



WELCOME TO MAPS

We congratulate you on taking your first steps towards adoption. We are pleased 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.

Your first step is to complete the application packet and return it with your adoption education and home study application fee of \$400. (International Application fee of \$600 will be due following completion of home study). 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 home study process, you may use this form as a guideline for paperwork needed to complete your home study. Please remember that all of the application materials must be complete and accurate before you are assigned a social worker and the home study process begins.

If you have any questions about the process or materials, please call Carol Theborge at 207-775-4101 or email at carolt@mapsadopt.org.

Domestic and International:

- Application form
- Home study service agreement
- Adoption programs service agreement
- Adoption program commitment
- Agency contract and fee schedule
- Letters of reference (3)
- Grievance & appeals procedure
- Release of information
- Medical insurance information
- Medical report (for all members of immediate family)
- DCF Records Check Release Form and accompanying check and fingerprints
- Autobiography
- 1040 Tax information (from previous year)
- Acknowledgement of health considerations and risks (international OR domestic)
- Assignment of guardianship
- Discipline and firearms possession statement
- Client rights
- Family release contact (optional)
- Eligibility criteria/ physical requirements
- Marriage license (if applicable)
- Divorce decree (if applicable)
- Death certificate of spouse (if applicable)
- Birth certificate(s)
- Duty of disclosure
- MAPS Policy Guidelines

Domestic only:

- FBI fingerprints

International only:

- Acknowledgement of fees
- Your I-600A or I-800A application
- Photographs of you and your immediate family
- Photographs of the interior and exterior of your home
- Photocopy of passport photo page



INSTRUCTIONS FOR MATERIALS IN APPLICATION FOR HOME STUDY PACKET

We have given instructions for each form required for your home study. 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 \$400 and attach two recent photos of yourself and any children in the home.
HOME STUDY SERVICE AGREEMENT	Please sign and have NOTARIZED.
AGENCY CONTRACT AND FEE SCHEDULE	Please review fee schedule. Complete and sign the agency contract with your social worker.
LETTERS OF REFERENCE	Give this form to three people <u>who are not related to you</u> . Ideally, they would know both of you, but if not, one would suffice. Ask them to complete and send the letter <u>directly to our office</u> . Reference letters for International Adoption must have a signature that is NOTARIZED.
GRIEVANCE AND APPEALS PROCEDURE	Please review, sign, and return to us.
RELEASE OF INFORMATION	We are required to use this form in order to send your home study to other agencies (if necessary). Please sign and return to us.
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. For domestic adoptions: If your insurance does not cover the baby's medical costs from the date of birth, you will need to be prepared to pay this expense or purchase a rider to cover the potentially high costs.
MEDICAL REPORT ON ADOPTIVE APPLICANT	See enclosed instructions
VERMONT DEPARTMENT OF CHILDREN AND FAMILIES BACKGROUND CHECK	Complete, sign, and return to us. Please include a check for \$24 made payable to "Vermont Department of Public Safety," as well as your fingerprint card (please see the enclosed list of county identification centers where you should have your fingerprints taken). Vermont State Law requires the Department of Children and Families to determine if there have been relevant criminal convictions or pending charges. This search also includes the Vermont Child Abuse Registry, Vermont Adult Abuse Registry, Vermont Negative Homestudy Database, Vermont Case Access System, Vermont Office of Child Support, Vermont Motor Vehicles, and other databases as allowed by law. Valid for 1 year, then must be updated.
FBI FINGERPRINTS (Domestic Program clients only)	Please follow instructions for obtaining fingerprint card and being fingerprinted. Follow sample letter provided.
MAPS POLICY GUIDELINES	Please complete, sign, and return to us.

AUTOBIOGRAPHY	See enclosed instructions.
FINANCIAL STATEMENT	Please submit a copy of last year's 1040 (only the 1040 is needed, additional tax forms are not necessary)
ACKNOWLEDGEMENT OF HEALTH CONSIDERATIONS AND RISKS	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.
ACKNOWLEDGEMENT OF FEES	Please sign and have NOTARIZED. Also needs signature of MAPS representative.
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 copied or faxed)
STATEMENT OF DISCIPLINE AND FIREARMS POSSESSION	Please complete the form and return to us.
CLIENT RIGHTS	Please review, sign, and return to us.
FAMILY NETWORKING CONTRACT	OPTIONAL. If you would like to make your contact information available to other clients who are interested in networking with one another, sign and return this form to us.
ELIGIBILITY CRITERIA/ PHYSICAL REQUIREMENTS	Please review, sign, and return to us.
MARRIAGE LICENSE	Please send a civil copy to us with other application materials. <u>Licenses issued by the church, temple or other religious institutions are not accepted.</u>
DIVORCE DECREE	If applicable, please send with other materials.
DEATH CERTIFICATE OF SPOUSE	If applicable, please send with other materials.
BIRTH CERTIFICATES	Please send us civil copies. Hospital provided certificates are not accepted.
ADOPTION PROGRAMS SERVICE AGREEMENT	Please sign and have NOTARIZED. Both applicants must initial each page. Social worker's signature need not be notarized.
ADOPTION PROGRAM COMMITMENT	Please complete and sign form when you have chosen an international program.
I-600A or I-800A INSTRUCTIONS	See enclosed instructions. You will need to send your completed application to us.
PHOTOGRAPHS	INTERNATIONAL ONLY: 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). These are in addition to the photos that you submit with your application.
DUTY OF DISCLOSURE	Please review, sign, and return to us



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:
Adoptive Parent #1 Cell Phone:	Adoptive Parent #2 Cell 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. 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

<p>53. Have you ever been convicted of a crime* in a court of law? 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:</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? Adoptive parent #1: Yes ___ No ___ Adoptive Parent #2: 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	
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 homestudy? 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: _____ Adoptive Parent #2 Signature: _____

Date: _____

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** ****



HOME STUDY SERVICE AGREEMENT

Acknowledgments

The parties to this Agreement acknowledge that MAPS, and is a licensed, non-profit, full-service, child placement agency in the State of **Vermont**. 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, hereafter referred to as “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 prospective adoptive parents about the child/children to be adopted. In addition, the home study agency is responsible for conducting post-placement supervision (including assisting Adoptive Parents with finalization/recognition/readoption), and advising Adoptive Parents regarding State of **Vermont** adoption requirements and procedures, and USCIS (United States Citizenship and Immigration Services) adoption requirements and procedures. MAPS does not discriminate on the basis of age, sex, race, or religion.

RESPONSIBILITIES OF MAPS AND ITS ASSOCIATES

Infrastructure

MAPS has developed the infrastructure necessary to provide Home Study-related services in Maine, Massachusetts, New Hampshire, and Vermont and complete adoptions across the country and across the world. The developmental expenses involved in such infrastructures are treated as part of the adoption costs.

