- for as long as you need us. We are here and available to assist you whenever you need us.**

**It is our goal to include other services that make life better for children in need. We provide support for pregnant and/or parenting young women. This is done by offering referrals, counseling, education, transportation, food and in some case residential assistance. If a young Mom needs housing she can stay in an apartment close to our office. This also allows us to provide ongoing support throughout her pregnancy.**

**We take great pride in knowing that we are helping children - while building so many wonderful families through adoption. If you're ready we would like to help you build your family.**

**If you are interested in learning more about our programs and our services, please give us a call today. We will be happy to consult with you over the phone or in person at the office. This initial meeting is a free service, designed to help you as you make important decisions about adoption and about which of our programs can best serve your needs.**

**We look forward to hearing from you.**

**Cheryl G. Huston  
Program Director  
Email: [cghuston@aol.com](mailto:cghuston@aol.com)**

## **APPLICATION PROCESS:**

### **STEP ONE:**

Completing the application materials is the first stage in the adoption process. We need these documents returned in order to officially begin working with you. Local, state and federal clearances are not necessary for out of state applicants as this should be completed during your home study.

Please read these documents and instructions very carefully. Throughout the whole process feel free to call if you have any questions. At AR of KH prides ourselves on the close contact we keep with our clients. Let's get started!

We will need the following to open your file:

1. One AR OF KH application, which must be filled out completely and signed by all applicants.
  2. A Child Acceptance Sheet, which must be completed and signed
  3. A Service Agreement, which must be:
    - a. initialed at the bottom of each page (front & back)
    - b. signed and notarized
    - c. signed by a representative of your Home Study agency
  4. A Statement of Risk, which must be signed and notarized
  5. An Assignment of Guardianship. This is a written statement of your guardianship plan in the event of death or incapacitation. Please take time now to determine your guardianship plan and obtain the consent of whomever you have chosen. Please make sure to get this notarized.
  6. A Medical Insurance Information form. This form will need to be submitted to your health insurance provider, and returned to us.
  7. A Statement on Discipline and Firearms Possession, which must be signed.
  8. A Grievance and Appeals Procedures, which must be signed.
  9. A Release of Information form, which must be signed.
  10. Our application/administration fee for in-state applicants \$600.00/ out of state applicants \$1,000.00 (this includes home study review).
  11. Photographs of your immediate family and both exterior and interior of your home.
  12. One copy of your latest 1040 Income Tax Form (front and back of first page)
  13. One copy of your marriage certificate (birth certificate for single applicants), divorce decree(s), death certificate (any or all that are applicable).
  14. A copy of DCF Clearances.
  15. Live Scan
  16. FDLE Background Screening for each applicant. Send us the results.
  17. Local Clearances
  18. Two Medical Forms for each applicant to be filled out by each applicant's physician.
  19. Financial Statement – this gives an overview of your financial situation.
  20. Employer Letters, which verify employment.
  21. Reference Letters (3) – these are non-family members who have known you for a minimum of two years.
  22. Background questions, his and hers.
  23. Copies of Driver's License.
- (\*\*\*Please submit the above items #1-23 together\*\*\*)**

## **STEP TWO:**

The last and most important item we need in order to complete your file is your home study. We will need one full, original, notarized study. If you are out of state, and it is already completed and not more than 6 months old, please send it to us immediately. Otherwise, an update may be needed. If your home study is not completed at the time of application, AR of KH will be glad to complete your home study through our agency.

Please determine with your agency who will send the home study to us. The study process takes approximately 2-3 months, so it is important to begin as soon as possible. A home study is both an educational self-assessment process and a formal document of recommendation. The process results in an in-depth report on you (and your spouse if you are married) and your readiness for adoptive parenting. It also describes your family lifestyle and environment so that AR OF KH can know you. Please note that this study can be completed only by a licensed home study agency; independent studies are not acceptable in our programs.

Although post-placement activities occur later in your process, you need to know what they are and how your home study agency is involved. Post-placement reports are a series of agency contacts with you and your family for the purpose of supporting you and periodically advising after the placement and even sometimes after the adoption has taken place. Be sure to tell your home study agency that you will need post-placement services and confirm fees for both the home study and the post- placement services.

## **STEP THREE:**

After these items have been received, your complete file (including your home study) will be reviewed for formal acceptance by AR OF KH into our program. AR OF KH will do everything possible to be your advocate in order to arrange the most appropriate and most expeditious offer of the child you are seeking.

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This concludes your application process. Once we have your materials, the next important stage will be to start your home study. Hopefully, this overview will give you the information and confidence to begin the exciting journey of adoption. We look forward to the happy day when your child or children arrive home with you.

## APPLICATION TO ADOPT A CHILD

1. <b>Father's Name:</b> (as it appears on passport)	<b>Mother's Legal Name:</b> (as it appears on passport)
2. Address:	
3. Home Telephone:	Email Address:
4. Father's Work Phone:	Mother's Work Phone:
5. How long at present address?	6. Previous residence with dates:
7. Religion:	Religion:
8. Social Security Number:	Social Security Number:
9. Birthplace:	Birthplace:
10. Citizenship:	Citizenship:
11. Passport Number:	Passport Number:
12. Passport Expiration Date: (if expiring within a year must be renewed)	Passport Expiration Date: (if expiring within a year must be renewed)

### I. THE FAMILY

#### A. Family Members Residing at Home

NAME	DATE OF BIRTH	SEX	RACE	BIRTH OR ADOPTION	EDUCATION	OCCUPATION
13. Father						
14. Mother						
15. Children						
16.						
17.						
18.						
19.						
20.						

#### B. Others in Home

NAME	DATE OF BIRTH	SEX	RACE	EDUCATION	OCCUPATION
21.					
22.					
23.					

#### C. All Children Residing Away From Home

NAME	DATE OF BIRTH	SEX	RACE	BIRTH OR ADOPTION	EDUCATION	OCCUPATION
24.						

25.						
26.						

**D. Father's Parents and Siblings**

NAME AND ADDRESS	DATE OF BIRTH	EDUCATION	OCCUPATION	NO. OF CHILDREN
27. Father				
28. Mother				
29.				
30.				
31.				
32.				
33.				
34.				

