



Adoption Home Study Contract

Client Information

Full Legal Names of Applicant(s)	

Mailing Address:	
Physical Address:	
Contact Email:	
Contact Phone Number:	

Please provide the <u>names</u> & <u>ages</u> of all persons residing in the home:

Are you currently working with any other child placing agency or individual to find an adoptive placement? If so, please provide their contact information:

What is your expected timeline for completing this home study? (Note: a typical home study takes between 2-3 months to complete. If you are requiring the completion of a home study prior to this time frame, an additional fee may apply).	
<input type="checkbox"/> I need the home study completed in less than 3 months.	<input type="checkbox"/> I do not require a completed home study earlier than 3 months.

What type of adoptive placement are you interested in pursuing (agency, private, foster care, international, infant, sibling group, etc.)?		
Are you willing to consider placement of a special needs child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever adopted before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please list all states you have lived in for the past 5 years:	
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Financial and Refund Policy

Please note the following policies pertaining to client payments for services. A full copy of all agency policies and procedures is available on www.connectingheartsadopt.org.

*All forms of payment should be directed to Connecting Hearts, Inc.

*Work shall not commence on a home study or report until an agreed upon deposit is made and signed contract received from the prospective client.

* Following the completion of a service or report, full payment is expected within 30 days of the invoice date. Additional invoices shall be sent at 30 and 60 days from date of original invoice. Failure to make full payment 90 days after initial invoice shall result in the use of a collections service to secure the payment amount.

* Clients may request a refund of undisbursed funds under one or more of the following conditions:

1. Unforeseen circumstances outside of the client or agency control that prohibit the ability of a family moving forward with a home study.
2. Official grievance filed by a prospective adoptive family indicating they no longer wish to work with Connecting Hearts, Inc. due to dissatisfaction with the services.

* Refund requests must be made in writing to Connecting Hearts, Inc. and will be honored if one or more of the above conditions is met, and funds have not yet been disbursed as payment for services rendered in accordance with the following refund schedule:

0-1 month from contract date	85% of undisbursed fees
1-6 months from contract date	50% of undisbursed fees
6-12 months from contract date	35% of undisbursed fees
12+ months from contract date	No refund

Please initial each item and sign below

_____ I/We will be responsible for collecting all the qualifying documents or copies of documents needed to complete a home study.

_____ I/We realize that I/we must complete the paperwork sent to me/us by the social worker and have a minimum of one in-home visit by the social worker.

_____ I/We have agreed to contract with Connecting Hearts, Inc. for the checked services and agree to pay the following:

Type of Report		Total Fee	Deposit Due with Contract
<input type="checkbox"/>	HS1: Home Study Report Fee	\$950	\$475
<input type="checkbox"/>	HS2: International Home Study Fee	\$1450	\$725
<input type="checkbox"/>	HS3: Expedited Home Study Fee (additional)	\$300	\$150
Total:			

_____ I/We agree to pay travel expenses incurred by our social worker in efforts to complete the above contracted services, including mileage at \$.51/mile, hotel costs, food receipts, and any costs associated with expedited mailing services with our final invoice.

_____ I/We realize that by paying these fees and completing the requirements for a home study that I/we are not guaranteed a favorable report.

_____ I/We understand that Connecting Hearts, Inc. is responsible to provide post placement supervisory reports which will require additional fees following the placement of a child in my/our care. The State of Wyoming requires monthly in-home visits and reports during the pre-finalization period. Connecting Hearts, Inc. current rates are \$300 per monthly visit. For full explanation of post placement fees, please see agency explanation of fees.

_____ I/We hereby acknowledge receipt and review of the Statement of Risks in Adoptions and Waiver of Liability previously provided. Execution of this contract acknowledges acceptance of those risks as outlined.

_____ I/We hereby acknowledge receipt and review of the Connecting Hearts, Inc. Policies and Procedures. Execution of this contract acknowledges acceptance of those policies as outlined.

_____ I/We agree to indemnify and hold harmless Connecting Hearts, Inc. from and against any and all claims, demands, damages, or liabilities that may arise from my/our failure to comply with any of the terms or conditions of this agreement. Connecting Hearts, Inc. is entitled to recover any attorney's fees and costs incurred in

1. Defending against any such claims, demands, damages, or liabilities and
2. Enforcing this or any other paragraph of this Agreement, including any such fees and costs incurred on appeal.

_____ I/We agree that in the event of dissatisfaction with services, I/we will discuss the dissatisfaction and negotiate in earnest to resolve the problem with Connecting Hearts, Inc. before terminating the contract. I/We agree to follow the grievance procedure outlined in Connecting Hearts, Inc. policies and procedures available at any time by request.

_____ After approval for adoption I/we understand that I/we must maintain our approved status. Failure to do so may lead to additional home study addendums or revocation of approved status. I/We understand and agree that Connecting Hearts, Inc. has the right and obligation to withdraw or change its approval or recommendation set out in the home study for an event or action which comes to the attention of Connecting Hearts, Inc. Approvals or recommendations may be changed in the best interest of the child based upon information which comes to the attention of Connecting Hearts, Inc. after the home study is initially completed.

Upon receipt of this signed contract, Connecting Hearts, Inc. will return a copy to you for your records.

Signature and Acceptance of Contract

Client Signature(s)

Date

Client Signature(s)

Date

State of Wyoming

County of _____

This instrument was acknowledged before me on _____ (date) by

_____ (name of signatory).

(Notary Stamp)

Signature of Notary Public