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**Main Office:** 1106 Clayton Ln, Suite 525W; Austin, TX 78723 ♡ **Attorney Office:** 5050 Quorum Drive, Suite 225, Dallas, TX 75254  
**Phone:** 855-304-4673 (HOPE) ♡ **Email:** [info@adoptionchoicesoftexas.com](mailto:info@adoptionchoicesoftexas.com) ♡ **Web:** [www.adoptionchoicesoftexas.com](http://www.adoptionchoicesoftexas.com)

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Dear Prospective Adoptive Parents, Welcome to the Adoption Choices!

***What does it take to adopt a child?***

Flexibility. Openness. A readiness to parent.

Adoption is the intentional act of finding homes for children. It happens through a step-by-step process that is its own enriching experience. We provide a full range of adoption services, and it is our goal to serve both adoptive and birth parents with professionalism, compassion, and respect.

Adoption creates change for the better. For the children, for the parents, and for all of us who work with birth parents. It takes a deliberate act of will to say “yes” to adoption. Are you ready to take the first step?

Thank you for your interest in our adoption programs. You will find attached a copy of the application, some abbreviated policies, and a list supporting documents that will need to be returned to our agency to complete your application.

If you have any questions regarding the process or procedures, you may contact us at any time. We look forward to being part of your family’s adoption journey.

Warmly,

*The Staff of Adoption Choices of Texas*



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## ABBREVIATED POLICIES AND PROCEDURES OF ADOPTION CHOICES OF TEXAS.

### INTRODUCTION

The purpose of Adoption Choices of Texas is to assist in the placement of children from biological mothers who are facing an inability to parent with adoptive families. We believe each child deserves to have a happy and safe home. Adoption Choices of Texas is driven to assist couples and individuals seeking to provide such a home. The staff of Adoption Choices of Texas is committed to each family, and supports and guides them throughout the entire adoption journey and beyond.

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**PLEASE NOTE:** All adoptive parents must complete a criminal and child abuse clearance through State of Texas procedures, which will include a fingerprint-based check. If possible, please forward a copy of your homestudy with your profile so that we may ensure your criminal and child abuse record will not be an impediment under Texas guidelines. We will not share your homestudy with the birthparent(s).

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### PLACEMENT

It is the policy of this agency to place children with adoptive families selected by either the birth parent/s or the agency based on the type of adoption chosen. The birth parent has final approval of the couple. Thereafter, the couple will be contacted and given all available medical and social history of the birth parent/s and will be asked if they want to proceed with this adoptive match. If proceeding; both the Agreement for Adoption Placement and final Estimated Expense Exhibit A will be sent for final review and approval. The signed Agreement for Adoption Placement and Exhibit A must be returned with the identified fees within 7 days. At that time, if all parties agree and time allows, the adoptive parents will come to Texas for a personal meeting with the birth mother, and the Agency's birth parent counselor. If time does not allow then a phone conference will be arranged where the following information will be discussed: openness of the adoption, legalities of the adoption, rules and regulations of the Agency, counseling for the birth mother, and all other aspects relating specifically to adoptions in Texas.

#### Eligibility Requirements:

1. Applicants shall be at least twenty-one (21) years of age.
2. Applicants shall have a minimum combined family income of at least \$40,000.00.
3. Applicants shall maintain a life insurance policy.
4. Each Applicant shall be a high school graduate or possess a GED equivalency.
5. If applicable, Applicants shall be provided information regarding United States Immigration Naturalization Service requirements for international adoption.

Waiver of Eligibility Requirements for Special Needs Children. In situations involving special needs placements, the Agency may waive one or more of the above requirements if the Agency feels the placement situation is in the best interests of the child, up to the extent that no waiver shall violate the minimum requirements of the State of Texas.

### **COMPLAINTS FROM ADOPTIVE APPLICANTS**

If an adoptive applicant has been notified that this Agency will not assist the applicant in the desired adoption, the applicant may communicate with the Executive Director or Office Director. If the applicant believes the application has been misunderstood or wishes to provide additional information which the applicant believes may cause the Agency's staff to determine that services shall be provided, a signed statement and any supplemental information may be provided to the Agency by the applicant and will be carefully considered. The applicant will be notified of the Agency's decision.

Despite every effort made to provide quality services, situations may arise in which any or all parties concerned become frustrated or dissatisfied. Should adoptive applicants become displeased with any aspect of the adoption process, they are encouraged to discuss these matters with the Agency staff member who is working with their adoption. If resolution or understanding does not occur, the applicants may speak with the Executive Director/ Social Service Director about their concerns. Every reasonable effort will be made to reach an understanding and resolve whatever problems have arisen. If no satisfactory resolution is achieved upon written request of the applicant a more formalized review will take place.

#### Formal Review Procedures:

1. The Agency review will include a face-to-face meeting with the party requesting the Agency review, the adoptive family caseworker, and the Executive Director of the Agency, or designee.
2. The Executive Director, or designee, will render a written decision, including the reason for the decision. The decision will be based upon the evidence presented at the review. A copy of the decision will be provided to all parties within fifteen (15) days.
3. All documents related to notifications regarding rights to an Agency review and written decisions of the Agency review will be maintained in the adoptive applicant's case file.
4. Alleged violations of licensing requirements may be reported to the Texas Department of Family and Protective Services; Residential Child Care Licensing at 14000 Summit Drive, Suite 100 Austin, Texas 78728 (512) 834-3195.

