



WELCOME TO MAPS

We congratulate you on taking your first steps towards international adoption. We are thrilled that you have chosen MAPS to take this journey with you and we will guide you through the steps to make your parenting dreams a reality. Our expert staff can provide your family with the support, training, and guidance necessary to successfully navigate this sometimes-complex process.

Enclosed please find the application packet. Your first step is to complete the four-page MAPS application and return it with your application fee of \$600. Please do not hesitate to contact us if you have any questions. Good luck to you and thank you for choosing MAPS!

CHECKLIST

While in the adoption process, you may use this form as a guideline for paperwork needed. Please remember that all of the application materials must be complete and accurate. If you have any questions about the process or materials, please call 207-775-4101. Please send application forms and check to MAPS 277 Congress Street Portland ME 04101

- Application form
- Application fee of \$600 check made out to MAPS
- Adoption programs service agreement (notarized)
- Acknowledgement of Health Considerations and Risks (notarized)
- Medical insurance information
- Statement of discipline and firearms possession statement (witnessed)
- Grievance and appeals procedure
- Assignment of guardianship
- Release of information
- Client Rights Form
- 1040 tax information (Pages 1-2 IRS 1040 signed, from previous year)
- Acknowledgement of fees
- Photographs of you, your immediate family, and home
- Home study (original, signed and notarized)



**INSTRUCTIONS FOR MATERIALS IN
APPLICATION PACKET**

We have given instructions for each form required. If you have any questions about any of the material, please feel free to call us at 207-775-4101.

- | | |
|---|---|
| APPLICATION FORM | Please complete this form and have both applicants sign. Submit with application fee of \$600. |
| ADOPTION PROGRAMS
SERVICE AGREEMENT | Please sign and have NOTARIZED. Also needs signature of home study representative. |
| ACKNOWLEDGEMENT OF
HEALTH CONSIDERATIONS
AND RISKS
ACKNOWLEDGEMENT OF
FEES | Please consult with your social worker and complete this form. Carefully review and initial each section, sign, and have NOTARIZED. Then have your home study social worker sign and date the form.
Please sign and have NOTARIZED. Also needs signature of MAPS representative. |
| MEDICAL INSURANCE
INFORMATION | This needs to be sent to your insurance company and completed by an authorized representative. Please return with your application materials. If the insurance company refuses to complete the form, we need a letter on their letterhead stating that the child will be covered upon placement with you. |
| STATEMENT OF DISCIPLINE
AND FIREARMS POSSESSION | Please complete the form and return to us. Needs to have witness signature. |
| GRIEVANCE AND APPEALS
PROCEDURE | Please review, sign, and return to us. |
| ASSIGNMENT OF
GUARDIANSHIP | Please complete this form, have the assigned guardian(s) sign it, and return to us. All signatures on this form must be original (not faxed or photocopied). |
| RELEASE OF INFORMATION | We are required to use this form in order to dispense information to other agencies, if necessary. Please sign and return to us. |
| FINANCIAL STATEMENT | Please submit a signed copy of last year's 1040 (only the 1040, pages 1 and 2 are needed, additional tax forms submitted are not necessary). |
| PHOTOGRAPHS | Please send photos of your family and the inside and outside of your home (They need <u>not</u> be professionally shot, and one or two of each is fine). |
| HOME STUDY* | You will need to have a home study completed by a licensed agency in your state of residence. For more information, see below. |
| MAPS POLICY GUIDELINES | Please review, sign, and return to us. |

* The last item that we will need to officially open your file is a home study completed by a licensed agency in your state of residence. We will need a full, original, notarized study. If you have already completed your home study, and it is less than 6 months old, please send it to us with your application materials. Otherwise, an update will be needed. Your home study does not have to be completed before you apply to a MAPS program. Please let us know the name of your agency, address, telephone number, social worker or other contact person(s), and anticipated date of completion. If you have not identified your home study agency, we would be happy to assist you in your search and connect you with agencies with which we have established relationships. The home study process takes approximately 2-4 months.

As you collect certified true copies for your home study agency of documents such as birth certificates, marriage license, divorce decrees, etc., it might prove helpful to obtain several of each, for it is possible that you might be able to use them later, when you compile your dossier, depending upon the country program's requirements. You will also need a current passport, regardless of whether or not you will travel for the adoption.

After your completed application materials have been received, MAPS will send you a written acknowledgement that we have officially opened a file for you. Once we receive your completed home study, and any outstanding documents, we will review your completed file for formal acceptance into your program of choice. Foreign adoption officials will have the final decision as to your eligibility after the review of your full dossier. MAPS will serve as your advocate to arrange the most appropriate and most expeditious offer of the child(ren) you are seeking.

IMPORTANT NOTE REGARDING IMMIGRATION

You should consult with your home study agency about the process of filing an I-600A or I-800A form with your local U.S. Citizenship and Immigration Services (USCIS) office. **Please send a copy of your completed I-600A or I-800A to us.** The process typically takes 2-4 months and is an imperative step, as it is advance permission to immigrate a child for adoption. The final step, prior to your flight home with your child, is for the American Consulate abroad to issue an immigrant Visa for your child to enter the U.S. Actual application procedures and timeframes vary by state so you should consult with your home study agency or contact your local USCIS office. When you receive USCIS approval, please send MAPS a copy.



APPLICATION TO ADOPT A CHILD

1. Adoptive Parent #1 Legal Name (as it appears on passport):	Adoptive Parent #2 Legal Name (as it appears on passport):
2. Address:	
3. Home Telephone:	Email Address:
4. Adoptive Parent #1 Work Phone:	Adoptive Parent #2 Work Phone:
5. Adoptive Parent #1 Cell Phone:	5. Adoptive Parent #2 Cell Phone:
5. How long at present address?	5. How long at present address?
7. Religion:	7. Religion:
8. Social Security Number:	8. Social Security Number:
9. Birthplace:	9. Birthplace:
10. Citizenship:	10. Citizenship:
11. Passport Number:	11. Passport Number:
12. Passport Expiration Date: (if expiring within a year must be renewed)	12. 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. Adoptive Parent #1						
14. Adoptive Parent #2						
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. Adoptive Parent #1 Parents and Siblings

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

E. Adoptive Parent #2 Parents and Siblings

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

II. MARITAL HISTORY

43. Date and place of marriage:	45. Has adoptive parent #1 been married before? Yes ___ No ___ Widowed or divorced? _____ How many times? _____
44. No. of years married:	45. Has adoptive parent #2 been married before? Yes ___ No ___ Widowed or divorced? _____ How many times? _____

III. EMPLOYMENT

	ADOPTIVE PARENT #1 EMPLOYER	ADOPTIVE PARENT #2 EMPLOYER
46. Name and Address		
47. Phone No.		
48. Position		
49. Date Employed		

IV. FINANCES

50. Annual Family Income (Be as accurate as possible.)	Adoptive Parent #1 Gross	Adoptive Parent #2 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

53. Have you ever been convicted of a crime* in a court of law? Yes ___ No ___
 Adoptive parent #1: Yes ___ No ___ Adoptive Parent #2: Yes ___ No ___
 Have you ever been arrested for a crime*? Yes ___ No ___
 Adoptive parent #1: Yes ___ No ___ Adoptive Parent #2: Yes ___ No ___
 If "yes" briefly provide details:

*Including Operating Under the Influence

54. Are you now or have you in the past been in treatment for mental and/or emotional health issues?
 Adoptive parent #1: Yes ___ No ___ Adoptive Parent #2: Yes ___ No ___
 If "yes" briefly provide details:

VI. REFERENCES

NAME	ADDRESS	PHONE NUMBER

VII. TYPE OF CHILD DESIRED

55. Sex	56. Age Range	57. Desired Adoptive Country/Program	58. Race	
59. Special Needs 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.