**E. Mother's Parents and Siblings**

NAME AND ADDRESS	DATE OF BIRTH	EDUCATION	OCCUPATION	NO. OF CHILDREN
35. Father				
36. Mother				
37.				
38.				
39.				
40.				
41.				
42.				

**II. MARITAL HISTORY** (NOTE: AR of KH requires that a copy of your current marriage certificate be attached to this application. If divorced, a copy of all divorce decrees must be attached. If spouse is deceased, attach a copy of the death certificate.

43. Date and place of marriage:	45. Has wife been married before? Yes____ No____ Widowed or divorced?_____How many times?_____
44. No. of years married:	45. Has husband been married before? Yes____ No____ Widowed or divorced?_____How many times?_____

### III. EMPLOYMENT

	FATHER' S EMPLOYER	MOTHER' S EMPLOYER
46. Name and Address		
47. Phone No.		
48. Position		
49. Date Employed		

### IV. FINANCES

50. Annual Family Income (Be as accurate as possible.)	Father' s Gross	Mother' s Gross	
51. A. Major Financial Obligations (i.e., mortgage, alimony, child support, outstanding debts and loans)			
B. Assets, Savings, Retirement, and Real Estate Equity			
52. Insurance (Health and Life)			
Amount	Company	Type	Family Member Insured

### V. BACKGROUND INFORMATION

<p>53. Have you ever been convicted of a crime* in a court of law? Yes ___ No ___          Have you ever been arrested for a crime*? Yes ___ No ___          If "yes" briefly provide details:</p> <p>*Including Operating Under the Influence</p>
<p>54. Are you now or have you in the past been in treatment for mental and/or emotional health issues?          Yes ___ No ___          If "yes" briefly provide details:</p>

## VI. REFERENCES

NAME	ADDRESS	PHONE NUMBER

## VII. TYPE OF CHILD DESIRED

55. Sex	56. Age Range	57. Desired Adoptive Country/Program	58. Race
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59. Handicapping Condition? Yes \_\_\_ No \_\_\_  
Explain:

60. Are you interested in more than one child? Yes \_\_\_ No \_\_\_  
If so, how many?

### 61. REASONS FOR WANTING TO ADOPT

62. Have you ever adopted a child before? Yes \_\_\_ No \_\_\_

63. If so, from what source?

64. Are you an active client of said agency or any other agency or agent at this time? Yes \_\_\_ No \_\_\_  
If so, provide the following information:

NAME OF AGENCY/AGENT	ADDRESS	TELEPHONE

65. Do you have a completed and current home study? Yes \_\_\_ No \_\_\_  
If so, please provide the following information:

NAME OF AGENCY	ADDRESS	TELEPHONE	DATE OF STUDY	DATE OF UPDATE

We hereby certify that all the information reflected in this application is true, complete, and accurate to the best of our knowledge.

Father's Signature: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Received by AR OF KH : \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\* **All Application Fees are Non-Refundable** \*\*\*\*

## CHILD ACCEPTANCE SHEET

Applicant's Names \_\_\_\_\_  
 Desired Adoptive Country/Program \_\_\_\_\_  
 Desired Age Range of Child(ren) \_\_\_\_\_  
 Race \_\_\_\_\_  
 Number of Children Desired \_\_\_\_\_  
 Desired Gender of Child(ren) \_\_\_\_\_

**History of Birthparents:** Please indicate your level of acceptance of a child(ren) whose family background includes the following conditions

Can Accept	Willing to Discuss	Cannot Accept		Can Accept	Willing to Discuss	Cannot Accept	
_____	_____	_____	Mental Illness	_____	_____	_____	HIV Positive / Aids
_____	_____	_____	Mental Retardation	_____	_____	_____	Serious Medical Conditions
_____	_____	_____	AIDS	_____	_____	_____	Hepatitis B Positive
_____	_____	_____	S.T.D. (syphilis, Herpes, etc)	_____	_____	_____	Hepatitis C Positive
_____	_____	_____	Drug Use	_____	_____	_____	Alcohol Use

**History of Child:** Please indicate your level of acceptance of a child(ren) who has the following conditions.

_____	_____	_____	Functional Heart Murmur	_____	_____	_____	Cleft Lip/Cleft Palate
_____	_____	_____	Incidence of Seizure(s)	_____	_____	_____	Missing Limb
_____	_____	_____	Missing Digit	_____	_____	_____	Club Foot/Feet
_____	_____	_____	Needs Surgery	_____	_____	_____	Orthopedic Handicap
_____	_____	_____	Disfigurement	_____	_____	_____	Drug Exposure
_____	_____	_____	Rickets	_____	_____	_____	Hernia
_____	_____	_____	Cerebral Palsy	_____	_____	_____	Fetal Alcohol Syndrome
_____	_____	_____	Muscular Dystrophy	_____	_____	_____	Special Diet/Medication
_____	_____	_____	Hydrocephalus	_____	_____	_____	Allergies
_____	_____	_____	Cystic Fibrosis	_____	_____	_____	Born of Rape
_____	_____	_____	Spinabifida	_____	_____	_____	Born of Incest
_____	_____	_____	Dwarfism	_____	_____	_____	Developmental Delay
_____	_____	_____	Prematurity	_____	_____	_____	Speech Delay
_____	_____	_____	Jaundice	_____	_____	_____	Enuresis
_____	_____	_____	Unknown History	_____	_____	_____	Active TB
_____	_____	_____	Abandonment	_____	_____	_____	History of TB
_____	_____	_____	Visually Impaired	_____	_____	_____	Hepatitis B Carrier
_____	_____	_____	Hearing Impaired	_____	_____	_____	Hepatitis B
_____	_____	_____	History of Physical Abuse	_____	_____	_____	Hepatitis C
_____	_____	_____	History of Sexual Abuse	_____	_____	_____	Hepatitis A
_____	_____	_____	History of Neglect	_____	_____	_____	HIV Positive
_____	_____	_____	Treated for V.D	_____	_____	_____	Hemophilia
_____	_____	_____	Sickle-Cell Anemia/Trait	_____	_____	_____	Minor Emotional Handicap
_____	_____	_____	Mild Mental Handicap	_____	_____	_____	Serious Emotional Handicap
_____	_____	_____	Serious Mental Handicap	_____	_____	_____	Converted to HIV neg
_____	_____	_____	Anemia	_____	_____	_____	HIV antibodies at birth

