



September 2016

Thank you for considering Lutheran Family and Children's Services of Missouri as your provider for adoption services. With 148 years of experience behind us, we are a licensed child placing agency in the state of Missouri and accredited by the Council of Accreditation of Children and Families for each of the services that we provide, including intercountry adoption (Hague Accreditation).

Lutheran Family and Children's Services is a statewide, licensed child-placing agency. We have a **domestic adoption program** (mainly infants; see requirements listed below), as well as provide the following services:

- **Independent home study/post-placement services (other agency or attorney assisted)**
- **International home study/post-placement services**
- **Embryo adoption home study services**
- **Relative, Guardianship, Step-parent and Kinship study/post-placement services**
- **Self-networking adoption services, including birth parent and adoptive parent counseling**

The requirements for applicants that are wanting to be prospective adoptive families in the **LFCS infant domestic program** includes being between the ages 25-45, have documented fertility issues, be of Christian faith and actively involved with a church and able to get a pastoral reference, married two or more years, have no more than one child, and be financially stable. The minority program does have more flexibility in the requirements and we ask that minority families contact us to discuss our infant program. For Caucasian families wishing to pursue adoption of a minority child, we ask that you contact us to discuss if our program is right for you. Birth mothers/fathers often request adoptive families who are of same/similar race as themselves and our agency strives to have diversity within the adoptive families who are awaiting placement. The LFCS domestic adoption program does have minimum openness requirements that will be discussed with your local office.

LFCS offers informational meetings throughout the year for couples who are exploring the LFCS domestic adoption program. It is required before making application for the LFCS domestic adoption program to either attend an information meeting or speak with a staff member.

Contact your regional director to answer any questions you may have or to reserve your spot at the next informational meeting:

St. Louis: Last Tuesday of each month. Please contact Melyssa Frederick, MSW LCSW at 314-754-2739 or melyssaf@lfcs.org

Families in the Columbia, Cape Girardeau or Springfield areas, please contact your local office to inquire about dates and times of informational meetings or to schedule an appointment to discuss our services.

Columbia: Contact Heather Wall at 573-815-9955 or heatherw@lfcs.org

Cape Girardeau: Contact Leisa Blissett at 573-334-5866 or leisab@lfcs.org

Springfield: Contact Meg Roetto at 417-862-1972 or megr@lfcs.org

Adoption Application Checklist for Returning Items

LFCS Program Adoptions

All items requested in the cover letter and the Adoption Application must be received by us in order to process your request for a home study. We hope this checklist will make it easier for you to remember what items need to be enclosed when you return your application and fee:

_____ Adoption Application or Home Study Fee (Check or Money Order)

*Application or home study fee is due
with submission of your application.*

Domestic Program	\$200.00 application fee
Intercountry Program (Hague)	\$1800.00 home study fee
Independent Adoption	\$1500.00 home study fee
Relative Adoption	\$1500.00 home study fee

_____ Adoption Application

_____ Adoption Self-Assessment

_____ Adoption Services Agreement (signed)

_____ Current Family Photo

If you have any questions concerning any of the above items, please do not hesitate to call us.

We look forward to receiving your application materials.

ADOPTION APPLICATION

Please make checks payable to: **Lutheran Family and Children’s Services of Missouri**

Non-Refundable Home Study or Application Fee \$ _____

If RUSH—Additional Fee \$ _____

Application Mailed on: _____

When completed, return to: Lutheran Family and Children's Services of Missouri
Attn.: Christine Corcoran, Director, Child Welfare Services
9666 Olive Blvd, Suite 400, St. Louis, Missouri 63132
Telephone: (314) 787-5100

Please **PRINT CLEARLY** or type-- *All information is strictly confidential*

Date: _____

Name: _____
(Applicant-Male) Last First Middle

Name: _____
(Applicant-Female) Last First Middle Maiden Name

Home Address: _____
 Street

 City State County Zip Code

Phone Number: () () ()
 Home Phone Applicant-Male Work Phone Applicant-Female Work Phone
 Cell: _____ Cell: _____

Email Address: _____

Are you interested in receiving emails/newsletters from LFCS? No _____ Yes _____

If yes, which email would you prefer this be sent to? _____

How did you hear about our agency (referral source)? _____

Are you related to anyone at LFCS? _____ What is the relationship? _____

Please answer each of the following questions for both husband and wife, if applicable.

1.	Date of Marriage? Place? How many years married?	
2.	Have either of you been married before? If so, please give dates, to whom, and how and when the marriage ended?	

