

ADOPTION CENTER FOR FAMILY BUILDING
8707 SKOKIE BLVD., SUITE 208, SKOKIE, IL 60077
847-674-3231

ILLINOIS APPLICATION FOR ADOPTION PREPARATION

DATE _____

LAST NAME OF APPLICANT(S) _____

1ST APPLICANT _____

Birthdate _____ Birthplace _____
First Middle Last (name you prefer to be called)

Education _____

Employment _____

Occupation _____

Social Security # _____ - _____ - _____ Annual Income _____

2ND APPLICANT _____

Birthdate _____ Birthplace _____
First Middle Last (name you prefer to be called)

Education _____

Employment _____

Occupation _____

Social Security # _____ - _____ - _____ Annual Income _____

CURRENT MARITAL STATUS: single ___ married ___ divorced ___ separated ___

PRESENT ADDRESS _____

How long resided _____ OWN ___ RENT ___ NO. OF ROOMS _____ NO OF BEDROOMS _____
Street City State Zip County

CONTACT INFORMATION

(Home Phone) _____

(Business) 1st (hers) _____ 2nd (his) _____

(Cellular) 1st (hers) _____ 2nd (his) _____

(Email) 1st (hers) _____

2nd (his) _____

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MARRIAGE DATE AND PLACE _____

Previous marriages (date, place and where terminated) _____

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 2 close relatives and 3 unrelated persons who know how you care for children.)

RELATIVES

A. _____

B. _____

PERSONAL

A. _____

B. _____

C. _____

Are any of the following in your background (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? 1st Applicant _____ 2nd Applicant _____

How did you hear about us? _____

Have you had an initial consultation at ACFB? _____ If so, when? _____

Are you requesting a Domestic or International homestudy? _____

If international, what 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)

Date _____

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

ADOPTION CENTER FOR FAMILY BUILDING



Adoption Center
for Family Building

"Adoptions with Heart"

SIMPLE FEE SCHEDULE

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

- Initial Consultation Fee**.....\$350
- Application**.....\$375
- Illinois "homestudy" (Includes post placement services)**
 - Domestic.....\$2,350
 - Update.....\$1,550
 - International.....\$2,600 (Includes two post placement visits)
 - Update.....\$1,700 (Includes two post placement visits)
- Indiana "homestudy" (Does not include post placement services)**
 - Domestic.....\$1,500
 - Update.....\$800
 - International.....\$1,700
 - Update.....\$950
- Interstate Service Fee**.....\$400
- Program Services**
 - Program Fee\$4,100
- Counseling and Placement Services (Two types of placements)**
 - I. Agency Assisted.....\$ 4,500 (Services for birthmother in IL or IN)
 - OR**
 - II. Traditional Agency Placement...\$12,500 (Agency-generated placement with birthmothers in IL or IN only)
- Minority Program (All agency fees included except Initial Consultation and Interstate)**
 - Agency Assisted.....\$10,325
 - Traditional.....\$11,825

Note: A Linkage Fee will be charged when the Center connects adoptive parents with a birthmother not residing in Illinois or Indiana. When a placement occurs, \$3,600 is due.
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.

***Fees are subject to change** Fees are current as of September 2009

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

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Skokie, IL 60077

INFORMATION DISCLOSURE ACKNOWLEDGMENT
Prospective Adoptive Parent(s)

WE/I, ACKNOWLEDGE THAT INFORMATION ABOUT THE FOLLOWING HAS BEEN PROVIDED BY THE CENTER*:

1. Description of adoption services and programs
2. Summary of Policies and Practices
3. General Eligibility requirements
4. General description of fees and refund policy
5. Written Rights and Responsibilities of Birth and Adoptive Parents, as provided by DCFS
6. Grievance Procedure

Signature

Date

Signature

Date

Print Name

Print Name

***Information is on our Website and in our Information Packet.** The Information Packet is mailed or given to you directly.

August 2009