Adoptive Parent #1 Signature: _____ Date: _____

Adoptive Parent #2 Signature: _____ Date: _____

This application packet is valid until 11/07/09. Please contact MAPS for a new packet if filing an application after this date.

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



ADOPTION PROGRAMS SERVICE AGREEMENT

ACKNOWLEDGEMENTS

The parties to this Agreement acknowledge that MAPS is a full service agency that conducts domestic and international adoptions, and is a licensed, non-profit, child placement agency in the State of Maine. All Prospective Adoptive Parents, hereafter referred to as 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 Adoptive Parents conducts the home study, provides education (consisting of a minimum of ten hours of training covering the core issues of adoption, loss, grief, separation, the attachment process, and international adoption issues), and consults with Adoptive Parents about the child/children to be adopted. In addition, the home study agency is responsible for conducting post-placement supervision, and advising Adoptive Parents on issues regarding their state of residence and USCIS (U. S. Citizenship and Immigration Services) adoption requirements and procedures.

DEVELOPMENT

MAPS has developed the infrastructure necessary to complete domestic and international adoptions. The developmental expenses involved in such infrastructure are treated as part of the adoption costs; however changes beyond MAPS control can occur at any time.

PROCESSING ADOPTIONS

Although Adoptive Parents may have completed an approved home study, MAPS accepts Adoptive Parents in accordance with its own standards of best practice, the eligibility standards within their state of residence, the USCIS, and those of the international or domestic programs to which they intend to apply.

The international and domestic adoption processes involves inherent risks, and despite MAPS’ best efforts it is possible that in unusual cases variables outside of our control may preclude a successful adoption or present serious challenges. For example, a government may unexpectedly change the adoption requirements or even close its adoption program, birth parents could change their minds about relinquishment, or the adoption could be denied by a court or another bureaucratic body. While these scenarios are rare, it is important to understand that these risks exist, and the parties agree that MAPS cannot accurately predict any or all of the risks that may, or may not occur; however, MAPS will support our Adoptive Parent(s), within reason, in exploring other options, should such a situation arise.

At all times Adoptive Parents should be aware of the remote possibility that another country may formalize an adoption, however; through unforeseen circumstances, USCIS later denies entry of the child into the U.S. Under those circumstances, the parties recognize that MAPS has neither control, nor ability to rectify the immigration issue and the resolution of such an immigration issue is the responsibility of the Adoptive Parents.

CHILDREN

Children of all ages and ethnic backgrounds are available. Some have malnutrition and physical and/or emotional problems due to their institutionalization. Most of the children are living in state or privately run orphanages, or in foster care situations. Living situation and child referral information varies according to each country. Independent third parties, including foreign government agents, and orphanage staff, furnish child referral information to MAPS. This information is provided according to foreign government’s policy and procedure. MAPS 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, nor the future health or development. MAPS cannot guarantee either the accuracy or inclusiveness of the information provided by non-employees.

MAPS will employ good faith reasonable efforts to request the referral of a child from the designated Adoption Program in accordance with the family’s stated child request as indicated on Application, Child Acceptance Sheet and Home Study; however, MAPS cannot guarantee race/ethnicity or the health of a child. Summary of medical records, history and photo will be provided to the extent they are made available to MAPS for each child. Information supplied to MAPS may not be in detail and may not be complete or accurate and MAPS makes no guarantee that information on a child is complete or accurate. MAPS will continue to make reasonable efforts to request the referral of another child/ren to the Adoptive Parent(s) until it is mutually determined by the Adoptive Parent(s) and MAPS that a suitable child has been offered and accepted, or until MAPS, the Adoption Program and/or the Adoptive Parents determine that a suitable match cannot be made.

Agency policy prohibits preferential consideration in regard to child referral or placement decisions involving prospective Adoptive Parents who may also be employed by or associated with MAPS.

Parents Initial Here _____
Date:

Home Study Agency Representative Initials _____
Date:

Children cont.

Upon acceptance of the referred child by the Adoptive Parents, MAPS shall coordinate with the home study agency to process all adoption formalities necessary for the placement to occur, which in the case of intercountry adoptions, will involve immigration of the said child to the United States. 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 Adoption Program, MAPS will seek another child referral from the original Adoption Program or from another Adoption Program deemed appropriate by MAPS and acceptable by the 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 MAPS.

Following the arrival of the child in the home of the Adoptive Parents, MAPS shall communicate with and rely upon the Home Study Agency to ensure that post-placement support and counseling are provided in a timely manner.

TRAVEL REQUIREMENTS

Depending upon the requirements of the applicable Adoption Program, the Adoptive Parents may need to travel to another state, or for an intercountry adoption, the Adoption Program may require one or both adoptive parents to participate in the legal process abroad, or the child may come to the United States with an escort provided by MAPS or its Associates. MAPS, is unable to guarantee that dates scheduled for overseas trips may not be canceled or rescheduled because of events beyond its control. All such fees and costs associated with travel are solely the responsibility of the Adoptive Parents.

Travel of both Adoptive Parents will be required of Adoptive Parents residing in states with certain pre-adoption requirements so as to avoid delay in immigration processing, if applicable. MAPS 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 within the deadlines.

DOCUMENTS AND TRANSLATIONS

MAPS, in coordination with its Associates, will advise Adoptive Parents regarding preparation and authentication of their dossier or profile. Adoptive Parents are responsible for obtaining certifications and authentications of documents unless instructed otherwise by MAPS. Dossier translation costs may or may not be included in MAPS Foreign Program Fees, depending upon the program. Other translations, including post-placement reports and U.S. final decree and birth certificate, will usually be translated in the U.S. and may or may not be billed separately.

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

Adoptive Parent's home study and post-placement supervision must be conducted by an agency licensed in Parent's home state. MAPS must be informed by the Adoptive Parents as to the name and location of the parent's home state agency. MAPS, as a Hague accredited agency is only able to accept home studies completed by agencies who have fully complied with the provisions of MAPS' Supervised/Exempt Provider Agreement.

Fees associated with the completion of a home study (or an abbreviated home study, any updates and/or addendums), with the post-placement supervisory period, or with finalization in a U.S., court are the responsibility of the Adoptive Parents. It is *also* the responsibility of the Adoptive Parents to cooperate with their home study agency for the completion of the required post placement reports. Post Placement reports are dictated by both state and foreign country laws. The number of reports and time span required by the foreign country may exceed those required by the Adoptive Parents' state of residence.