3.	Do you have any children? Give age, sex, date of birth, SS#, and whether by birth or adoption. If by adoption, through which agency? Also note if child no longer lives at home.	<u>NAME</u>	<u>AGE</u>	<u>SEX</u>	<u>DOB</u>	<u>SS#</u>	<u>ADOPTED? AGCY.?</u>
4.	Have you pursued adoption previously and/or had a home study done before? If yes, explain. What other adoption agencies have you worked with or are working with now?						
5.	What type of adoption are you interested in (agency, relative, independent/other agency, or intercountry - what countries?, etc.)? If intercountry, <u>name of primary provider</u> . *As a Hague accredited agency, LFCS works within the guidelines of the treaty. If you, as adoption applicants, are pursuing an intercountry adoption and a primary provider has not been identified, please contact us prior to submitting this application.						
6.	Is there anyone else living in your home? If so, give name, relationship to you, age, and occupation.						
		Applicant - Male			Applicant - Female		
7.	What is your date of birth?						
8.	What is your height <u>and</u> weight?						
9.	What is your race, hair color, eye color, <u>and</u> complexion?						
10.	What is your Social Security Number?						
11.	What is your nationality, ethnic heritage (i.e. German, Irish, Hispanic, Native American - state Tribal affiliation/ registration, etc.)?						
12.	What was the last grade in school you completed and the degree attained and/or specialty?						

13.	What is your church affiliation (i.e. Lutheran, Methodist etc.) and name of church you attend?											
14.	What is your current job title, <u>and</u> what type of work do you do?											
15.	How long have you been working at your present employment?											
16.	Do you have any: Chronic illnesses? Physical/mental? Describe. Are you under a physician's care at present? If yes, state reason and medications and name of physician and address. List physicians and therapist consulted within the last 10 years and for what, including fertility specialists.											
17.	Have you completed a fertility examination? When? If so, what was the diagnosis/prognosis? Are you under treatment at the present time?											
18.	Have you lived in Missouri for the last five years? If not, in what states did you reside?											
19.	Do you have any pets? If yes, please designate what they are, how many of each, and if immunizations are up-to-date.											
20.	<p>LFCS requires that all applicants provide us with any and all information regarding interactions with the Children's Division, law enforcement, arrests, convictions and any other incident(s). This must include interactions that resulted in charges being dropped or expunged from your permanent record. We require that you inform us of the original charge(s) against you, as well as the final disposition of the charge(s). Failure to disclose information could lead to disqualification from this program. Please state, in narrative form, a summary of the incidents, date of occurrence, place of occurrence (city/state), what the charges were (if charges were filed), disposition of the charges and penalties applied.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Applicant - Male</th> <th style="width: 35%; text-align: center;">Applicant - Female</th> </tr> </thead> <tbody> <tr> <td>a. Have you ever been arrested or convicted of a crime? No____ Yes____</td> <td></td> <td></td> </tr> <tr> <td>b. Have you ever been reported to the Child Abuse and Neglect Unit? (Hotlined?) No____ Yes____</td> <td></td> <td></td> </tr> </tbody> </table>				Applicant - Male	Applicant - Female	a. Have you ever been arrested or convicted of a crime? No____ Yes____			b. Have you ever been reported to the Child Abuse and Neglect Unit? (Hotlined?) No____ Yes____		
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I/We agree that the information submitted by us on this application is true and correct. We understand that acceptance into the program and placement of a child is not guaranteed. If the source of a child is other than Lutheran Family and Children's Services of Missouri (LFCS) (independent, international, other agency), we agree that we are contracting for the home study service from Lutheran Family and Children's Services of Missouri, and Lutheran Family and Children's Services of Missouri is not responsible for the actions taken by other agencies, organizations, or attorneys.

I/We understand the importance of providing full, complete, and accurate information. I/We understand that, if the information contained herein is not complete, correct, and true, I/we may be disqualified as an adoptive applicant. I/We understand that it is important for us to keep the agency advised of changes in our family as we pursue adoption, included but not limited to changes in residence, jobs, the addition of other family members and the use of another agency/attorney for adoption.

Agree _____ or do not agree _____ that information may be exchanged via e-mail. If agreed, I/we understand that LFCS cannot guarantee the security of information exchanged via e-mail communication.

Signature: _____

Date: _____

Applicant - Male

Signature: _____

Date: _____

Applicant - Female

REFERENCES FOR: _____

Adoptive Parent(s)

PLEASE PRINT CLEARLY, OR TYPE. PLEASE SHOW COMPLETE ADDRESSES, WITH ZIP CODES, AND INDICATE IF REFERENCES ARE MALE OR FEMALE (or MR., MS., or MRS.). THE FOLLOWING REFERENCES ARE REQUIRED.

