

ADOPTIONS NORTHWEST

1863 Pioneer Parkway E #601, Springfield, OR 97477 | (503) 776-6080

Home Study Fee: \$1,750.00

Date Sent: _____

The application fee is non-refundable and should be returned with these forms.

Review, Sign, and Return the following:

Adoption Agency Contract (signed by both applicants)
Authorization of Release of Information (initialed, signed & dated by both applicants)
Child Welfare/ Foster Parents Record Request
Family Rights and Grievances Form
CRIMS Application
Adoption Application*
Motivation to Adopt *
Understanding the Needs of Adoptive Children
Guardianship Information Sheet
Trainings and Preparation
Individual Information Sheet
Descriptions
Home and Community
Family Values and Parenting Skills
Financial Statement (signed by both applicants)*
Monthly Income & Expenses (signed by both applicants) *
Employment History
Education
Autobiographies
Confidential Medical Report (one for each applicant)
References
Agency Fee Schedule
Travel Fee Agreement (signed by both applicants and Adoption Worker)
10 Hours of completed parent training
Identification (Passport or Drivers License)
Birth Certificates **
Marriage Certificate **
Divorce Decree **
Orientation Verification Form – Completed with Adoption Worker at time of meeting.

*Please be sure all questions are answered. State N/A if it does not apply.

** Please send copies only. Original documents are not needed, these items stay in file.

Financial Information - To validate income we require your last year's tax return (only the state and federal tax return summary in necessary) or a credit report which you can get free at www.annualcreditreport.com and proof of employment.

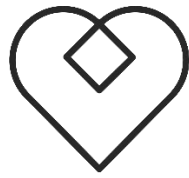
Medical Forms - (Medical form must be dated, and the physician's name and address clearly printed or typed. Both the Prospective Adoptive Parent and physician must sign the form. If you have not had a physical exam within the last six months, you must proceed with one. If you have, ask your physician to complete the enclosed form and return it to our office.

_____ Applicant 1 _____ Applicant 2

Reference Checks - (5 required - Reference must have known you well for two or more years and 4 cannot be related to the family).

Criminal History - All Adoptions require FBI clearance. Each person over 18 living in the home will be required to complete a background check. All background checks are done electronically. Once the information sheet is received it will be entered into the CRIMS background check system. You will receive email instructions from the background check unit on how to complete the fingerprint process.

Parent Training Certificates - You must provide a copy of parent training certificates. Each parent must be named on the certificate or have their own certificate. For a non-foster care adoption (independent adoption) you can complete the training online. We recommend using fosterparentcollege.com. They have many courses to choose from.



ADOPTIONS NORTHWEST

1863 Pioneer Parkway E #601, Springfield, OR 97477 | (503) 776-6080

Adoption Contract

DATE: _____

PARTIES:

Adoptions Northwest, doing business as (the "Agency")

Prospective Adoptive Parents _____ (the "AP")

Recitals:

- A.** The Agency is an adoption agency providing services to Prospective Adoptive Parents;
- B.** The AP desires to retain the Agency to provide adoption services as may be necessary or appropriate to or for the benefit of the AP; and
- C.** It is the mutual desire of the Agency and the AP to make certain agreements as more particularly set forth hereafter.

AGREEMENTS:

In consideration of the foregoing agreement, and the terms and conditions contained in this agreement, all parties agree;

1. Services Provided by the Agency

The Agency shall provide information and services as follows:

Information and Reporting Requirements

The Agency shall supply the AP with information and comply with all reporting requirements required under applicable law.

Mandatory Orientation

The Agency shall provide the AP with a mandatory orientation for the benefit of the AP. Topics covered during the orientation will include, but may not be limited to:

1. The options and approaches regarding foster-to-adopt and adoption.
2. Review the steps in the home study process.
3. Present topics that may impact the outcome of the home study or the adoption
4. Determine together whether to proceed with the home study process.

Home Study

The Agency agrees to perform all services necessary and appropriate to complete a home study for the AP. AP agrees to actively participate in all programs, trainings, and necessary steps required to complete the home study in a timely fashion.

2. Covenants of the AP

No Guarantee

The AP hereby acknowledges and agrees that this Agreement in no way obligates or represents a commitment of the Agency to an adoptive placement. The AP understands that the Adoption Selection Committee representatives (or equivalent) are responsible for selecting a family for adoptive placement. There are many factors in the committee's selection of an adoptive family that are not in the control of the Agency. The AP further acknowledges and agrees that they are informed that the Agency reserves the right to refuse to provide further services to any AP which the Agency determines does not fit the standards of an appropriate adoptive resource for a child.

Disclosures Regarding Home Study

The AP acknowledges and agrees that they have been informed, and understand, that during the home study process, areas of concern might arise that would need to be included in the home study document. These areas of concern could make committee acceptance of the home study unlikely and we will decide together whether to proceed with the home study or wait until concerns have been addressed in a manner satisfactory to the Agency. The AP understands that even if said concerns are addressed, the Agency will need to include stated concerns in the home study document along with the resolution. The AP understands that even with an agreed upon resolution, committee acceptance of the home study document resides with selection committee members and there is no guarantee that our family will be chosen.