Geographic Area of Families to be Served: Families seeking adoptive services will be served throughout the United States. Adoption Choices of Texas is a licensed Child Placing Agency serving the entire State of Texas.

Additional Adoption Services: In addition to previously discussed services, below is a listing of other services provided to the adoption applicants prior to finalization of their respective adoptions:

1. Information about availability of children in particular localities, including the critical need for parents for some of these children;
2. Information about the completion of procedures before adopting a child;
3. How to collect appropriate documentation;
4. Preparation of certain documents on behalf of clients;
5. Examination of all required documents;
6. Assistance with certain authentication procedures, as required by the child's home state;
7. Submission of documents to appropriate authorities;
8. On-going information regarding the progress of their applications;
9. Information about the child proposed for adoption by the appropriate organization in the child's home state; and
10. Advice about traveling to the child's home state.

#### **BEHAVIOR MANAGEMENT**

The Agency's policy concerning the behavioral management of children is to discourage applicants from using physical punishment such as shaking, striking, or cruel treatment, harsh, humiliating, cruel, abusive or degrading language, denial of food, shelter or sleep, assignment of degrading or unnecessary work tasks inappropriate to the child's age or ability, medications or chemical agents, forced isolation, mechanical restraints, or extreme physical exercise. The Agency encourages applicants to lovingly discipline their child with age-appropriate punishment such as object removal, time-out or cooling-off time, or the denial of privileges such as television and/or special treats. If cooling-off time is used it should be for only a short duration, and the room should be left unlocked.

#### **SERVICES FOR SPECIAL POPULATIONS**

Adoption Choices of Texas is committed to identifying and assisting in the placement of children with special needs. Specific factors or conditions creating special needs include, but are not limited to, the child's ethnic background, age, membership in a minority or sibling group, or medical condition (physical, mental or emotional disability). The Agency makes every effort to place siblings with the same adoptive parents. If this is not in the best interest of the siblings, the record includes efforts made and the reasons and supporting evidence for separate placements. If placement of siblings together is impossible, the Agency discusses with the adoptive parents the importance of siblings maintaining contact. When siblings cannot be placed together, the Agency prepares a written statement, to be signed by the adoptive parents and an Agency representative, verifying that the family will encourage and allow on-going contact between the siblings unless it is not in their best interest.

## **SERVICES PROVIDED TO RELINQUISHING PARENT(S)**

The Agency's services to relinquishing parents may include, but are not limited to:

- A. Casework services to the parent to reach a decision regarding plans for the child and to ensure that a relinquishing parent understands the meaning of relinquishment of parental rights as irrevocable;
- B. Casework services to help each birth parent meet her physical, emotional, and material needs.
- C. When appropriate, the Agency assists the mother in obtaining:
  - 1. Living arrangements away from her home;
  - 2. Medical care, including prenatal, obstetrical, dental, and hospital care;
  - 3. Mental health services;
  - 5. Legal consultation prior to relinquishment;
  - 6. Qualified living expenses;
- D. Birth Parent counseling services to ensure that relinquishing parents understand the Agency's policy on open and closed adoptions and state law regarding openness.

## **OPEN AND CLOSED ADOPTION**

It is the Agency's policy to be sensitive to the expectations of openness for all members of the adoption triad. In most instances, the policy of openness will be determined by the comfort level between the birth parents and the adoptive parents. We have a Post Adoption Communication Agreement that outlines a mutually agreed upon schedule of pictures/letters/videos/phone calls and visits. Each adoption will be unique and will have its own adoption plan. In Texas, Post Adoption Communication Agreements cannot affect the validity of a final order of adoption.

## **DISRUPTED PLACEMENTS**

The adoptive family and child in placement are provided post-placement services in their home state to assist them with integration of the child into the family and to reduce the risk of disruption. Once the applicants have finalized the adoption, the child may not be returned to the conservatorship of the Agency.

## **Background Checks**

All adoptive parents residing in Texas, or adopting a child born in Texas, must complete a Texas criminal clearance, a Texas child abuse clearance, and an FBI clearance processed in conjunction with the Texas criminal history database. This is required even for out-of-state adoptive parents; whether they have obtained clearances in their home state or not.



