



Welcome Back to our 'Ohana!

You are receiving this packet because you have contacted us for a home study update.

This is the **AFT Home Study Update Packet** - a Step 1 and Step 2 Packet.

In this packet you will find the application for a home study update as well as the required clearance update information. Please complete/sign and return all forms to AFT.

We welcome your feedback and are here to help.

*Kristine Altwies*

Kristine Altwies, LMFT  
Executive Director/CEO

## Step Two Clearance Packet Updated Home Studies

### INFORMATION

- Home Study Info Sheet
- Important Notice Regarding Others Living in Your Home
- How to Obtain Vital Records

### SECTION 1: FORMS or DOCUMENTS needed for ALL applicants

- Verification of Income from Employer
- FBI and local criminal clearances (Hawaii resident info sheet and form attached)
- State of Hawaii Child Abuse and Neglect (CAN) (Hawaii resident info sheet and form attached)
- Basic Medical Clearance form, include TB for each applicant (TB self-disclosure form attached)
- Change of Circumstances Form \*

All residents of the applicants' home, age 18 and older, must complete all clearance forms. **Residents who may turn 18 during the adoption process should complete clearances.**

Clients born outside the U.S.A should please provide citizenship or immigration status document.

Clients who are required by their child placing agency to use specific forms (such as medical or references) should use those forms and AFT will accept those in lieu of the forms required in Section 1 of this list, assuming they are equivalent.

### ADDITIONAL NOTES:

Clients updating home studies are presumed to already have submitted the following documents to us: Service Agreement; CAN clearances from all states/countries in which you previously resided; marriage; birth; and/or divorce decrees; home study biographical questionnaire; reference letters and guardian information.

\*If any circumstances have changed to require updating any of these documents, please complete the Change of Circumstances Form.

Mail or email all documents to AFT, as required:

A Family Tree  
1632 S. King St.  
Honolulu, Hawaii 96826  
Fax: (808) 593-2247  
Email: [Docs@afamilytree.org](mailto:Docs@afamilytree.org)

**Please read, thanks!**

Welcome back to our 'ohana.

You have previously completed an HIC/AFT application for services. This application is required because you are in need of additional services. We are required to receive a signed application any time we conduct services on behalf of a client.

**Please include the following with your application!**

- Family Photo - if new members have joined since your last photo submitted.
- Copy of government issued photo ID for each applicant, if your name has changed.
- Most recent W-2s for each applicant
- Most recent Federal Tax Return - First two (2) pages only
- Signed copy of the AFT List of Service Fees
- Application Fee (\$350)



## AFT APPLICATION FOR NEW or UPDATED SERVICES

T: 808-589-2367 • Hello@AFamilyTree.org • [www.afamilytree.org](http://www.afamilytree.org)

Date	
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### GENERAL INFORMATION

**Please write full legal names as they appear on legal documents.**

**Please designate who is the primary applicant.**

Primary applicant

Primary applicant

Adoptive Mother/Parent 1		Adoptive Father/Parent 2	
Last		Last	
First		First	
Middle		Middle	
Maiden or Alias		Maiden or Alias	
Date of Birth (MM/DD/YYYY)		Date of Birth (MM/DD/YYYY)	
Social Security Number		Social Security Number	
Preferred Pronoun		Preferred Pronoun	

Adoptive Mother/Parent 1 contact information		Adoptive Father/Parent 2 contact information	
Cell Phone		Cell Phone	
Work Phone	<input type="checkbox"/> ok to use	Work Phone	<input type="checkbox"/> ok to use
Fax Number	<input type="checkbox"/> ok to use	Fax Number	<input type="checkbox"/> ok to use
Throughout the adoption process, important information may be communicated by email only. Do you wish to have emails copied to both email addresses listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No --- If no, please indicate which email should be used as your primary address.			
E-mail Address	<input type="checkbox"/> Primary	E-mail Address	<input type="checkbox"/> Primary

Parent 1 Initial Here \_\_\_\_\_  
 Parent 2 Initial Here \_\_\_\_\_  
 AFT Staff Initial here \_\_\_\_\_

Household Contact Information			
Home Phone:			
Home Fax Number:			
Primary Address		Mailing Address (if different from Primary Address):	
Street:		Street:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	

### ADOPTION HISTORY

If you have previously used AFT for any adoption service(s)? Please describe service and when it occurred:		
Approximate Date	Type of Service	Outcome

I/We understand that I/we are required to disclose to A Family Tree, if I/we have ever applied for a home study, been denied a home study, have completed an adoption with another agency, or have been rejected as a prospective adoptive parent(s).

- I/We have previously begun or completed a home study and will submit a copy of the report to AFT **with this application**, or only in the event that this is not possible, within one month of submitting this application.
- I/We have not previously begun or completed a home study.

I/We swear that I/we have not applied for, nor have been denied, a home study with any other agency that is not disclosed below. I/We also swear that we have not completed, or are in the process of completing, an adoption with any other agency that is not disclosed below.

