



Connecting Hearts

623 E Clark St ♥ PO Box 741 ♥ Lyman, WY 82937

307.212.2545 ♥ 307.212.8105 fax ♥ www.connectingheartsadoptorg

*A non-profit humanitarian adoption agency licensed by the State of Wyoming*

## Adoption Home Study Contract

### Client Information

Full Legal Names of Applicant(s)	

<b>Mailing Address:</b>	
<b>Physical Address:</b>	
<b>Contact Email:</b>	
<b>Contact Phone Number:</b>	

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. (Please check the expedited fee box on contract)	<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.)?		
<b>Are you willing to consider placement of a special needs child?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Have you ever adopted before?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Please list all states you have lived in for the past 5 years:</b>	
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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](http://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.

\* All payments, including deposits, are non-refundable.

### **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, have at least three interviews with the social worker, and have a minimum of one in-home visit by the social worker with all family members present.

\_\_\_\_\_ I/We realize that I/we must obtain at least five positive references, including two relative references and three non-relative references from persons who have known me/us for at least two years, and have a general knowledge regarding my/our ability to care for children.

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

<b>Type of Report</b>		<b>Fee Due With Contract</b>
<input type="checkbox"/>	Connecting Hearts Home Study (when CH is providing placement services)	\$950
<input type="checkbox"/>	Designated Home Study Fee (for use with another agency)	\$1500
<input type="checkbox"/>	Expedited Home Study Fee (for home studies required in less than 3 months)	\$300
<input type="checkbox"/>	Technology Fee (required)	\$300
<b>Total Included with Contract:</b>		

\_\_\_\_\_ I/We agree to pay travel expenses incurred by our social worker in efforts to complete the above contracted services, including mileage at \$.58/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 plus mileage 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 release, indemnify, and hold harmless Connecting Hearts, Inc. from and against any and all claims, demands, damages, liabilities, or causes of action that may arise from my/our failure to comply with any of the terms or conditions of this agreement, the release of our information or home study to other adoption agencies or adoption professionals, or the placement of a child in our home by another adoption agency or adoption professional. 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

Subscribed and affirmed before me in the county of \_\_\_\_\_, State of \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary's Official Signature

\_\_\_\_\_  
Commission Expiration Date