Home Studies, Post-Placement Reports, and Finalization in the United States

MAPS home study and agency service fees pay for the cost of processing your application and the required supporting documentation. For families seeking to adopt through MAPS Domestic or Domestic Networking Programs, MAPS must conduct the home study and post-placement supervision. Fees associated with finalization in a United States court are the responsibility of the parents.

Timetable and Legal Process

From the time of application until the date of Home Study completion is generally two to four months, however time frames are largely governed by the promptness of Adoptive Parents’ submission of required paperwork. Specific time frames for placement of a child vary upon program chosen; Adoptive Parents should consult with their placing agency for guidance on time-frames. State regulations govern the required supervisory period before the Adoptive Parents can petition the court for finalization, and vary state to state. However, the minimum supervisory period is generally three to six months. Adoptive Parents should consult with their Social Worker for information regarding the state-required post placement supervision period. During that period MAPS will complete the number of visits and reports with the family required by the State. Upon completion of the post-placement supervisory period, MAPS will prepare agency documents required by the court. The Adoptive Parents are responsible for finalizing the adoption.

Home Study and Post Placement Fee Summary Estimate

MAPS’ home study fees covers the cost of processing your application and the required supporting documentation (see agency and program descriptions), the home study, adoption education class, and post-placement supervision. Please note this is not the total cost of the adoption. The total will depend on the program fee and the type of adoption you choose.

Home studies are valid for one year. If a placement has not occurred by then, an update will need to be added to your original home study. If a placement has not occurred by the time a second update is needed, a second update will need to be completed. Home studies must also be amended if there is a change in your family's residence or other significant items.

Immigration

Completion and payment of fees for the U.S. Citizenship and Immigration Services (USCIS) advance processing for an orphan visa (I-600A or I-800A) and the filing for the specific child (I-600 or I-800) are the responsibility of the Adoptive Parents.

Refund Policy

Fees payable to MAPS are non-refundable. Fees for Home Study related services are paid as you receive them, thus, there is little need for refunds. If a family withdraws for any reason, the fees they have paid to MAPS are non-refundable. 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 COSTS AND FEES PAYABLE TO MAPS ARE ESTIMATED AND, DUE TO THE NATURE OF ADOPTION, SUBJECT TO CHANGE WITHOUT NOTICE.

DISRUPTION/DISSOLUTION POLICY

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 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. The Adoptive Parents shall not receive a refund of foreign 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

Adoptive Parents may request that their case be placed in an inactive (hold) status, after the home study is complete and 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. An inactive status for a period not to exceed six (6) months will be observed. After that time, their case will be closed and this agreement terminated. Reactivation during the six-month period will be based on Adoptive Parent request and MAPS' determination that Home Study completion is likely to result within a reasonable amount of time.

Post-Placement Regulations

A minimum of three (3) post-placement reports and photos of the adopted child and family are required of the Adoptive Parents. The actual schedule of post-placement reports will be determined according to requirements of both the Adoptive Parent's state of residence and the domestic or foreign program of choice. In many cases, the foreign program also requires post-placement letters and anniversary letters from the Adoptive Parents. After a six (6) – twelve (12) month supervisory period, Adoptive Parents are required to re-adopt the child in their state of residence or receive court recognition of the foreign adoption.

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 Adoptive Parents child placement, approval to adopt, or any other aspect of the adoption process.

Other Agreements

MAPS will work diligently to connect Adoptive Parents with one of MAPS' own programs or a qualified networking agency. MAPS cannot guarantee another agency's abilities to perform. When a family agrees to accept a referral of a child from another source other than MAPS, the Adoptive 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 it's agents harmless from any and all claims, demands, or liability arising out of or relating to the adoption process.

In the event that a family finds their own agency or child for adoptive placement, or works with an independent facilitator, MAPS will not be responsible for or held liable for any act related to the adoption of that child.

MAPS will make every effort to introduce you to families who have preceded you in similar adoptions and would like to make you available, with your permission, to families adopting after you from similar programs.

Grievance Procedure

Adoptive Parents who wish to file a formal grievance may do so in writing, to the director of MAPS. The director will respond in writing within seven (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 within seven (7) business days. Failing resolution at the agency level, the Adoptive Parents may request a second appeal in writing to MAPS executive committee. This committee is comprised of members of the MAPS board of directors. The executive committee will respond within twenty-one (21) business days. All MAPS clients will receive a copy of the Grievance and Appeals Procedure at the onset of the application process.

Hold Harmless

The parties signing below acknowledge that MAPS' ability to complete any particular adoption on behalf of any Adoptive Parents is subject to political, governmental and administrative uncertainties outside the control of MAPS; such that the likelihood of placement with the Adoptive Parents cannot be guaranteed in any particular time frame. The parties also acknowledge that they are taking a risk in adopting a child. The agency and Adoptive Parents, therefore, release MAPS and its employees and agents from any liability due to the parties reliance on the good faith efforts of MAPS and its employees and agents.

Limitation of Liability

Adoptive Parents and 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 Adoptive Parents.

Terms

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, but MAPS reserves the right to cancel, revoke and/or nullify this agreement at any time.

Execution

By signing below, the parties to this Agreement acknowledge reading and discussing the conditions and terms of this Agreement in full and that they understand and accept the conditions or terms are part of this Agreement, except those specifically outlined above.

Adoptive Parent

Adoptive Parent

State of _____

County of _____

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

Notary Public

My Commission Expires

Signature of MAPS Representative

Title of MAPS Representative

Date Received by MAPS

10/2/07/7.22.08

Please return to: MAPS, 277 Congress Street, Portland ME 04101



AGENCY CONTRACT FOR HOME STUDY

Name _____

Name _____

Address _____

Telephone _____

I/We have read and fully understand the program and fees associated with a(n) _____ Adoption, and agree to pay MAPS the sum of \$ _____ for the following services:

Home Study Fees

Service	Fee	Due Date
Application	\$400	with application
Subsequent Application (returning MAPS family)	\$250	with application
Processing Fee	\$500	when social worker is assigned
Adopt Ed	\$200 single \$300 couple	when social worker is assigned
Home Study	\$2,000	before home study is released
Subsequent Home Study (returning MAPS families)	\$1,500	when social worker is assigned
Abbreviated home study (required by some countries)	\$100	before home study is released
Annual/CIS Update	\$150	when update begins
Home Study Addendum	\$150	when addendum begins
Post Placement Supervision	\$300/report	upon acceptance of child referral
TOTAL FEE	\$	

All MAPS Adoption Programs (Domestic and International) have specific fees relative to each program; please refer to MAPS program-specific Info Packets for detailed information.