The AP understands that at the end of the home study process the worker will make a recommendation regarding the family's ability to adopt, the number of children they are approved to adopt, and the traits or special needs of children they are approved to adopt. This recommendation will be based on multiple factors including, but not limited to the home, family members, parenting skills and background, family dynamics, and history.

The AP understands that we will submit our own home study (once completed) to any state that allows direct submission and that the Agency will submit our home study upon our request in

states that require worker-to-worker contact. The AP understands that the Agency will only submit our home study on children that meet the qualifications that are approved in the home study. The AP agrees that we also will only submit our home study on children that meet the qualifications that are approved in the home study.

3. Fees and Expenses

Special Needs Adoption

The AP shall pay to the Agency the fees and expenses in the amounts and at the times set forth herein. The AP is solely responsible for paying all costs and fees referred to herein.

The fees for services, as listed below, will become due and payable at the time the service is requested.

Service	(Foster Care Adoption)	Fee
Home Study	Special Needs	\$1,750.00

Service	(Non-Foster Care Adoption)	Fee
Home Study	Independent Adoption	\$1,750.00
Post placement Supervision - (includes up to two visits)		\$1,000.00
Each subsequent visit required by the child's agency will be \$500		

Home Study Service Fees / Update Fees

The AP agrees that payment in full must be received at the time the agreement is signed by the Agency and the AP. Typically, this is after an orientation or a meeting with an Agency Adoption Worker to determine that the family is a good potential match for foster care adoption. This will be paid to the Agency and may be mailed or dropped off at our ADOPTIONS NORTHWEST office.

Travel Agreement

The Agency does not charge a mileage or travel fee. All mileage or travel time for services rendered will be negotiated between the AP and the Adoption Worker as more particularly set forth in a separate Adoption Worker Travel Agreement.

An Adoption Worker of the Agency may not be available in the AP's area of residence, in which case travel costs would be applicable to the above terms.

In the rare case in which the Agency Adoption Worker would need to go out of the state for family representation, the AP must fully pay the actual cost of expenses related to the adoption.

Change in Fees

A version of this Agreement has been provided to the AP for information purposes at the time of initial inquiry or application. Because substantial time may elapse and circumstances may change

between the time of the initial inquiry and the time when the AP is accepted and committed to the Agency program, the specific provisions, and amounts of fees may differ from the provisions and amounts that appear herein. The AP agrees that the Agency may change the amounts of expenses and fees so long as the change is applied equally and prospectively to all similarly- situated APs. These fee changes may be due to, but are not limited to, placements resulting in guardianship or permanent foster care. The AP agrees to pay the fees and expenses in effect at the time the services are rendered, regardless of the amounts stated herein.

As the adoption process will be different for each family, during difficult situations that require extra supports, additional charges may be applied. These additional charges will be discussed between the Agency and the AP and confirmed in writing before moving forward.

Contribution

The Agency gratefully accepts all contributions but does not require any contribution or donation.

4. Fees and Expenses of Third Parties

Placing Agency or State Public Agency

The fee agreement does not govern or apply to services that may be provided by a Placing Agency or by the state public agency. Such fees are determined by the Placing Agency and state public agency, not by the Adoption Agency, and the Agency is not a party to any fee agreement between the AP and any Placing Agency or state public agency.

Other Third Party Fees and Expenses

There may be other fees and expenses in addition to those specified in this agreement. These can include, but are not limited to, the AP's insurance or medical costs, unanticipated medical costs for the child, taxes, etc.

Indemnification

The AP hereby agrees to indemnify, defend, and hold the Agency harmless from any and all claims, fees, expenses, and damages related to any and all charges by third parties referenced in Sections 4.1 and 4.2 hereof.

5. No Other Payments

While this Agreement remains in effect, the AP shall not make or promise - or cause, solicit, or allow any third person to make or promise on the AP's behalf— any gift or payment of any kind for adoption services or fees to any person or entity other than (a) the Agency, (b) such person or entities, state public agencies, Placing Agencies, or other entities as the Agency shall specifically designate, and/or (c) any legal counsel retained by the AP. This prohibition includes, but is not limited to, any government official or employee and any birth parent of a prospective adopted child.

6. Default

Time is of the essence of this Agreement. A default shall occur under the following circumstances:

1. Failure of the AP to pay any payment on or before the date required for service.
2. Failure of the AP to perform or comply with any provision of this contract, other than payment, within twenty (20) days after written notice from the Agency.
3. Any default by the AP under the Adoption Worker Travel Agreement shall constitute a default.

7. Remedies on Default

In the event of a default by the AP, the Agency shall have the right to terminate this Agreement by written notice to the AP. In addition, the Agency shall also have the right to pursue any and all remedies available under applicable law.

