DOCUMENTS NEEDED TO COMPLETE APPLICATION

The documents listed below will be needed in order to complete your application with our agency and should be current within a year of birth of the child you are seeking to adopt.

- Copies of photo ID’s of applicants and all household members over the age of 14 (if household member is a minor and does not have state issued ID, please complete the minor photo ID waiver enclosed in the packet).
- Documentation of citizenship/immigration of applicants and dependents/household members. (Birth certificates are acceptable)
- Photographs of all household members.
- Photographs of the inside of the home and any areas outside accessible by the child
  - Including 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/dimensions of the rooms and describing their functions (a simple sketch is adequate, you don’t need to get a blueprint).
- Statement of the number and placement of smoke detectors and fire extinguishers; as well as CO2 detectors, if any.
- If you have pets, please provide proof of current vaccination.
- Last three tax returns.
- Copy of health insurance card, and a statement from the insurance agency detailing when coverage will begin for the adopted child.
- Marriage license (if applicable), prior divorce judgments, if any, and 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.**
  - Any chronic conditions, known acute illnesses affecting the internal 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.
- Verification of employment and salary (can be in the form of paystubs and/or employer letter).
- 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.
- Letter from Attorney that you plan to retain for finalization of the adoption.

The following may be addressed within the homestudy or in an attachment:

- 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 from agency that will be performing post-placement supervision.

**Additional documents may be requested on a case-by-case basis.**
ADOPTION CHOICES OF TEXAS
ADOPTION INFORMATION/APPLICATION

*The application fee is a non-refundable annual fee of $595.00 and must accompany the application as well as the Family Marketing Program fee which is $1,400.00. The Family Marketing Program includes the following:

- Profile and Video creation and/or existing profile transferred to ParentFinder;
- Unlimited 1 on 1 coaching/writing to develop mobile friendly profile;
- Professionally designed book & eBook;
- Professionally edited video;
- Website creation and hosting;
- Social Media accounts linked to ParentFinder account; and
- Profile continuously shown on our agency’s website as well as other adoption websites.

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 (if applicable): ________________________________

PAGE 1 OF 12
Names and birth dates of children currently in your home (state whether adopted or biological):

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

Who referred you to us?  ____________________________________________________________
PERSONAL INFORMATION

Please provide pictures in the spaces below:

Picture of Yourselves

Picture of Your Home
### APPLICANT #1

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age and date of birth</td>
<td></td>
</tr>
<tr>
<td>Social Security No.</td>
<td></td>
</tr>
<tr>
<td>Race/Nationality</td>
<td></td>
</tr>
<tr>
<td>Weight &amp; Height</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
</tr>
<tr>
<td>How long?</td>
<td></td>
</tr>
<tr>
<td>Office address</td>
<td></td>
</tr>
<tr>
<td>Office telephone</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Office e-mail</td>
<td></td>
</tr>
<tr>
<td>Annual income</td>
<td></td>
</tr>
<tr>
<td>Religious preference</td>
<td></td>
</tr>
<tr>
<td>Dates of previous marriages and divorces</td>
<td></td>
</tr>
<tr>
<td>Children (ages and custody status)</td>
<td></td>
</tr>
</tbody>
</table>

### APPLICANT #2

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age and date of birth</td>
<td></td>
</tr>
<tr>
<td>Social Security No.</td>
<td></td>
</tr>
<tr>
<td>Race/Nationality</td>
<td></td>
</tr>
<tr>
<td>Weight &amp; Height</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
</tr>
<tr>
<td>How long?</td>
<td></td>
</tr>
<tr>
<td>Office address</td>
<td></td>
</tr>
<tr>
<td>Office telephone</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Office e-mail</td>
<td></td>
</tr>
<tr>
<td>Annual income</td>
<td></td>
</tr>
<tr>
<td>Religious preference</td>
<td></td>
</tr>
<tr>
<td>Dates of previous marriages and divorces</td>
<td></td>
</tr>
<tr>
<td>Children (ages and custody status)</td>
<td></td>
</tr>
</tbody>
</table>
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?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What other methods are you using to try and adopt?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How long have you been trying to adopt?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