Adoptive Parent

Adoptive Parent

Agency Representative

Date

Please return to: MAPS, 277 Congress Street, Portland ME 04101



LETTER OF REFERENCE

Name of Applicant(s) _____ Date _____

You have been asked to write a letter of reference on behalf of the above named applicant(s) who is/are planning an adoption.

We are required by the State of Vermont and many of the children’s countries of origin to have specific information about the adoptive family. We would like you to include in your letter information on the following topics:

1. How long have you known the applicant(s) and in what capacity?
2. Applicant(s)’ level of responsibility.
3. Applicant(s)’ ability to listen.
4. How do the applicant(s) handle change?
5. Do you think the applicant(s) would make good parents and if so, why?
6. How do you think the applicant(s) will handle the difficulties that will arise in parenting an ethnically or culturally different child? Please comment on any biases you may have observed, if applicable.
7. How do you think the applicant(s) will handle a child with special needs, either emotional or physical? Please be specific.
8. What is your opinion about the capacity of the applicant(s)’ community to incorporate and provide for a child of a different ethnic background or who has special needs in its many systems such as school, church, recreation, etc.
9. How do the applicant(s) handle conflict? Please give examples.
10. How do the applicant(s) handle anger? Where possible, give examples.
11. Please make any other comments you feel would be important for our agency to know.

We would appreciate if you would respond in a narrative form, and please include the name of the applicant(s) on the top of your letter. Please include your name, address, and the date of your letter at the end of your letter. Please sign.

FOR ADOPTIONS FROM INDIA: Please provide three notarized copies of your letter of reference.

FOR INTERNATIONAL ADOPTIONS, please have your letter notarized (signature, but not notarization, is required for domestic adoptions). The following language is suggested for the purposes of a Notary signature

NOTE: the Notary must appear on the actual letter under the signature of the author, not on this form.

State of _____, 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 he/she/they signed it voluntarily for its stated purpose.

Notary Public
My commission expires: _____

PLEASE NOTE THAT WE CAN NO LONGER GUARANTEE CONFIDENTIALITY EVEN THOUGH WE ASK YOU TO RETURN THIS FORM DIRECTLY TO THE MAPS OFFICE. THANK YOU.

Please return to: MAPS, 277 Congress Street, Portland ME 04101



LETTER OF REFERENCE

Name of Applicant(s) _____ Date _____

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5. Do you think the applicant(s) would make good parents and if so, why?
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State of _____, 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 he/she/they signed it voluntarily for its stated purpose.

Notary Public
My commission expires: _____

PLEASE NOTE THAT WE CAN NO LONGER GUARANTEE CONFIDENTIALITY EVEN THOUGH WE ASK YOU TO RETURN THIS FORM DIRECTLY TO THE MAPS OFFICE. THANK YOU.

Please return to: MAPS, 277 Congress Street, Portland ME 04101

11.06.07



LETTER OF REFERENCE

Name of Applicant(s) _____ Date _____

You have been asked to write a letter of reference on behalf of the above named applicant(s) who is/are planning an adoption.

We are required by the State of Vermont and many of the children’s countries of origin to have specific information about the adoptive family. We would like you to include in your letter information on the following topics:

- 12. How long have you known the applicant(s) and in what capacity?
- 13. Applicant(s)’ level of responsibility.
- 14. Applicant(s)’ ability to listen.
- 15. How do the applicant(s) handle change?
- 16. Do you think the applicant(s) would make good parents and if so, why?
- 17. How do you think the applicant(s) will handle the difficulties that will arise in parenting an ethnically or culturally different child? Please comment on any biases you may have observed, if applicable.
- 18. How do you think the applicant(s) will handle a child with special needs, either emotional or physical? Please be specific.
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- 21. How do the applicant(s) handle anger? Where possible, give examples.
- 22. Please make any other comments you feel would be important for our agency to know.

We would appreciate if you would respond in a narrative form, and please include the name of the applicant(s) on the top of your letter. Please include your name, address, and the date of your letter at the end of your letter. Please sign.

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State of _____, 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 he/she/they signed it voluntarily for its stated purpose.

Notary Public
My commission expires: _____

PLEASE NOTE THAT WE CAN NO LONGER GUARANTEE CONFIDENTIALITY EVEN THOUGH WE ASK YOU TO RETURN THIS FORM DIRECTLY TO THE MAPS OFFICE. THANK YOU.

Please return to: MAPS, 277 Congress Street, Portland ME 04101



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.

Parents Initial Here _____

- 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.
- 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



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

Please return to: MAPS, 277 Congress Street, Portland ME 04101



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 assistance.

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.



INSTRUCTIONS FOR MEDICAL DOCUMENTS

(Please read this carefully and look at your medical forms before visiting your physician)

The home study office requires that your physician complete and notarize the **Medical Report on Adoptive Applicants**. Please return one form per applicant to MAPS for your home study.

Because countries may limit the age of medical reports to 3-6 months and country specific dossier requirements may vary, you will receive specific medical instructions and/or new or additional forms after acceptance into the foreign program. Please be advised that you may have to submit updated medical forms for the dossier to keep them current. We recommend that you advise your physician that you may need to update medical forms throughout the adoption process.

The following programs require separate medical forms, which should be obtained from the Portland, ME office after you have chosen a country.

FOR INDIA AND NEPAL: Two (2) copies of a medical certificate with a statement of infertility and two (2) copies of a medical certificate without an infertility statement. Each applicant should select the appropriate form (if infertility applies, it is advantageous to acknowledge it.)

In addition to the **Medical Report on Adoptive Applicants**, each applicant should bring the appropriate version of the medical certificate form for India/Nepal to your physician. The medical certificate should be signed by the adoptive parent and notarized, and then signed by the doctor and notarized. The same notary should be used for both parent and doctor signature.

Submit the **Medical Report for Adoptive Applicants** with your home study application materials to MAPS. Please retain the medical certificate for your India/Nepal dossier. After notarization it will need to be authenticated by the Secretary of State and stamped by the Indian Consulate with jurisdiction over your state of residence.

FOR CHINA: Each applicant to the China program will receive three (3) copies of the form: **General Physical Examination for Adoption Applicants**. Bring all three to your physical examinations. Be sure that the physician's signature is notarized. Please submit one of the forms with your application materials to MAPS and retain the other two original medical forms for your China dossier. These two forms must be authenticated by the Secretary of State and stamped by the Chinese consulate with jurisdiction over your state of residence. Please keep in mind that the date of the physical exam must be within six (6) months of dossier submission to the CCAA (Beijing Center).