VISA FILING

Completion of and payment of fees for U.S. Citizenship and Immigration Service (USCIS) advance processing for an orphan visa petition (I-600A or I-800A) and the filing for a specific child (I-600 or I-800) are the responsibility of the Adoptive Parents. Adoptive Parents are also responsible for maintaining a current, approved visa petition and current fingerprint clearances, until issuance of the child's visa to enter the U.S. This may involve re-filing of I-600A or I-800A and obtaining home study updates or addendums. In some states, there are state pre-adoption requirements, which Adoptive Parents must determine and meet prior to USCIS approval.

TIMETABLE AND LEGAL PROCESS

Adoptive Parents shall be given estimated timeframes regarding when they might reach the major milestones of their process. Due to the many variables that can impact adoption processing, these estimates are subject to change and are beyond the control of MAPS. Specifics within each stage will vary according to the particular Adoption Program and are described in the Foreign Program Addendum to this Service Agreement or the Domestic Adoption Agreement.

CONTACT AND TRAVEL RESTRICTION

Adoptive Parents agree not to contact, attempt to contact, or direct any outside party to contact any foreign or domestic individual for any purpose relative to their adoption process. Adoptive Parents agree not to travel to the U.S. state or foreign country regarding their adoption process without the express authorization of the appropriate foreign officials or parties and MAPS staff/coordinators. Adoptive Parents understand that such actions *may* jeopardize the adoption process as well as damage relations between MAPS and the foreign adoption officials. Adoptive Parents further understand that failure to comply with these provisions may result in the termination of the adoption process by MAPS.

Parents Initial Here _____
Date:

Home Study Agency Representative Initials _____
Date:

FEE SUMMARY

International Programs

MAPS Application Fee: \$600 (due with Application; non-refundable)

MAPS Agency Fee: Program specific range--\$6,300-12,300 Billed at Program Acceptance \$6,300 agency fee is non-refundable

MAPS Foreign Program Fee(s): Program specific range: \$3,650-19,000 Billed at Child Acceptance or prior to travel (Kazakhstan)

*MAPS Foreign Program Fee billing schedule, and country specific refund policies are designated in the country-specific Foreign Program Addendums to the Service Agreement, to be signed and incorporated in this Agreement at the time of foreign program acceptance.

Maine Domestic Program

MAPS Application Fee: \$600 (due with application; non-refundable)

MAPS Program Fee: \$30,000 (due at Birth Parent(s)/Child Acceptance) This fee covers counseling with birth parent(s), up to \$3,000 in approved living expenses and legal costs associated with obtaining routine surrender and release or waiver.

National Domestic Program

MAPS Application Fee: \$600 (due with application; non-refundable)

MAPS Agency Fee: \$3,000 (due at program acceptance; non-refundable)

Domestic Program Fee: \$16,000 (MAPS is able to offer a \$5,000 subsidy for African American or African American bi-racial child adoptions, due to the need of families, making the program fee for those cases \$11,000. Due at Child/Birth Parent(s) acceptance.) * Please see “Refunds.”

Additional, estimated expenses (due at Birth Parent(s)/Child acceptance): Adoptive Parents are provided with a fee worksheet that lists the current, case-specific estimates for these additional expenses. These are estimated ranges, which vary case-by-case. If costs exceed the amount originally estimated, families are billed additionally. Unspent amounts over \$100 (for the estimated expenses, i.e., birth parent counseling, pregnancy related living/medical expenses, and legal fees will be refunded.)

- Non-Maine Birth Parent Counseling: \$1,000-2,500 (applies to Birth Parents residing outside of ME)
- Pregnancy related medical and living expenses: \$3,000-6,000
- Legal Fees: \$1,000-5,000
- ICPC (Interstate Compact on the Placement of Children): \$1,000 (non-refundable)

Domestic Networking Program

MAPS fee: \$3,000 (due at program acceptance; non-refundable)

In this program, MAPS works diligently to connect clients with a qualified networking agency for the adoption placement. All fees beyond this are directly related to the agencies with whom the Adoptive Parents contract for adoption. MAPS cannot guarantee another agency’s abilities to perform. When the Adoptive Parents agree to accept a referral of a child from another source other than MAPS, the parents do so with no guarantees by MAPS as to that agency’s performance and policies beyond being duly licensed. Adoptive Parents, therefore, agree to hold MAPS and its agents harmless from any and all claims, demands, or liability arising out of or relating to the adoption process with non-MAPS entities.

Non-resident fee: *There is a non-resident fee of \$1,000 for families residing outside the continental U.S. This is due with the agency fee.

FEE PROTOCOL

MAPS must receive payments of all fees within seven (7) days of billing date. Payment should be in the form of personal check, money order, or cashier’s check. *Adoptive Parents may not travel to bring home their child until the balance of all fees has been received and cleared through MAPS.*

A portion of MAPS fees may be used for “special services,” e.g., humanitarian aid projects, the annual MAPS’ picnic, Adoptive Parent support group meetings, etc. Information on such applicable “special services” is made available through MAPS Annual Report, our website and upon request. Any regular use of fees for “special services” is per the discretion of the Executive Director and Board of Directors.

MAPS endeavors to disclose all known fees and anticipated estimated expenses to Adoptive Parents at the time of inquiry, application and program acceptance; however, such costs and fees are estimated and subject to change without notice. MAPS does not customarily charge additional fees or expenses beyond those disclosed in our adoption services contracts. Should a unique situation occur in which there are supplemental expenses or fees incurred through an initiated adoption program, which were not anticipated and disclosed in the adoption service contracts, MAPS will disclose the specific details to the Adoptive Parents in writing. In *Hague* adoption cases, MAPS will not hold the prospective adoptive family responsible for additional funds in excess of \$1,000, without the written consent of the family. MAPS will provide written receipts to the Adoptive Parents for such supplemental fees or expenses paid within the particular program’s country.

REDUCED FEES

Returning MAPS Adoptive Parents receive a reduction of \$650 from their agency fee. Additionally, pending approval of the Executive Director, MAPS may reduce fees in special cases. Special cases can, but may not necessarily, sibling groups, and children with special/medical needs. Any adjustment would be made at the time of child assignment.

REFUNDS

The Application fee and up to \$6,300 of the Agency fee are *non-refundable*; however, they are transferable among MAPS adoption programs. If a prospective adoptive family should change from one program to another they are responsible for any difference in fees (e.g., agency fee, foreign program fee, extra expenses, etc.).

Parents Initial Here _____

Date:

Home Study Agency Representative Initials _____

Date:

Refunds cont.

If an international program closes after a child has been assigned, the foreign program fee will be returned- less any expenses that have already been incurred by MAPS. If Adoptive Parents withdraw for any reason, the fees they have paid to MAPS are non-refundable. In the event that the Adoptive Parents are accepted by CIS, their home study agency and MAPS, but are rejected in the foreign country by any bureaucratic body, at any stage of the process, or in court, there will be no refund of fees.

Maine Domestic program fee: If the placement disrupts as a result of actions taken by the birth parent(s), prior to the termination of birth parent(s) rights, while the child is placed with the adoptive family, the program fee will be refunded, minus any birth parent expenses (includes living, counseling & medical) and legal costs incurred by MAPS.

