

APPLICATION FOR HAITI ADOPTION

Family Last Name: _____
(If different or hyphenated last name, list both: Wife/Husband)

- ♥ Please print clearly, initial & sign in ink
- ♥ Use additional paper if necessary
- ♥ Please do not leave any fields blank
- ♥ Use N/A or None as applicable

The information you provide in this application is very important in determining your qualifications as an adoptive family. All information provided will remain confidential and will be used only by CCAI personnel and your social worker to assist you in the adoption process. This application will not go to Haiti. Please do not omit items (i.e. number of divorces, arrest records, medical information and therapeutic issues). Failure to provide accurate and complete information may prevent CCAI from processing your application and may result in the closure of your file. CCAI reserves the right to perform its own confidential investigation pertaining to the information provided by you should CCAI deem it necessary.

CCAI is a division of Chinese Children Charities.
www.ccaifamily.org

GENERAL INFORMATION

(Please do not leave any blanks)

WIFE

HUSBAND

FULL LEGAL NAME _____

NAME YOU GO BY _____

SOCIAL SECURITY NUMBER _____

BIRTHPLACE (City/State/Country) _____

DATE OF BIRTH/AGE DOB _____ AGE _____

DOB _____ AGE _____

COUNTRY OF CITIZENSHIP* _____

ETHNICITY (Race) _____

EDUCATION (Highest Level Completed) _____

OCCUPATION _____

PRIMARY EMPLOYER _____

HOBBIES/TALENTS _____

*Non-US citizens must submit a copy of their valid green card with application please.

HOME ADDRESS: _____
STREET ADDRESS CITY COUNTY STATE ZIP CODE

MAILING ADDRESS: _____ Have you resided outside of the US in the past 5 years? _____

(_____) _____ (_____) _____
PRIMARY PHONE FAX PRIMARY E-MAIL

(_____) _____ (_____) _____ (_____) _____ (_____) _____
WIFE WORK HUSBAND WORK WIFE CELL HUSBAND CELL

Do we have your permission to contact you at work? Wife: Yes _____ No _____ Husband: Yes _____ No _____

DATE OF CURRENT MARRIAGE: _____ **CITY/STATE/COUNTRY:** _____

WIFE'S MAIDEN NAME: _____

HAVE EITHER OF YOU BEEN PREVIOUSLY MARRIED? Wife: **Yes / No** Husband: **Yes / No**

If previously married, please list how the marriage ended (i.e., annulment, divorce, death,), date and previous spouse's name(s).

	How Ended	Date	Previous Spouse's Name
Wife			
Husband			

CHILDREN: Please list all children – born to or adopted by applicant(s).

Name	Age	Gender	Date of Birth	Birth/Adopted*	Ethnicity	Current Location/Custody
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Please note group number for families who have previously adopted through CCAI.

OTHERS IN HOUSEHOLD (incl. others living in home, living on property, OR working in the home on a regular basis)

Name	Gender	Date of Birth / Age	Relationship
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

ARREST HISTORY

HAVE YOU **EVER** BEEN ARRESTED OR CITED FOR ANY REASON AT ANY AGE? (Even if it was expunged, dismissed, dropped, charged in another state or as a minor.)

Please be aware that failure to disclose ANY arrest history, even if acquitted, not convicted, or not fingerprinted, will result in immediate closure of your adoption file.

WIFE: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ Clearance Attached

HUSBAND: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ Clearance Attached

If **YES**, please include the following with your application: 1) a detailed explanation of the arrest, written by you and 2) (if available) a copy of the disposition report obtained from the court in the jurisdiction **in which your arrest occurred**.