FOR KAZAKHSTAN: In addition to the **Medical Report on Adoptive Applicants** required for the home study, each applicant will need to complete two (2) original, notarized **Medical Certificates** for Kazakhstan. These forms can be used in your Kazakhstan dossier for up to one year from the date of exam, so you may complete these during the home study. Please contact the MAPS Portland office for copies of the **Medical Certificate** for Kazakhstan.



MAPS MEDICAL REPORT ON ADOPTIVE APPLICANTS

Name _____ Age _____ Height _____ Weight _____

MEDICAL HISTORY

Serious illness, accident, or operation in the past 5 years? Yes _____ No _____
If yes, please describe:

PHYSICAL EXAMINATION

Eyes _____ Gums _____ Extremities _____ Pulse _____
Ears _____ Lungs _____ Endocrine _____ Teeth _____
Nose _____ Heart _____ Blood Pressure _____ Pelvis _____
Throat _____ Abdomen _____ Nervous System _____

Please indicate if patient has any of the following conditions:

Blindness _____ Deafness _____ Paralysis _____
Schizophrenia _____ Depression _____ Psychopathology _____
Alcoholism _____ Bipolar _____ Venereal Diseases _____
Toxic Substances _____ Drug Addiction _____ Hepatitis B _____
Active TB _____ Other Infectious Diseases _____

If yes to any, please attach summary of condition, treatment, and prognosis.

IMPRESSION OF GOOD HEALTH

Was any recommendation for medical care made to the patient? _____
If yes, explain briefly:

Is the patient well balanced emotionally? _____
If not, state the nature of the problem:

Does the patient have a normal life expectancy? _____
If not, state nature of the illness:

Does this patient have an infertility problem, including "undiagnosed" infertility? _____yes _____no
If yes, please explain:

Has doctor seen this patient before? _____ Does doctor know patient personally? _____
Any comments regarding relationship? _____

Date of Exam _____ Signed _____

Date of Signature _____ Name (Print) _____

Address _____

Notarization Required for International:

Sworn and subscribed before me on this _____ day of _____, 20 _____

Place
Seal
Here

Notary Public
My commission expires: _____



MAPS MEDICAL REPORT ON ADOPTIVE APPLICANTS

Name _____ Age _____ Height _____ Weight _____

MEDICAL HISTORY

Serious illness, accident, or operation in the past 5 years? Yes _____ No _____
If yes, please describe:

PHYSICAL EXAMINATION

Eyes _____ Gums _____ Extremities _____ Pulse _____
Ears _____ Lungs _____ Endocrine _____ Teeth _____
Nose _____ Heart _____ Blood Pressure _____ Pelvis _____
Throat _____ Abdomen _____ Nervous System _____

Please indicate if patient has any of the following conditions:

Blindness _____ Deafness _____ Paralysis _____
Schizophrenia _____ Depression _____ Psychopathology _____
Alcoholism _____ Bipolar _____ Venereal Diseases _____
Toxic Substances _____ Drug Addiction _____ Hepatitis B _____
Active TB _____ Other Infectious Diseases _____

If yes to any, please attach summary of condition, treatment, and prognosis.

IMPRESSION OF GOOD HEALTH

Was any recommendation for medical care made to the patient? _____
If yes, explain briefly:

Is the patient well balanced emotionally? _____
If not, state the nature of the problem:

Does the patient have a normal life expectancy? _____
If not, state nature of the illness:

Does this patient have an infertility problem, including "undiagnosed" infertility? _____yes _____no
If yes, please explain:

Has doctor seen this patient before? _____ Does doctor know patient personally? _____
Any comments regarding relationship? _____

Date of Exam _____ Signed _____

Date of Signature _____ Name (Print) _____

Address _____

Notarization Required for International:

Sworn and subscribed before me on this _____ day of _____, 20_____

Place
Seal
Here

Notary Public
My commission expires: _____

Please return this form to the MAPS office as soon as possible. Thank you!
MAPS, 277 Congress Street, Portland ME 04101



AUTOBIOGRAPHY GUIDE

As part of the home study process, we request that you use the following guide in writing a brief autobiography. The purpose of writing an autobiography is for you to begin the self-assessment process. There are no "right" or "wrong" answers. The information that you provide gives the Agency a starting point in discussing adoption with you. Some of the material from your autobiography may be used in your home study report.

BACKGROUND

- Where and when were you born?
- Describe your parents, siblings, and home.
- Who in your family did you feel closest to? Why?
- Were there any significant childhood events that have stuck in your mind?
- How were major issues such as money, discipline and sex education handled?
- What were the important values in your family and how were these transmitted to you?
- In what ways do you want your parenting style to be similar or different from your parent(s)?
- Describe the racial/cultural composition of your hometown. Have you had much contact with people from other ethnic/racial backgrounds?
- Describe yourself and your feeling about school-favorite subjects, friends, rewarding and disappointing relationships, most and least enjoyable aspects of your education.
- Did you continue your education after high school? Name of college? Graduate School? What degree(s) did you earn?
- Describe your areas of special interest outside of school.
- Describe your experiences with dating.
- Where have you worked and what do you feel you've learned from your various employment opportunities?

PRESENT

- Do you have a passport? What are the passport numbers?
- Describe yourself physically (height, build, hair and eye color) and emotionally.
- What do you consider to be your strengths, weaknesses and current goals?
- What or who has been the strongest influence in your life?
- What has been your greatest personal achievement and disappointment?
- How do you cope with life's difficulties and disappointments?
- What are your leisure activities and interests?
- What is your present job or major activity?
- Who is your employer?
- Describe your position and duties, special training or education that was required, and how you arrived at your current position.
- How do you feel about your work? How has it been both satisfying and challenging?
- What are your future career goals?

FAMILY LIFESTYLE/MARRIAGE (Couples can write together)

- Have you been married prior to your current relationship? If so, were there any children born of the above stated marriage? Do you pay child support? Who has custody?
- What are the reasons that you feel that marriage was unsuccessful? What led to the divorce?
- Describe how you met your current spouse. What attracted you to one another? How was the decision to marry made?
- Describe your wedding. Where and when did it take place? Include your marriage license number.
- What do you consider to be your marital strengths and weaknesses, goals, priorities, favorite activities and areas of disagreement?
- How has your relationship evolved over time?
- Include a description of your respective spouse.

- How are problems resolved?
- How does your present marriage differ from any past marriage or relationship that you have had?
- If single, describe role models and support systems.

CHILDREN OR OTHERS IN THE HOME (Couples can write together)

- Name, age, date and place of birth of your child(ren). Biological or adopted?
- Describe your child's appearance and personality. What are their interests?
- What do you see as your strengths and weaknesses of parenting?
- How might your child interact with a new sibling?
- Does anyone other than you and your children reside in your home? If yes, describe the individual and their relationship to you.