The National Domestic program fee: If the placement disrupts as a result of actions taken by the Birth Parent(s), prior to the termination of Birth Parent(s) rights, while the Child is placed with the Adoptive Parent(s), a portion of the fee is refundable on a case-by-case basis. However, MAPS reserves the right to withhold funds to pay for any services necessary as a result of the failure of Adoptive Parent(s) to cooperate with MAPS as requested.

If unique circumstances arise, they will be reviewed by the Executive Director on a case-by-case basis. Refunds will be sent to the Adoptive Parents within sixty days of the completion of the delivery of MAPS’ services.

Adoptive Parents will be notified if there are any changes in the costs of the adoption. THE ABOVE COSTS AND FEES PAYABLE TO MAPS AND THE ADOPTION PROGRAM ARE ESTIMATED AND, DUE TO THE NATURE OF INTERNATIONAL AND DOMESTIC ADOPTION, SUBJECT TO CHANGE WITHOUT NOTICE.

Adoptive Parents shall not receive a refund of Adoption Program fees or application and administration fees in the event of a disruption prior to U.S. recognition or finalization, or in the event of a disrupted adoption, which occurs after recognition or finalization of an adoption in the U.S.

INACTIVE STATUS

MAPS reserves the right to place a case “on hold” or inactive, at its discretion. Adoptive Parents’ may request that their case be placed in an Inactive (HOLD) Status at any time prior to child acceptance. If MAPS concurs that such action is appropriate and will not jeopardize its ability to subsequently place a child with the Adoptive Parents, they will then be placed in an Inactive Status for a period not to exceed six (6) months. Reactivation must occur during the six-month period based upon Adoptive Parents request and MAPS’ determination that placement is likely to result from the Adoption Programs available to the Adoptive Parents through MAPS at that time. If the family’s case is not reactivated, their case will be closed and this Agreement terminated.

MAPS assumes that Adoptive Parents are working exclusively with them in the search for a child for adoption. If Adoptive Parents choose to work with one or more other sources to identify children in addition to MAPS, the Adoptive Parents agree immediately to notify MAPS of such a decision. In the event this should occur, the Adoptive Parents’ case will be put in an Inactive (HOLD) Status for a maximum period of six (6) months, unless otherwise agreed between MAPS and the Adoptive Parents that the case should remain in an active status. MAPS Application, Agency, and Program Fees are NOT REFUNDABLE in this event. Closure or reactivation of case will follow the policies delineated in the paragraph above.

Should an Adoptive Parent become pregnant during the process MAPS must be notified as soon as possible; please refer to the MAPS Policy Guidelines for Adoption. In most instances families will either choose to have their adoption case placed “on hold” until 3 months following the birth of their child—or they will withdraw from the adoption process. By the end of the 3 month period, following the birth, the Adoptive Parent(s) will need to inform MAPS of their decision to reactivate or withdraw. If they wish to reactivate, a new home study assessment/recommendation will be required in order to proceed.

AGENCY REPRESENTATIVE

The Adoptive Parents’ Home Study Agency is asked to review and co-sign this agreement. MAPS asks Adoptive Parents to communicate as much as possible with their Home Study Agency. The Home Study Agency is asked to assist 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 Adoptive Parents to the appropriate source in order to meet state pre-adoption requirements, and USCIS requirements. The Home Study Agency is the Adoptive Parents’ primary counseling resource regarding preparedness of the Adoptive Parents for adoption and adaptation of the Adoptive Parents and child/children following placement. Adoptive Parents agree to cooperate fully with said Agency.

POST PLACEMENT REGULATIONS

A minimum of three post-placement reports and photos of the adopted child and Adoptive Parents 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 MAPS, the family’s state of residence, and the Adoption Program. In many cases, Adoption Programs also requires post placement letters/photos and anniversary letters/photos from the Adoptive Parents. Cooperation by families and their home study agencies in completing post placement reports and anniversary letters is required and imperative for the continuance of our international and domestic adoption programs.

Parents Initial Here _____
Date:

Home Study Agency Representative Initials _____
Date:

Legal Custody cont.

In most intercountry adoptions, a final adoption decree is issued from the foreign country; however, after a six-to-twelve month supervisory period, parents are required by MAPS to either re-finalize or recognize the adoption in the Adoptive Parents' home state, according to state-specific law. In the case of adoptions from India, the Indian courts issue a guardianship order to adoptive parents. After a period of 6 months and completion of all state post placement requirements, the child shall be adopted in family's local court and the family will be issued a final adoption decree.

LEGAL CUSTODY

For adoptive placements not finalized in the child's country of origin, MAPS shall accept legal custody of the child, up to finalization of the adoption as allowed under the State of Maine statutes and if in compliance with the regulations of the child's country of origin. However, if, after

placement in the intended Adoptive Parents' home, the intended Adoptive Parents ask that the child be removed, the intended Adoptive Parents shall be responsible for any costs incurred by MAPS, including but not limited to travel, social work, foster care if needed, and legal fees necessary to effectuate the transfer of the child to a new placement.

MAPS reserves the right to remove the child from the Adoptive Parent's home prior to U.S. recognition or finalization of the legal adoption if, in the judgment of MAPS or its agents, such removal is in the best interest of the child. As stated previously, the Adoptive Parents are responsible for any costs incurred in the replacement of the child.

DISRUPTION/DISSOLUTION POLICY

If the adopted child does not adjust in the Adoptive Parents' home or the Adoptive Parents are unable to meet the needs of the child before they legally recognize or complete the foreign adoption in their home state, MAPS, 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 Adoptive Parents shall pay all costs incurred by MAPS, including but not limited to: travel, social work, foster care if necessary and legal fees necessary to effectuate the transfer of the child to a new placement. If the child's adoption has been finalized in the USA, the removal and replacement of the child must follow applicable state laws and the Adoptive Parents shall fully cooperate in effectuating the transfer. MAPS shall be kept fully informed by the Adoptive Parents at all times during a disrupted adoption as described herein, whether or not MAPS is offering assistance. MAPS asks that they be communicated with for assistance.

POLICY REGARDING DONATIONS

MAPS shall accept gifts from only those Adoptive Parents who have a completed home study and have obtained program acceptance. Said gift must be specified for a country or program which is not that country in which their adoption is occurring. Further, said gift shall not be unrestricted or designated for general operating funds for MAPS. MAPS shall not accept any gift that will affect the outcome of the Adoptive Parents' child placement, approval to adopt, or any other aspect of the adoption process.

COMPENSATION POLICY

MAPS does not compensate any individual (i.e. directors, employees, officers, supervised providers) who provides intercountry or domestic adoption services with an incentive or contingent fee for any child located or placed for adoption. No payment or other consideration is provided or promised to any individual directly or indirectly involved in providing adoption services, except for salaries, hourly wage, or fees-for-service actually rendered, and reimbursement for the cost incurred towards completing the adoption.

GRIEVANCE PROCEDURE

Adoptive Parents who wish to file a formal grievance may do so in writing, to MAPS' Director of Adoption Programs. The Director will respond in writing to the grievance within (7) business days. Failing resolution at this level, the Adoptive Parents may request in writing, consideration of the grievance by the agency's Executive Director. The Executive Director will respond in writing about the grievance to the Adoptive Parents within (7) business days. Failing resolution at this level, a letter may be sent to the Executive Committee of MAPS Board of Directors within seven (7) business days of the receipt of the Agency Executive Director's response.