**INFORMATION ON CHILD YOU WISH TO ADOPT**

Age preference: ____________________________

Would you accept twins? ____________________________

Type of Child Preferred:

<table>
<thead>
<tr>
<th>Type of Child</th>
<th>Caucasian:</th>
<th>Native American:</th>
<th>Asian:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alaskan Indian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific Islander</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biracial (please explain)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other: ____________________________
Are either of you enrolled or eligible for enrollment in any Indian Tribe? Is so, which Tribe?

__________________________

__________________________

__________________________

Would you accept:

An older child? __________ To what age? ____________________________

More than one older child if siblings? ____________________________

Openness in Your Adoption

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:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>MAYBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Low Apgar score, prognosis uncertain</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Drugs:

Would you accept a child whose biological mother:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>MAYBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Is drug addicted?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Had previously used drugs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Had previously been drug addicted?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Had used drugs before realizing she was pregnant?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Or whose biological father had used drugs at conception or was addicted to drugs during the pregnancy?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Alcohol:

Would you accept a child whose biological mother:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>MAYBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Had abused alcohol, prognosis uncertain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Was presently using alcohol?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Is alcohol addicted?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Had previously been alcohol addicted but is not at time of conception?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Had used alcohol before realizing she was pregnant?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Seizures:

Would you accept a child whose biological mother had:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>MAYBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Seizure disorder controlled by medication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Seizure disorder not controlled but has infrequent seizures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Seizure disorder not controlled and has frequent seizures</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Blood Disorders:

Would you accept a child who has:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>MAYBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Blood disorder requiring blood transfusions every 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Blood disorder requiring hospitalization once a month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Blood disorder resulting in a limited lifespan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Problems:</td>
<td>YES</td>
<td>NO</td>
<td>MAYBE</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----</td>
<td>----</td>
<td>-------</td>
</tr>
<tr>
<td>Would you accept a child who has:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Heart murmur, activity not curtailed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>B. Heart murmur, vigorous activity curtailed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>C. May require open heart surgery at a later date but at placement needs only to be watched</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>D. Definitely will require open heart surgery</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>E. Will require more than one open heart surgery</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sight Problems</th>
<th>YES</th>
<th>NO</th>
<th>MAYBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you accept a child who has:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Sight in both eyes but vision is limited/glasses needed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>B. Sight in one eye only</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>C. Blind but surgery may give partial sight</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>D. Blind and will never have sight</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hearing Problems</th>
<th>YES</th>
<th>NO</th>
<th>MAYBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you accept a child who has:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Hearing problem with only partial hearing/surgery may help</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>B. Hearing problem with partial hearing/surgery will not help</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>C. Hearing in only one ear</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>D. No hearing, deaf and does not speak</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Deformities</th>
<th>YES</th>
<th>NO</th>
<th>MAYBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you accept a child who has:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Deformed hand</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>B. Deformed arm</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>C. Deformed leg</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>D. Deformed face</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>E. Two deformed arms</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>F. Two deformed legs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Cleft Problems
Would you accept a child who has:
A. Hare lip
B. Cleft palate
C. Both hare lip and cleft palate

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

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?

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?

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?
YOUR HOME

Do you own or rent your home? ____________________________________________

If own, value of home: ____________________________________________________

Mortgage left on home: ____________________________________________________

Rent or house payment: ____________________________________________________

INSURANCE

Who is your health insurance carrier? ____________________________

Life insurance? Please list the 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: ________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have any other family members or extended family members residing in your home on a permanent, partial, or temporary basis? Please list them here: ________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Any other comments or information that you would like to add: ________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Please initial the following:

_____  ______ We understand and acknowledge that our application fee of $595.00, 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.