PARENTING EXPECTATIONS AND CHILDCARE PLANS

- Describe your experiences with children.
- What difficulties and pleasures do you anticipate in parenting?
- What is your philosophy of child rearing? Comment on your attitudes towards discipline and punishment.
- What sort of support systems do you have in place once your child(ren) arrive?
- Are you open to counseling to learn how to parent, or better parent, your child(ren)?
- Have you begun to think about a child care plan once the child(ren) arrive? Will you be staying home or seeking outside care?
- If open to special needs, how have you begun to prepare yourselves for caring for such a child?

EXTENDED FAMILY

- Describe your relationship with your extended family.
- What is their attitude towards adoption? Are there any other adopted members of your extended family?
- What was the reaction of your parents, relative and friends when you told them you had decided to adopt?

HOME AND COMMUNITY (Couples can write together)

- Describe your home, surroundings and community. Include the size and number of rooms and bedrooms, size of the property and yard for play area.
- Do you own or rent? If you own, when did you purchase the property? What is its current value? If you rent, what are your monthly payments?
- Describe your neighborhood, the town as a whole and facilities. How diverse is it?
- If adopting an international child, do you feel the child(ren) will be accepted into this community?

RELIGIOUS BACKGROUND

- In what faith were you born and raised?
- What are your current religious practices and beliefs? If they have changed from your upbringing, what do you feel brought about this change and how do you feel it has enhanced your life.
- How do you feel that your chosen religion affects your lifestyle and how will it affect child rearing?
- What are your plans for your child(ren)'s religious upbringing?

FINANCIAL (Couples can write together)

- What is your gross income? Debts? Savings? Retirement? Monthly expenses: utilities, food travel, etc.?
- How will you finance this adoption?
- Do you presently have a medical/dental insurance plan? Which one? When will coverage begin for an adopted child? Will it cover preexisting conditions?

CHILD PREFERENCE (Couples can write together)

- What characteristics would you ideally like your child to possess in terms of nationality, race, health, or other background?
- How much flexibility do you possess in these areas?
- Are you interested in being considered for more than one child? Special needs?

MOTIVATION TO ADOPT (Couples can write together)

- What are your medical reasons, if any, that led you to adoption? What are your feelings about infertility? (If applicable)
- Excluding infertility, what other factors have motivated you to consider adoption?
- What can you offer a child and what do you expect from a child?
- How do you feel about your child looking different from you?

GUARDIANSHIP

- Have you thought about who you would like to be named as your child(ren)'s guardian should something happen to you (and your spouse, if applicable)?

FEELINGS REGARDING ADOPTION AND BIRTHPARENTS (Couples can write together)

- How do you think you will feel about your child(ren)'s birthparents?
- How do you plan on telling your child(ren) about his/her/their adoption? What issues do you expect might arise?
- How do you feel about the idea of your child(ren) wanting to search for his/her/their birth parents?
- Would you be willing to meet your child(ren)'s birthparents? Why or why not?
- How open are you regarding meeting, pictures and letters, ongoing and direct contact with them?



**INTERNATIONAL ADOPTION PROGRAM
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

2/15/07/11.06.07

Please return to: MAPS, 277 Congress Street, Portland ME 04101



ASSIGNMENT OF GUARDIANSHIP

I/We, _____, the undersigned, do declare that in the 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

Signature(s) of Assigned Guardian(s) _____



STATEMENT OF 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 communications, 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 _____

Please return to: MAPS, 277 Congress Street, Portland ME 04101



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

Please return to: MAPS, 277 Congress Street, Portland ME 04101



MAPS FAMILY CONTACT RELEASE

Date _____

By signing the below contract I/we, _____, acknowledge that I/we am/are voluntarily allowing MAPS to make my/our name(s), address, and telephone numbers available to other clients who are interested in contacting one another to network. I/We am/are signing this of my/our own free will and welcome the opportunity for sharing information that such a signing will hopefully present.

Adoptive Parent

Adoptive Parent

Witness

Date

Please return to: MAPS, 277 Congress Street, Portland ME 04101



ELIGIBILITY CRITERIA FOR ADOPTIVE PARENTS

- o A settled conviction on the part of each member of the prospective adoptive family that they wish to adopt.
- o The applicant must have established a stable lifestyle with adequate support systems for a minimum of two years.
- o Physical health shall be sufficiently good so that the adoptive parents can meet the needs of the child to be placed.
- o Good mental and physical health.
- o The applicants must have sufficient income to support the existing family and the child they wish to adopt. Subsidies will be explained and applied for when a child has special needs.
- o There shall be sufficient space in the home for a child.
- o The applicants must be at least 25 years of age.
- o In general, the applicants must be no more than 45 years older than the child they wish to adopt, except in the case of a special needs child. Other exceptions may be made by the Executive Director on a case-by-case basis.
- o The applicants must be residents of the state of Vermont or, in the case of an international Adoption or a birth mother choosing a family from out-of-state, the family may reside outside the state but have a licensed agency in their state supervise the adoption.
- o If an applicant is not approved as an adoptive parent, he/she will be provided the criteria for not being approved to adopt a child, as well as the availability of the grievance and appeal procedures.

PHYSICAL REQUIREMENTS FOR ADOPTIVE HOMES

- o The adoptive family home shall be clean, safe, and free from obvious fire and other hazards.
- o The adoptive home shall be equipped with working smoke detectors.
- o The adoptive family home shall be of sufficient size to comfortably accommodate all members of the household.
- o The adoptive family home shall have sufficient furniture to allow each child to sleep in a separate bed and to have adequate storage space for the child’s personal belongings.
- o If the adoptive family home uses well water, it shall be tested and safe, and a report of the test furnished to the licensee.

Adoptive Parent

Date

Adoptive Parent

Date

MAPS Agency Representative & Title

Date



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 international 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

Please return to: MAPS, 277 Congress Street, Portland ME 04101



ADOPTION PROGRAM COMMITMENT

I/We, _____ have chosen _____ as the program through which I/we would like to adopt. Please note this in your files and notify the appropriate Program Coordinators of the decision.

Adoptive Parent

Date

Adoptive Parent

Date

MAPS Agency Representative

Date

Please return to: MAPS, 277 Congress Street, Portland ME 04101



1-600A and I-800A FORMS – FOR INTERNATIONAL ADOPTIONS ONLY

The I-600A and I-800A are applications for advanced processing of an orphan petition, which will enable you to obtain a visa and immigrate your child. For petitioners filing April 1, 2008 or later, the I-800A is required for Hague countries.

You can obtain the required form and instructions online at: <http://uscis.gov/graphics/formsfee/forms> or through your local USCIS office. The process for filing differs from state to state, so check with your USCIS office and your home study agency for guidance. Please consult with your home study agency regarding when you should file this form. If you have a current, approved home study, this form may be filed immediately.