HEALTH INFORMATION

	Height	Weight
Wife	_____	_____
Husband	_____	_____

HAVE YOU EVER HAD (W=Wife, H=Husband):

	NO	YES	DATE/EXPLAIN		NO	YES	DATE/EXPLAIN
Tuberculosis	_____	_____	_____	Cancer/Tumor	_____	_____	_____
Heart Disease	_____	_____	_____	Liver Disease	_____	_____	_____
Sexual Disease	_____	_____	_____	Kidney Disease	_____	_____	_____
Mental Illness (1)	_____	_____	_____	Nervous Disorder	_____	_____	_____
Lupus	_____	_____	_____	Seizure Disorder/Epilepsy	_____	_____	_____
Procedures (2)	_____	_____	_____	Genetic Disease	_____	_____	_____
Operations (2)	_____	_____	_____	Counseling or Therapy	_____	_____	_____
Illness/ Injury Requiring Hospitalization	_____	_____	_____	Alcohol Abuse	_____	_____	_____
				Drug Use/Experimentation (3)	_____	_____	_____
				Any Physical Impairment (e.g. blindness, deafness, paralysis, missing limbs, etc)	_____	_____	_____

	NO	YES	DATE/REASON
❖ Have you ever tested positive for HIV and/or Hepatitis B?	_____	_____	_____
❖ Are you currently taking any medications? (1) and (2)	_____	_____	_____
If YES, list name and purpose of medications: _____			

Is infertility one of your reasons for pursuing adoption? Yes/No

Are you pregnant or could be pregnant? Yes/No

HEALTH INSURANCE

HEALTH INSURANCE PROVIDER: _____

Will they cover an adopted child? _____ Will they cover a child with a pre-existing condition? _____

CCAI recommends that adoptive families research their health insurance terms/limits to avoid delays in coverage. We also encourage you to begin thinking about guardianship for your adopted Haitian child. All families will be asked to provide this information during the adoption process.

EXTENDED FAMILY – Use additional page(s) if necessary. Please list all immediate family members (living or deceased).

If we are unable to reach you do we have permission to contact members of your extended family? Please indicate “Yes” or “No” below.

WIFE’S FAMILY

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

HUSBAND’S FAMILY

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

EMPLOYER : CCAI will **only** contact your employer if we deem it necessary; however, we still need complete information on this application.

	WIFE	HUSBAND
Company Name	_____	_____
Supervisor	_____	_____
Street Address	_____	_____
City/State/ZIP	_____	_____
Phone	_____	_____

REFERENCES: Your application cannot be approved until all references have been received at the CCAI office.

Please list five personal references

	Name	E-mail Address	Mailing Address	Phone Number
1.	_____	_____	_____	(____) _____
2.	_____	_____	_____	(____) _____
3.	_____	_____	_____	(____) _____
4.	_____	_____	_____	(____) _____
5.	_____	_____	_____	(____) _____

- **For FL applicants,** FL law requires a minimum of 5 references be provided before your application can be approved.
- **For GA applicants,** GA law requires “at least one reference must be from an extended family member not residing with the prospective adoptive family.”

FINANCIAL INFORMATION

Name of Employer

Employment Dates

Verifiable Gross Annual Income

WIFE (Present): _____

If less than 3 years (Previous): _____

HUSBAND (Present): _____

If less than 3 years (Previous): _____

OTHER CURRENT ANNUAL INCOME (List Source): _____

(e.g. Rental / Employment / Interest / Other income)

TOTAL ANNUAL INCOME

PRIMARY RESIDENCE

____ Rented ____ Owned Date of Purchase _____ Monthly payment or rent \$ _____ # of Bedrooms _____

ASSETS

Primary Residence (approx. value): \$ _____
 Real Estate (other than primary residence): \$ _____
 Vehicles: _____ \$ _____
 _____ \$ _____
 Savings Account(s): \$ _____
 Checking Account(s) (usual balance): \$ _____
 Bonds: _____ \$ _____
 Stocks: _____ \$ _____
 Contents of home based on insurance replacement value: \$ _____
 (Obtained from home/renters insurance policy)
 401K/Retirement: _____ \$ _____
 Other*: _____ \$ _____
 (*IRA, PERA, etc)
TOTAL ASSETS: \$ _____

LIABILITIES

	Owed	Monthly Payment
Mortgage Balance:	\$ _____	\$ _____
Credit Cards:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Bank Loans:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL LIABILITIES:	\$ _____	

NET WORTH:

\$ _____

What significant changes do you anticipate in your financial situation, if any? _____

Have you ever filed for bankruptcy? **NO / YES** (if yes, please list date(s)) _____

Please share with us how you are going to finance this adoption.