\_\_\_\_\_  
 Adoptive Parent's Signature

\_\_\_\_\_  
 Adoptive Parent's Signature

\_\_\_\_\_  
 Date



# **Adoption Resources of Kimberly Home a dba of The Kimberly Home Inc. SERVICE AGREEMENT**

## **ACKNOWLEDGEMENTS**

The parties to this Agreement acknowledge that Adoption Resources of Kimberly Home (known as AR of KH) a dba of The Kimberly Home Inc is a licensed, non-profit, child placement agency in the State of Florida. All prospective adoptive parents are required to have a home study completed by a licensed home study agency within their state of residence. The home study agency of the prospective adoptive parents conducts the home study, provides appropriate education, and consults with prospective adoptive parents about the child/children to be adopted. In addition, the home study agency is responsible for conducting post-placement supervision, and advising prospective adoptive parents on issues regarding their state of residence and adoption requirements and procedures.

## **RESPONSIBILITIES OF AR OF KH**

### **DEVELOPMENT**

AR OF KH has developed the infrastructure necessary to complete adoptions. The developmental expenses involved in such infrastructure are treated as part of the adoption costs.

### **PROCESSING ADOPTIONS**

AR OF KH will accept prospective adoptive parents in accordance with the eligibility standards within the State of Florida.

### **CHILDREN**

Children of all ages and ethnic backgrounds are available. Some may have been exposed to drugs or alcohol; some may have physical and/or emotional problems. AR OF KH's staff members are not trained medical personnel and cannot offer any medical opinion, or analysis as to the health or conditions encompassed in the child referral information. AR OF KH cannot guarantee either the accuracy or inclusiveness of the information provided by non-employees.

AR OF KH will employ good faith efforts to refer a child in accordance with the family's stated child request as indicated on Application, Child Acceptance Sheet and Home Study. Summary of medical records, history and photos will be provided to the extent they are made available to AR OF KH for each child. Information may not be in detail and may not be complete or accurate. AR OF KH will continue to recommend children to the prospective adoptive parents until it is mutually determined by the prospective adoptive parents and AR OF KH that a suitable child has been offered and accepted or until AR OF KH, and/or the Family determine that a suitable match cannot be made.

Upon acceptance of the referred child by the prospective adoptive parents, AR OF KH will coordinate with the home study agency to process all adoption formalities necessary. If a family accepts a child referral and the child is subsequently not available for reasons other than the prospective adoptive parents' own withdrawal from the Program, AR OF KH will offer another child, which is deemed appropriate by AR OF KH and acceptable by the prospective adoptive parents. If the search is unsuccessful, this Agreement shall terminate without further obligation on the part of the prospective adoptive parents or the part of AR OF KH.

Following the arrival of the child in the home of the Parents, AR OF KH will communicate with and rely upon the Home Study Agency to ensure that post-placement support and counseling are provided.

### **PLACEMENTS OUTSIDE OF THE STATE OF FLORIDA**

AR OF KH shall make every reasonable effort to inform the adoptive parents of the necessary requirements of their home states; however, *it is the responsibility of the Adoptive Parents to complete all necessary requirements.*

### **HOME STUDIES, POST-PLACEMENT REPORTS, AND FINALIZATION IN THE U.S.**

Parents' home study and post-placement supervision must be conducted by an agency licensed in Parents' home state. Fees associated with the completion of a home study necessary to each application and with the post-placement supervisory period and finalization in a U.S. court are the responsibility of the Adoptive Parents. It is the responsibility of the Adoptive Parents to cooperate with the designated agency in the completion of the post placement reports.

AR OF KH must receive payments of all fees within seven (7) days of billing date.

### **REFUND POLICY**

All AR OF KH Application, Administration and Education Fees are non-refundable if prospective adoptive parents choose to withdraw for any reason. If AR OF KH does not accept the prospective adoptive parents, the parents will be refunded \$300 only.

If the adopted child does not adjust in the Adoptive Parent's home or the Adoptive Parents are unable to meet the needs of the child before they legally recognize or complete the adoption in their home state, AR OF KH, with assistance of the home study agency, will offer assistance and seek to facilitate the removal and replacement of the child in a suitable home. The parents shall pay all costs incurred by AR OF KH, including but not limited to: travel, social work, and legal fees necessary to effectuate the transfer of the child to a new placement. If the child's adoption has been finalized, the removal and replacement of the child must follow applicable state laws and the parents shall fully cooperate in effectuating the transfer. AR OF KH shall be kept fully informed by the parents at all times during a disrupted adoption as described herein, whether or not AR OF KH is offering assistance.

### **LEGAL CUSTODY**

AR OF KH reserves the right to remove the child from the adoptive parent's home prior to finalization of the legal adoption if, in the judgment of AR OF KH or its agents, such removal is in the best interest of the child. The Adoptive Parents are responsible for any costs incurred in the replacement of the child.

### **INACTIVE STATUS**

Prospective Adoptive Parents' may request that their case be placed in an Inactive (HOLD) Status at any time prior to child acceptance. If AR OF KH concurs that such action is appropriate and will not jeopardize its ability to subsequently place a child with the prospective adoptive parents, they will then be placed in an Inactive Status for a period not to exceed six (6) months. After that time, their case will be closed and this Agreement terminated.

Reactivation will occur during the six-month period based upon Prospective Adoptive Parents request and AR OF KH's determination that placement is likely to result at that time.

AR OF KH assumes that Prospective Adoptive Parents are working exclusively with them, in the search for a child for adoption. If prospective adoptive parents choose to work with one or more other

sources to identify children in addition to AR OF KH, the prospective adoptive parents agree immediately to notify AR OF KH of such a decision. In the event this should occur, the prospective adoptive parents' case will be put in an Inactive (HOLD) Status for a maximum period of six (6) months unless otherwise agreed between AR OF KH and the Prospective Adoptive Parents that the case should remain in an active status. AR OF KH Application Fees is NOT REFUNDABLE in this event. Payment of expenses, closure of case, and reactivation of case will follow the policies delineated in the paragraph above.