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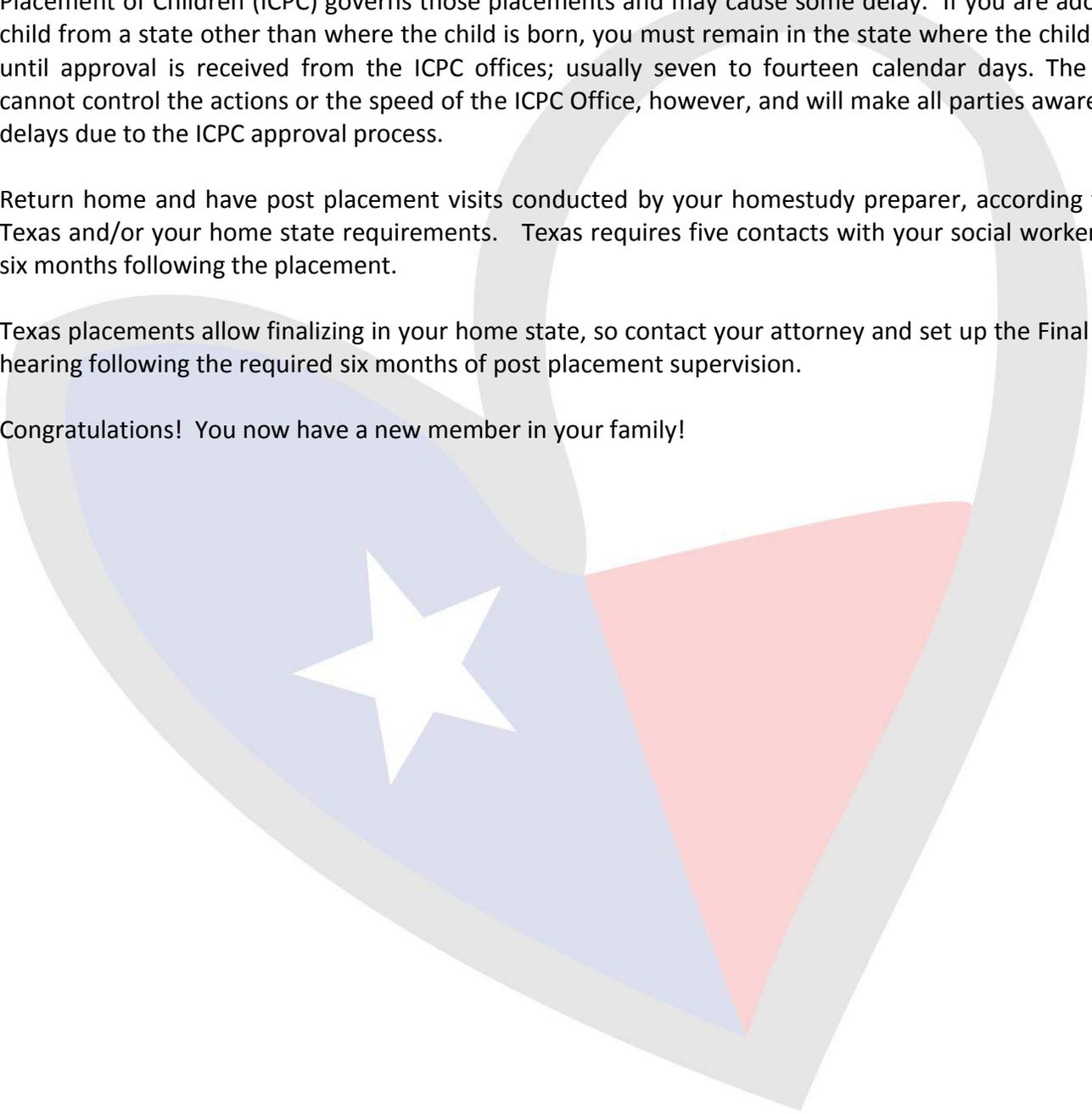
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### APPLYING WITH ADOPTION CHOICES OF TEXAS

- 1A. If you are new to the adoption process, meaning there is no previous home study completed by any agency, please begin with our homestudy application, or call us to discuss getting started on your adoption journey.
- 1B. If you are transferring an approved, current home study from another agency to Adoption Choices of Texas, please submit:
- Completed Application
  - Your home study or a signed Consent Form to be able to obtain your home study from the agency
  - All required supporting documents described in this packet
  - Non refundable application fee of \$595.00
  - Dear Birth Parent Profile ( 5 copies)
- OR
- 1C. If you have been chosen by a birth parent, and already have an approved and current home study please submit:
- Completed Application
  - Your home study or a signed Consent Form to be able to obtain your home study from the agency
  - All required supporting documents described in this packet
  - Non refundable application fee of \$595.00
- NOTE:** The required documents should be submitted to Adoption Choices of Texas by your home study agency.
- Signed Agreement for Adoptive Placement and Estimated Exhibit A along with the appropriate funds either by cashier's check or direct wire transfer.
2. Upon receipt of all documents the Executive Director or Administrator will review your application packet and will contact you regarding any missing items or information that may be needed and talk with you about your adoption journey.
3. When an appropriate potential match arises, we will contact you with the particulars of the case and ask if you would like to be considered for that placement. Usually three or four couples are presented to each birth parent. Specific and general risks are discussed with clients, if any. (If a birth father is not signing relinquishments, the clients will have to consent to the standard procedure for termination of parental rights for non-participating birth fathers)
4. You are chosen! You will sign a contract and deposit funds for the estimate of your adoption in our account. If your birth mother lives in the State of Texas, you may come to her home town to meet your birth parent/s. It is advised to stay in touch with the counselor and your birth parents throughout her pregnancy.