ADOPTION

WHY DO YOU WISH TO ADOPT A CHILD FROM HAITI? _____

Why have you chosen CCAI for this adoption? _____

CHILD or CHILDREN PREFERRED:

Female Male Either

I/We are interested in adopting:

One child

More than one child:

Twins

A sibling group of _____ children

*Please note that Haiti does not allow the adoption of multiple unrelated children

Age Range **At the Time of Referral:** _____ to _____ months/years (please circle one)

Comments: _____

FAMILY ASSESSMENT

YES NO

Are you presently pursuing adoption possibilities through another agency? Agency name: _____

Have you ever had a home study completed? Date: _____ Agency name: _____

Have you ever been denied for the placement of a child?

Has a child ever been removed from your home?

Have you ever been charged with child abuse, sexual abuse or domestic violence?

If you answered "YES" to any of the above, please provide a detailed explanation. Letter Attached

ADOPTION(S) Through Another Agency

YES NO

Have you ever completed an adoption through another agency? Agency name: _____

Have you ever applied and had your application denied for any adoption program? Agency name: _____

Have you ever refused a child referral?

Do you currently have a complete dossier sent to Haiti through another agency? Agency name: _____

If you answered "YES" to any of the above, please provide a detailed explanation. Letter Attached

Please share with us some details about your previous adoption(s), if any:

Date of adoption finalization: _____ Age of child at time of referral: _____ Health status: _____ Domestic _____: Name of Country _____

Date of adoption finalization: _____ Age of child at time of referral: _____ Health status: _____ Domestic _____: Name of Country _____

Your home study will be completed by a CCAI social worker who will be assigned to your family.

IMPORTANT ADOPTION INFORMATION

There are certain risks involved in international adoption. While CCAI will attempt to provide you with all available information about the prospective adoptive child and assist you with the entire adoption process, some unpredictable problems and/or events which are beyond CCAI's control may nevertheless occur. These unpredictable problems and/or events include, but are not limited to: changes in the birth parents' plan, adoption requirements or policies promulgated by the Haitian or U.S. governments, and/or in international relations between Haiti and the United States.

In addition, a child that you identify may have physical and/or emotional problems, minor or major, that have remained partially or totally undiagnosed and which were unknown to CCAI. Therefore, your motivation for adoption and an honest assessment of your strengths and weaknesses in parenting are extremely important.

SIGNATURES

We attest that the information we have provided in this application is true, complete and accurate to the best of our knowledge, and we understand that any and all responses are subject to verification. We have read and understand the information regarding Chinese Children Adoption International (CCAI) and the risks involved in international adoption. We understand that the approval of our application does not guarantee the placement of a child. We understand that CCAI reserves the right to close our file at any time if we fail to disclose requested information fully and accurately.

We understand that by signing this application we agree to notify CCAI immediately upon any changes in our personal or family situation including job change, change of address, separation, arrest, divorce, pregnancy, placement of foster or adopted child(ren), significant changes in physical or mental health status, significant changes in financial status or any other significant event at any time during the adoption process. We understand that CCAI reserves the right to close our file should any of these changes disqualify us for Haiti adoption.

Wife: _____
Signature

Date: _____

Husband: _____
Signature

Date: _____

Return with a non-refundable \$250 application fee (\$150 for families who have previously adopted through CCAI).
Make checks payable to CCAI.