### **AGENCY REPRESENTATIVE**

The Prospective Adoptive Parents' Home Study Agency is asked to review and co-sign this agreement. AR OF KH asks prospective adoptive parents to communicate as much as possible with their Home Study Agency. The Home Study Agency is asked to assist Prospective Adoptive Parents in completing all necessary documents that are required from the Home Study Agency in order to complete the adoption process. The Home Study Agency is also asked to assist or refer prospective adoptive parents to the appropriate source in order to meet, state pre-adoption requirements, and U.S. Immigration and Naturalization requirements. The Home Study Agency is the Prospective Adoptive Parents' primary counseling resource regarding preparedness of the prospective adoptive parents for adoption and adaptation of parents and child/children following placement and parents agree to cooperate freely with said Agency.

### **POST PLACEMENT REGULATIONS**

A minimum of three post-placement reports and photos of the adopted child and adoptive family are required of the adoptive parents and the Home Study Agency. The actual schedule of post-placement reports will be determined according to requirements of both AR OF KH and the State of Florida. In many cases, the Program also requires post placement letters and anniversary letters from the Adoptive Parents.

### **POLICY REGARDING DONATIONS**

*AR OF KH has a policy that it neither solicits nor accepts contributions from prospective adoptive parents or from persons acting on the applicant's behalf during the period of application or before an adoption has been finalized, unless such contributions are associated with requests made to other persons served by the organization and to the public, provided that the donation history and placement decisions are kept separate, insofar as possible.*

No payment or other consideration is provided, promised, or accepted for referrals of prospective adoptive parents to or from this organization.

### **GRIEVANCE PROCEDURE**

Prospective Adoptive Parents who wish to file a formal grievance may do so in writing, to the Director of AR OF KH. The Director will respond in writing to the grievance within (7) business days. Failing resolution at this level, the prospective adoptive parents may request in writing, consideration of the grievance by the agency's Chief Executive Officer. The Chief Executive Officer will respond in writing about the grievance to the prospective adoptive parents within (7) business days.

### **HOLD HARMLESS**

Prospective Adoptive Parents and The Home Study Agency acknowledge that the ability of AR OF KH and its Associates to complete any particular adoption on behalf of any Prospective Adoptive Parents is subject to political, governmental and administrative uncertainties outside the control of AR OF KH and its Associates such that the likelihood of placement with the Prospective Adoptive Parents can be estimated but cannot be guaranteed in any particular time frame. Prospective Adoptive Parents and Home Study Agency also acknowledge and recognize that the ability of AR OF KH and its Associates to acquire complete and accurate physical and medical records is limited, in part due to language and

practice differences, and that said record may not be evaluated in the same manner as in the United States. Prospective Adoptive Parents are advised to discuss with a physician and other professional resources of their choice the medical, emotional, developmental, and other risks inherent in foreign adoption and those specific risks pertaining to the child or children parents intend to adopt. Prospective Adoptive Parents and Home Study Agency acknowledge and assume the risks of participating in the adoption of a child from a foreign country. Prospective Adoptive Parents and Home Study Agency, therefore, agree to hold AR OF KH and its Associates harmless from any and all claims, demands, or liability arising out of or relating to political, governmental, administrative, medical, emotional, developmental, and/or other causes beyond the control of AR OF KH and/or its Associates.

**LIMITATION OF LIABILITY**

Prospective Adoptive Parents and Home Study Agency agree that the liability of AR OF KH and its Associates with respect to any matter arising out of or related to this Agreement shall not exceed the total of payments received by AR OF KH and its Associates from the Prospective Adoptive Parents.

**TERM**

Unless earlier terminated pursuant to other provisions of this Agreement, this Agreement shall be in effect from the date of execution until the completion of performance of all obligations herein.

**EXECUTION**

The parties to this Agreement signing below acknowledge reading and discussing the conditions and terms of this Agreement and that they understand and accept the same, and no other promises, condition or terms are part of this Agreement except those specifically outlined above.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Parent

Sworn to and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Home Study Agency

AR OF KH:

\_\_\_\_\_  
Name & Title of Home Study Agency Representative

\_\_\_\_\_  
Signature of Home Study Agency Representative

**STATEMENT OF RISK**

I/We have researched various medical and social problems and risks in adoption including, but not limited to, the following conditions:

- |   |  |                        |
|---|--|------------------------|
| Salmonella  | Tuberculosis                                   | Hepatitis B Carrier    |
| Milk Intolerance                                  | Dehydration                                    | Hepatitis B & C        |
| Malnutrition                                      | Pneumonia                                      | Scabies                |
| Mental Retardation                                | Rickets  | HIV /AIDS              |
| Depression  | Under-stimulation                              | Prematurity            |
| Decayed Teeth                                     | Drug Exposure                                  | Venereal Disease       |
| Hearing Impairment                                | Learning Disability                            | Visual Impairment      |
| Parasitic Infection                               | Institutionalization                           | Delayed Development    |
| Mental Illness                                    | Physical Deformity                             | Fetal Alcohol Syndrome |
| Radiation Exposure                                | Undiagnosed Congenital Problem                 | Seizure Disorder       |
| Genetic Disorder                                  | Abuse: Physical Sexual Emotional Psychological |                        |
| Serious Illness (cancer, heart disease, diabetes) |  |                        |

I/We have discussed and researched the medical and social risk factors including the characteristics of high risk and unknown birth parents. I/We understand that many tests for young children are unreliable at best and that our child will be referred to us based upon available information. In addition, we understand that AR OF KH strongly recommends that we discuss medical and social risks with physicians of our choice. We acknowledge, understand and accept AR OF KH ' medical and social risk policy and hold harmless the agency, it's employees, agents, volunteers, and Board of Directors for disease and conditions that have not and cannot be diagnosed with reliability.

I/We understand that all adopted children will have adjustment issues from time to time. I/We agree to seek professional guidance as needed for our child. I/We understand that AR OF KH's staff is always available for assistance.

\_\_\_\_\_  
Adoptive Father

\_\_\_\_\_  
Adoptive Mother

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 2 \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My Commission Expires \_\_\_\_\_

**Adoption Resources of Kimberly Home  
A dba of Kimberly Home, Inc.  
5277 N. Tamiami Trail  
Sarasota, FL 34234  
941-360-3600**

**ASSIGNMENT OF GUARDIANSHIP**

We, \_\_\_\_\_, the undersigned, do declare that in the event of our incapacity or death, the following individual(s) will be assigned the guardianship of our minor child/children:

\_\_\_\_\_  
Name Relationship to Adoptive Parent

\_\_\_\_\_  
Name Relationship to Adoptive Parent

All of our children will retain full and equal rights in inheritance as set forth in any will or document executed by us.