5. If your birth mother lives outside the State of Texas, an agency representative or the attorney representing the agency in the birth mother's state may meet with you and explain the laws regarding adoption in the birth parent's state, as well as meet with you and the birth parent jointly.
6. You will travel to the city where the child is to be born close to the date of delivery. Sometimes you will be allowed to be present at the delivery. This is the birth parent's option. Usually you can be with the baby while he or she is in the hospital.
7. Texas allows for several options for the care of the baby following birth but prior to signing relinquishments. A Birth Mother cannot sign relinquishments for 48 hours after the birth of the baby. During the mandated 48 hours waiting period the child may:
  - a. Remain with the birth mother or a first degree relative
  - b. Remain in the nursery if allowed by hospital.
  - c. Be placed into Cradle Care (Temporary care by a professional caregiver)
  - d. Remain with the adoptive parents pursuant to a temporary care agreement signed by the birth parent.
9. Once birth parent/s sign a Relinquishment of Parental Rights you will receive temporary custody placement agreements called an Agreement for Supervision and a Medical Authorization. The placement agreement should be faxed to your insurance company so the baby will have medical coverage. If your baby is delivered outside of Texas, other states have similar documents which you will receive that will allow you to provide the child with medical care while you are waiting for a final decree.
10. In Texas, the birth parent/s relinquishes their rights in front of two witnesses and notary forty-eight hours after birth. Their relinquishments cannot be revoked. If a birth father is not participating in the adoption, there may be a temporary legal risk while we attempt to terminate his parental rights. The agency will attempt to locate the birth father and advise him that the birth mother wishes to place her child for adoption. If he cannot be found or he is unwilling to consent to the adoption, he may be served with legal notice of the adoption proceeding according to Texas law. If the birth father has not signed legal paperwork consenting to the adoption, the adoptive parents would be asked to sign a "Legal Risk Statement" outlining their understanding that the birth father's rights have not yet been terminated in this adoption. This statement will allow you to travel out of state, if you reside outside of Texas, while we work to terminate the birthfather's parental rights.

11. This Agency understands that the time spent going through the adoption process can be an especially stressful time for adoptive applicants, and they would like the process to be completed as quickly as possible. When children are placed with families in another state, the Interstate Compact for the Placement of Children (ICPC) governs those placements and may cause some delay. If you are adopting a child from a state other than where the child is born, you must remain in the state where the child is born until approval is received from the ICPC offices; usually seven to fourteen calendar days. The agency cannot control the actions or the speed of the ICPC Office, however, and will make all parties aware of any delays due to the ICPC approval process.
11. Return home and have post placement visits conducted by your homestudy preparer, according to both Texas and/or your home state requirements. Texas requires five contacts with your social worker within six months following the placement.
12. Texas placements allow finalizing in your home state, so contact your attorney and set up the Final Decree hearing following the required six months of post placement supervision.
13. Congratulations! You now have a new member in your family!





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**ADOPTION CHOICES OF TEXAS**  
**ADOPTION INFORMATION/APPLICATION**

Application fee is \$595.00 made out to Adoption Choices of Texas and must accompany application.

**PLEASE NOTE:** All adoptive parents must complete a criminal and child abuse clearance through State of Texas procedures, which will include a fingerprint-based check. If possible, please forward a copy of your homestudy with your profile so that we may ensure your criminal and child abuse record will not be an impediment under Texas guidelines. We will not share your homestudy with the birthparent(s).

(All information will remain confidential unless your permission is granted, in writing, to release part or parts of it.) Please remember that with the new age of technology and the internet, your name, address and phone can possibly be located through diligence by a birth parent.

Date: \_\_\_\_\_

Applicant #1's full name: \_\_\_\_\_

Former name or alias, if any: \_\_\_\_\_

Applicant #2's full name: \_\_\_\_\_

Former name or alias, if any: \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone number: (\_\_\_\_) \_\_\_\_\_

Applicant #1's cell/mobile number: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Applicant #2's cell/mobile number: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Home fax number: (\_\_\_\_) \_\_\_\_\_

Date and place of marriage: \_\_\_\_\_

Names and birth dates of children of this marriage. State whether adopted or biological.

\_\_\_\_\_

\_\_\_\_\_

Who referred you to us? \_\_\_\_\_

**PERSONAL INFORMATION**

Please provide pictures in the spaces below:

The form consists of a large, light gray heart shape centered on the page. A horizontal line divides the heart into two equal halves. The upper half is labeled "Picture of Yourself" and the lower half is labeled "Picture of Your Home". The heart is filled with a light blue color on the left side and a light red color on the right side, with a white five-pointed star in the center. The entire heart shape is enclosed within a black rectangular border.

**APPLICANT #1** \_\_\_\_\_

Age and date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Race/Nationality: \_\_\_\_\_

Weight & Height: \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

How long? \_\_\_\_\_

Office address: \_\_\_\_\_

Office telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Office e-mail: \_\_\_\_\_

Annual income: \_\_\_\_\_

Religious preference: \_\_\_\_\_

Dates of previous marriages and divorces: \_\_\_\_\_

Children: (ages and custody status) \_\_\_\_\_

**APPLICANT #2** \_\_\_\_\_

Age and date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Race/Nationality: \_\_\_\_\_

Weight & Height: \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

How long? \_\_\_\_\_

Office address: \_\_\_\_\_

Office telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Office e-mail: \_\_\_\_\_

Annual income: \_\_\_\_\_

Religious preference: \_\_\_\_\_

Dates of previous marriages and divorces: \_\_\_\_\_

Children: (ages and custody status) \_\_\_\_\_

**MEDICAL PROBLEMS**

Past or present

APPLICANT 1: \_\_\_\_\_  
\_\_\_\_\_

APPLICANT 2 \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please list three references who will (or have) written letters on your behalf.

