



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 as well as 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.

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 Sarah Holtcamp at 573-815-9955 or sarah.holtcamp@lfcs.org

Cape Girardeau: Contact Evelyn Beussink at 573-334-5866 or evelynb@lfcs.org

Springfield: Contact Tina Miller at 417-862-1972 or tina.miller@lfcs.org

Adoption Application Checklist for Returning Items

LFCS Program Adoptions

We must receive all items requested in the cover letter and on the Adoption Application 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 included 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.

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>	<u>NAME</u>	<u>AGE</u>	<u>SEX</u>	<u>DOB</u>	<u>SS#</u>	<u>ADOPTED?</u> <u>AGCY.?</u>
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, embryo, 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: <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: _____
Applicant Two'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. You will learn more about these topics through the home study process. **Your answers on this document may change as you talk with your adoption worker and learn more about adoption.**

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

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 during pregnancy
- Prematurity
- Prenatal Drug Exposure
- Little or no prenatal care
- Mental Health diagnosis in birth parent

Openness

All adoptions through Lutheran Family and Children's Services are considered "open", meaning that there is some level of ongoing contact between the birth family (BF) and the adoptive family (AF). Research supports this as being in the adopted child's best interests. Openness helps a child during the stages of identity development and also helps a child feel like the adoption choice was a loving decision, rather than a choice to reject the child. There are three members of the adoption triad: adoptee, birth family, and adoptive family. Each part is equal and each are forever tied together through the adoptive relationship. Adoptees are forever tied to their birth family through genetics and a child's identity development. Likewise, the adoptee is forever tied to their adoptive family through a lifelong, nurturing relationship. Because of this the adoptive parents and birth parents will forever be connected as well.

Openness ranges from an essentially-closed adoption to full inclusion. The openness level usually changes as the relationship develops, most often with openness growing more inclusive as adoptive families and birth families develop trust.

LFCS has a minimum openness requirement. This requirement includes a letter and picture updates within 1 week of placement, each month until finalization and once per year until the child turns 18. Many birth parents request more openness than this minimum, including visits 1-2 times per year and phone calls. Please consider what level of openness you may be willing to consider.

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

- Meeting birth parent(s) before placement
- Providing Pictures & Letter updates to birth parent(s) ongoing
- Meeting with birth parent(s) in the future
- Phone and/or text contact with birth parent(s)
- Contact over social media with birth parent(s)

FINANCIAL STATEMENT OF ADOPTIVE PARENT(S)

	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	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Rent or Monthly Payment (with taxes & insurance):		
	Current Mortgage Amt:			
	Date of Purchase:			
	Current Market Value:			
	Years Remaining on Mortgage:			
OTHER ASSETS	Please describe:	ASSET & DESCRIPTION	VALUE	
Vehicles Owned:	Vehicle #1	Year, Make & Model:		
		<input type="checkbox"/> No remaining payments <input type="checkbox"/> Total Amount Owed: \$ _____ <input type="checkbox"/> Monthly Payment: \$ _____		
	Vehicle #2	Year, Make & Model:		
		<input type="checkbox"/> No remaining payments <input type="checkbox"/> Total Amount Owed: \$ _____ <input type="checkbox"/> Monthly Payment: \$ _____		
	Vehicle #3	Year, Make & Model:		
		<input type="checkbox"/> No remaining payments <input type="checkbox"/> Total Amount Owed: \$ _____ <input type="checkbox"/> Monthly Payment: \$ _____		
	Savings:	Name of Bank or Institution:		Balance:
		Name of Bank or Institution:		Balance:
	Stocks /Bonds:	Description:		Value:
Retirement Fund Applicant One:	Description:		Value:	
Retirement Fund Applicant Two:	Description:		Value:	
Other Assets (ex: rental property, farm equipment, etc.):	Description(s), Outstanding Balance(s), Current Value(s), and Monthly Payment Amount(s):			
Adoption Fund: (Your plan to fund adoption fees)				

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.*