Mail to the CCAI office located in your state:

CCAI FLORIDA

5814 Old Pasco Road
Wesley Chapel, FL 33544
Phone: 813-994-1000
Fax: 813-994-1004
E-mail: ccaifl@ccaifamily.org

CCAI GEORGIA

5825 Glenridge Dr., Bldg.1, Ste. 126
Atlanta, GA 30328-5327
Phone: 404-250-0055
Fax: 404-250-0099
E-mail: ccaiga2@ccaifamily.org

Before submission please complete:

FLORIDA FAMILIES CHECKLIST

- Application
- Fee \$ _____
- Affidavit of Good Moral Character (for each applicant and each adult in the home)
- Affidavit of Good Moral Character Addendum (for each applicant and each adult in the home)
- Make a copy of the application for your records

GEORGIA FAMILIES CHECKLIST

- Application
- Application Fee \$ _____
- Applicable Attachments
- CCAI Adoption Orientation Information Acknowledgement
- Prior Work with Children Form
- DHR Release Form
- Make a copy of this application for your records



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly sworn, deposes and says:
(Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with _____, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section 782.04 murder
- Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section 782.071 vehicular homicide
- Section 782.09 killing an unborn quick child by injury to the mother
- Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
- Section 784.011 assault, if the victim of offense was a minor
- Section 784.03 battery, if the victim of offense was a minor
- Section 787.01 kidnapping
- Section 787.02 false imprisonment
- Section 787.025 luring or enticing a child
- Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section 790.115(2) (b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section 794.011 sexual battery
- Former Section 794.041 prohibited acts of persons in familial or custodial authority
- Section 794.05 unlawful sexual activity with certain minors
- Chapter 796 prostitution
- Section 798.02 lewd and lascivious behavior
- Chapter 800 lewdness and indecent exposure
- Section 806.01 arson
- Section 810.02 burglary
- Section 810.14 voyeurism, if the offense is a felony
- Section 810.145 video voyeurism, if the offense is a felony
- Chapter 812 theft and/or robbery and related crimes, if a felony offense
- Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
- Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
- Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
- Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
- Section 826.04 incest
- Section 827.03 child abuse, aggravated child abuse, or neglect of a child
- Section 827.04 contributing to the delinquency or dependency of a child
- Former Section 827.05 negligent treatment of children
- Section 827.071 sexual performance by a child
- Section 843.01 resisting arrest with violence

CONTINUED ON NEXT PAGE

Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. **The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:**

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

CONTINUED ON NEXT PAGE

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: _____



AFFIDAVIT OF GOOD MORAL CHARACTER Required Addendum for Foster Care and Adoption Applicants

State of Florida

County of _____

Before me this day personally appeared _____
who, being duly sworn, deposes and says:

I am an applicant for foster care or adoption:

By signing this form, I am swearing that I have not been convicted of any of the following offenses identified by the Federal Adoptions and Safe Family Act and Section 435.045, Florida Statutes, as prohibitive for persons wishing to provide foster care or adopt a child subject to a placement decision pursuant to Chapter 39, Florida Statutes. I understand this affidavit applies to the Florida Statutes or any similar statute of another jurisdiction.

I understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify the Department of Children and Families or the Community-Based Care Provider of any possible disqualifying offenses that may occur pending the finalization of an adoption or while licensed to provide foster care.

*I understand that approval shall **NEVER** be granted when a record check reveals a felony conviction for:*

*Child abuse, abandonment or neglect, Spousal abuse, A crime against children, including child pornography, A crime involving violence, including rape, sexual assault, or homicide, BUT not including other physical assault or battery, if the Department finds that the felony was committed at **ANY** time.*

*I understand that approval shall **NOT** be granted when a record check reveals a felony conviction for:*

Physical assault, Battery, or a Drug-related offense, if the Department finds that a court of competent jurisdiction has determined that the felony was committed within the past 5 years.