If only one of you will be traveling to get your child, that person should be the petitioner throughout. (Please note that some countries require both parents to travel.) If only one parent is a U.S. citizen, that person should be the petitioner (please note that some countries require both parents to be U.S. citizens).

Finally, both parents should sign and date the form, send the completed form to the MAPS Portland office, and retain a completed copy for your files.

The form and other required documents will be submitted to USCIS accompanied by your bank check or money order (not a personal check) for \$670, plus \$80 for each member of the household over the age of 18 (to cover fingerprints for the FBI records check), for example for a couple, with no other adults in the home, the total cost of filing would be \$830. These fees should all be included in one bank check or money order, which should be made out to "Department of Homeland Security."

Please note that these are general guidelines for the I-600A and I-800A forms and may not apply to your specific circumstances, or case.
9/10/07/4.4.08



USCIS EMBASSY LISTINGS

COUNTRY

LOCATION

China

Guangzhou, China

India

Call the office for details

Kazakhstan

Almaty, Kazakhstan

Nepal

Call the office for details

Peru

Lima, Peru

Russia

Moscow, Russia



**DOMESTIC ADOPTION PROGRAM
ACKNOWLEDGEMENT OF HEALTH CONSIDERATIONS AND RISKS**

Applicant's Name(s): _____

Desired Domestic Program:

___ Domestic Program(s) ___ Domestic Networking ___ Both

Racial Background you would consider: (pls. check those that apply)

___ Caucasian ___ Caucasian/Hispanic ___ Hispanic
 ___ Hispanic/African American ___ Caucasian/Asian ___ Asian/African American
 ___ Caucasian/African American ___ African American

I/We have researched the medical and social risk factors that may be associated in adopting domestically. I/We understand that this list is intended as a tool to help educate us about the potential health risks and considerations that may exist in a birthparent's health history, or as a result of lack of health history. In addition, I/we understand that MAPS strongly recommends that we discuss medical and social risk factors with a physician and our Social Worker.

<u>Birthparent Background</u>	Can Accept	Cannot Accept	Willing to Discuss
Recreational alcohol use in first trimester (estimated 2-3 drinks per week)	_____	_____	_____
Recreational alcohol use throughout pregnancy	_____	_____	_____
Serious alcohol use in first trimester (more than 2-3 drinks per week)	_____	_____	_____
Serious alcohol use throughout pregnancy	_____	_____	_____
Recreational drug use in first trimester (use of Marijuana estimated 2-3 times per week)	_____	_____	_____
Recreational drug use throughout pregnancy	_____	_____	_____
Serious drug use in first trimester (use of drugs other than marijuana most days of the week; includes methadone, cocaine and other opiate)	_____	_____	_____
Serious drug use throughout pregnancy	_____	_____	_____
Smoking in first trimester	_____	_____	_____
Smoking throughout pregnancy	_____	_____	_____
Use of prescription medication for mental health Diagnosis	_____	_____	_____
Minor level mental illness in birth family background (depression, anxiety, ADHD, etc)	_____	_____	_____
	Can Accept	Cannot Accept	Willing to

Birthparent Background

More serious forms of mental illness with a stronger genetic link (Schizophrenia, Bipolar Disorder, Personality Disorders, etc) _____

Mental retardation in birth family background _____

Physical Illness of birthmother or birthfather (i.e., diabetes, epilepsy _____) _____

S.T.D. (i.e., syphilis, herpes, etc.) _____

Unknown birthfather _____

Conception resulting from incest _____

Conception resulting from rape _____

_____ Initials _____ Initials

Degree of Openness:

MAPS expects adoptive parents, who adopt directly through our agency or other networking agency to provide updates about their child for the birth parents at certain intervals throughout the child’s life. We also expect adoptive parents to be open to at least one or two meetings with the birth parents before the birth of the baby. If networking, then we expect that you will be open to a telephone conversation. Some birth parents and/or some adoptive parents may be interested in more openness in their adoption. That may occur with meetings after placement with openness ranging from no exchange of identifying information to a full exchange of identifying information between the parties, with other possibilities in between. You will be matched with birth parents who desire similar degrees of openness, but like any relationship this may change as you get to know one another. MAPS is always here to guide you.

Please describe your thoughts about openness in your adoption:

Adoptive Parent

Adoptive Parent

Date

Notary Public Signature

Commission Expiration

Social Worker’s Signature

Date

FBI CLEARANCES (2 per parent)

Two originals of each parent's FBI clearance are needed. In order to obtain your FBI fingerprint cards, go to <http://www.fbi.gov/hq/cjisd/pdf/fpcardb.pdf>. Fill out the cards completely and go to your local police station to be fingerprinted. Each parent needs to fill out the cards entirely and state that the prints are being requested for adoption reasons. You will then need to send your prints off to be processed. With the fingerprint cards include a certified check or Money Order for \$18 per person per card made out to "Treasury of US". You should include a letter** that states you are adopting domestically and that you would like these to be processed as quickly as possible. Both parents must sign the letter. (See sample letter.) Please mark in red on the exterior of the envelope "Domestic Adoption - Please Expedite". You should expect a 2-4 week turnaround time. All of the above should be sent to:

FBI
CJIS Division
1000 Custer Hollow Road
Clarksburg, WV 26306
304-625-2000

Once you have confirmed the package has been delivered, it would be a good idea to email the supervisor who processes your prints and alert them to the package. You should send an email to: do@leo.gov. In the email you should state the date the package was delivered, the tracking number used, and the courier that you sent it by (FedEx, DHL, etc.) You should also explain that you are sending them in for domestic adoption purposes and that you request expedited handling. Because the FBI receives such a volume of these to process, this may help flag yours and move them along.

There is a good chance that you may need to re-do these FBI clearances a second time, since the validity of these FBI clearances may be limited depending upon the court where your adoption is finalized. When you go initially to the police department to be fingerprinted, you may want to have a couple of extra sets of fingerprints taken (per person) at that time. If you do not put a date on these now, you will have these ready to send to the FBI if and when new ones are needed at the time of your adoption, and save yourself a trip to the police station at that point.

**Please note that the FBI will no longer disclose any information to MAPS about the status of your fingerprints prints unless you authorize them to do so in your letter to them. Please make sure that you give permission for your Domestic Program Coordinator, Beth Gustafson, to call on your behalf and receive any information about your prints, should it be necessary for us to assist in that way.

