

ADOPTION CENTER FOR FAMILY BUILDING

8707 Skokie Blvd., Suite 208, Skokie, IL 60077 (847-674-3231)

AND

8645 Connecticut St., Merrillville, IN 46410 (219-795-9900)

ADDRESS ALL CORRESPONDENCE TO OUR ILLINOIS OFFICE

APPLICATION FOR ADOPTION PREPARATION AND HOME STUDY

DATE _____

LAST NAME OF APPLICANT(S) _____

1ST APPLICANT _____

First Middle Last (name you prefer to be called)

Birthdate _____ Birthplace _____

Education _____

Employment _____

Occupation _____

Social Security # ____ - ____ - ____ Annual Income _____

2ND APPLICANT _____

First Middle Last (name you prefer to be called)

Birthdate _____ Birthplace _____

Education _____

Employment _____

Occupation _____

Social Security # ____ - ____ - ____ Annual Income _____

CURRENT MARITAL STATUS: married ___ single ___ divorced ___ separated ___ other (describe) _____

PRESENT ADDRESS _____

Street City State Zip County
How long resided _____ Own ___ Rent ___ # of Rooms _____ # of Bedrooms _____

CONTACT INFORMATION

(Home Phone) _____

Name _____

Name _____

(Cellular) _____

(Business) _____

If other than cellular

(Email) _____

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MARRIAGE DATE AND PLACE _____

Previous marriages (date, place and where terminated) _____

If not married, how long have you been a committed relationship? _____

CHILDREN Yes _____ No _____

If yes, names and ages _____

By birth _____ By adoption _____ By remarriage _____

OTHER MEMBERS OF YOUR HOUSEHOLD _____

RELIGION (if applicable) _____

CURRENT HEALTH STATUS _____

REFERENCES (Please provide the names and addresses of two close relatives and five unrelated persons who know how you care for children.)

RELATIVES

A. _____

B. _____

PERSONAL

A. _____

B. _____

C. _____

D. _____

E. _____

Are any of the following in your backgrounds (current or past): criminal record (**both arrests & convictions**), history of drug use, hospitalizations, mental health issues (such as counseling)? If yes, please comment.

How long have you lived in Illinois or Indiana? 1st Applicant _____ 2nd Applicant _____

How did you hear about us? _____

Have you had an initial three hour consultation at ACFB? If so, date _____ With whom _____

Have you attended a 30 minute ACFB Open House? If so, date _____ With whom _____

Are you requesting a Domestic or International homestudy? _____

If you working with an out of state agency for a domestic adoption, please provide name, address and contact person: _____

If international, what placing agency and country? _____

The information we/I have provided on this application is true to the best of our/my knowledge.

SIGNATURE(s) _____

(1st Applicant)

(2nd Applicant)

PRINT NAME _____

Date _____

Please return Application, Simple Fee Schedule and Information Disclosure Acknowledgement to our Skokie office, along with the \$375 application fee.



Adoption Center
for Family Building
"Adoptions with Heart"

SIMPLE FEE SCHEDULE 2011

Agency fees depend upon the services rendered. Below is a menu of our basic fee structure:

- Initial Consultation Fee**.....\$350
- Application**.....\$375
- Illinois Home Study** (Includes post placement services)
 - Domestic.....\$2,550
 - Update.....\$1,650
 - International.....\$2,900 (Includes two post placement visits)
 - Update.....\$1,700 (Includes two post placement visits)
- Indiana Home Study** (Does not include post placement services)
 - Domestic.....\$1,500
 - Update.....\$800
 - International.....\$1,700
 - Update.....\$950
- Interstate Service Fee**.....\$425
- Program Services**
 - Program Fee\$4,300
 - African American Program Fee.....\$3,200
- Counseling and Placement Services** (Three types of placements)
 - I. Agency Assisted.....\$5,000 (Services for birthmother in IL or IN)
 - II. Traditional Agency Placement...\$13,000 (Agency generated placement with birthmothers in IL or IN only)
 - III. African American Program\$6,900

Note: When the Center connects adoptive parents with a birthmother who does not reside in Illinois or Indiana, a \$3,800 fee is due following placement.

Note: There are additional expenses associated with an adoption, such as advertising costs, birth parent and agency expenses, newborn hospital care, legal and court costs.

Note: Once provided, fees for service are non-refundable. Application fee is non-refundable.

***Fees are subject to change**

Fees are current as of January 2011

By signing the Simple Fee Schedule, we/I are/am acknowledging that we/I received this general description of fees and refund policy.

Signature _____

Date _____

Signature _____

Date _____