\_\_\_\_\_  
Signature of Adoptive Parent Signature of Adoptive Parent

Signature(s) of Assigned Guardian(s) \_\_\_\_\_  
\_\_\_\_\_

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 2 \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My Commission Expires \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Request for information concerning coverage with regard to a  
Child placed for purpose of legal adoption.

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company \_\_\_\_\_

From the date of the child’s entry into the adoptive family, the child shall be considered a legal dependent of \_\_\_\_\_, who shall be responsible for any and all treatment for the child necessitated by previously diagnosed or undiagnosed medical, emotional, developmental, or physical problems of the adopted child.

Under \_\_\_\_\_ policy the child will be covered at follows:

Immediately upon arrival	Yes _____	No _____
For emotional/physical therapy	Yes _____	No _____
For preexisting conditions	Yes _____	No _____
For diagnosed conditions	Yes _____	No _____
For undiagnosed conditions	Yes _____	No _____
For treated conditions	Yes _____	No _____
For untreated conditions	Yes _____	No _____

Please state clearly any exceptions or limitations to the above:

\_\_\_\_\_

I am authorized by the \_\_\_\_\_ Insurance Company to respond to the questions contained herein.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

**Please return this form to the policyholder. Please include a copy of benefits page from Employee Benefits Manual. Thank you for your help.**

**ACKNOWLEDGEMENT OF  
FIREARMS SAFETY REQUIREMENTS**

Florida Statute 790.174 (Safe storage of firearms required) states:

A person who stores or leaves, on a premise under his or her control, a loaded firearm, as defined in s. 790.001, and who knows or reasonably should know that a minor is likely to gain access to the firearm without the lawful permission of the minor's parent or the person having charge of the minor, or without the supervision required by law, shall keep the firearm in a securely locked box or container or in a location which a reasonable person would believe to be secure or shall secure it with a trigger lock, except when the person is carrying the firearm on his or her body or within such close proximity thereto that he or she can retrieve and use it as easily and quickly as if he or she carried it on his or her body.

I/We

\_\_\_\_\_  
Acknowledge that I/we have read and understand this document.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Caregiver Signature

Note: This acknowledgement must be executed by all foster and adoptive parents during the home study



## Discipline and Parenting Policy

The long-term goal of discipline is to teach children self-control and self-discipline. The form of discipline used is determined by the age of the child and the child's individual needs and personality. By providing a caring, secure environment, parents can create a setting in which a child can develop a pattern of positive attitudes and acceptable behavior to enable him/her to function well within the family, with peers, and in the community.

The most effective means of discipline involve ongoing communication, praise, and encouragement. Recognizing that overly harsh, fear-inducing punishment interferes with the attachment process and can harm the child emotionally, AR OF KH is committed to placing children with families in which corporal punishment is never used. Therefore, please be advised that the use of corporal punishment is prohibited.

*“CORPORAL PUNISHMENT” means inflicting pain or discomfort by such actions as striking, pinching, pulling, shaking, binding a child, forcing a child to assume an uncomfortable position, or locking a child in a room or closet.*

**Your signature indicates that you have been informed of the above policies and understand them.**

Adoptive Parent Signature \_\_\_\_\_  
Date signed \_\_\_\_\_

Adoptive Parent Signature \_\_\_\_\_  
Date signed \_\_\_\_\_

Signatures Witnessed by \_\_\_\_\_  
Date signed \_\_\_\_\_

## Grievance and Appeals Procedures for AR OF KH Clients

1. Clients are encouraged to verbally communicate grievances or concerns to the AR OF KH's Program Director prior to initiating a formal grievance procedure.
2. Grievances not resolved through verbal communication should then be presented to the AR OF KH Director in writing. Written grievances should be filed within thirty (30) days of the occurrence of the incident. The written grievance should include the date of the incident; a description of the incident, the person(s) involved in the incident, other details pertinent to the incident, and suggested remedies.
3. The Director will respond to the written grievance within seven (7) business days of receipt of the grievance. The response will communicate all intended actions, resolutions, and the decision of the Director. All parties will receive a copy of the response.
4. Failing resolution at this level, the client may appeal the decision in writing to AR OF KH Chief Executive Officer (CEO). Written appeals should be filed within seven (7) business days of the receipt of the Regional response.
5. The CEO will respond to the written appeal within seven (7) business days of receipt of the appeal. The response will communicate all intended actions, resolutions, and the decision of the CEO. All parties will receive a copy of the response.
6. Failing resolution at this level, clients may request a second appeal in writing to AR OF KH Board of Directors. Written appeals should be filed within seven (7) business days of the receipt of the Agency CEO's response.
7. The Board of Directors will respond to the appeal within twenty-one (21) business days of receipt of the appeal. The response will communicate all intended actions, resolutions and the decision of the Committee. The Board of Directors shall have the responsibility of conducting the final review and decision of complaints. All parties will receive a copy of the response.
8. AR OF KH will provide a copy of this Grievance and Appeals Procedure to all AR OF KH Clients at the onset of the application process. AR OF KH further requires that a receipt copy of this procedure be signed by all clients and returned to the appropriate Office to be documented in the file of the client.
9. Someone other than the Employee who worked directly on the client's case will handle all grievances and concerns.
10. The written agency decision and appeals process will be sent in the client's native language.

My signature below is my acknowledgement that I received and have read a copy of AR OF KH Grievance and Appeals Policy and Procedures.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## Release of Information

I/We \_\_\_\_\_ hereby authorize AR OF KH to release a copy of my/our home study, application materials, and pertinent verbal information to:

- a. Any licensed agency or authorized resource in the U.S. or foreign country/countries for the purpose of locating a suitable child/children for my/our family;
- b. Any governmental entity of U.S. or foreign country for the purpose of certification/authentication of documents;
- c. Translator(s) of documents from/to English;
- d. The U.S. Immigration and Naturalization Service and the U.S. Department of State for the purpose of processing child/children's visas for entry into the U.S.