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for foster care or adoptions.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Signature of Affiant

MY COMISSION EXPIRES _____ NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant's identification has been validated by

CCAI Haiti Adoption

Fee Policy Outline and Agreement for FL & GA Families

CCAI is a non-profit 501(c)(3) charitable organization. Our focus and our passion is on placing children in forever families. The purpose of this Fee Policy/Agreement is to outline all CCAI fees to adoptive families throughout the adoption process, our refund policies, and the consequences of non-payment. Your signature below signifies you understand and agree with these policies.

Please note that, in accordance with State and Federal law, as well as our own, strict ethical standards, CCAI does not accept any money or considerations to be received as payment for a child or inducement to release a child. Adoptive families are paying CCAI and other adoption service providers for services; families are not “paying for children.” Additionally, no part of your CCAI fees will be used to fund programs or services that do not pertain to your adoption.

1. CCAI Program Fees

Because families will receive CCAI services over a period of many months during the adoption process, CCAI divides its program fees into three payments – collecting fees only when the family is ready to receive services at each phase.

Payment	Services Covered	Due
1st Program Fee - \$5,350	Adoption Orientation, Adoption Assessment/Home Study, USCIS Filing, Dossier Assistance/Review & Sealing, Domestic Communication, Administration, Dossier Translation, Child Match Coordination, Hague Required Parent Training, Administration	After application approval
2nd Program Fee - \$1,050	International Communication, Parent Preparation & Haiti Adoption Trip Training, CCAI In-Haiti Services, and USCIS Filing Assistance & Translation	At Dossier submission
Post Adoption Fee - \$1,350	Post Adoption Support	Prior to I-800 Filing

2. Payments, Refunds, Reductions, or Changes

- A. All fees must be paid in full when they are due.
- B. Adoptive families are entitled to request for their adoption file to be closed at any time during the adoption process by submitting a written request, signed by both parents.

C. Refund Policy and Schedule:

First CCAI Program Fee: 50% refundable within 30 calendar days, 30% refundable within 60 calendar days, and 0% refundable after 60 calendar days of receipt of full payment.

Second CCAI Program Fee: 50% refundable within 30 calendar days, 30% refundable within 60 calendar days, and 0% refundable after 60 calendar days of receipt of full payment.

Requests for a refund must be made in writing or via email and are dated as of acknowledged receipt by a CCAI representative.

* You may request that all or part of your refund be donated to the Children’s Charity Fund. A tax exempt letter will be provided.

** 90 days following closure of your file, all unclaimed refunds will be transferred to the Children’s Charity Fund and a tax exempt letter will be provided.

Initials _____

- D. The amount of the CCAI program fees will not change throughout your adoption. However, if during the adoption process you move to a different state or country, amended Fee and Service agreements may be required, possibly including additional service fees and/or deposits. Should additional adoptive or post adoptive services be required by Haitian government, additional fees and or deposit may be required. CCAI is not responsible for other non-CCAI service related adoption fees/costs that may change/fluctuate while the adoptive family is in process.

E. CCAI is not responsible for adoption related fees and costs paid to other governmental and/or private agencies, such as USCIS, the Haitian government, U.S. and Haitian Consulates, State Department, travel agencies, etc.

Initials _____

3. Consequences of Non-Payment

After notices at 30 and 60 days, if payment of the first fee is not received within 90 days of application approval, and no other written payment arrangements are accepted by CCAI, CCAI will close the adoptive family's file. Adoptive families should inform CCAI if they may not be able to make timely payments, as an alternative payment plan may be possible due to unforeseen circumstances not existing at the time of the application approval.

Initials _____

4. Non-CCAI Fees/Costs (Please refer to "Adoption Expense & Chronology" for details)

- A. USCIS filing and fingerprinting.
- B. Certification/authentication of your dossier by County Clerk (if required) and the Secretary of State(s).
- C. Your passport(s).
- D. Your international travel and accommodations.
- E. Haitian facilitator and government fees that include dossier processing and adoption finalization.
- F. Orphanage fees paid to the local Haitian orphanage/crèche where your child is cared for.
- G. Your child's passport and visa, physical examination, and international travel for him/her to enter the U.S.