__________________________________________________  Date
Signature, APPLICANT #1

__________________________________________________  Date
Signature, APPLICANT #2
# CONSENT TO REQUEST CRIMINAL & CHILD ABUSE BACKGROUND

**FULL LEGAL NAME:**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
<th>Suffix</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>S.S. #</th>
<th>ID type</th>
<th>ID #</th>
<th>State</th>
</tr>
</thead>
</table>

List all maiden and/or alternative names:

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle:</th>
<th>Maiden or Last Name:</th>
<th>Name Suffix:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth:</th>
<th>Gender</th>
</tr>
</thead>
</table>

Ethnicity: □ Hispanic □ Not Hispanic □ Unable to Determine

Race: □ Native American □ Asian □ Black □ Hawaiian/Pacific Islander □ White □ Unable to Determine

Current Address: __________________________________________________________ Email: ______________________________________

City: ___________________ State: __________ Zip: __________ County: _______________ Home Phone #: _____________________

Five Year Residence History

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>County</th>
<th>State/Zip</th>
<th>Dates of Residence</th>
</tr>
</thead>
</table>

Were you referred to Adoption Choices of Texas by an adoption consultant or another agency? □ Yes □ No

If yes, please list them here: __________________________________________________________

- 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.

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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.
INSTRUCTIONS TO COMPLETE THE TEXAS-SPECIFIC BACKGROUND CHECK PROCESS

Step 1:

Please complete the enclosed “HOUSEHOLD MEMBER CHECKLIST” form and the “CONSENT TO REQUEST CRIMINAL & CHILD ABUSE BACKGROUND” form for all household members age 14 and older in the home. The form asks that each person also include a copy of their driver’s license and social security card. If you do not have a driver’s license you can substitute a passport or any other government issued photo ID. If you do not have a social security card, please send documentation that verifies your social security number, such as a tax return. Please note that we will not be able to run your background checks without verifying your social security number.

You may submit these forms via our online portal or via mail to:

Adoption Choices of Texas

1106 Clayton Ln, Ste. 519-W

Austin, TX 78723

Once Adoption Choices of Texas has received the above referenced forms, we will enter you into Texas’ system as an adoptive family. We will email you once this step has been completed and you can proceed to Step 2.

PLEASE DO NOT PROCEED TO STEP 2 UNTIL ADOPTION CHOICES OF TEXAS HAS RECEIVED YOUR SERVICE CODE AND UE ID NUMBER AND FORWARDED THESE CODES TO YOU VIA EMAIL.

Step 2:

You either need to get fingerprinted on standard FBI cards OR a print out of an electronic scan of your fingerprints. It is a good idea to get two copies in the event the first set of fingerprints is smudged or for some reason rejected. Once you have your fingerprint cards and/or print out of your electronic scan, you need to submit your prints though identogo.com.

In many cases, you will have already been fingerprinted and run through the FBI background check system in your home state. Unfortunately, Texas will not accept these letters from your home state as a substitute for completing this step. The Texas Department of Family and Protective Services, which oversees licensing and background checks for Texas adoption agencies, will not allow Adoption Choices of Texas to place a child with your family without a Texas-specific FBI clearance on file.

Once your information is entered, the background check system will automatically generate a service code and UE ID number. We will send the codes to the email address that you provided on the consent form. When you have received your codes, please follow the instructions listed on the next page.
Please follow these instructions closely. The company who processes the fingerprints often change their website, so if these instructions do not make sense, please contact Ali Sanders at Adoption Choices of Texas (contact info below). For further clarification, there is also a document containing screenshots attached to this letter.

2. Select Texas from the drop down list.
3. Click appointments.
4. Enter your service code.
5. Click “Submit a fingerprint card by mail.”
6. Click “Continue.”
7. Enter your UE ID and Date of Birth
8. Enter your residence and citizenship information.
9. Answer the additional questions.
10. Enter your personal identification information. Make sure this matched the info listed on your driver’s license.
11. Enter your address. Make sure it matched the address listed on your consent form that you submitted to the agency.
12. Enter your payment. After you have submitted the payment, you will be redirected to a page with bar codes. Print this page and submit with your fingerprints to the identogo address listed.