AR OF KH will contact me/us for verbal approval for release of information for other purposes.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**Adoption Resources of Kimberly Home**

A dba of Kimberly Home, Inc.  
5277 N. Tamiami Trail  
Sarasota, FL 34234  
941-360-3600

Dear Physician:

The purpose of this form is to document that persons providing care to children meet prescribed health standards. It will be reviewed as part of a home study by a licensed social worker in connection with your patient's application to adopt. It will be part of the social worker's final report that is submitted to a court in which an adoption is finalized. The information provided must be no more than 90 days old.

This form must be completed by a physician, personally, and in full. **Please type or print and mail directly to the address above.**

**MEDICAL REPORT FOR**  
**MALE ( ) FEMALE ( ) ADOPTIVE PARENT**

Patient's Name: \_\_\_\_\_  
Date examined: \_\_\_\_\_

Birth date: \_\_\_\_\_

I. **MEDICAL HISTORY:** Please indicate dates if applicable .

**Illness:**

Alcoholism  
Allergies  
Arthritis  
Asthma  
Cancer  
Colitis  
Deafness  
Diabetes  
Epilepsy  
Migraine  
Disease of the circulatory system  
Disease of the nervous system  
Emotional disturbances  
Heart disease

Hypertension  
Kidney Disorders  
Pelvic Disorders  
Ulcers  
Other

**MEDICAL REPORT FOR ADOPTIVE PARENT**

**II. PHYSICAL EXAMINATION:**

Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Weight \_\_\_\_\_ Height \_\_\_\_\_ Normal Weight \_\_\_\_\_  
General Appearance \_\_\_\_\_ Skin \_\_\_\_\_ Head \_\_\_\_\_  
Eyes \_\_\_\_\_ Teeth/gums \_\_\_\_\_ Tonsils \_\_\_\_\_  
Nose/throat \_\_\_\_\_ Lungs \_\_\_\_\_ X-Ray dates \_\_\_\_\_  
Results \_\_\_\_\_ Heart \_\_\_\_\_ Cardiogram \_\_\_\_/\_\_\_\_/\_\_\_\_  
Genitals \_\_\_\_\_ Lymph Nodes \_\_\_\_\_ Extremities \_\_\_\_\_  
Nervous System \_\_\_\_\_ Endocrine \_\_\_\_\_

**III. LABORATORY TESTS:**

Blood Serology \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_  
Urinalysis: Sugar \_\_\_\_\_ Albumin \_\_\_\_\_  
Other laboratory tests: \_\_\_\_\_

**IV. PHYSICIANS COMMENTS:**

How long have you known this patient? \_\_\_\_\_  
Impression of general health? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does patient have the usual life expectancy? \_\_\_\_\_  
Please state any recommendations for medical care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for Childlessness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL REPORT FOR ADOPTIVE PARENT**

Do the results of your examination of this patient lead you to conclude that she/he is emotionally and physically able to assume the responsibility of parenthood and the special issues of raising a child through adoption? \_\_\_\_\_  
\_\_\_\_\_

Have your discussed these findings with your patient? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**REVIEWED AND VERIFIED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Adoption Resources of Kimberly Home**

A dba of Kimberly Home, Inc.  
5277 N. Tamiami Trail  
Sarasota, FL 34234  
941-360-3600

**Financial Statement**

Father's Name: \_\_\_\_\_

Father's place of employment: \_\_\_\_\_

Annual income from employment: \_\_\_\_\_

Life Insurance \_\_\_\_\_

Policy Name	Amount	Beneficiary
_____	_____	_____
_____	_____	_____

Health Insurance: \_\_\_\_\_

Policy Name	Number
_____	_____

Disability: \_\_\_\_\_

Policy Name	Number
_____	_____

Pension, Retirement, IRA, Keogh's

Name	Amount
_____	_____
_____	_____

Mother's Name: \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_

Annual income from employment: \_\_\_\_\_

Life Insurance \_\_\_\_\_

Policy Name	Amount	Beneficiary
_____	_____	_____
_____	_____	_____

Health Insurance: \_\_\_\_\_

Policy Name	Number
_____	_____

Disability:

_____	_____
Policy Name	Number

Pension, Retirement, IRA, Keogh's

_____	_____
Name	Amount
_____	_____
Name	Amount
_____	_____
Name	Amount
_____	_____
Name	Amount

Other sources of Income:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Savings:

_____	_____
Institution	Amount

Other assets: (vehicles, household goods, jewelry, stocks, bonds, real estate, etc. List and give current value)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home: _____	_____
Value	Mortgage
_____	_____
Equity	House Payment

Describe your home: (number of rooms, closets, bedrooms, yard etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outstanding loans (car, boats, etc. And monthly payment)

\_\_\_\_\_



---

Outstanding Debts:

Creditor

Amount

---

---

---

---

---

---

Will both parents continue to work after the placement of a child?

---

If not, how would this affect your financial situation?

---

Give the name of the health insurance policy that will cover the adopted child:

---

**EMPLOYER REFERENCE LETTER**

*To be completed on employer's letterhead.*

Name and address of employee:

Employer name and address:

Position of Employment:

Date Hired:

Annual Salary:

Comments:

\_\_\_\_\_  
Signature of Employer/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

State of Florida

County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proven to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding document, and acknowledged to me that she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Print Notary Public's Name

My commission expires: \_\_\_\_\_

## **AUTOBIOGRAPHY OUTLINE FOR PROSPECTIVE ADOPTIVE PARENTS**

### **Instructions:**

**This is a guide to be used when writing your autobiography. Your narrative should answer all questions, with sections I - IX written separately by each of you, and sections X - XVI completed together.**

**The purpose of this self-reflective process is to present a realistic picture of your lives, not necessarily a perfect picture.**

### **I. Basic Data**

- A. Name, address, home phone, office phone, fax, email
- B. Date of birth
- C. Place of birth, citizenship
- D. Ethnicity, family origins
- E. Religion
- F. Occupation, education
- G. Health

### **II. General Description**

- A. What are your general strengths and weaknesses?
- B. Describe your hobbies and special interests. How do you like to spend your free/leisure time?

### **III. Background**

- A. Describe your ethnic and cultural background. How did this affect your upbringing?
- B. What was your parents' style of parenting? What was the single most important thing you learned from your parents?
- C. Discuss your parents' marriage, their ages, jobs, whether they are now living and their current relationship to/influence on you.
- D. How many siblings do you have? Names, ages, current status (occupation, married/single, children)?