#1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

City/State: \_\_\_\_\_

#2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

City/State: \_\_\_\_\_

#3

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

City/State: \_\_\_\_\_

Have you had an adoption fail or fall through? If so, briefly describe the circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had a home study done by anyone for adoption purposes? If so, who did it and when? Please enclose a copy if you were given one. \_\_\_\_\_

\_\_\_\_\_

Have you ever been denied a favorable home study? If so, when and for what reason?

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What other methods are you using to try and adopt? \_\_\_\_\_

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How long have you been trying to adopt? \_\_\_\_\_

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Have you applied for a child elsewhere? If so, when and where? What were the results?

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**INFORMATION ON CHILD YOU WISH TO ADOPT**

Sex and age preference: \_\_\_\_\_

Would you accept twins? \_\_\_\_\_

Type of Child Preferred:

Caucasian: \_\_\_\_\_ Native American: \_\_\_\_\_ Asian: \_\_\_\_\_

Hispanic/Latino: \_\_\_\_\_ Alaskan Indian: \_\_\_\_\_ Pacific Islander \_\_\_\_\_

African American: \_\_\_\_\_ Biracial: (please explain) \_\_\_\_\_

Other: \_\_\_\_\_

Are either of you enrolled or eligible for enrollment in any Indian Tribe? What Tribe?

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Would you accept:

An older child? \_\_\_\_\_ To what age? \_\_\_\_\_

More than one older child if siblings? \_\_\_\_\_

**Openness in Your Adoption**

YES    NO    MAYBE

Would you accept a semi-open adoption where the agency would show your profile to the birth parent/s and you would meet the birth parent(s). Your first names would only be given to the birth parent(s) unless you choose to give them more information.

Would you accept an Open Adoption, where identifying information is exchanged between all parties. An Open Adoption includes, but is not limited to; pictures, letters, cards, videos, phone calls and visits.

Would you accept the request to send pictures of the child to the birth parent/s on a yearly bases?

Would you be willing to send pictures more often?

Would you accept a Closed Adoption where the birth parent/s do not want any contact with you at all? You would still receive available Medical and Social Information.

Indicate your level of acceptance of the following situations:

**Newborns:**

- A. Low Apgar score, prognosis uncertain

**YES**    **NO**    **MAYBE**

**Drugs:**

Would you accept a child whose biological mother:

- A. Is drug addicted?  
 B. Had previously used drugs?  
 C. Had previously been drug addicted?  
 D. Had used drugs before realizing she was pregnant?  
 E. Or whose biological father had used drugs at conception or was addicted to drugs during the pregnancy?

**YES**    **NO**    **MAYBE**

**Alcohol:**

Would you accept a child whose biological mother:

- A. Had abused alcohol, prognosis uncertain  
 B. Was presently using alcohol?  
 C. Is alcohol addicted?  
 D. Had previously been alcohol addicted but is not at time of conception?  
 E. Had used alcohol before realizing she was pregnant?

**YES**    **NO**    **MAYBE**

**Seizures:**

Would you accept a child whose biological mother had:

- A. Seizure disorder controlled by medication  
 B. Seizure disorder not controlled but has infrequent seizures  
 C. Seizure disorder not controlled and has frequent seizures

**YES**    **NO**    **MAYBE**

**Blood Disorders:**

Would you accept a child who has:

- A. Blood disorder requiring blood transfusions every 3 months  
 B. Blood disorder requiring hospitalization once a month  
 C. Blood disorder resulting in a limited lifespan

**YES**    **NO**    **MAYBE**

**Heart Problems:**

**YES    NO    MAYBE**

Would you accept a child who has:

- |    |  |                          |                          |                          |
|----|--|--------------------------|--------------------------|--------------------------|
| A. | Heart murmur, activity not curtailed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Heart murmur, vigorous activity curtailed  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | May require open heart surgery at a later date but at placement needs only to be watched | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Definitely will require open heart surgery   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Will require more than one open heart surgery  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Sight Problems**

**YES    NO    MAYBE**

Would you accept a child who has:

- |    |   |                          |                          |                          |
|----|---|--------------------------|--------------------------|--------------------------|
| A. | Sight in both eyes but vision is limited/glasses needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Sight in one eye only                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Blind but surgery may give partial sight                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Blind and will never have sight                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Hearing Problems**

**YES    NO    MAYBE**

Would you accept a child who has:

- |    |  |                          |                          |                          |
|----|--|--------------------------|--------------------------|--------------------------|
| A. | Hearing problem with only partial hearing/surgery may help | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Hearing problem with partial hearing/surgery will not help | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Hearing in only one ear                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | No hearing, deaf and does not speak                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Physical Deformities**

**YES    NO    MAYBE**

Would you accept a child who has:

- |    |                   |                          |                          |                          |
|----|-------------------|--------------------------|--------------------------|--------------------------|
| A. | Deformed hand     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Deformed arm      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Deformed leg      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Deformed face     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Two deformed arms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. | Two deformed legs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Cleft Problems**

Would you accept a child who has:

- A. Hare lip
- B. Cleft palate
- C. Both hare lip and cleft palate

**YES**    **NO**    **MAYBE**

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Sickle Cell Anemia Disorder**

Would you accept a child who has:

- A. Sickle Cell carrier
- B. Sickle Cell Anemia but relatively controlled
- C. Sickle Cell Anemia with frequent episodes

**YES**    **NO**    **MAYBE**

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Bi-Polar Disorder**

Would you accept a child who:

- A. Had one parent diagnosed with bi-polar disorder?
- B. Had both parents diagnosed with bi-polar disorder?
- C. Had grandparent(s) diagnosed with bi-polar disorder?
- D. Had a parent who was taking medication during pregnancy for bi-polar?

**YES**    **NO**    **MAYBE**

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Schizophrenia**

Would you accept a child who has:

- A. Schizophrenia
- B. Had one parent diagnosed as schizophrenic
- C. Had two parents diagnosed as schizophrenic
- D. Had grandparents diagnosed as schizophrenic?

**YES**    **NO**    **MAYBE**

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Depression**

Would you accept a child who:

- A. Had one parent who was depressed but not on medication?
- B. Had two parents who were depressed but not on medication?
- C. Had one parent who was depressed and on medication?

**YES**    **NO**    **MAYBE**

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**YOUR HOME**

Do you own or rent your home? \_\_\_\_\_

If own, value of home: \_\_\_\_\_

Mortgage left on home: \_\_\_\_\_

Rent or house payment: \_\_\_\_\_

**FINANCES**

List your assets and liabilities on the Statement of Net Worth form attached.

Who is your health insurance carrier? \_\_\_\_\_

Life insurance? Amount? \_\_\_\_\_

**GENERAL QUESTIONS**

Why do you wish to adopt a child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested, or do you have any type of criminal record? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Any other comments or information you would like to add: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please initial the following:

\_\_\_\_\_ We understand and acknowledge that our application fee of \$550.00, which is non-refundable is to process our application and set up a file.

\_\_\_\_\_ We further understand that adoption costs vary from situation to situation, and that upon our being matched with a birth mother and/or child we will be responsible for paying the full estimated amount of that particular situation.

\_\_\_\_\_ We understand that those funds will be placed in an escrow account and costs incurred by the agency on behalf of our birth mother will be paid from that account.

\_\_\_\_\_ We further understand that if the adoption fails, a portion of the agency placement fee may be credited to another birth adoption opportunity with Adoption Choices; or we may request remaining fund to be refunded. All other fees and costs are at risk.

\_\_\_\_\_ We understand that our home study is valid for 1 (one) year from the date of approval. We understand that if we do not receive a child within that one year period Texas law requires an update to be completed in order for our home study to remain valid. The update fee for Texas residents is \$1000.00

***Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application may subject that applicant to criminal or civil liability. Further any statements proven to be false can be ground for denial of your application or home study.***

\_\_\_\_\_  
Signature, APPLICANT #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, APPLICANT #2

\_\_\_\_\_  
Date



**Main Office:** 1106 Clayton Ln, Suite 525W; Austin, TX 78723 **Attorney Office:** 5050 Quorum Drive, Suite 225, Dallas, TX 75254  
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**STATEMENT OF NET WORTH**

Name(s) \_\_\_\_\_

**ASSETS**

**LIABILITIES AND NET WORTH**

|  |                 |                                |                 |
|--|-----------------|--------------------------------|-----------------|
| Cash on hand and in banks              | \$ _____        | Mortgage and real estate notes | \$ _____        |
| Investments                            | \$ _____        | Notes payable                  | \$ _____        |
| Savings accounts                       | \$ _____        | Credit card (balances)         | \$ _____        |
| Cash surrender value of life insurance | \$ _____        |                                | \$ _____        |
| Other stocks and bonds                 | \$ _____        |                                | \$ _____        |
| Real estate:                           |                 |                                | \$ _____        |
| 1. _____                               | \$ _____        | Loans (balances)               |                 |
| 2. _____                               | \$ _____        | _____                          | \$ _____        |
| Automobiles                            | \$ _____        | _____                          | \$ _____        |
|  | \$ _____        | _____                          | \$ _____        |
| Trucks, boats, planes                  | \$ _____        | _____                          | \$ _____        |
| Personal property                      | \$ _____        |                                |                 |
| <b>TOTAL ASSETS</b>                    | <b>\$ _____</b> | <b>TOTAL LIABILITIES</b>       | <b>\$ _____</b> |

**NET WORTH\* \$ \_\_\_\_\_**  
 (\*Net worth is the difference between Assets and Liabilities)

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

**NOTARY FOR INTERNATIONAL ADOPTIONS ONLY:**

State of Texas  
 County of \_\_\_\_\_

SUBSCRIBED AND SWORN to before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, to which witness my hand and seal of office.

