

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) _____

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 \$425 application fee.



Adoption Center
for Family Building
"Adoptions with Heart"

SIMPLE FEE SCHEDULE

Application.....\$425

Illinois Home Study

Domestic.....\$2,700 (annual update: \$800)
 ▪ 2nd Adoption Update \$1,950
 ▪ Home Study Transfer \$2,200
 ▪ Embryo Donation Family Study \$1,600
 International.....\$4,000

Indiana Home Study

Domestic.....\$1,800 (annual update: \$800)
 ▪ 2nd Adoption Update \$1,200
 ▪ Home Study Transfer \$1,500
 International.....\$3,000

Post placement Visits\$400 each

Program Services

Initial Consultation.....\$375
 Program Fee\$6,300 (Due at 2nd consultation)

Placement Services

Match Fee (1)\$5,500 Plus expenses (2)
 Placement Fee.....\$13,500 (3)

Interstate Fee.....\$650 (if applicable)

Agency Assisted (Client locates birth mother).....\$9,500 (Match \$5,500, placement \$4,000, plus birth mother/agency expenses)

- (1) Match fee is non-refundable, but paid only once
 - (2) Additional expenses associated with an adoption include birth mother and agency expenses, newborn hospital care, legal
 - (3) Reduced placement fee available to families with incomes under \$100,000 and for African American families*
- *This agency is committed to diversity and insuring that African American birth parents have choices.

Please Note:

Designated/Identified Adoptions – See separate fee schedule for non-program participants only

Fees are non-refundable once services have been initiated. Fees are subject to change.

By signing the Simple Fee Schedule, I acknowledge receipt of this general description of fees and refund policy.

Signature Date

Signature Date

Fees current as of August 2019

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8707 Skokie Blvd., Ste. 208
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
7. Confidentiality Policy

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.

Confidentiality Policy: It is the policy of the Adoption Center for Family Building to respect the privacy and confidentiality of birth parents, adoptive parents and children placed for adoption through this agency. All client information is considered confidential and is to be released only as authorized by the individual.

April 2013