IV. **Present Occupation/Situation**

- A. What is your present job or major life activity? How long have you had that occupation?
- B. What do you feel about your present job/major occupation? What are your hopes/plans in this area?
- C. Do you anticipate that your adoption of a child will change your work/career plans?
- D. Do you plan to take parental leave when you adopt a child? For how long?

V. **Marital Relationship**

- A. How long have you been married? How long did you know each other prior to marriage? Did you live together prior to marriage? How long?
- B. As a couple, what are your strengths? What is difficult for you as a couple?
- C. What are your priorities and goals in life?
- D. Describe your problem-solving styles and the adjustments you have had to make in your marriage. Detail day to day differences and describe how you manage conflicts.
- E. How are chores divided? Describe how the family budget is handled.

VI. **Prior Marriages**

- A. Were you previously married? When, where, to whom?
- B. Describe the circumstances of your prior marriages, reasons for termination.
- C. Give date on which previous marriage ended and how it ended (divorce, annulment, death of spouse). If divorce or annulment, what was date of decree, court, city and state.

VII. **Health**

- A. Please give a general description of your health, physical and emotional. Please list any specific health conditions or problems.

- B. Have you ever been involved in marital counseling? With whom? Dates? Reason for counseling? How did you feel about it? Results?

### VIII. **Substance Use/Abuse**

Please describe all incidents of drug/alcohol use in your immediate and extended family. Describe situations that have been or are problematic and what kind of help has been sought.

### IX. **Religion**

In what religion, if any, were you raised? What is your present religious and/or spiritual orientation, if any, and how involved are you? In what religion, if any, would the child be raised?

### X. **Infertility and Adoption** (Husband and Wife together)

- A. Describe the reasons you want to adopt.
- B. If you are experiencing infertility, what are your thoughts and feelings about infertility? Your diagnosis and extent of treatment?
- C. If not infertile, what is your motivation to adopt?
- D. How do you feel about the possibility of your child looking obviously different from you?
- E. How would you feel about your prospective child's birth parents? Would you be willing to meet the birth parents and/or provide photographs and short letters to the child's birth parents once a year or more? Why? Why not? Discuss concerns and ideas.

### XI. **Parenting Attitudes Toward Children**(Husband and Wife together)

- A. How do you perceive your strengths and weaknesses as future parents?
- B. What are your plans for child care and how do you think your newly adopted child will impact your life?
- C. Do you have any plans regarding discussing adoption with your child? If yes, what are your plans? If no, why not? What are your fears and concerns?
- D. What provisions for custody will you make should you both become incapacitated or die?

**XII. Parenting and Experience with Children, if applicable**

(Husband and Wife together)

- A. Provide names and ages of children living with you, or with your divorced spouse or others. Discuss frequency of contact you have with the child(ren) and nature of the relationship(s).
- B. Provide a physical and emotional description of the children already in your family. If there are adopted children in your family, name the adoption agency or attorney involved, the city and state where the adoption occurred and the date of finalization for each.
- C. Discuss your children's basic adjustment patterns with parents and peers, as well as school performance. Identify any unusual strengths or weaknesses.
- D. What do you anticipate will be the response of your child(ren) to an adopted child? What adjustments will be required? What contact will your child(ren) have with the adopted child?

**XIII. Attitudes of Family, Friends, the Community**

(Husband and Wife together)

- A. What discussions have you had with family or friends regarding adoption? What feelings/thoughts/opinions have family or friends discussed?
- B. How do you see your child fitting into your community?
- C. Have you investigated any support groups for adoptive parents in your area? Would you be interested in such groups?

**XIV. Finances (Husband and Wife together)**

- A. How do you assess your ability to provide a financially stable home for an additional child? (Please carefully complete the financial statement form enclosed in this packet.)
- B. Do either or both of you have life insurance and/or disability insurance?

**AUTOBIOGRAPHY OUTLINE**

**XV. Home (Husband and Wife together)**

Please give a brief description of your home, neighborhood, and general area where you live. Describe the outside and interior of your house. How is your house decorated? Describe your yard and places to play around your yard. Give a detailed description of child's room. If you have pets, describe them. How do you think your pet will react to a new baby in the home?

XVI. **Child Desired** (Husband and Wife together)

What are the characteristics of the child you want to adopt (age, race, sex, physical and mental status)?

**REQUIRED SUPPORTING DOCUMENTS (OTHER THAN FORMS)**

1. Current photograph of yourselves and any present children.
2. Copies of birth certificates.
3. Copy of marriage certificate (state license).
4. Copies of any divorce decrees.
5. Copies of any military discharge papers.
6. Copies of any professional licenses.
7. Copies of citizenship papers, if applicable.

## AUTOBIOGRAPHY ADDENDUM QUESTIONNAIRE

Please discuss these questions together and briefly record your thoughts on these (or separate) sheets.

Couple's Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. How would you feel and what would you do if you were called about accepting placement of a baby whose birth mother/father had a history of drug experimentation or recreational drug use.
  
2. How would you feel and what would you do if:
  - a) Your 15 year old adopted daughter became pregnant?
  
  - b) Your 15 year old son became involved in drugs?
  
3. How would you feel and what would you do if your 16 year old child refused to call you Mom and Dad because you are not his birth parents?



4. How would you feel and what would you do if you discovered that your child, at age 5, had a learning disability?

5. How would you feel and what would you do if your 16 year old child wanted information on his/her birth parents?

## FINANCIAL ASSISTANCE

**A Tax Credit** of up to \$12,650 is available to adoptive parents whose income falls below \$190,000. This tax credit will start for all adoptions finalized after 2011. Ask your accountant or call AR OF KH for more information.

**The National Adoption Foundation** offers unsecured and home equity, credit lines & grants for adoptive parents. They can be reached at 100 Mill Plain Road, Danbury, CT 06811; Tel (203) 791-3811; Fax (203) 791-3801, or [www.nafadopt.org](http://www.nafadopt.org)

**A Child Waits Foundation** 1136 Barker Rd, Unit 12; Pittsfield, MA 01201  
413-499-3992; Fax 413-499-2338; email: [achildwaits@poboxes.com](mailto:achildwaits@poboxes.com) or  
[www.achildwaits.org](http://www.achildwaits.org)

**Key Bank** has agreed to provide loan programs to AR OF KH ' families at very competitive rates. If you are interested in pursuing a loan with Key Bank, you may call Jane Harmon, Relationship Manager, at 207-874-7388 or 800-452-8762 for more information.