\_\_\_\_\_  
 Notary Public  
 My commission expires: \_\_\_\_\_



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**CONSENT TO REQUEST CRIMINAL & CHILD ABUSE BACKGROUND**

**FULL LEGAL NAME:**

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Suffix** \_\_\_\_\_

**S.S. #** \_\_\_\_\_ **ID type:** \_\_\_\_\_ **ID #** \_\_\_\_\_ **State:** \_\_\_\_\_

**List all maiden and/or alternative names:**

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Maiden or Last Name:** \_\_\_\_\_ **Name Suffix:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Ethnicity:** Hispanic Not Hispanic Unable to Determine  
**Race:** Native American Asian Black Hawaiian/Pacific Islander White Unable to Determine

**Current Address:** \_\_\_\_\_ **Apt or Ste #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Five Year Residence History**

| Address | City | County | State | Dates of Residence |
|---------|------|--------|-------|--------------------|
|         |      |        |       |                    |
|         |      |        |       |                    |
|         |      |        |       |                    |
|         |      |        |       |                    |
|         |      |        |       |                    |

➤ I, \_\_\_\_\_, the person identified above, hereby authorize ADOPTION CHOICES OF TEXAS to be furnished information regarding my Criminal/Central Registry and other required background records. I also understand that information obtained during the application process and home study may be obtained from other agencies/professionals involved in the adoption process. I further understand that this is a non-expiring consent; withdrawal of this consent must be in writing.

\_\_\_\_\_/\_\_\_\_\_  
 Applicant Signature Date ADOPTION CHOICES OF TEXAS Date

ADOPTION CHOICES OF TEXAS hereby certifies that any and all information of the above named applicant will be kept in strict confidence and use solely for the purpose of evaluating the household for child placement. This consent also authorizes ADOPTION CHOICES OF TEXAS to submit the individual's Background check on a yearly basis, so long as the individual is under contract with ADOPTION CHOICES OF TEXAS, or is affiliated with any of its contractors, sub-contractors, or other employees.

**Please attach a copy of your driver's license and Social Security Card, unless already provided to Agency.**



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**CONSENT TO REQUEST CRIMINAL & CHILD ABUSE BACKGROUND**

**FULL LEGAL NAME:**

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Suffix** \_\_\_\_\_

**S.S. #** \_\_\_\_\_ **ID type:** \_\_\_\_\_ **ID #** \_\_\_\_\_ **State:** \_\_\_\_\_

**List all maiden and/or alternative names:**

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Maiden or Last Name:** \_\_\_\_\_ **Name Suffix:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Ethnicity:** Hispanic Not Hispanic Unable to Determine  
**Race:** Native American Asian Black Hawaiian/Pacific Islander White Unable to Determine

**Current Address:** \_\_\_\_\_ **Apt or Ste #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Five Year Residence History**

| Address | City | County | State | Dates of Residence |
|---------|------|--------|-------|--------------------|
|         |      |        |       |                    |
|         |      |        |       |                    |
|         |      |        |       |                    |
|         |      |        |       |                    |
|         |      |        |       |                    |

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\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date ADOPTION CHOICES OF TEXAS Date

ADOPTION CHOICES OF TEXAS hereby certifies that any and all information of the above named applicant will be kept in strict confidence and use solely for the purpose of evaluating the household for child placement. This consent also authorizes ADOPTION CHOICES OF TEXAS to submit the individual's Background check on a yearly basis, so long as the individual is under contract with ADOPTION CHOICES OF TEXAS, or is affiliated with any of its contractors, sub-contractors, or other employees.

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### DOCUMENTS NEEDED TO COMPLETE APPLICATION

The documents listed below are needed to complete your application. They should generally be less than one year old..

- Copies of photo ID's of applicants and all adult household members.
- Birth certificates, passports, or LPR cards of the adoptive applicants.
- Family photo.
- Photographs of all rooms inside of the home and the areas outside of the house.  
*Including any buildings, fences, driveways, gardens, storage, and potential hazards (e.g. a pool).*
- A labeled sketch of the home's floor plan, roughly illustrating the **size** of the rooms and describing their functions (a simple hand-drawn sketch is adequate, you don't have to get a blueprint).
- If applicants have pets, they must give proof of current rabies vaccination.
- Last three tax returns. Only the first few pages, which indicate your identity/income/etc., are required
- A copy of your health insurance card, and a statement from the policy or representative stating when coverage will begin for the adopted child. .
- Marriage license, if applicable.
- All prior divorce judgments, if any.
- Final decrees of prior adoptions, if any.
- Medical reports stating the current general health of **each** member of the household . ***Tuberculosis should be specifically screened for an any household member over one year old.***  
*For Parents: Any chronic conditions, known acute illnesses affecting the organs or nervous system, known ailments or disabilities which may impact a parent's ability to care for a child, or communicable diseases should be noted .*
- Three letters of reference from friends and family. These may be the same letters submitted for your homestudy.
- Verification of employment and salary; which may be three pay stubs or a letter from human resources.
- A statement detailing the identity and contact information for the attorney who will be handling the finalization of your adoption, as well as the professional or agency who will be providing post-placement supervision.
- Criminal and child abuse clearances, as well as fingerprint-based background check for anyone residing in the house who is over 14 years of age. Must include child abuse registry checks for any state of residence in the last five years.