The Executive Committee 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 Executive Committee shall have the responsibility of conducting the final review. All parties will receive a copy of the response.

In the event of any remaining disputes, the procedure shall be as follows:

1. We/(I) agree that any and all disputes or controversies arising under this contract or any of its terms, any effort by any party to enforce, interpret, construe, rescind, terminate or annul this contract, or any provision thereof, shall be resolved by binding arbitration in accordance with the following procedure: either (i) Agency and we/(I) shall mutually select an arbitrator, who shall be a retired judge in the State of Maine or federal court or (ii) if we/ (I) cannot agree on such arbitrator, the parties shall each select one arbitrator, who shall both be retired judges of the State of Maine or federal court. All arbitration proceedings shall be conducted under the auspices of the American Arbitration Association. We /

Parents Initial Here _____
Date:

Home Study Agency Representative Initials _____
Date:

Greivance Procedure cont.

(I) agree that the arbitrator's ruling, or arbitrators' ruling, as applicable, in the arbitration shall be final and binding and not subject to appeal or challenge. We / (I) further agree that the arbitration proceedings, testimony, discovery and documents filed in the course of such proceedings, including the fact that the arbitration is being conducted, will be treated as confidential and will not be disclosed to any third party to such proceedings, except the arbitrator(s) and their staff, the parties' attorneys and their staff, and any experts retained by the parties. The parties hereto agree that, notwithstanding the provisions of this paragraph, Agency shall have a right to injunctive or other equitable relief as provided for under Maine law or other relevant laws.2. We / (I) agree to execute and deliver to Agency any other documents consistent herewith that Agency considers reasonably necessary or desirable to evidence, effectuate or enforce this contract or any of the terms and conditions hereof.3. This contract shall be deemed to be entered into in the State of Maine and shall be governed by and interpreted in accordance with the laws of the State of Maine applicable to agreements entered into within Maine. Any action, proceeding or litigation concerning this contract may only be brought in the State of Maine, and we / (I) hereby agree that the courts of the State of Maine shall have jurisdiction over us / (me) and the subject matter of any such proceeding.

HOLD HARMLESS

Adoptive Parents and The Home Study Agency acknowledge that the ability of MAPS and its Associates to complete any particular adoption on behalf of any Adoptive Parents is subject to political, governmental and administrative uncertainties outside the control of MAPS and its Associates such that the likelihood of placement with the Adoptive Parents can be estimated but cannot be guaranteed in any particular timeframe. Adoptive Parents and Home Study Agency also acknowledge and recognize that the ability of MAPS and its Associates to acquire complete and accurate physical and medical records is limited, which may be due to language and practice differences, and that said record may not be evaluated in the same manner as in the United States. 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 intercountry and/or domestic adoption and those specific risks pertaining to the child or children parents intend to adopt. Adoptive Parents and Home Study Agency acknowledge and assume the risks of participating in the adoption of a child either domestically or from a foreign country. Adoptive Parents and Home Study Agency, therefore, agree to hold MAPS 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 MAPS and/or its Associates.

LIMITATION OF LIABILITY

Adoptive Parents and Home Study Agency agree that the liability of MAPS 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 MAPS and its Associates from the 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.

Adoptive Parent Signature

Adoptive Parent Signature

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

State of _____ County of _____

Notary Public Signature

Notary Public Name & Commission Expiration

Name of Home Study Agency

MAPS International:

Name & Title of Home Study Agency Representative

Name & Title of MAPS Representative

Signature of Home Study Agency Representative

Signature of MAPS Representative



ACKNOWLEDGEMENT OF FEES

I/we acknowledge that I/we have read and reviewed MAPS fee policies and procedures included in the adoption programs service agreement and the fee disclosures included in the informational packet dated *(date located on the bottom right hand corner)* _____ (MM/DD/YY).

I/we acknowledge MAPS endeavors to disclose all known fees and anticipated estimated expenses to prospective adoptive applicants at the time of inquiry, application, and program acceptance; however, such costs and fees are estimated and subject to change without notice.

I/we acknowledge MAPS does not customarily charge additional fees or expenses beyond those disclosed in our adoption services contracts. Should a unique situation occur in which there are supplemental expenses or fees incurred via the foreign program, MAPS will disclose the specific details to the prospective adoptive family in writing. MAPS will seek written consent from the prospective adoptive family for the expenditure of any additional fees in excess of \$1000. These additional fees may be necessary in order to continue processing your adoption case. MAPS will provide written receipts to the prospective adoptive family for such paid supplemental fees and expenses upon request.

Unanticipated fees may include, but are not limited, to the following: translation fees, legal fees, service fees, care of child, medical testing, document authentication and/or certification.

Although The Hague allows for agencies to seek a waiver of consent from the prospective adoptive family, MAPS has chosen not to offer this option. MAPS will fully disclose in writing any additional fees, regardless of the amount. Furthermore, MAPS always seeks written consent from the prospective adoptive family for expenses exceeding \$1000.

I/We have reviewed the fees associated with adopting through a MAPS adoption program. I/We understand that the scope of the expenses involved in processing an international adoption is estimated, and due to the nature of variable outside of the agency's control, are subject to change without notice.

Adoptive Parent Signature

Adoptive Parent Signature

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

Notary Public Signature

Notary Public Name & Commission Expiration

MAPS Representative Signature

Name & Title of MAPS Representative



ACKNOWLEDGEMENT OF HEALTH CONSIDERATIONS AND RISKS

Applicant's Name(s) _____
Desired Adoptive Country/Program _____
Desired Age Range of Child(ren) _____ Race _____
Number of Children Desired _____ Desired Gender of Child(ren) _____

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(ren) will be referred to us based upon available information. In addition, I/we understand that MAPS strongly recommends that we discuss medical and social risks with physicians of our choice. I/We acknowledge, understand and accept MAPS medical and social risk policy and hold harmless the agency, its employees, agents, volunteers, and Board of Directors for disease and conditions that have not and cannot be diagnosed with reliability.

Initials Initials

There are certain issues that tend to be extremely common among children adopted internationally. The causes may vary depending upon a specific child and their situation, however, in most cases the predominantly contributing factor is institutionalization. A prospective adoptive family should be aware of and willing to accept the following conditions:

- **Developmental delay**
- **Speech delay**
- **Unknown history**
- **History of neglect/abandonment (and resulting effects)**
- **Vitamin deficiencies (i.e. rickets)**
- **Parasites**
- **Nutritional deficiencies (i.e. anemia)**

We understand that the child(ren) we are referred is very likely to have the above conditions and/or diagnoses.

Initials Initials

Due to the nature of international adoption, medical information about the child is often unavailable, and can be scarce when provided. The following list represents **some** of the conditions that might be indicated on a foreign medical, but this list is by no means exhaustive. Please fill out this section with the help of your Social Worker. Although MAPS wants to ensure that an appropriate child(ren) is referred to each family, child assignments are frequently made by the foreign countries with which we conduct adoptions. As a result, this checklist does not guarantee you will be assigned a child(ren) who falls within the scope of your preferences. This list is a tool to help educate families about potential health risks and also assist MAPS in understanding a family's position in regards to such issues.