8. General Provisions

Binding Effect

This Agreement shall be binding upon and inure to the benefit of the parties and their legal representatives and successors and governed by the laws of the State of Oregon.

Right of the Agency to Unilaterally Withdraw

The Agency has the right to, at its sole discretion, withdraw from this Agreement for any reason should the Agency determine that the AP is not appropriate or otherwise acceptable for placement of a child. Fees paid to that point are non-refundable, and all other provisions in this Agreement and the Agreements referenced herein remain in effect unless specifically rescinded by the Agency.

Home Visits

The Agency is generally contracted for post-placement supervision by the state from which the child's case originates. Responsibilities placed on the Agency in such cases demand that the Agency physically visit the home of the AP. The Agency's policy is to visit the AP in their home every month, at no time having a period of more than 30 days pass without such a visit. By signing below, AP understands this policy and agrees to assist the Agency and the AP's adoption worker with post-placement scheduling of all visits. AP understands, and agrees, that all members of the family will be present for the home visits. No travel shall be planned that will interfere with the scheduled home visits.

Notices

Any notices to be given under this Agreement shall be in writing and shall be effective when actually delivered. If mailed, a notice shall be deemed effective on the third day after deposited as certified mail, postage prepaid, directed to the other party at the last known address of each party. It is the responsibility of the AP to provide, and maintain, a current and accurate mailing address to the Agency.

Attorney Fees

In the event any suit or legal proceeding is commenced to enforce or interpret any of the provisions of this Agreement, the prevailing party shall be entitled to recover from the losing party, all reasonable attorney fees incurred at trial and on any appeal.

Prevailing Law

This agreement shall be subject to the Laws of the State of Oregon. Should a dispute arise, all parties agree that any lawsuit will be filed in, and adjudicated in, Lane County in the State of Oregon.

Further Assurances

Each party agrees to execute and deliver such documents, and to do and perform such other acts and things, as the other party may reasonably request in order to carry out the intent and accomplish the purposes of this Agreement.

Entire Agreement

This agreement constitutes the entire agreement between the parties relating to the subject matter hereof, and supersedes and replaced all prior agreements, whether oral or written to such subject matter.

THE AGENCY:

Adoptions Northwest, Inc. dba Adoptions Northwest, Inc.

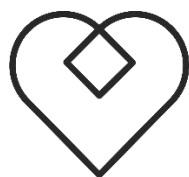
AP:

Adoptions Northwest Representative

Prospective Adoptive Parent

Prospective Adoptive Parent

Date Signed



ADOPTIONS NORTHWEST

Information Release Form

I/We, _____, agree that the agencies and individuals listed below may share and exchange information about my family and my circumstances. I may cancel this authorization for release at any time but understand that the cancellation will not prevent Adoptions Northwest, Inc. from receiving any information that was released before the cancellation. I understand that information about my/our case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I understand I have to sign a release for each agency or individual where a request will be made.

Information will be used for the purpose of evaluating our specific situation and to determine eligibility for adoption. This includes planning and coordinating adoption services for my family and determining we are suitable candidates for adoption. Information can be shared from and to:

State of Oregon Department of Human Services. All staff members and attorneys affiliated with DHS Oregon. Any and all state departments dealing with child welfare and placement services for adoption.

Other adoption agencies; including private adoption agencies

All other individuals necessary to provide a complete evaluation of adoption eligibility including, but not limited to: A child's CASA, attorney, members of the adoption committee, and all medical personnel including:

Mental Health Therapist

Other: _____

Create a new release form for each organization. Provide contact information below:

Organization Name

Organization Mailing Address

Organization Phone Number

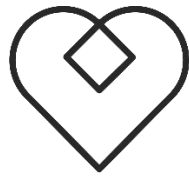
This information includes all confidential information, such as home studies, file notes, reports, evaluations, recommendations, and progress reports. This authorization is valid for one year from the date of signature.

Applicant 1

Date

Applicant 2

Date



ADOPTIONS NORTHWEST

Child Welfare/Foster Parents Records Request

By applying to be Prospective Adoptive Parents, we are requesting any and all information that may apply to you pertaining to the Child Welfare system, in regard to Child Welfare history or Foster parent history.

Foster Parent History:

I have _____ / have not _____ been a foster parent.

If so:

Date of Certification _____

County of Certification _____

Child Welfare History: _____

Have you ever had an investigation with DSHS? _____ Date of investigation _____

Results of investigation _____

(use additional page if necessary)

Have you every applied for adoption with DHS or another private agency? yes no

Agency Name _____ Date _____

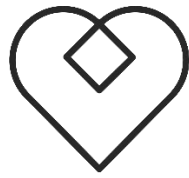
Outcome _____

Certifier _____ Phone _____

Email _____

Parent One: _____ Date: _____

Parent Two: _____ Date: _____



ADOPTIONS NORTHWEST

Family Rights and Grievance Policy

Adoptions Northwest, Inc. promises to protect your family's rights and has policies and procedures in place to do this.

