



Thank you for considering Lutheran Family and Children's Services of Missouri as your provider for adoption services. With 150 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).

Remaining flexible and responsible is the best way that we can continue to prosper in a business where several similar agencies have had to close their doors. As we look forward, we will

- continue to meet the increased needs of the families we serve while keeping adoption as an available and affordable option for families of varying financial means
- continue in partnerships to further best practices, advocacy, etc.
- increase our use of our newsletters, Facebook and other technologies
- participate in advocacy efforts within our communities, state and nation

LFCS offers Adoption Power Hours throughout the year for couples who are exploring adoption and for those in the selection process for an adoption agency. The information shared at these sessions covers International Adoptions, Domestic Adoptions, and Adoption for Children in State Custody.

Contact the following staff with any questions you may have or to reserve your spot in the Adoption Power Hour:

St. Louis: Last Wednesday of each month. Please contact Jenny Thomas, at 314-754-2807 or jennyt@lfcs.org to RSVP.

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 Evelyn Beussink at 573-334-5866 or evelynb@lfcs.org

Springfield: Contact Melani Engel at 417-862-1972 or melanie@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	\$1000.00 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.: Amy Newell, Adoption Program Manager
9666 Olive Blvd, Suite 400, St. Louis, MO 63132
Telephone: (314) 787-5100**

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

Date: _____

Name: _____
(Applicant One) Last First Middle

Name: _____
(Applicant Two) Last First Middle Maiden Name

Home Address: _____
Street

City State County Zip Code

Phone Number: () _____ () _____ () _____
Home Phone Applicant One Work Phone Applicant Two Work Phone

() _____ () _____
Applicant One Cell Phone Applicant Two Cell Phone

Email Address: _____
Applicant One Applicant Two

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

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? Yes No What is the relationship? _____

Please list an Emergency Contact **not** living in your household:

Name and Relationship: _____

Phone Number(s): _____

Please answer each of the following questions for both applicants, if applicable.

1.	<p>Date of Marriage?</p> <p>Place?</p> <p>How many years married?</p>						
2.	<p>Have either of you been married before? If so, please give dates, to whom, and how and when the marriage ended?</p>						
3.	<p>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.</p>	<p><u>NAME</u></p>	<p><u>AGE</u></p>	<p><u>SEX</u></p>	<p><u>DOB</u></p>	<p><u>SS#</u></p>	<p><u>ADOPTED?</u> <u>AGCY.?</u></p>
4.	<p>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?</p>						
5.	<p>What type of adoption are you interested in i.e., agency, relative, independent/other agency, or intercountry - what countries? If intercountry, <u>name of primary provider</u>.</p> <p>*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.</p>						
6.	<p>Is there anyone else living in your home? If so, give name, relationship to you, age, and occupation.</p>						

		Applicant One	Applicant Two
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 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/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. <i>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.</i> Formal fingerprint background checks through the Missouri Highway Patrol as well as the FBI will be required in order to complete your home study.</p>		
	a. Have you ever been arrested or convicted of a crime?	No___ Yes___	No___ Yes___
	b. Have you ever been reported to the Child Abuse and Neglect Unit? (Hotlined?)	No___ Yes___	No___ Yes___

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: _____
Applicant One

Date: _____

Signature: _____
Applicant Two

Date: _____

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)

Applicant One's Place of Employment: *(if self-employed, please give a business-related reference)*

Business Name _____ Business Address _____

(Ms., Mrs., or Mr.?) Supervisor's Name & Title _____ City, State, Zip _____

Phone: _____ email: _____

Applicant Two's Place of Employment: *(if self-employed, please give a business-related reference)*

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 One	Adoptive Applicant Two
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-One:	Description and Current Value:		
Retirement Fund Applicant-Two:	Description and Current Value:		

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 One: _____
Signature Date

Adoptive Applicant Two: _____
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>)

Children's Hope International (<http://adopt.childrenshope.net/adoption-affordability-2>)

Intercountry Adoption

CCAI (<http://www.chinesechildren.org/Adoption/FinAid.aspx>)

Holt International Children's Services (<http://www.holtintl.org/adoption/assistance.shtml>)

Financial Assistance

Ask your employer about Employer Adoption Assistance Benefits

For assistance with intercountry adoptions talk with your source agency

www.TheKinsmanRedeemer.org

www.abbafund.org

www.pathwaysforlittlefeet.org

<http://www.handinhandadopt.org>

www.affordingadoption.com *

Loan Information

Dave Thomas Foundation (www.davethomasfoundaton.org)

Chase Credit Cards (www.chase.com/NewAdditions)

Adoption.com (www.adoptionloans.com)

**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.*