The following may be addressed within the homestudy or in a separate statement:

- Statement of applicants' plan to safely store dangerous equipment out of the child's reach (e.g. saws, knives, firearms, chemicals, and other hazardous or flammable substances).
- Statement of applicants' plan to safely cope with potential disasters including evacuation, supervision, and transportation during a fire or severe weather emergency.
- Statement of any other insurance policies providing coverage for applicants health, life, or home.
- Statement of reason that adoption is desired, **including effect on general health if infertility is a cause for the prospective adoption.**
- Statement of the number and placement of smoke detectors and fire extinguishers; as well as CO2 detectors, if any.



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### Statement in Conjunction with Homestudy

Below are some statements which we have found are often left out of the homestudy, but are required for our service. Please fill out each question thoroughly.

1. How will you store hazardous items (saws, knives, toxic chemicals, flammable items and substances, etc.) so that they be inaccessible to the child?

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2. What is your plan to ensure that the child will be safe and supervised in the event of a disaster or emergency which requires you to leave your home or leaves you unable to supervise the child?

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3. What insurance policies do you have other than health insurance?

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4. What is your motivation for adoption? If it is related to infertility, please explain if you have any general health issues associated with the infertility.

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5. Please describe the number and locations of any fire-safety devices in your home. These include smoke detectors, CO2 sensors, fire extinguishers, etc.

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*This form may be completed by the adoptive parent, however the statements must be verified by a physician.*

### Physician's Report for Adoption

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Dr. \_\_\_\_\_

As part of an adoption process, it is necessary to have a medical evaluation and recommendation regarding each adult in my home. Please certify the questions below. I authorize this information to be released to Adoption Choices of Texas

*This report is to be accompanied by a completed Authorization of Release of Information form.*

Thank you.  
Sincerely,

\_\_\_\_\_  
Signature of Applicant or Household Member

|   |   |        |
|---|---|--------|
| Length of time physician has known patient:   | Height  | Weight |
| Date of most recent examination   | Blood pressure  | Pulse  |
| Note any acute medical conditions   | Note any chronic medical conditions   |        |
| Note treatment/management of conditions   | Note any significant treatment noncompliance (e.g. refusal of antiretrovirals, surgery, etc.) |        |
| Note any past resolved health conditions (e.g. organ failure resolved by transplant, organ removal, etc.) | Note any major surgeries  |        |
| Note any significant physical findings (e.g., conditions to monitor, referrals to specialist, etc.)       |   |        |

| Note Significant Personal Health Habits | Note Any Significant family histories   |
|---|---|
| Alcohol use                             |   |
| Use of controlled substances            | Note any present prescription meds, purpose, length of treatment & prescriber |
| Tobacco use                             |   |

Are there any medications, or physical, emotional, or mental conditions noted that would jeopardize a normal parental role or shorten life expectancy? If yes, please explain.

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**Laboratory Results**

| Type                         | Date of Test | Result |
|------------------------------|--------------|--------|
| Tuberculosis (Skin or X-Ray) |              |        |
| Other:                       |              |        |
| Other:                       |              |        |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Physician Name Printed

\_\_\_\_\_  
Date



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Sincerely,

\_\_\_\_\_  
Signature of Applicant or Household Member

|   |   |        |
|---|---|--------|
| Length of time physician has known patient:   | Height  | Weight |
| Date of most recent examination   | Blood pressure  | Pulse  |
| Note any acute medical conditions   | Note any chronic medical conditions   |        |
| Note treatment/management of conditions   | Note any significant treatment noncompliance (e.g. refusal of antiretrovirals, surgery, etc.) |        |
| Note any past resolved health conditions (e.g. organ failure resolved by transplant, organ removal, etc.) | Note any major surgeries  |        |
| Note any significant physical findings (e.g., conditions to monitor, referrals to specialist, etc.)       |   |        |

| Note Significant Personal Health Habits | Note Any Significant family histories   |
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| Alcohol use                             |   |
| Use of controlled substances            | Note any present prescription meds, purpose, length of treatment & prescriber |
| Tobacco use                             |   |

Are there any medications, or physical, emotional, or mental conditions noted that would jeopardize a normal parental role or shorten life expectancy? If yes, please explain.

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**Laboratory Results**

| Type                         | Date of Test | Result |
|------------------------------|--------------|--------|
| Tuberculosis (Skin or X-Ray) |              |        |
| Other:                       |              |        |
| Other:                       |              |        |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Physician Name Printed

\_\_\_\_\_  
Date



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### CONSENT FORM

I hereby authorize Adoption Choices of Texas, Inc. to receive:

- Adoptive home assessment(s), addendums, updates;**
- Criminal history investigations** – for all adult household members;
- Child abuse registry searches** – for all adult household members;
- Physician’s statements** - for all household members;
- Letters of reference;**
- Other** (please specify) \_\_\_\_\_.

Further, Adoption Choices of Texas may act as my agent in obtaining birth certificates for the adopted child following finalization of the adoption; as necessary and required by the state of the child’s birth, the state of termination of parental rights, and/or the state of finalization of the adoption.

\_\_\_\_\_  
Name printed

\_\_\_\_\_  
Name printed

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date