If you have any questions, please contact:

Ali Sanders
Adoption Choices of Texas
1106 Clayton Ln. Ste. 519-W
Austin, Texas 78723
(512) 201-4400 ext. 403
asanders@adoptionchoicesoftexas.org
FOR FAMILIES RESIDING OUTSIDE OF TEXAS: Instructions for submitting your fingerprints through Identogo:

1. Go to www.identogo.com. The landing screen will be shown as below. Select Texas.

2. Click “Appointments.”
3. Enter your service code.

4. Click “Submit a Fingerprint Card by Mail.”

5. Click “Continue.”
6. Select “UE ID/Date of Birth” and enter your information where indicated. Click Next.

7. Enter your residence and citizenship information. Click next.

8. Answer the questions below. Click next.
9. Enter the personal identification information. The information entered should match your driver’s license.

10. Enter your address. It should match the address that was submitted with your background check (i.e. the primary address listed on the consent form you submitted to the agency).
11. Enter your payment. After you have submitted payment, you will be directed to a page with bar codes. Print this page and mail it with your fingerprints as indicated. If you need to reprint this page you can do so by logging in with your service code again.

12. After your payment has processed and you have submitted your fingerprints to identogo, the Texas Department of Family and Protective Services will notify the agency via email. After submission, your FBI results will remain on file for two years.
### HOUSEHOLD MEMBER CHECKLIST

Prospective Adoptive parents should each submit background check forms.

<table>
<thead>
<tr>
<th>Name of Prospective Adoptive Parent(s)</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list ALL other members of the household (including those residing part-time or on a temporary basis). All household members over the age of 14 should submit a separate background check form. Add additional pages if necessary.

<table>
<thead>
<tr>
<th>Name of Other Household Member (s):</th>
<th>Relation to Prospective Adoptive Parent(s):</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list all pets residing in the household and the date of last vaccination (add additional pages if necessary).

<table>
<thead>
<tr>
<th>Name of Pets</th>
<th>Last Vaccination Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
IDENTIFICATION REQUIREMENTS FOR MINOR FINGERPRINTING APPLICANTS

If a minor applicant is unable to present a document from the standard acceptable forms of identification list, the minor applicant must present either two secondary documents or one secondary document and two supporting documents for identification purposes along with the Texas Photo ID Waiver for Minors, which is on page two of this document. Additional documentation may be required to verify conflicting information, verify incomplete names and/or DOB, or document name changes. The documents in these categories must be originals or copies certified by the issuing agency or entity. All documents must be verifiable.

SECONDARY IDENTIFICATION DOCUMENTS

- Original or certified copy of a birth certificate issued by the appropriate State Bureau of Vital Statistics or equivalent agency from a U.S. state, U.S. territory, the District of Columbia, or a Canadian province. A birth record issued by a hospital is not acceptable under this category.
- Original or certified copy of a U.S Department of State Certification of Birth Abroad issued to U.S citizens born abroad (Form FS-240, DS-1350, or FS-545).
- Original or certified copy of court order with name and date of birth indicating an official change of name and/or gender from a U.S. state, U.S. territory, the District of Columbia, or Canadian providence.

SUPPORTING IDENTIFICATION DOCUMENTS

- Social Security Card (actual card)
- Temporary receipt for a Texas driver’s license or identification card
- School records* (e.g. photo ID cards, report cards, etc.)
- Medicaid card (actual card)
- Unexpired U.S. military dependent identification card (actual card)
- Immunization records*
- Tribal membership card from a federally-recognized tribe
- Hospital-issued birth record*

*These documents must be issued by an institution, entity, or government from a U.S state, U.S territory, the District of Columbia, or Canadian province.
TEXAS PHOTO ID WAIVER FOR MINORS

Legal Name (First, Middle, Last) / / DOB (DD/MM/YYYY)

I certify that I am the parent or legal guardian of the above-named child. This child does not have a state-issued photo identification card or other Primary Identity Document specified by the Texas Department of Safety.