Your name
Your address

September XX, 2007

FBI
CJIS Division
1000 Custer Hollow Road
Clarksburg, WV 26306

To Whom It May Concern:

We are submitting our fingerprint cards so that we can be approved for domestic adoption. **We are adopting a child domestically and need to have the results back as soon as possible.**

Enclosed, please find 2 fingerprint cards per person and a certified check made out to "The Treasury of the United States" for \$18 per card. Please return the processed cards to:

MAPS
Attn: Carol Thebarge
277 Congress Street
Portland, ME 04101

If you have any questions at all, please don't hesitate to contact me at work, phone: (555) 555-5555 or at home, phone: (555) 555-5555.

You can also contact our adoption agency at 207-775-4101. We give permission for Carol Thebarge and our Domestic Program Coordinator, Beth Gustafson, to call on our behalf and receive any information about our prints.

Thank you very much for expediting this process for us.

Sincerely,

(Signature)

John Smith

(Signature)

Mary Smith [Both parents **and anyone else in the household submitting a fingerprint card** must sign the letter in order for each individual's cards to be processed.]

Specific provisions for HAGUE COUNTRY ADOPTIONS

Prospective Adoptive Applicants seeking to adopt from a Hague Convention Country, are required to work with a Hague accredited placement agency. For a listing of Hague Convention Partner countries that U.S. Citizens may adopt from, please go to the following U.S. Department of State webpage:
http://www.travel.state.gov/family/adoption/convention/convention_4197.html

In order to immigrate a child to the U.S. from one of these countries, you must file an I-800A (Application for Determination of Suitability to Adopt a Child from a Convention Country) with U.S. Citizenship and Immigration Services (USCIS).

One requirement of this form is child abuse registry checks for every state and country in which each adult member of the household has resided (resided is defined as having had a mailing address in) since the age of 18. Since there is no clearing house of available child abuse registries around the world, this presents myriad challenges. In order to best assist you in this process, please list the adult household members and all states and countries (other than current place of residence) in which they have resided since age 18.

1. Name: _____

States: _____

Countries: _____

2. Name: _____

States: _____

Countries: _____

3. Name: _____

States: _____

Countries: _____

~Please use additional sheets of paper as necessary.

There can be variation in who must request a child abuse clearance and how. For information on how to obtain available *state* clearances:

<http://ccl.dss.cahwnet.gov/Res/word/AWStateContacts.doc>

Please request clearance, if allowed by the state, and submit or have forwarded to MAPS. *If MAPS is required* to make the request, please supply us with the necessary release or registry-specific form and the applicable fee, in appropriate payment method, as required by the state.

If an adult member of your household resided in one or more other countries since their 18th birthday, you will need to determine whether the country has a child abuse registry. Some countries may not; however, in order to satisfy the requirement of USCIS, all steps taken to locate a child abuse registry ***must be documented***. Here are some suggestions to help you:

1. Contact the U.S. Embassy in the country and ask if they know of or can definitively state that the country does not have a child abuse registry. (Ask for the response in writing.) For a listing of U.S. Embassies/Consulates: <http://www.usembassy.gov>
2. Contact the Country's Embassy or Consulate located here in the U.S. and make the same request; ask for the response in writing.
3. Contact the Country's Central Authority with the same request; ask for the response in writing. To obtain Central Authority information:
http://www.travel.state.gov/family/adoption/country/country_369.html

If you have located the country's child abuse registry, please request the clearance, if allowed by the source, and submit or have forwarded to MAPS. *If MAPS is required* to make the request, please supply us with the necessary release or registry-specific form and the applicable fee, in appropriate payment method, as required by the country

For specific questions related to the I-800A: The National Benefits Center—Hague Adoption Unit U.S. Citizenship & Immigration Services: (877) 424-8374; email: NBCHague@DHS.gov



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: _____

7.22.08



Duty of Disclosure

Under 8CFR Part 204.311(d), you, your spouse, and any additional adult members of the household, each has a duty of candor in completing the Home Study and immigration process. This duty requires you, your spouse, and any member of your household over the age of 18 to:

1. Give true and complete information to the home study preparer;
2. Disclose any arrest, conviction, or other adverse criminal history, whether in the United States or abroad, even if the record of the arrest, conviction or other adverse criminal history has been expunged, sealed, pardoned, or the subject of any other amelioration;
3. Disclose other relevant information, such as physical, mental or emotional health issues, or behavioral issues;
4. Disclose any history of substance abuse, sexual abuse or child abuse, and/or family violence as an offender;
5. Notify the Home Study preparer and USCIS of any new event or information that might warrant submission of an amended or updated Home Study.

With respect to child abuse or neglect, this duty of disclosure requires the disclosure of any currently pending investigation by any child welfare agency, court, or other official authority in any State or foreign country concerning the abuse or neglect of any child, as well as past investigation *other than* an investigation that has been completed and formally closed based on a finding that the allegation of abuse or neglect was unfounded or unsubstantiated.

This duty of candor is an ongoing duty, and continues while any immigration paperwork is pending (including I-600A/I-800A, I-600/I-800, and until there is a final decision admitting the child to the United States with a visa) and until the child is physically placed in your home.

WARNING:

Under 8 CFR Part 204.309(a), this application will be denied if you, your spouse, or any adult member of the household:

- a. Fail to disclose to the Home Study preparer or to USCIS, or conceal or misrepresent, any facts(s) about any arrest, conviction, or history of substance abuse, sexual abuse, child abuse, and/or family violence, or any other criminal history as an offender. **The fact that an arrest or conviction or other criminal history has been expunged, sealed, pardoned, or the subject of any other amelioration does not relieve the applicant, spouse, or additional adult member of the household of the obligation to disclose the arrest, conviction, or other criminal history;**
- b. Fail to cooperate in having available child abuse registries checked in accordance with 8CFR Part 204.311.

My signature below indicates my understanding of and agreement to cooperate with this policy.

Adoptive Parent

Adoptive Parent

Date

9.19.08

Please return to: MAPS, 277 Congress Street, Portland ME 04101

- DCF Worker _____
- Child-Placing Agency _____

**RECORDS CHECK RELEASE FORM
FOR ADOPTIVE APPLICANTS**

Each adoptive applicant must complete a separate form, which authorizes the department or agency to complete a background check as follows:

- Vermont Child Abuse Registry
- Vermont Adult Abuse Registry
- Vermont Negative Homestudy Database
- Vermont Case Access System
- Vermont Office of Child Support
- Vermont Motor Vehicle Violations
- Criminal records check from the FBI and/or all other states in which you have resided or been employed since your 18th birthday.
- Other databases as allowed by law.

Please provide all requested information and print clearly to avoid having this form returned. Your signature is required. No other person may sign for you.