Your rights, in accordance with Federal and State requirements include:

- The right to be treated with honesty, dignity and respect
- The right to discontinue services at any time,
- The right to have your information kept confidential and private. We only share information about your family with your permission and with a signed Release of Confidential information,
- The right to see your family's records
- The right to receive timely support and guidance in preparing your family for adoption
- The right to receive referrals to community services

Grievance policy: Any client of Adoptions Northwest has the right to express their grievances with regard to services provided by all our staff or agency policies. The following procedure should be followed should you be dissatisfied with your Adoption Worker:

1. If the client, for any reason, is dissatisfied or uncomfortable with the assigned Adoption Worker, the client has the right to request a different assignment. This may be done by contacting the Supervising Worker and expressing a desire for an alternate Adoption Worker.
2. If upon reassignment the client is still dissatisfied with the services being rendered, the client may contact the Executive Director for a review of the case.
3. In the event the client is still dissatisfied, the client may direct correspondence to the Board of Directors at:

Adoptions Northwest
Attn: Board of Directors
1863 Pioneer Parkway E, #601
Springfield, Oregon 97477

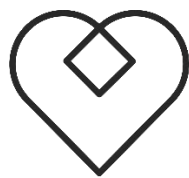
If a client is dissatisfied with an agency policy:

1. The client may request the review of a policy by the Executive Director. This must be done in writing, including email, to the attention of the Executive Director.
2. If the client is not satisfied with the Executive Director's response, the client may direct written correspondence to the Executive Committee of the Board of Directors and may request a review of the policy by the Executive Committee.

This grievance procedure has been reviewed and understood by the undersigned.

Signature Date: ____/____/____

Signature Date: ____/____/____



ADOPTIONS NORTHWEST

CRIMS Application

All residents of a household aged 18 and over must have a criminal background check completed to move forward with the adoption application process. In some instances, children 16 or over may have to have a CRIMS background completed also. If a check for someone younger than 18 is required we will let you know and advise how to proceed. Please provide the information listed below for each resident of the home:

Applicant 1 _____
Full Legal Name

Address _____

Phone _____

Email _____
Main email checked daily

Birthdate _____

Applicant 2 _____
Full Legal Name

Address _____

Phone _____

Email _____
Main email checked daily

Birthdate _____

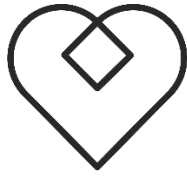
Additional Resident _____
Full Legal Name

Address _____

Phone _____

Email _____
Main email checked daily

Birthdate _____



ADOPTIONS NORTHWEST

Adoption Application

Date: _____

Applicant _____ Applicant _____
(please use complete legal name(s), include maiden name if applicable)

Street Address _____

City _____ County _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Cell Phone (P1) _____ Cell Phone (P2) _____

Email Address (P1) _____ Email Address (P2) _____

EMPLOYMENT

Applicant One Current Employer _____ Work Phone _____

Applicant Two Current Employer _____ Work Phone _____

PERSONAL INFORMATION / HISTORY

Marital/Relationship Status (select one):

- ☐ Single
- Divorced
- Separated
- Widowed
- Registered Domestic Partnership or Married
- Unmarried Couple

Date of Marriage/Domestic Partnership (if applicable): _____

Place of Marriage/Domestic Partnership (if applicable): _____

Has any applicant been previously married or in a registered domestic partnership?

Yes No

Any other persons living in the home? Yes No

If Yes, what is their relationship? _____

Date of Birth (if 18 or over) _____

Does any applicant have children from any previous relationship? Yes

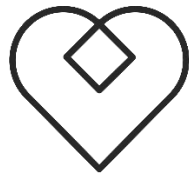
No Please list any children living at home (*list in order of age and include birth date*):

1. _____

3. _____

2. _____

4. _____



ADOPTIONS NORTHWEST

Motivation to Adopt

Please write a paragraph or two addressing the following questions:

1. Describe your motivation for adoption. When did you first become interested and why?
2. Is this an independent adoption? (non-foster care adoption)
 Infant adoption Relative adoption
3. Is the child already in the home? If Yes...
 How old is the child _____
 How long have they lived with you _____
4. If infertility was an issue, how have you addressed the emotional loss?
5. Have you discussed your adoption plans with any children in the home? Or do you plan for younger children?



Understanding the Needs of Adopted Children

What experience have you had with adoption? Were you adopted or do you know someone who was?

What do you know about the special needs of a child who has experienced trauma and loss?
What do you know about the grieving process and its importance?

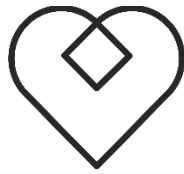
What experience do you have with children who have emotional or behavioral challenges?

How do you feel about a child's continued contact with biological siblings? Other safe relatives from the child's past?

If you are considering transracial adoption how will you provide for the child's cultural needs?

How do you plan to talk to the child about adoption? About their biological family? About how they came into care?

Are you comfortable using counseling for the child and other members of the family?