History of Child: Please indicate your level of acceptance of a child(ren) who has the following condition(s):

Can Accept	Will Discuss	Cannot Accept		Can Accept	Will Discuss	Cannot Accept	
_____	_____	_____	Functional heart murmur	_____	_____	_____	Cleft lip/cleft palate
_____	_____	_____	Incidence of seizure(s)	_____	_____	_____	Limb difference
_____	_____	_____	Missing digit	_____	_____	_____	Club foot/feet
_____	_____	_____	Needs surgery	_____	_____	_____	Orthopedic disability
_____	_____	_____	Disfigurement	_____	_____	_____	Drug exposure
_____	_____	_____	Hernia	_____	_____	_____	Cerebral Palsy
_____	_____	_____	Fetal Alcohol Syndrome	_____	_____	_____	Muscular dystrophy
_____	_____	_____	Special diet/medication	_____	_____	_____	Hydrocephalus
_____	_____	_____	Allergies	_____	_____	_____	Cystic fibrosis
_____	_____	_____	Born of rape	_____	_____	_____	Spinabifida
_____	_____	_____	Born of incest	_____	_____	_____	Dwarfism
_____	_____	_____	Enuresis	_____	_____	_____	Prematurity
_____	_____	_____	Active TB	_____	_____	_____	Jaundice
_____	_____	_____	History of TB	_____	_____	_____	Visually impaired
_____	_____	_____	Hepatitis	_____	_____	_____	Hearing impaired
_____	_____	_____	HIV Positive	_____	_____	_____	History of physical abuse
_____	_____	_____	HIV antibodies at birth	_____	_____	_____	History of sexual abuse
_____	_____	_____	Minor emotional/behavioral issues	_____	_____	_____	Sickle-cell anemia/trait
_____	_____	_____	Serious emotional/behavioral issues	_____	_____	_____	Mild mental delay
_____	_____	_____	Converted to HIV negative	_____	_____	_____	Serious mental delay
_____	_____	_____	Hemophilia	_____	_____	_____	Treated for exposure to syphilis

History of Birthparents: Please indicate your level of acceptance of a child(ren) whose family background includes the following conditions: (In most instances there may not be information of this kind available.)

Can Accept	Will Discuss	Cannot Accept		Can Accept	Will Discuss	Cannot Accept	
_____	_____	_____	Mental illness	_____	_____	_____	HIV positive/AIDS
_____	_____	_____	Mental retardation	_____	_____	_____	Serious medical conditions
_____	_____	_____	S.T.D. (syphilis, herpes, etc)	_____	_____	_____	Hepatitis Positive
_____	_____	_____	Drug use	_____	_____	_____	Alcohol use

Other comments you would like us to know or consider: _____

Initials

Initials

I/We have researched various medical and social conditions and potential risks in international adoption, including the fact that all adopted children will have adjustment issues from time to time. I/We agree to seek professional guidance as needed for our child(ren).

Adoptive Parent Adoptive Parent Date

Subscribed to and sworn before me this _____ day of _____ 2 _____

Notary Public Signature My Commission Expires

Social Worker Name Social Worker Signature

Home Study Agency Date



MEDICAL INSURANCE INFORMATION

Request for information concerning coverage with regard to a child placed for the 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 as 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 certify that the above referenced information is complete and accurate in accordance with the policy provisions. Additionally, I will reply to any questions relating to this form that may be formulated as a result of my responses.

Signature _____ Title _____

Printed Name _____ Date _____

Name of Insurance Company _____

Please return this form to the policy holder. Thank you for your help.

Please note: In lieu of this form, MAPS is authorized to accept a letter, from the insurance company, on company letterhead stating the information expressed in this form.



STATEMENT ON DISCIPLINE AND FIREARMS POSSESSION

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, MAPS 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.

MAPS believes that all firearms in the home should be kept in locked storage units separate from ammunition.

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

Adoptive Parent _____ Date _____

Adoptive Parent _____ Date _____

Witnessed by _____ Date _____



GRIEVANCE AND APPEALS PROCEDURES

1. MAPS will provide a copy of this Grievance and Appeals Procedure to all MAPS Clients at the onset of the application process. MAPS further requires that a receipt copy of this procedure be signed by all clients and returned to the appropriate MAPS office to be documented in the file of the client.
2. All grievances and concerns will be handled by someone other than the Employee who worked directly on the client’s case.
3. The written agency decision and appeals process will be sent in the client’s native language.
4. Clients are encouraged to verbally communicate grievances or concerns to the MAPS Director prior to initiating a formal grievance procedure.
5. Grievances not resolved through verbal communication should then be presented to the MAPS 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.
6. 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.
7. Failing resolution at the regional level, the client may appeal the decision in writing to MAPS Executive Director. Written appeals should be filed within seven (7) business days of the receipt of the regional response.
8. The Executive Director 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 Executive Director. All parties will receive a copy of the response.
9. Failing resolution at the Agency level, clients may request a second appeal in writing to MAPS Executive Committee. This committee is comprised of members of MAPS Board of Directors. Written appeals should be filed within seven (7) business days of the receipt of the Agency Executive Director’s response.
10. The Executive Committee 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 Executive Committee shall have the responsibility of conducting a review and present their assessment of the complaints. All parties will receive a copy of the response.
11. Final step: Arbitration
 - A. We/(I) agree that any and all disputes or controversies arising under this contract or any of its terms, any effort by any party to enforce, interpret, construe, rescind, terminate or annul this contract, or any provision thereof, shall be resolved by binding arbitration in accordance with the following procedure: either (i) Agency and we/(I) shall mutually select an arbitrator, who shall be a retired judge in the State of Maine or federal court or (ii) if we/ (I) cannot agree on such arbitrator, the parties shall each select one arbitrator, who shall both be retired judges of the State of Maine or federal court. All arbitration proceedings shall be conducted under the auspices of the American Arbitration Association. We / (I) agree that the arbitrator's ruling, or arbitrators' ruling, as applicable, in the arbitration shall be final and binding and not subject to appeal or challenge. We / (I) further agree that the arbitration proceedings, testimony, discovery and documents filed in the course of such proceedings, including the fact that the arbitration is being conducted, will be treated as confidential and will not be disclosed to any third party to such proceedings, except the arbitrator(s) and their staff, the parties' attorneys and their staff, and any experts retained by the parties. The parties hereto agree that, notwithstanding the provisions of this paragraph, Agency shall have a right to injunctive or other equitable relief as provided for under Maine law or other relevant laws.
 - B. We /(I) agree to execute and deliver to Agency any other documents consistent herewith that Agency considers reasonably necessary or desirable to evidence, effectuate or enforce this contract or any of the terms and conditions hereof. **Parents Initial Here** ____

- C. This contract shall be deemed to be entered into in the State of Maine and shall be governed by and interpreted in accordance with the laws of the State of Maine applicable to agreements entered into within Maine. Any action, proceeding or litigation concerning this contract may only be brought in the State of Maine, and we / (I) hereby agree that the courts of the State of Maine shall have jurisdiction over us / (me) and the subject matter of any such proceeding.