Last Name, First Name, and Middle Initial	
Date Of Birth	Place Of Birth
Social Security #	Home Phone Number
Any Maiden or Previous Names	
Other States Where You Have Lived Or Worked Since Your 18 th Birthday	
Signature	

Please Note: the accuracy or completeness of the results of a criminal records check may be appealed to the Vermont Crime Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671.

- DCF Worker _____
- Child-Placing Agency _____

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FOR ADOPTIVE APPLICANTS**

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- Vermont Motor Vehicle Violations
- Criminal records check from the FBI and/or all other states in which you have resided or been employed since your 18th birthday.
- Other databases as allowed by law.

Please provide all requested information and print clearly to avoid having this form returned. Your signature is required. No other person may sign for you.

Last Name, First Name, and Middle Initial	
Date Of Birth	Place Of Birth
Social Security #	Home Phone Number
Any Maiden or Previous Names	
Other States Where You Have Lived Or Worked Since Your 18 th Birthday	
Signature	

Please Note: the accuracy or completeness of the results of a criminal records check may be appealed to the Vermont Crime Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671.



VERMONT CRIMINAL INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE

APPLICANT: You must bring this certificate with you to your fingerprinting appointment. Identification Center staff ***WILL NOT submit your fingerprints to VCIC for processing without this form.***

Agency Code: **00003DCF**

REASON FINGERPRINTED:

Adoption Education NCPA-Employment NCPA-Volunteer Secretary of State

NAME: _____
Last First Middle

ALIAS: _____

DOB: _____ SSN: _____

POB: _____
Town State Country

TELEPHONE NUMBER: _____

In addition to Vermont I have resided or been employed in the following states: (If applicable, circle appropriate states)

CO HI IL MA MS MT NB NH RI UT WA WY

Applicant Signature: _____

REQUESTING AGENCY:

I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: _____

Date: _____

ADOPTION EDUCATION THROUGH MAPS



Adoption education is a vital part of the adoption process. Each adult in the home is required to complete a minimum of ten hours of adoption education as part of the home study. MAPS offers classes that cover seven or eight of the ten hours. In these classes, we help you prepare for the challenges and rewards that are unique to adoptive parenting, understand your baby or child's needs, connect with other waiting families, and get answers to your questions about raising an adopted child. See the back of this page for suggestions about completing the final two or three hours. You can choose the class that best fits your schedule and may attend class in any location, regardless of the state you live in.

Domestic class: Families adopting through our domestic programs must attend this class. Learn about the process, meet birthparents and an adoptive family, and connect with other families who are adopting domestically. This class is taught by a MAPS social worker and requires a minimum of four families.

International class: Families adopting through our international programs (regardless of country) must attend this class. Learn about process and challenges, hear from a family who has "been there" and connect with other waiting families. This class is taught by a MAPS social worker and requires a minimum of four families.

Date	Location	Class
November 15, 2008, 8:00-5:00*	Natick MA	International
December 13, 2008, 8:00-5:00*	Portland ME	Domestic
January 10, 2009, 9:00-5:00	Portsmouth NH	International
February 7, 2009, 8:00-5:00	Natick MA	Domestic
March 14, 2009, 8:00-5:00	Portland ME	International
April 4, 2009, 9:00-5:00	Portsmouth NH	Domestic
May 16, 2009, 8:00-5:00	Natick MA	International
June 6, 2009, 8:00-5:00	Portland ME	Domestic
July 18, 2009, 9:00-5:00	Portsmouth NH	International
August 15, 2009, 8:00-5:00	Natick MA	Domestic
September 12, 2009, 8:00-5:00	Portland ME	International
October 17, 2009, 9:00-5:00	Portsmouth NH	Domestic
November 14, 2009, 8:00-5:00*	Natick MA	International
December 19, 2009, 8:00-5:00 *	Portland ME	Domestic

*We recognize that the holidays are a busy time, and Nov. & Dec. classes will be held if enough people register.

To sign up for any class, please RSVP to Lauren Capraro-Gentuso at (617) 267-2222 or laurenc@mapsadopt.org at least one week in advance. Please see back of this page for directions.

ADOPTION EDUCATION REQUIREMENTS

Because the Adoption Education class that MAPS offers only fulfills seven or eight of the 10 hours of required training, you will need to supplement this class with an additional two to three hours. In order for your additional hours to qualify, the training you attend must be documented. There are many ways in which to meet the additional two hours. Here are a few suggestions:

MAPS info meetings: If you attended an information session about adoption prior to beginning your home study, this time will count. Please let us know where you attended a meeting and we will gather the documentation.

Lectures, discussions, presentations: If you attend something in this category, as long as it is related in some way to adoption, it should qualify. (Please check with MAPS in advance to be sure.) Documentation of attendance will be needed.

Adoption conferences: There are many wonderful adoption conferences around the country, and most have workshops that you can attend during the day. Please send us a copy of your conference confirmation or certificate of participation.

Adoption Learning Partners website: If you have not been able to complete any of the options above, you may supplement the MAPS class with an on-line course or courses. (Some are one hour and some are two.) Please visit the Adoption Learning Partners website:
<http://www.adoptionlearningpartners.org/courses/feesAndCreditHours.cfm> for more information on the courses. If you choose this option, you will need pay for the Certificate of Completion at the end of the course(s).

Directions to Adoption Education Sessions

To Portsmouth Public Library: Take 95 North to New Hampshire. Take 95 South to Exit 7, Market St. Ext., Portsmouth. At the end of the ramp, take a left. Go through two sets of lights to the blinking light, take a right onto Russell St. Take a right at the stop sign onto Deer St. to the first set of lights. Take a left at the lights onto Maplewood Ave. Go through 3 sets of lights (Hanover, Congress/Islington, State), then left onto Court St. Turn right onto Rogers Street and then right onto Parrott Street. The address is: 175 Parrott Avenue, Portsmouth, New Hampshire. Main library phone number: (603) 427-1540*, open on Saturday from 9 AM.

To Hampton Inn Natick: Mass Turnpike (I-90), Exit 13, stay left through toll, bear left after toll booth to Route 30 East Natick. Make a right at light onto Speen Street, stay left and take left onto Superior Drive after second stoplight. Cross the next intersection, bearing left, to enter the hotel parking lot.. (From points north/south: take I-95 to Mass. Turnpike westbound.) The address is: 319 Speen Street, Natick, MA 01760. Main hotel phone: (508) 653-5000*.

To MAPS in Portland: Take I-295 to Franklin Street exit. Go through 3 sets of lights. (Be in the left lane by the 3rd set.) At the 4th set of lights, take a left onto Congress Street; get into the right lane. Go through one more light. 277 Congress Street is a brick building on your left. Park on the street. Ring bell. Phone number: (207) 775-4101*.

*If you need to reach the MAPS teacher on the day of the class, please call (207) 504-1418.