ADOPTIONS NORTHWEST

Guardianship Information Sheet

In the event of our deaths, we _____ plan to have the following person(s) care for our children.

Name(s): _____

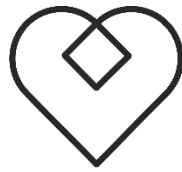
Address: _____

We have discussed this plan with them and they have agreed to provide guardianship. We understand this is not a legally binding document and will create a legally binding statement upon finalization of adoption regarding custody of our children in the event of our deaths. This form is only for purposes of adoption.

The following is required information of guardians:

	<i>Father</i>	<i>Mother</i>	<i>Child</i>	<i>Child</i>	<i>Child</i>
Name					
Age					
Marital Status					
Education					
Living with parents?					
Type of Employment					
Own their own home?					
Annual Income					

List other children including items listed above, if known:



ADOPTIONS NORTHWEST

Trainings and Preparation

Have you completed 10 hours of parent training? _____

We recommend fosterparentcollege.com to find the needed training

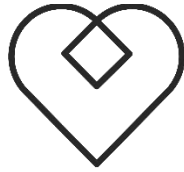
What other trainings or classes have you completed?

What books or articles have you read? Other media?

Please describe your personal support system

How do family and friends feel about your plans to adopt?

What community supports are you aware of?



ADOPTIONS NORTHWEST

Individual Information Sheet

Applicant 1

Name: _____
(use complete legal name, include maiden name if applicable)

Social Security Number: (last 4) _____

Birth Date: _____ Birth Place: _____ Nationality: _____

Height: _____ Weight/Stature: _____ Hair Color: _____

Eye Color: _____ Skin Color (light, medium, dark): _____ Race _____

Do you feel you are in good health physically? _____

Please provide a physical description of yourself:

Please provide a description of your general personality:

Please provide a description of your hobbies and interests:

Anything else you think we should know specifically about you?

Have you been under the care of a physician for any prolonged illness in the past 10 years? Yes No

If yes, explain: _____

Have you had any experience with:

Sexual Abuse? Yes No

Domestic Violence? Yes No

Substance Abuse? Yes No

If yes, explain: _____

Have you ever been under the care of a psychiatrist or had a nervous breakdown? Yes No

If yes, please provide the following information:

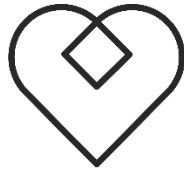
Nature of visit to psychiatrist: _____

Location of treatment: _____

How long ago? _____

Please list the name(s) of your physician(s) and dates of first and last treatments:

Clinic Address and Phone:



ADOPTIONS NORTHWEST

Individual Information Sheet

Applicant 2

Name: _____
(use complete legal name, include maiden name if applicable)

Social Security Number: (last 4) _____

Birth Date: _____ Birth Place: _____ Nationality: _____

Height: _____ Weight/Stature: _____ Hair Color: _____

Eye Color: _____ Skin Color (light, medium, dark): _____ Race _____

Do you feel you are in good health physically? _____

Please provide a physical description of yourself:

Please provide a description of your general personality:

Please provide a description of your hobbies and interests:

Anything else you think we should know specifically about you?

Have you been under the care of a physician for any prolonged illness in the past 10 years? Yes No

If yes, explain: _____

Have you had any experience with:

Sexual Abuse? Yes No

Domestic Violence? Yes No

Substance Abuse? Yes No

If yes, explain: _____

Have you ever been under the care of a psychiatrist or had a nervous breakdown? Yes_____ No_____

If yes, please provide the following information:

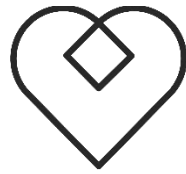
Nature of visit to psychiatrist: _____

Location of treatment: _____

How long ago? _____

Please list the name(s) of your physician(s) and dates of first and last treatments:

Clinic Address and Phone:



ADOPTIONS NORTHWEST

Description of Children in the Home

In narrative form please describe each child in the home. Include age, gender, general personality, interests and talents. What difficulties have they had to deal with such as learning, health, or emotional challenges? If more than one, how do they get along with each other? What is their relationship with each parent like? If they are old enough to understand how do you think they feel about the adoption? (NOTE* We will talk with children who are 5 or older to get their impression of adopting as well) What else should we know about them?

Description of Children Outside the Home

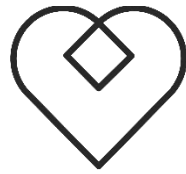
In narrative form, please describe children living outside the home. What is their role in the family and what involvement will they have with the adoption child? How do they feel about the adoption?

Others in the Home

If there are extended family members or unrelated persons living in the home describe them and their role in the family. What involvement will they have with the child? If 18 or over they will have to submit to and pass a background check also.

Pets in the Home

Describe each pet in the home. Include age, type, breed, and temperament. How do they do with children? Please be brief.



ADOPTIONS NORTHWEST

Home and Community

How long have you lived in your home?

Do you rent or own?