Under penalty of the law, I confirm that the child present with me is the individual named above. I acknowledge that making a false statement regarding the identity of this child may lead to prosecution under Title 8 of the Texas Penal Code.

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian
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

<table>
<thead>
<tr>
<th><strong>Length of time physician has known patient:</strong></th>
<th><strong>Height</strong></th>
<th><strong>Weight</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of most recent examination</td>
<td>Blood pressure</td>
<td>Pulse</td>
</tr>
<tr>
<td>Note any acute medical conditions</td>
<td>Note any chronic medical conditions</td>
<td></td>
</tr>
<tr>
<td>Note treatment/management of conditions</td>
<td>Note any significant treatment noncompliance (e.g. refusal of antiretrovirals, surgery, etc.)</td>
<td></td>
</tr>
<tr>
<td>Note any past resolved health conditions (e.g. organ failure resolved by transplant, organ removal, etc.)</td>
<td>Note any major surgeries</td>
<td></td>
</tr>
<tr>
<td>Note any significant physical findings (e.g., conditions to monitor, referrals to specialist, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Note Significant Personal Health Habits

<table>
<thead>
<tr>
<th>Alcohol use</th>
<th>Note Any Significant family histories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Use of controlled substances

<table>
<thead>
<tr>
<th>Use of controlled substances</th>
<th>Note any present prescription meds, purpose, length of treatment &amp; prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Tobacco use

<table>
<thead>
<tr>
<th>Tobacco use</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

__________________________________________________________________________________________________
__________________________________________________________________________________________________

### Laboratory Results

<table>
<thead>
<tr>
<th>Type</th>
<th>Date of Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis (Skin or X-Ray)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature

Physician Name Printed

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

Child’s Physician 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 child 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 Parent/Guardian

<table>
<thead>
<tr>
<th>DEVELOPMENT</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of time physician has known patient:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dates of most recent examinations:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note any illnesses in past 2 months:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note any chronic medical conditions:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is patient’s physical development age-appropriate (If no, please explain)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Yes ☐No _______________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is patient’s emotional adjustment age-appropriate (If no, please explain)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Yes ☐No _______________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment, if any, given to patient while under your medical supervision:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PAGE 1 OF 2
## IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date last received:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DtaP</td>
<td>___________</td>
</tr>
<tr>
<td>HIB</td>
<td>___________</td>
</tr>
<tr>
<td>Polio</td>
<td>___________</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>___________</td>
</tr>
<tr>
<td>MMR</td>
<td>___________</td>
</tr>
<tr>
<td>Varicella</td>
<td>___________</td>
</tr>
<tr>
<td>Other inoculations:</td>
<td>____________________</td>
</tr>
</tbody>
</table>

Are immunizations all current?  ☐ Yes  ☐ No

Additional Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

## LABORATORY RESULTS

<table>
<thead>
<tr>
<th>Type</th>
<th>Date of Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis (Skin or X-Ray)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

________________________________________________________________________

Physician Signature  ____________________________  Physician Name (Printed)  ____________________________  Date  ____________________________

PAGE 2 OF 2
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?

_________________________________________________________________________________
_________________________________________________________________________________
________________________________________
_________________________________________

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?

_________________________________________________________________________________
_________________________________________________________________________________

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

_________________________________________________________________________________
_________________________________________________________________________________

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

_________________________________________________________________________________
_________________________________________________________________________________