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

Adoptive Parent

Adoptive Parent

Date

Date



ASSIGNMENT OF GUARDIANSHIP

I/We, _____, the undersigned, do declare that in the
Adoptive Parent(s)

event of my/our incapacity or death, the following individual(s) will be assigned the guardianship of my/our minor child/children.

Name Relationship to Adoptive Parent

Name Relationship to Adoptive Parent

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

Adoptive Parent

Adoptive Parent

Assigned Guardian(s)

I/We, _____, the undersigned do agree to assume guardianship of the above named applicant(s)' minor child/children in the event of his/her/their incapacity or death.

Signature(s) of Assigned Guardian(s) _____



RELEASE OF INFORMATION

I/We _____ hereby authorize MAPS 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. U.S. Citizenship and Immigration Services and the U.S. Department of State for the purpose of processing child/children’s visas for entry into the U.S.

I/We _____ authorize MAPS to request and receive information from my/our therapist(s)/physician(s) for medical and/or treatment information relative to the adoption process.

MAPS will contact me/us for verbal approval for release of information for other purposes.

Adoptive Parent

Adoptive Parent

Date

Date



MAPS Client Rights

1. You are entitled to be treated with courtesy, consideration and respect free of discrimination and uncompromised by conflicts of interest.
2. You are entitled to confidentiality.
3. You are entitled to disclosure of the Agency’s grievance procedure.
4. You are entitled to have all questions and concerns addressed in a prompt manner and have your phone calls returned promptly.
5. You are entitled to a full disclosure of fees and explanation of the fees at the outset.
6. You are entitled to wheelchair accessibility and if not available, arrangements will be made to meet at a place that is wheelchair accessible.
7. You are entitled to a signer if hearing impaired.
8. You are entitled to an interpreter if English is not your spoken language.
9. You are entitled to full disclosure of the information known about the child being presented.
10. You may not be refused any of MAPS services on the basis of race, creed, color, age, religion, sexual orientation, national origin or disability.

I have read and understood these rights.

Adoptive Parent

Date

Adoptive Parent

Date

MAPS Agency Representative & Title

Date



MAPS POLICY GUIDELINES FOR ADOPTION

*MAPS provides guidelines that have been established to provide the best possible parenting circumstances for a child and for prospective parents. The policies that have been established make the adoption process more successful for all involved. **Exceptions may be made to specific policies on a case-by-case basis.** However, the following guidelines will apply to most situations. MAPS also honors the requirements of specific countries and/or other placing agencies, which may differ slightly.*

Placement of Siblings and Unrelated Children

- In an effort to keep biological sibling groups together whenever possible, families who are requesting placement of a sibling group, must be open to a four-year age range (example: 1-4 years, 2-5 years, 3-6 years, etc.). Younger sibling groups are occasionally available, but the vast majority that MAPS places are typically at least 2-3 years apart in age.
- MAPS is committed to placing biological siblings together whenever possible. If siblings are available simultaneously we will place them together whenever possible. If a sibling of a child already placed becomes available, depending upon the Program and circumstances, we may attempt to place the child with the same family. In the event that this is not in the child's best interest or that a family is not able to adopt a birth sibling of the child in their family, the sibling will be referred to a different family. Communication between families who have biological siblings is strongly encouraged so that the children can develop a relationship.
- In order to give each new child or sibling group adequate time to integrate into the family, MAPS will not place unrelated children with a family at the same time.

Placement of Children out of Birth Order

- In general, it is best for a new child to be the youngest child entering the family. Occasionally, children may be placed out of birth order depending on the family's circumstances and the needs of the child.
- There should be at least one year between the ages of children in the home and the child(ren) to be adopted.

Age Guidelines

- For international adoptions, an infant is considered to be a child up to the age of 16 months at the time of referral. Families may specify a younger aged-child based upon individual country requirements. Some countries may require that families be open to children who are slightly older.
- When requesting a potential age range of the child, prospective parents need to be open to a minimum of at least a 12-month span in order to allow flexibility for placement (example: 3-4 years or 19-31 months). Certain programs may require a larger age span.
- Applicants should be mindful that the age of the child at the time of arrival will be older than the age at referral due to variations in adoption procedures and time frames.
- Individual programs have specific age requirements, however, it is MAPS general practice that there be no more than 45 years difference in age between the younger parent and the child. Depending upon the program your family is considering, there may be exceptions to this guideline.

Home Study Only Scenarios

- Some families may choose to have MAPS complete only a Home Study Report and Post Placement Supervision, and then work with another licensed placement agency for the referral and placement of a child. Applicants falling into this category will need to update their social worker regularly regarding the status of their application with the other agency. When a child is referred, MAPS needs to be notified immediately and will require a copy of all referral materials on the child(ren). In addition, when a child is placed with you, MAPS must receive a copy of your Post Placement Schedule.
- Some families may choose to have MAPS complete only a Home Study Report and Post Placement Supervision, and then work independently or with a Private Facilitator/Coordinator for the referral and placement of a child. Applicants who fall into this category must update their social worker regularly regarding the status of their process regarding referral and placement, must understand the risks involved, and must sign a *General Release* dismissing MAPS from any responsibility.
- In the event that your family is pursuing a private adoption, MAPS will provide birthmother counseling services by contract at an hourly rate of \$100 per hour plus travel expenses. The birthparent(s) must be represented by separate legal counsel and a \$500 retainer is required prior to the first session. MAPS will provide counseling only (certificate of counseling) services to birthmothers planning a private adoption. MAPS does not assist with ICPC for private adoptions. MAPS does not assist with any part of the legal process.
- In the event that your family is pursuing an identified adoption (when you have already made a connection with a birthmother on your own), MAPS can facilitate an agency adoption so that your family may utilize MAPS full birthmother support and counseling services. This includes a full birthmother file and background information as well as ongoing counseling support and documentation. Birthmother expenses and legal expenses are not included in this service. In this case, MAPS is considered the "placing agency." This option is for Maine-identified birthmothers only.

Application to More than One Program

Application to More than One Program: There are inherent risks and expenses involved with adoption, which will likely be increased by pursuing dual program enrollment. There are many variables involved that prevent this from being a viable option for most families.

- Dual program enrollment for concurrent adoptions: Under certain circumstances and with prior approval from MAPS Director of Adoption Programs, it may be possible for a family to apply to more than one MAPS program for concurrent adoptions. Most commonly this involves China and either Domestic Networking or Kazakhstan. It may also be possible to work with MAPS and another agency for concurrent adoptions, as long as one of the programs is China.
- Dual program enrollment for one adoption: In some circumstances, such as those involving programmatic uncertainties or significant delays, it may also be possible to apply to more than one of MAPS' programs or MAPS and a second agency's program until a match has been made. Once a family has accepted the match (child referral or birthparent), their secondary enrollment in the other program will be placed "on hold." In the event that the match does not proceed to placement, the other program may be reactivated. Once placement occurs, the second program enrollment will be terminated.

Recovery

Different countries have different guidelines regarding past addictions, illnesses, and diagnosis'.