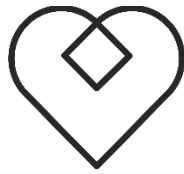
How many square feet is your home?

How many bedrooms in your home?

How would you describe your neighborhood?

How close are you to schools, doctors, and other services?

Please add any other comments you want us to know:



ADOPTIONS NORTHWEST

Family Values and Parenting Skills

How do you handle conflict?

What roles do each of you have in the family?

Are you comfortable talking about difficult subjects like sex or drugs? How did you get your own sex education?

What general goals do you have for your children? Educational Goals?

How do you feel about allowance? Chores?

How do people express feelings in your family? How did your family express feelings when you were growing up?

How will you teach your children the rules and expectations?

What are your feelings on discipline?

What are the cultural backgrounds of your family? Describe your family traditions, customs, religion, ethnicity, and lifestyle. How will you help a child fit in? How will you honor his traditions and culture?

What experiences have you had with other cultures?

Do you speak any languages besides English?

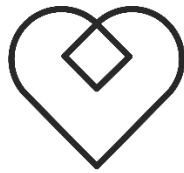
Do you have any Native American heritage?

Do you have any religious affiliations? If yes:

Is religion an important part of your daily life?

How do you attend services and do you expect your adopted child to attend?

How will you deal with a child who doesn't share your religious beliefs?



ADOPTIONS NORTHWEST

Financial Statement

Family Name _____

Date _____

Annual Income

Applicant I Gross Salary \$ _____

(self-employed exclude overhead expense)

Applicant 2 Gross Salary \$ _____

(self-employed exclude overhead expense)

Other income (source _____) \$ _____

Total Income \$ _____

Have either of you ever experienced financial difficulties? Yes No (if yes, explain)

Have either of you ever declared bankruptcy? Yes _____ No _____

If yes, Who _____ Date _____

Life Insurance

Current Face Value

Loan Value

Company

Beneficiary

Applicant 1

Applicant 2

Med. Insurance Provider: _____

Do you have a will? Yes No

Assets

Amount in Savings \$ _____

Average Bank Balance \$ _____

Value of Stocks & Bonds \$ _____

Home/Current Market Value \$ _____

Value of Other Real Estate \$ _____

Value of Vehicles owned

Make/Model \$ _____

Make/Model \$ _____

Make/Model \$ _____

Other Assets (itemize) \$ _____

Liabilities

Bank Loans \$ _____

Finance Company Loans \$ _____

Other Loans \$ _____

Home Mortgage \$ _____

Mortgages/Other Real Estate \$ _____

Charge Accounts: _____

MC/Visa \$ _____

Store \$ _____

Store \$ _____

Other \$ _____

Other Liabilities (itemize) \$ _____

Applicant 1 Signature

Applicant 2 Signature

Monthly Income and Expenses

If paid weekly, multiply weekly paycheck figures by 4.33. If paid bi-weekly, multiply paycheck figures by 2.16. If paid on semi-monthly basis, multiply paycheck figures by 2. If expenses paid on annual basis, divide by 12.

Monthly Income

Combined

Applicant 1 Monthly Gross Pay

\$ _____

Less:

Federal Income Tax

\$ (_____)

State Income Tax

\$ (_____)

Social Security

\$ (_____)

Insurance

\$ (_____)

Other

\$ (_____)

Applicant 2 Monthly Gross Pay \$

\$ _____

\$ _____

Less:

Federal Income Tax

\$ (_____)

\$(_____)

State Income Tax

\$ (_____)

\$(_____)

Social Security

\$ (_____)

\$(_____)

Insurance

\$ (_____)

\$(_____)

Other

\$ (_____)

\$(_____)

Monthly Expenses

House Payment or Rent (circle one) \$

Utilities:

Heat

\$ (_____)

Water

\$ (_____)

Telephone

\$ (_____)

TV/Cable

\$ (_____)

Electricity and/or Gas

\$ (_____)

Church Tithes & Offerings

\$ (_____)

Savings

\$ (_____)

Food & Household Supplies

\$ (_____)

Clothing

\$ (_____)

Cleaning/Laundry/Household Help

\$ (_____)

Transportation:

Car Payment

\$ (_____)

Car Insurance

\$ (_____)

Gas/Oil/Routine Maintenance

\$ (_____)

Medical/Dental/Medications

\$ (_____)

Newspapers/Magazines/Organization Dues

\$ (_____)

Personal Expenses

\$ (_____)

Hobbies/Gifts/Recreation

\$ (_____)

Other

\$ (_____)

Any estimated add'l expenses for adopted child

\$ (_____)

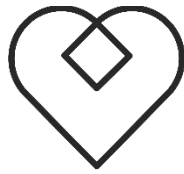
Total Monthly Expenses

\$ (_____)

Do both applicants plan to remain employed after adoption of infant or child? Explain: _____

Applicant 1 Signature

Applicant 2 Signature



ADOPTIONS NORTHWEST

Employment History – Applicant 1

Employment History: Please list employment, starting with your current employer and position held for the past 15 years:

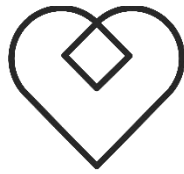
<i>Employer</i>	<i>Dates</i>	<i>Position</i>	<i>Responsibilities</i>	<i>Reason for Leaving</i>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Give a brief description of your future career goals:

Anything that you may wish to include about yourself, parents, or other family members:

Give brief description of any current community involvement:

Military Service (Please list years, branch, rank at discharge, responsibilities, where you served):



ADOPTIONS NORTHWEST

Employment History – Applicant 2

Employment History: Please list employment, starting with your current employer and position held for the past 15 years:

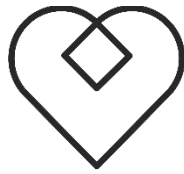
<i>Employer</i>	<i>Dates</i>	<i>Position</i>	<i>Responsibilities</i>	<i>Reason for Leaving</i>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Give a brief description of your future career goals:

Anything that you may wish to include about yourself, parents, or other family members:

Give brief description of any current community involvement:

Military Service (Please list years, branch, rank at discharge, responsibilities, where you served):



ADOPTIONS NORTHWEST

Education

Applicant 1

School

Graduate?

Year

Degree

1. _____

2. _____

3. _____

What kind of student were you? _____

Did you enjoy school? _____ Did you get good grades? _____

Extracurricular activities _____

Social life _____

Applicant 2

School

Graduate?

Year

Degree

1. _____

2. _____

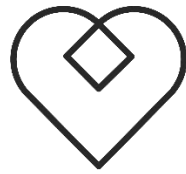
3. _____

What kind of student were you? _____

Did you enjoy school? _____ Did you get good grades? _____

Extracurricular activities _____

Social life _____



ADOPTIONS NORTHWEST

Autobiographies

Each applicant is requested to write a brief autobiography. We are not looking for the next great novel, but just a better understanding of who each of you are. We are not judging on spelling, grammar, or even content. We just want to have an idea about answers to the following questions.

Where were you born and where were you raised?

What did your parents do for a living? How would you describe the home's general lifestyle?

How many siblings did you have? Did you live with them? How did they feel about you? How did you feel about them? Are you still close?

Did you feel safe and loved in your home?

Were there any challenging issues such as health, parental absence, alcoholism, or mental health in the family?

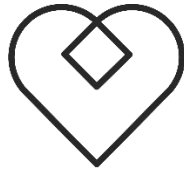
How did you deal with them? (We are especially interested in this question. Adopting from foster care can be very difficult and it is good if we can see how you've dealt with difficulties in the past)

What was the hardest thing that happened to you while you were growing up?

What did your parents do that you would like to do differently for your children? What did they do that you would like to do with your children?

What are the incidents, role models, etc. that you consider to have defined who you are today?

Do you still have contact with your parents and siblings? Are the relationships good?



ADOPTIONS NORTHWEST

I hereby consent to have a complete report of my current medical exam, emotional history and physical condition sent to:

Adoptions Northwest, Inc.
1863 Pioneer Parkway E, #601
Springfield, Oregon 97477

(Signature)

(Date)

Confidential Medical Report – Parent 1

Patient's Name

Address

City/State/Zip

Indicate general condition of patient's health: Excellent _____ Good _____ Fair _____ Poor _____

Date of most current exam: _____

How long have you known the patient? _____

Date of last TB Test? _____

List any medications currently being taken: _____

For what conditions? _____

Any history of:

___ Cancer

___ STDs

___ Mental Illness

___ Diabetes

___ Alcoholism

___ HIV Screen *(if performed, please return copy of results)*

___ Drug Screen *(if performed, please return copy of results)*

___ Other

___ Nervous or emotional upset

___ Fainting or seizures of any types

___ Cardiovascular

___ Depression

Confidential Medical Report

Does this person have any chronic, contagious, emotional or disabling illness that would interfere with the proper care of a child or children? Please explain any concerns.

Has this patient ever been treated for mental health issues or depression? Yes _____ No _____

Has this patient discussed fertility/infertility with you? Yes No Please comment: _____

What is your impression of this person as a prospective Prospective Adoptive Parent? _____

Would you like to discuss this information with a social worker? Yes No Not necessary

Please either **attach a business card or type** the physician's name and address.