I/We have read the CCAI Fee Policy/Agreement carefully and understand that it is my/our responsibility to pay all fees on time in order to receive child placement services from CCAI. I/We understand that while CCAI's fees will NOT change throughout my/our adoption (unless additional adoptive or post adoptive services are required by the Haitian government), non-CCAI fees/costs may change/fluctuate while I/we are in process. I/We further understand that non-CCAI fees/costs paid throughout this adoption are my/our responsibility and are not refundable through CCAI should I/we discontinue the adoption.

I/We have included the first CCAI program fee of \$5,350 (see front page) in the form of:

- Credit Card Authorization Form Check or money order, payable to CCAI
- ACH Bank Transfer Wire transfer to CCAI

I/We understand that signing this agreement indicates that I/we acknowledge and agree to pay the fees and costs of my/our adoption through CCAI.

Husband's Printed Name

Wife's Printed Name

Husband's Signature

Wife's Signature

Date

Date

This document has been subscribed and affirmed before me in the County of _____
State of _____, this ____ day of _____, 20____. My Commission Expires: ____/____/____

Note: This **two-page document** is not valid unless both pages are initialed/signed and returned to CCAI. Any changes to this document will automatically void this agreement.

CCAI Service Agreement

Florida, Georgia & Kentucky Families

This service agreement was entered into between CCAI and _____ (hereafter referred to as the “Adoptive Family”) for the purpose of ensuring mutual understanding between CCAI and the Adoptive Family.

The **Hague Convention** on the Protection of Children and Co-operation in Respect of Inter-Country Adoption (known as the “**Hague Convention**”), an international agreement to establish safeguards to ensure that inter-country adoptions take place in the best interests of the child, identifies **six adoption services**. As defined by the Hague Convention, CCAI will act as your Primary Provider, ensuring that these six adoption services are provided by the multiple entities involved in your adoption process as outlined in the following Service Plan:

	Adoption Service	Provider
1	Identifying a child for adoption and arranging an adoption	The orphanages and the Institut du Bien-Etre Social et de Recherches (IBESR), Haiti’s Central Authority
2	Securing the necessary consent to termination of parental rights and to adoption	The orphanages and the IBESR
3	Performing a background study on a child or a home study on prospective adoptive parent(s), and reporting on such a study	Background study on a child: The orphanage
		Home study on prospective adoptive parent(s): CCAI social worker (an “exempt provider” under Hague)
4	Making non-judicial determinations of the best interests of a child and the appropriateness of an adoptive placement for the child	The IBESR
5	Monitoring a case after a child has been placed with prospective adoptive parents until final adoption	Not applicable in a Haiti adoption, as placement with adoptive parents occurs after adoption finalization
6	When necessary because of a disruption before final adoption, assuming custody of a child and providing or facilitating the provision of childcare or any other social service pending an alternative placement.	Not applicable in a Haiti adoption, as the orphanage maintains the child’s guardianship until the finalization of the adoption.

Based on the information in your application, **CCAI** as the Primary Provider agrees to do the following for the Adoptive Family:

- Provide the Adoptive Family with personalized service throughout the adoption journey.
- Maintain confidentiality of all the Adoptive Family’s identifying information according to CCAI’s Confidentiality Policy.
- Provide the Adoptive Family with accurate and current information about how to prepare for the adoption process, compile the dossier, prepare for child match and travel, fill out United States Citizenship and Immigration Services (USCIS) paperwork, complete post adoption requirements, and access information regarding current match and travel timelines.
- Perform the Hague-identified adoption service of “Performing a home study on prospective adoptive parent(s) and reporting on such a study.” The home study will be prepared by a qualified social worker (considered an exempt provider under Hague) and will meet the requirements of your state, the USCIS, and the Institut du Bien Etre Social et de Recherches (IBESR).
- Guide the Adoptive Family through USCIS requirements.
- Provide information and services to the Adoptive Family regarding state pre-adoption requirements.
- Assist and monitor the Adoptive Family’s dossier compilation; review the Adoptive Family’s completed dossier and prepare it to be sent to the IBESR.