EMPLOYMENT REFERENCES: (cannot be the same as personal, relative, or pastoral references)

Husband's Place of Employment: <i>(if self-employed, please give a business-related reference)</i>	
_____	_____
Business Name	Business Address
_____	_____
(Ms., Mrs., or Mr.?) Supervisor's Name & Title	City, State, Zip
Phone: _____	email: _____
Wife's Place of Employment: <i>(if self-employed, please give a business-related reference)</i>	
_____	_____
Business Name	Business Address
_____	_____
(Ms., Mrs., or Mr.?) Supervisor's Name & Title	City, State, Zip
Phone: _____	email: _____

PERSONAL REFERENCES: (cannot be the same as employer, relative, or pastoral references)

(Ms, Mrs, Mr): _____
Address _____ City, State, Zip _____
Phone: _____ email: _____
(Ms, Mrs, Mr): _____
Address _____ City, State, Zip _____
Phone: _____ email: _____
(Ms, Mrs, Mr): _____
Address _____ City, State, Zip _____
Phone: _____ email: _____

RELATIVE REFERENCE: (cannot be the same as employer, personal, or pastoral references)

(Ms, Mrs, Mr): _____
Address _____ City, State, Zip _____
Phone: _____ email: _____

PASTORAL REFERENCE: (cannot be the same as employer, personal, or relative references)

(Mr, Ms, Rev): _____
Name of Church _____
Address _____ City, State, Zip _____
Phone: _____ email: _____

Adoption Self Assessment

Please take some time to consider the following situations that will affect the adoption of your child. While thinking about these situations, remember that every child is unique and has their own special history and story. It is impossible to plan for every possible scenario. The following circumstances represent typical issues that Lutheran Family and Children's Services encounters in preparation for growing your family through the adoption process. As you consider these circumstances, consider your own family history and experience as well as resources within your community that you may want to explore for support. Most importantly, take the time to look within yourself as you begin the adoption process to explore how your own feelings, beliefs and expectations will add to your child's life story.

1. What is your preferred age range?

- Newborn (under six months)
- Infant (6-12 months)
- Toddler (1 to 3 years)
- Preschooler (3-5 years)
- School Age (6+)

2. Would you consider a sibling group?

- Yes
- No

3. Would you consider a child of a different race or ethnicity other than your own?

- Yes
- No

4. How would your family and friends view that decision?

5. How would you support your child's cultural heritage?

6. Which of the following racial heritages would you be willing to consider in an adoptive child?

- Any Race
- African American
- Asian
- Biracial (Caucasian & African American)
- Caucasian
- Hispanic
- Native American

*The majority of LFCS minority placements are African-American or bi-racial (African American & Caucasian)

7. Are there medical factors in the child or birth parent's history that would influence your decision?

Please check the following common medical factors you would be comfortable discussing:

- Alcohol Use
- Prematurity
- Drug Exposure
- Little or no prenatal care
- Mental Health diagnosis

8. When Birth Parents are seeking an immediate placement, a legal risk situation may occur. However, an immediate placement allows the child to begin bonding with the adoptive family. Would you be open to this situation?

- Yes
- No

9. Are you willing to discuss a situation which may involve additional expense such as:

- Birth mother's living expense
- Birth mother's medical expense
- Child's medical expense
- Prolonged foster care
- Legal fees which may expedite placement

10. Are you willing to discuss the following openness factors:

- Pictures & Letter
- Meeting

Openness

The movement towards open adoption had taken place in the context of larger social change. Birth parents are now empowered to make choices: There is less stigma in raising children alone and greater access to abortion and birth control. Also, the societal movement toward less secrecy and the prizing of diversity, including a variety of family structure, has allowed for a greater acceptance of adoption.

Open, or fully disclosed, adoption allows adoptive parents, and often the adopted child, to interact directly with birth parents. Open adoption falls at one end of an openness communication continuum that allows family members to interact in ways that feel most comfortable to them. In semi-open or mediated adoptions, information is relayed through a mediator (e.g., an agency caseworker or attorney) rather than through direct contact between the birth and adoptive families. In confidential adoptions, no identifying information is exchanged.

The goals of open adoption are:

- To minimize the child's loss of relationships.
- To maintain and celebrate the adopted child's connection with all the important people in his or her life.
- To allow children to resolve losses with truth, rather than with fantasy.

FINANCIAL STATEMENT OF ADOPTIVE PARENT(S)

We are requesting this information so you can share with our agency what your resources are and how you allocate them to provide clothing, education, food, shelter, and comprehensive health care planning for yourself and those dependent on you.

