



Connecting Hearts

108 Kristi Way ♥ PO Box 212 ♥ Fort Bridger, Wyoming 82933
307.212.2545 ♥ 307.212.8105 fax ♥ www.connectingheartsadopt.org
A non-profit humanitarian adoption agency licensed by the state of Wyoming.

Adoption Home Study Update Contract

Client Information

Full Legal Names of Applicant(s)	

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

Please provide the <u>names & 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 update? (Note: a typical home study update takes 4-6 weeks to complete. If you are requiring the completion of an update prior to this time frame, an additional fee may apply).	
<input type="checkbox"/> I need the home study update completed in fewer than 4 weeks.	<input type="checkbox"/> I do not require a completed home study update earlier than 4 weeks.

What is the date of the original home study?	
Dates of all subsequent updates:	
Please note: If any of the previous reports were completed by an agency other than Connecting Hearts, Inc. you will need to provide us with copies of these reports.	

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 update including copies of all previous home studies and/or updates if completed by an agency other than Connecting Hearts, Inc.

_____ I/We realize that I/we must complete the paperwork sent to me/us by the social worker and depending on the circumstances of the update may have in home visits 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"/>	U1: Standard Home Study Update Fee	\$400	\$200
<input type="checkbox"/>	U2: International Home Study Update Fee	\$500	\$250
<input type="checkbox"/>	U3: Out of Agency Home Study Update Fee	\$500	\$250
<input type="checkbox"/>	U4: Expedited Home Study Update Fee (additional)	\$200	\$100
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 _____

State of Wyoming

County of _____

This instrument was acknowledged before me on _____ (date) by
_____ (name of signatory).

(Notary Stamp)

Signature of Notary Public