- Provide the Adoptive Family with at least 12 hours of adoption and parent training as required under the Hague Convention and CCAI.
- Act as the Adoptive Family's liaison to the Haitian government between/amongst dossier submission, child match, adoption decree and passport issuing, and post adoption reports submission.
- Be the Adoptive Family's link to their child's orphanage and forward updated information on the Adoptive Family's matched child when available.
- Coordinate the translation of various adoption documents from French to English or from English to French.
- Assist with the arrangement of the Adoptive Family's adoption travel and appointments with the IBESR and U.S. governmental agencies to finalize the adoption.
- In the event of potential disruption (refusing a child prior to adoption finalization in Haiti), provide counseling services and support, and in the event of disruption, contact the appropriate Haitian authorities to return the child to the orphanage.
- In the event of potential dissolution (relinquishing a child at any point after adoption finalization in Haiti), provide counseling services and support, and in the event of dissolution, provide referral services.

Agency Initial _____ (CCAI Representative)

During our adoption journey we, the **Adoptive Family**, agree to:

- Provide CCAI with the needed documents and participate in the home study visits and process.
- Submit the necessary forms and documents to the USCIS in a timely manner according to USCIS regulations and CCAI's instructions.
- Work with CCAI to ensure that our USCIS approval form approves our family for the age, gender, and medical needs of the child we have accepted or are open to.
- Compile our adoption dossier for submission to the IBESR. CCAI reserves the right to close our file and/or charge an additional dossier service fee if we do not complete the dossier process within nine months of submission of this Service Agreement, following a 30-day written notification.
- Comply with the 12 hours of adoption parent training required under the Hague Convention and CCAI and complete the online testing to confirm training completion prior to filing the I-800.
- Review, sign, and return our child referral to CCAI in a timely fashion. Should we fail to communicate our decision regarding our child referral, the IBESR will withdraw our referral and close our file, and CCAI will close our adoption file.
- Travel to Haiti (both parents) on the socialization trip for 15 days, and travel to Haiti (at least one parent) to pick up our child.
- Comply with the post adoption requirements of the IBESR and our state.
- Notify CCAI of any changes in our personal or family situation including job change, change of address, separation, divorce, pregnancy, placement of foster or adopted child(ren), significant changes in physical or mental health status, significant change in financial status, criminal or neglect charges, or any other significant events that materially impacts our family's ability to be considered for a child placement.
- Discuss with our social worker realistic expectations of the Haiti adoption process as well as expectations regarding the physical and developmental conditions of our future adopted child.
- Stay informed about match and travel timelines and other important information by reading all agency-issued information including CCAI's newsletters, informational memos, website updates, etc.

Adoptive Family Initials _____

We acknowledge and understand that the **USCIS** is responsible for:

- Receiving our initial USCIS filing and inviting us to be fingerprinted.
- Reviewing all our USCIS documents, including the home study, and issuing the Approved Form I-800A which allows us to adopt an orphan from Haiti.
- Issuing our I-800 approval after we submit our matched child information; issuing our adopted Haitian child's visa to enter the United States through the U.S. Consulate in Port-au-Prince, Haiti.

We acknowledge and understand that the **Haitian Government** is responsible for:

- Setting the standards for qualified adopters and dossier requirements for Haiti adoptions.

- Performing the Hague-identified adoption service of “Identifying a child for adoption and arranging an adoption.”
- Receiving and reviewing our dossier documents.
- Performing the Hague-identified adoption service of “Making non-judicial determinations of the best interests of a child and the appropriateness of an adoptive placement for the child.”
- Inviting us to travel to Haiti on the socialization trip.
- Approving us to adopt a specific child.