Disclosing a past history does not automatically exclude an applicant from adopting, rather it allows MAPS to help you determine which program(s) you are eligible for.

- Applicants who have struggled with Alcohol/Drug Addiction may apply to MAPS five (5) years after completing a Treatment Program and must provide a recent Independent Alcohol/Drug Evaluation. Determinations about Program Acceptance, as with all other applicants, will be based upon Home Study Report, completed application materials, as well as recovery time and Evaluation results.
- Applicants who have had a serious physical illness (i.e. cancer, etc.) may apply to MAPS two (2) years after completing treatment and must provide a letter from Dr. outlining the illness, course of treatment, and prognosis. Determinations about Program Acceptance, as with all other applicants, will be based upon Home Study Report, completed application materials, as well as recovery time and Evaluation results.
- Applicants who have had a mental health diagnosis (depression, anxiety disorder, etc.) should contact MAPS to discuss the circumstances prior to application.

Criminal History

- In order to assess a family's appropriateness for adoption and determine program eligibility, a full disclosure of arrests and convictions must be made to MAPS. Disclosing criminal history does not automatically disqualify you from adoption, rather, it helps address any issues that may arise by having this history and prevent potential problems later on.

Criminal History (Con't)

- In certain situations, you may be required to run additional background clearances (example: FBI, State, etc.) to determine the extent of the history and reporting information.
- Applicants with an OUI and/or DUI in their history may apply to MAPS one year following the most recent occurrence. An Independent Alcohol Evaluation will be required as part of your application.

Family Composition

- It is MAPS position that there are many types of home situations that allow a child to be raised in a healthy, supportive environment and we recognize that families take many forms. MAPS does not discriminate on the basis of lifestyle, race, religion, creed, etc. and would be able to conduct a Home Study, if requested. Countries dictate family lifestyle or living arrangements that may be generally acceptable (whether it be legally, culturally, or politically). Please refer to MAPS program-specific Info Packets for family criteria for each program.

Guardianship

- It is MAPS practice that assigned guardians should not be the parents of the applicant(s). While we understand the feeling of trust you may have with your parents, it is typically not seen as appropriate to assign guardians who are so much older than the applicant(s). In general, assigned guardians should be close to the age of the applicant(s) and at least one guardian must be a United States citizen.

Referral

- When referral materials concerning a child are received, applicants are encouraged to meet with their social worker to review all information. It is strongly recommended that prospective parents then review all medical information with a pediatrician and/or an international adoption clinic.
- If applicants have any concerns about proceeding with adoption, it is expected that they will share those concerns with their social worker and Program Coordinator before accepting the referral of a child, so that a thoughtful decision can be made regarding what is in the best interest of both the applicants and the child.
- It is assumed that applicants will accept the referral of a child who meets the home study recommendations. Declining a referral for reasons other than medical reasons may result in MAPS requesting a reassessment by your Social Worker.
- In the event that the referral of a child(ren) is declined for any reason, a letter of explanation from both the prospective applicant(s) is required. If a referral is declined for a medical reason, a letter of explanation from both a physician and the family are required with the returned materials.

Ethical Standards

- MAPS is committed to the highest ethical standard regarding placement of children. Adopting parents will uphold this standard by refraining from any acts associated with the abduction, exploitation, sale or trafficking of children. These include but are not limited to the giving of gifts, money, or other incentives to birth parents or any other unauthorized persons in the US or abroad for the purpose of advancing the adoption process.

Time at home after Placement

- Parents are encouraged to give newly placed babies, toddlers, and pre-school age children full-time parenting for a minimum of two months following arrival. Spouses may share in child care arrangements. Time spent in country actively parenting the child can be counted towards this two-month requirement. If at all possible, a longer period of time home with a newly adopted child maybe greatly beneficial to those children who require a longer adjustment period.
- In the case of children 5 or older, parents need to carefully consider the timing of placement into school. Sometimes a child may be ready after just a few weeks and other times it may be longer before a child is ready for school. The family should consult with their social worker and school administrator when making this decision.
- It is encouraged that before or after school day care will not be used for newly arrived children until the child has been in the home for a minimum of two months and is well adjusted.

Discipline

- MAPS does not condone the use of physical discipline in any form. Use of or plans to use physical discipline will result in a decision not to place a child.
- MAPS is mandated to report any maltreatment of a child whether suspected or substantiated.

Post Placement Follow-Up

- All adoptive families are required to participate in post placement follow-up for a minimum of six months. Some programs require extended post-placement services which could last for several years after the placement of the child. Adopting a child from a program that has additional post-placement requirements obligates parents to comply with these requirements. In most cases, the parents will be required to submit annual reports (and photos) documenting the child's development.
- Children are expected to be evaluated by a licensed pediatrician or family practitioner. In the case of a significant health condition, MAPS must be informed.
- Families must agree to provide their children routine medical care and additional medical treatment as needed, including surgery, blood transfusions, or other life-saving interventions.

Post Placement Follow-Up (Con't)

- Applicants who contract with MAPS for home study services are also contracting for post-placement services. In the event of a move out-of-state during the post-placement period, it will be necessary to inform MAPS of the family's change of address and identify another licensed agency to complete the post-placement requirements of MAPS and the placement country/agency.
- Although applicable state law may not require it, and there may be no formal agreement surrounding it, MAPS expects that families adopting domestically will honor verbal commitments made to birthparents regarding future contact.

Placing Applications on Hold

- Situations may arise when a family is unable to proceed with their adoption process (loss of job, marital issues, family move, etc.). Applicants need to notify their social worker and Program Coordinator immediately if this happens and ask to be put on "hold" or withdraw from the process. In addition, MAPS may determine a need for the adoption process to be on hold. Usually this is a mutual decision between the prospective parents and the agency. Families may be on hold for up to six months, at which time a discussion would take place as to the family's intentions. Depending on the circumstances, the case will then be reactivated or closed.
- Should an applicant become pregnant, MAPS must be notified as soon as possible in order to assist the family in assessing the implications for their family and their pending adoption. In such circumstances, MAPS will take into consideration agency policies and practices, stateside licensing regulations and the sending country's adoption laws and will then advise the family accordingly. In most instances families will either choose to have their adoption case placed "on hold" until three months following the birth of their child or they will withdraw from the adoption process. Following the birth of their child, a family will have a period of 3 months to decide whether or not they would like to reactivate their adoption process. A new home study assessment/positive recommendation will be required in order to proceed.

Re-Application to MAPS

- Families may reapply to MAPS after withdrawing, however new application paperwork will be required and new fees will apply.
- Families may apply to MAPS a minimum of six months following a child's placement or birth.
- Policies regarding birth order and age of children placed will still apply.

Acceptance of MAPS Policy Guidelines for Adoption

I/we have read and understand the “Policy Guidelines for Adoption” and agree to abide by these expectations. Requests for a waiver or exception must be made in writing to the appropriate MAPS office. I/we agree that if we request an exception to be made to any of these policies, we will accept a decision made by MAPS regarding maintaining or waiving a particular policy.

Signed: _____ Signed: _____

Print Name(s): _____

Address: _____

Date: _____