	Adoptive Applicant - Male	Adoptive Applicant - Female
Full/Complete Name:		
Place of Employment:		
Position/Title:		
Annual/Yearly Salary:		
Annual/Yearly Income from Other Sources:		
Total <u>Monthly</u> Income:		

Assets/Property

HOUSING	Rent or Own: <i>(circle one)</i>		
	Rent or Monthly Payment (w/taxes & insurance):		
	Amount of Mortgage:		
	Date of Purchase:		
	Market Value:		
	Years Remaining on Mortgage:		
OTHER ASSETS	Please describe:	ASSET & DESCRIPTION	VALUE
Vehicles Owned:	List year, make & model, if owned or amount owed:		
	List year, make & model, if owned or amount owed:		
	List year, make & model, if owned or amount owed:		
Savings:	Name of Bank or Institution and current balance:		
	Name of Bank or Institution and current balance:		
Stocks /Bonds:	Description and Current Value:		
Retirement Fund Applicant-Male:	Description and Current Value:		
Retirement Fund Applicant-Female:	Description and Current Value:		

INSURANCE COVERAGE

	Company	Amount	Names of Insured
Automobile Insurance:			
Automobile Insurance:			
Homeowners/Renters Insurance:			
Medical/Hospitalization Insurance:			
Medical/Hospitalization Insurance:			
Life Insurance on Applicant-Male:			
Life Insurance on Applicant-Female:			
Disability Insurance on Applicant-Male:			
Disability Insurance on Applicant-Female:			

DEBTS & FINANCIAL OBLIGATIONS (Please be specific. If over \$500, describe purpose.)

To Whom Owed	Current Balance	Payment Amount	Purpose of Debt

Please use back of page, if more room is needed.

Signature - Applicant-Male Date

Signature - Applicant-Female Date

ADOPTIVE SERVICES AGREEMENT

Lutheran Family and Children's Services of Missouri (LFCS) is committed to ethical and compassionate practice in providing adoption services. The purpose of the adoption assessment includes gathering information from a variety of information sources. To ensure that the best interests of the child and the family are met, the prospective adoptive family and LFCS agree to the following:

LFCS agrees to:

1. Provide information regarding the process of adoption and referrals to legal counsel, if appropriate.
2. Provide information on existing laws regarding contact and disclosure of information with the birth parents.
3. Protect the integrity of the information gathered and provided to us. In some instances, the identity of the provider of some information may be protected/not disclosed to the adoptive parent although the content of information will be discussed.
4. Provide information regarding the medical history of the birth parent(s) of this child, as is known to the agency.
5. Provide information regarding post-placement supervision services offered by LFCS.

I/We, the Adoptive Parents:

1. Agree to give complete information on my/our background, criminal, social, and medical history.
2. Acknowledge that a placement is a legal risk until parental rights of the birth parents have been terminated.
3. Agree to the fee schedule discussed and signed, including the non-refundable deposit.
4. Understand that significant life changes that may lead to my/our study being put on "hold" include, but are not limited to, conception, anticipation of a placement or change in household composition.
5. Understand false or adverse information which causes a change in recommendation may lead to termination of services.
6. Agree to contact LFCS regarding any change of address, significant life changes, significant medical information during this process or in the future.
7. Confirm that I have received and reviewed the *Commitment to Quality and Notice of Privacy Practices*. I understand my rights relative to those notices.
8. Agree _____ or Do not agree _____ that information may be exchanged via email. If agree, I/we understand that LFCS cannot guarantee the security of information exchanged via email communication.
9. Agree _____ or Do not agree _____ that information may be exchanged with the court, your attorney and other agencies. In certain situations this may include the Children's Division regarding the placement of a child for purposes of adoption.

I am interested in receiving the following information via email from LFCS: _____ program specific _____ general agency

The parties signed below have reviewed this document. The persons executing this document have read and understand this document and have signed it, freely and voluntarily. If you have questions or feedback, please contact your worker _____ at _____ or his/her supervisor at _____.

Adoptive Applicant _____
(signature) Date

Adoptive Applicant _____
(signature) Date

Agency Representative _____
(signature) Date

Financial and Tax Credit Information for Adoptive Families

Tax Credit Information

Adoption.com (<http://www.tax-credit.adoption.com>)

IRS (<http://www.irs.gov/taxtopics/tc607.html>)

NACAC (<http://nacac.org/taxcredit/taxcredit2015.html>)

Financial Assistance

Ask your employer about Employer Adoption Assistance Benefits

For assistance with intercountry adoptions talk with your primary agency

www.TheKinsmanRedeemer.org

www.abbafund.org

www.pathwaysforlittlefeet.org

www.affordingadoption.com

www.resources4adoption.com

Loan Information

Dave Thomas Foundation (www.davethomasfoundaton.org)

AmericanChristianCU.com

Adoption.com/loans

*Some assistance programs only accept applications at certain times of the year. Check to see if they are accepting applications at this time prior to submitting your paperwork.