**MBNA** offers "line of credit" loans, home equity and other secured loans. For these options call 1-888-621-6262 or 1-800-626-2760

Your **LOCAL BANK or CREDIT UNION** may also be a good resource for home equity loans, lines of credit, or second mortgages.

**ON THE INTERNET** there is an abundance of information about a wide range of programs. You can find this information by doing a search using key words adoption financial assistance. If you explore this option be sure to use good judgment and caution by confirming the legitimacy of all programs before providing them with your personal information.

## THE ADOPTION TAX CREDIT

**NOTE: The following represents AR OF KH's current understanding of the major features of the newly enacted Adoption Tax Credit. This summary is not a complete description of all of the provisions of the tax credit. This summary should NOT be regarded as a substitute for professional legal or tax advice. The following information may change, subject to: implementing regulations issued by the Internal Revenue Service, changes in the law and judicial constructions. AR OF KH strongly recommends that adoptive families consult a legal or tax professional to learn whether and how they may qualify for the Adoption Tax Credit.**

The adoption expense tax credit was modified and made permanent as part of the tax bill signed by President Bush on June 7, 2001. What will this mean for adoptive families? The answers below are based on past IRS guidance and best conjecture and do not reflect official Treasury Department policy, since the IRS has not yet issued new guidelines.

### **In a nutshell, what does the new law provide?**

It provides a tax credit (an amount that can be deducted directly from the taxes you owe) for expenses incurred in the adoption of a child who is not the child of the taxpayer's spouse. All the provisions of the new law are permanent, they will not expire, as the previous tax credit law did. The limitations on the amount of income parents may earn in order to use the credit were increased: now you can take the full amount of the credit of your income does not exceed \$150,000. The amount you can take decreases as your income approaches \$190,000. If you earn above that figure, you don't qualify for the credit.

### *Details about the credit differ by type of adoption:*

- ♥ For the adoption of U.S. children with special needs, the law provides that a \$12,500 credit. The new credit applies to such adoptions finalized after December 31, 2011. This has been revised and current information suggests the tax credit stands at \$12,650
- ♥ For the adoption of U.S. children without special needs, parents can take a tax credit of up to \$13,000 for adoption expenses, even in the adoption is never finalized. This part of the new law takes effect after December 31, 2010.
- ♥ For the adoption of children from other countries, parents can take a tax credit of up to \$12,650 for adoption expenses, but only if and when the adoption is finalized and expenses were incurred.

### **How does the IRS define a child with special needs?**

The child must be a citizen or resident of the U.S. A state must have determined that the child cannot or should not be returned to his parents' home and that the child probably will not be adopted unless some assistance is provided to the adoptive parents. A child who is adopted can never qualify as a child with special needs in this context.

**When can the credit be taken?**

In general, for U.S. special needs adoption after December 31, 2010, and for inter-country adoptions after December 31, 2012, you take the credit in the year of finalization. For U.S. non-special needs adoptions, the details are complicated but depend on the year the expense was incurred.

**What if your tax liability for a particular year is less than your allowable credit for that year?**

If you reduce your tax bill to zero and still have credit coming to you, the unused credit amount can be carried forward to your next five tax years, or until it is all used, whichever comes first.

**Does it make sense to delay final adoption decrees in U.S. special needs and inter-country adoptions until the increased tax credit has gone into effect?**

Each case would have to be judged individually, but the potential benefit is substantial. If all other factors are neutral, it appears that it would be sensible in these two types of adoptions to wait to finalize in order to take advantage of the increased tax benefits.

**Is there any special planning that can be done to maximize benefits with a domestic, non-special needs adoption?**

Since the date on which the expenses are paid or incurred determines when you can use them for the credit for these adoptions, you could arguably bring expenses under the new law by delaying the date on which they are incurred or paid.

**In adoption, does the IRS consider the overseas adoption or the U.S. readoption to be the final one?**

It remains to be seen. But I suspect the IRS will rule that, if there is a finalization in the child's country of origin, that date will be used for purposes of the new tax credit. In the case of an adoption that requires finalization to take place in the U.S., then the U.S. date would be used.

# C H E C K L I S T

## For Application Materials

Before submitting your application to AR OF KH, please refer to the following checklist to ensure that all applicable materials are enclosed. Remember, errors and omissions can cause unnecessary delays as we must have all of the following documents in order to begin working on your adoption process. Additionally, all of the application materials must be complete and accurate. If you have questions about the application process or materials, please contact Adoption Resources Program Director, Cheryl Huston, 941-360-3600.

- Photo(s)** of you and your immediate family.
- Photo(s)** of the exterior of your home.
- Photos** of the interior of your home (e.g. Living room, kitchen, bathroom, bedrooms, etc.)
- Application to Adopt a Child.** Please ensure that this form is filled out completely, and all questions are answered. Please write N/A on any items that are not applicable.
- Disclosure.**
- Child Acceptance Sheet.**
- Service Agreement.** Also, please be sure that both parents initial the bottom of each page.
- Statement of Risk.**
- Assignment of Guardianship.**
- Medical Insurance Information.** At times, Insurance Companies can be slow to complete and return this form to you. In some cases it may become necessary to contact a Supervisor or Management level employee of your insurance company in order to convey the importance of completing this form expediently.
- Statement of Discipline and Firearms Possession,** signed and witnessed.
- Grievance and Appeals Procedures,** sign and maintain copy for your record.
- Release of Information.**
- Medical Acceptance.**
- Financial Statement.**

- Employer Letters.**
- (3) References.**
- Application fee/ In-state: \$600.00; Out of State \$1,000.00 (includes home study review)**
- Background Questions, his and hers.**
- Photocopy of Most Recent Tax Form.**
- Photocopy of Marriage Certificate** (or Birth Certificate for single applicants), **Divorce Decree(s), Death Certificate** (any or all that are applicable).
- Copies of Driver's License.**
- Background Checks.**