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

_________________________________________________________________________________
# STATEMENT OF NET WORTH

Name(s) __________________________________________________

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>LIABILITIES AND NET WORTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand and in banks</td>
<td>$_________</td>
</tr>
<tr>
<td>Investments</td>
<td>$_________</td>
</tr>
<tr>
<td>Savings accounts</td>
<td>$_________</td>
</tr>
<tr>
<td>Cash surrender value of life insurance</td>
<td>$_________</td>
</tr>
<tr>
<td>Other stocks and bonds</td>
<td>$_________</td>
</tr>
<tr>
<td>Real estate:</td>
<td>$_________</td>
</tr>
<tr>
<td>1. __________________</td>
<td>$_________</td>
</tr>
<tr>
<td>2. __________________</td>
<td>$_________</td>
</tr>
<tr>
<td>Automobiles</td>
<td>$_________</td>
</tr>
<tr>
<td>Trucks, boats, planes</td>
<td>$_________</td>
</tr>
<tr>
<td>Personal property</td>
<td>$_________</td>
</tr>
</tbody>
</table>

TOTAL ASSETS $_________ | TOTAL LIABILITIES $_________ |

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: ____________
REFERENCE QUESTIONNAIRE

The person(s) named below have submitted an application for adoption to ADOPTION CHOICES OF TEXAS and have provided your name(s) as a personal reference.

ADOPTIVE APPLICANTS:

<table>
<thead>
<tr>
<th>Applicant 1:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant 2 (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

INSTRUCTIONS:

(1) Please provide accurate information in your responses.
(2) Please feel free to supplement this form. If you wish to provide additional information, attach the information to this form.
(3) Your responses should be printed or typewritten.
(4) If we have not provided enough space, you may write on the reverse of these pages or add pages.
(5) If you would like to submit your reference in the form of a narrative, be sure your narrative includes responses to all of the questions below. Use the first page of this questionnaire as a cover sheet.
(6) Please sign and date prior to returning.
GENERAL QUESTIONS:

1. How long have you known the applicant(s)?

____________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________

2. Are you related to the applicant(s)?
   ☐ Yes
   ☐ No

3. How much contact have you had with the applicant(s)? In what setting?

____________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________

4. Would you describe your relationship with applicant(s) as:
   ☐ Close friend?
   ☐ Family member
   ☐ Casual friend?
   ☐ Acquaintance?
   ☐ Business associate?
   ☐ Other (please explain): ___________________________________________
(a) How would you describe them?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

(b) What qualities (values, personality traits, etc.) in this person do you admire?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

(c) Have you observed them interacting with children? What did you observe?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
(d) How do they demonstrate affection toward others?

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________


APPLICANT 2 NAME (skip if completing for an individual): ________________________________

(a) How would you describe them?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

(b) What qualities (values, personality traits, etc.) in this person do you admire?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
(c) Have you observed them interacting with children? What did you observe?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

(d) How do they demonstrate affection toward others?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

PARTNERSHIP QUESTIONS (skip if completing for an individual):

(a) Do you feel this is a stable partnership? Please describe this couple in terms of compatibility, commitment and system of communication that you have observed.
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
(b) Do you feel that both members of this partnership are committed to adoption? Please describe.

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

ADOPTION QUESTIONS:

(a) Do you see any problems in applicant (s) acceptance of a child who may develop personality and/or physical characteristics different from their own?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

(b) Do you see any potential problems for members of the extended family in terms of accepting an adopted child whose personality and/or physical characteristics may be different from their own?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
(c) Are you aware of any problems in the areas of: alcohol or substance abuse, addiction, gambling, criminal activity, mental illness or inability to handle stress? If yes, please explain.

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

PLEASE ADD ANY ADDITIONAL COMMENTS (attach additional pages if necessary):

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Please provide a contact number and email if we have any further questions:

Phone: ________________________________

Email: ________________________________

_______________________________________________________________________________________

PRINTED NAME (of reference):

_______________________________________________________________________________________

SIGNATURE (of reference)  Date
Client Portal Application Release Form

I/we ________________________________ the undersigned prospective adoptive parent(s), for access to the Adoption Choices of Texas Client Portal Application, agree to keep confidential the personal access login, password and any information I may learn by accessing this system. I understand that the information being transmitted through the Client Portal Application contains redacted personal information on birth parents and that HIPAA regulations require that this information be held in confidence.

I further agree to notify Adoption Choices of Texas should my status change and I no longer need access to the Client Portal Application.