Physician's Name: _____

Clinic Address: _____

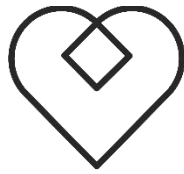
Physician's Signature

Date

****Do not return this report to applicant. Return directly to Adoptions Northwest at:**

*Mail: 1863 Pioneer Parkway E, #601
Springfield Oregon 97477*

eMail: kim@adoptionsnorthwest.org



ADOPTIONS NORTHWEST

I hereby consent to have a complete report of my current medical exam, emotional history and physical condition sent to:

Adoptions Northwest, Inc.
1863 Pioneer Parkway E, #601
Springfield, Oregon 97477

(Signature)

(Date)

Confidential Medical Report – Parent 2

Patient's Name

Address

City/State/Zip

Indicate general condition of patient's health: Excellent _____ Good _____ Fair _____ Poor _____

Date of most current exam: _____

How long have you known the patient? _____

Date of last TB Test? _____

List any medications currently being taken: _____

For what conditions? _____

Any history of:

___ Cancer

___ Nervous or emotional upset

___ STDs

___ Fainting or seizures of any types

___ Mental Illness

___ Diabetes

___ Cardiovascular

___ Alcoholism

___ Depression

___ HIV Screen *(if performed, please return copy of results)*

___ Drug Screen *(if performed, please return copy of results)*

___ Other

Confidential Medical Report

Does this person have any chronic, contagious, emotional or disabling illness that would interfere with the proper care of a child or children? Please explain any concerns.

Has this patient ever been treated for mental health issues or depression? Yes _____ No _____

Has this patient discussed fertility/infertility with you? Yes No Please comment: _____

What is your impression of this person as a prospective Prospective Adoptive Parent? _____

Would you like to discuss this information with a social worker? Yes No Not necessary

Please either **attach a business card or type** the physician's name and address.

Physician's Name: _____

Clinic Address: _____

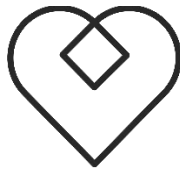
Physician's Signature

Date

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*Mail: 1863 Pioneer Parkway E, #601
Springfield Oregon 97477*

eMail: kim@adoptionsnorthwest.org

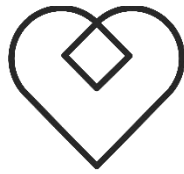


ADOPTIONS NORTHWEST

REFERENCES

List five references (include name, address and phone number) that you have known well for at least two years. **Only one reference can be a relative of any family member.**

1. _____
(name(s), address, phone number, email address)
2. _____
(name(s), address, phone number, email address)
3. _____
(name(s), address, phone number, email address)
4. _____
(name(s), address, phone number, email address)
5. _____
(name(s), address, phone number, email address)



ADOPTIONS NORTHWEST

Fee Schedule

Fee	Amount
Special Needs Adoption Home Study Fee	\$1,750.00
Independent (Non Foster Care) Adoption Home Study Fee	\$1,750.00
Adoption Worker Travel Fees	See Travel Fee Arrangement Form

Other Fees Involved Depending on Home Study Need	Amount
Home Study Update (required every 12 months) no visit required	\$350.00
Home Study Update (home visit required)	\$500.00
Independent Adoption Post Placement Supervision	\$1,000 for home visits and court recommendation for finalization.

Parent Signature(s)

Applicant One

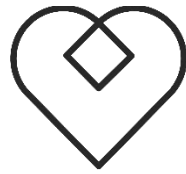
Applicant Two

Date

Adoptions Northwest

Adoption Worker Signature

Date



ADOPTIONS NORTHWEST

Adoption Worker Travel Agreement

DATE: _____

- A. Adoptions Northwest, doing business as Adoptions Northwest has entered into an Adoption Services Agreement with the undersigned. Prospective Adoptive Parents ("AP"); and
- B. It is the mutual desire of the AP and the undersigned Adoption Worker to enter into this Adoption Worker Travel Agreement, as more particularly set forth hereafter.

AGREEMENTS:

1. Payment

The AP shall pay the Adoption Worker all costs and fees provided herein upon presentation of an invoice from the Adoption Worker.

2. Costs and Fees

Costs

The costs to be paid include the following:

One-time travel fee of \$300.00 applies to all travel for this adoption.

Invoice

The Adoption Worker shall supply the AP with an invoice for the fees and costs prior to each scheduled visit.

3. Default

Time is of the essence of this Agreement. A default shall occur if the AP fails to pay any costs or fees within five (5) days after the date of any invoice.

4. Remedies on Default

In the event of a default by the AP, the Adoption Worker shall have the right to terminate further services to or for the benefit of the AP and shall also have the right to pursue any and all remedies available under applicable law in order to collect any costs and fees outstanding.

5. General Provisions

Binding Effect

This Agreement shall be binding upon and inure to the benefit of the parties and their legal representatives and successors.

Attorney Fees

In the event any suit or legal proceeding is commenced to enforce any of the provisions of this Agreement, the prevailing party shall be entitled to recover from the losing party, all reasonable attorney fees incurred at trial and on any appeal.

Further Assurances

Each party agrees to execute and deliver such documents, and to do and perform such other acts and things, as the other party may reasonably request in order to carry out the intent and accomplish the purposes of this Agreement.

Entire Agreement

This Agreement constitutes the entire agreement between the parties relating to the subject matter hereof, and supersedes and replaces all prior agreements, whether oral or written, relating to such subject matter.

Applicants

Adoption Worker

Applicant One

Applicant Two

Date _____