We acknowledge and understand that the orphanage and **local Haitian authorities** are responsible for:

- Performing the Hague-identified adoption service of “Identifying a child for adoption; securing the necessary consent to termination of parental rights and to adoption.”
- Performing the Hague-identified adoption service of “Performing a background study on a child and reporting on such a study.”
- Performing the Hague-identified adoption service of “Monitoring a case after a child has been placed with prospective adoptive parents until final adoption.”

We, the Adoptive Family, understand that these responsibilities of the **USCIS, the IBESR, and local Haitian authorities** are outside of the control of CCAI.

Adoptive Family Initials _____

We, the Adoptive Family, have read the “Basic Steps and Timeline” document which was sent to us with the Information Packet and is available on the CCAI Haiti website. We understand that the timeframe referred to may change during our adoption process depending on factors such as the speed of dossier preparation, how quickly the USCIS processes our application, the children available, our openness to age, gender and medical condition(s), the current timeline of the Haitian government, political and international events, and other unforeseen circumstances.

Adoptive Family Initials _____

We understand that CCAI will make good faith efforts to obtain additional and/or updated information on our matched child, but we acknowledge that receipt of such information is not guaranteed. Updated and/or additional information is not connected to the IBESR’s case review process.

Adoptive Family Initials _____

Should at any point in our adoption process we cease to qualify for Haiti adoption according to the 1974 Haitian *Adoption Law*, current Haitian government policies and practices, and/or U.S. immigration laws, as may be amended from time to time, and even subsequent to our initial application, we understand that the Haitian government may return our dossier and CCAI may close our adoption file.

Adoptive Family Initials _____

We understand the information provided on the family login portion of the CCAI website and the copyrighted Dossier Guide is intended for the sole use of our CCAI adoption. We agree not to transmit this information to any other individuals.

Adoptive Family Initials _____

We, the Adoptive Family, have selected CCAI as our inter-country adoption agency and understand that the goal of our relationship is to have an abandoned/orphaned Haitian child placed with our family. We understand that there are certain risks involved in intercountry adoption. While CCAI will attempt to provide us with all available information about the prospective adoptive child and assist us with the entire adoption process, some unpredictable problems and/or events which are beyond CCAI’s control may nevertheless occur. These unpredictable problems and/or events include but are not limited to: sudden changes in the adoption requirements or policies promulgated by the Haitian or U.S. governments and changes in international relations between Haiti and the U.S. In addition, a

child may be placed with us with physical and/or emotional problems, minor or major, such as malnutrition and developmental delays, that have remained partially or totally undiagnosed and which were unknown to CCAI.

Adoptive Family Initials _____

We further understand other governmental and/or private agencies' service quality & refund policy is out of CCAI control, and we will not hold CCAI accountable should we have any complaint against those agencies. Those agencies include, but are not limited to, USCIS, the IBESR, Secretary of State, State Departments, Haitian & American Consulates, travel agencies, and local Haitian authorities etc.

Adoptive Family Initials _____

Both CCAI and the Adoptive Family sign this agreement with the full understanding of our responsibilities as set forth above, as well as the responsibilities of the USCIS, the IBESR and local Haitian authorities. The Adoptive Family has had a full and complete opportunity to review this document, ask any questions, and to independently investigate to the extent necessary.

Husband's Printed Name

Wife's Printed Name

Husband's Signature & Date

Wife's Signature & Date

This document has been subscribed and affirmed before me in the County of _____
State of _____, this ____ day of _____, 20____. My Commission Expires: ____/____/20__

(Notary's Signature)

Agency Representative Name

Signature & Date

Note: This four-page document is not valid unless all pages are initialed, signed, notarized and returned to CCAI. Any changes to this document will automatically void this agreement.