I understand that any and all of the educational materials presented through the Client Portal Application are property of Adoption Choices of Texas and are not to be reproduced, published, disseminated, or otherwise distributed under any circumstances.

I understand that use of the Client Portal Application is for the purpose of completing my adoption application and accessing educational information. Any other use is strictly forbidden.

I understand that Adoption Choices of Texas reserves the authority to revoke access to the Client Portal Application if any misuse of this feature is identified.

I hereby authorize (name and address of homestudy agency): ________________________________ to receive access to my personal filing cabinet on the Client Portal Application for the purpose of uploading my homestudy, background checks, medical authorizations, and other documents associated with my application to Adoption Choices of Texas. I understand that I may revoke this consent in writing at any time.

Date ________________________________

____________________________________  ________________________________
Print Name                                                                 Print Name

____________________________________  ________________________________
Signature                                                                            Signature
ADOPTION CHOICES OF TEXAS FAMILY MARKETING PROGRAM
INITIAL APPLICATION SHEET

<table>
<thead>
<tr>
<th>Names:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Email: (only the email being used to access your profile)</td>
<td></td>
</tr>
<tr>
<td>Names to Be Displayed on Site</td>
<td></td>
</tr>
</tbody>
</table>

We/I agree to release and allow to be displayed online the following marketing profiles by Adoption Choices of Texas after completion for the following:

(Please check box for permission to create and use the following)

- Creating an Electronic Profile for offline and online use to be viewed by potential birth parents for matching and placing a child in your home.
- Creating a Video Profile for offline and online use and to be viewed by potential birth parents for matching and placing a child in your home.
- Granting permission to use the Electronic Profile and Video for Online Marketing on various websites with the intent of locating a child for placement in our home.
- Creation of a Printed Version of the Profile (send two (2) copies printed by printer of your choice to our office).

_______ (initial) We/I understand that we can request to have access to an individual Parent Portal for your family on www.adoptionchoices.org to upload any supporting documents for the completion of our/my home study, matching, and post placement. Documents with confidential information on them may be mailed separately to our offices if the adoptive parents prefer this method of delivery. There is no obligation by the adoptive parents to use the Parent Portal.

_______ (initial) We/I hereby authorize Adoption Choices of Texas to display our/my family profile and our name(s) that we approve, for use on the Adoption Choices of Texas website, to be viewed by any person(s) viewing the above referenced website.
_______ (initial) We/I understand that Adoption Choices of Texas is not responsible for any profile content provided by the family that will be viewed by person(s) viewing the above referenced website. Furthermore, Adoption Choices of Texas is not responsible for any content posted to blogs or social media outlets (including, but not limited to, Facebook, Instagram, Snapchat, and Twitter) by the family.

Further I Acknowledge that I/We are voluntarily allowing marketing of our electronic profile and video on any marketing sites.

Further agreeing that our/my participation in any website produced by Adoption Choices of Texas confers no rights of ownership whatsoever.

Further we/I acknowledge that we/I are voluntarily allowing marketing of our/my electronic profile, print profile and video on any marketing sites further agreeing that participation in any website produced by Adoption Choices of Texas confirms no rights of ownership whatsoever.

In signing below, we/I release Adoption Choices of Texas, its contractors, its employees, attorneys, caseworkers, staff and any third parties involved in creating or displaying this profile or my image on the internet, from liability for any claims by me or any third party in connection with this profile or marketing purposes. Adoption Choices of Texas cannot guarantee the safety of your information on the internet as information displayed will be able to be viewed by whoever wishes to review it. Information and images can be stolen or used by third parties for purposes unknown. Knowing this, we wish to proceed in the above Family Marketing Program.

The fee for these services is $1,400.00 to be paid at the time this application is returned to our offices. Please make all checks out to: Adoption Choices of Texas.

__________________________________________  __________________________________
Adoptive Parent Signature                      Adoptive Parent Signature

__________________________________________  __________________________________
Date                                          Date