\_\_\_\_\_  
 Adoptive Mother/Parent 1 Date Adoptive Father/Parent 2 Date

Initial all that apply		
Adoptive Mother/Parent 1	Adoptive Father/Parent 2	
		I/We have applied for a home study with another agency and were denied approval.
		I/We have completed a home study with another agency.
		I/We are in the process of obtaining a home study with another agency.
		I/We have completed an adoption with another agency.
		I/We are in the process of completing an adoption other than the one this home study is for.
		I/We have previously been rejected as a prospective adoptive parent(s).

I/We understand that I/we must sign a consent form to have copies of my/our file with any adoption agency(-ies) or home study agency(-ies) sent to A Family Tree. This may include Home Studies, Post-Adoption or Post-Placement Reports, References, Medical, Financial and any other information A Family Tree may deem appropriate. If more than one agency, please continue on the back.

\_\_\_\_\_  
 Adoptive Mother/Parent 1 Date Adoptive Father/Parent 2 Date

Parent 1 Initial Here \_\_\_\_\_  
 Parent 2 Initial Here \_\_\_\_\_  
 AFT Staff Initial here \_\_\_\_\_

Current Agency     Prior Agency

<b>Name of agency</b>		<b>Case Worker</b>	
<b>Address</b>		<b>Telephone</b>	
<b>Email</b>		<b>Fax</b>	
<b>Services contracted</b>		<b>Approx date of last home study</b>	
<b>Other information necessary for AFT to complete its services</b>			

I/We understand that A Family Tree may contact the above-named agency/agencies and request pertinent information regarding my/our relationship with that agency/agencies or individual(s).

\_\_\_\_\_  
Adoptive Mother/Parent 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Father/Parent 2

\_\_\_\_\_  
Date

**Regarding Adam Walsh previous clearance work:**

I/we understand that AFT may require clearances from me/us as relate to our adoptive process.

I/we previously completed CAN clearances for every state or country in which I/we resided since the age of 18 through today, and provided those to AFT. Since providing those clearances I/we have resided solely in Hawaii. \_\_\_\_ Have lived outside of Hawaii \_\_\_\_  
If the latter, I/we will provide AFT with a complete list of every place in which I/we have resided and understand that CANs will be required.

\_\_\_\_\_  
Adoptive Mother/Parent 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Father/Parent 2

\_\_\_\_\_  
Date

**TYPE OF SERVICE REQUESTED**

**I/we plan on adopting my child or children through an AFT Child Placement Program (Choose one)**

- \_\_\_\_\_
- Philippines                      Comment \_\_\_\_\_
- Ka Makana Domestic Adoption      Comment \_\_\_\_\_
- Other \_\_\_\_\_                      Comment \_\_\_\_\_
- Domestic Home Study Only ( \_\_ Include Post Placement/Post Adoption as needed)
- Intercountry Home Study Only
- Post Placement/Post Adoption Services Only
- Home Study Previously Completed, requires updating

**Option B: Using AFT for a Home Study (only)**

Parent 1 Initial Here \_\_\_\_\_  
Parent 2 Initial Here \_\_\_\_\_  
AFT Staff Initial here \_\_\_\_\_

**STATE CRIMINAL CLEARANCE AND FBI FINGERPRINT CLEARANCE PRE-CHECK**

**NOTE:** It is important that you disclose any and all arrests of applicant(s) and all household members regardless of outcome or how embarrassing this may be, as failure to do so may affect your eligibility to adopt. Additional fees apply to any edits needed after the application has been processed.

	Adoptive Mother/Parent 1	Adoptive Father/Parent 2	Other
1. Have you or any of your household members ever been arrested for any reason (including misdemeanors)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or any of your household members ever been convicted of any unlawful act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you or any of your household members ever been charged with and/or convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you or any of your household members ever had a TRO taken out against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, specify when, where, nature of the charges and/or convictions and circumstances? (If needed, attach information on a separate sheet.)			
Please list here ANY involvement you have had with the law, regardless of your age at the time of the incident, and whether or not this incident resulted in an arrest, conviction, community service, or other:			

**USCIS, FEDERAL, AND STATE CRIMINAL CLEARANCES**

Have you ever been a victim or perpetrator of the following: (If YES, please specify "V" for Victim or "P" for Perpetrator)	Adoptive Mother/Parent 1	Adoptive Father/Parent 2
Alcohol/substance abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual abuse?	<input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No	<input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No
Domestic violence?	<input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No	<input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No
Child abuse/neglect?	<input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No	<input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No
Has anyone currently living in your home been a victim or perpetrator of any of the above listed incidents? If Yes, please name, list, and explain:		

\_\_\_\_\_  
Adoptive Mother/Parent 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Father/Parent 2

\_\_\_\_\_  
Date

**If you were or are a currently licensed foster parent, please complete the information below:**

Date of License & Expiration	Agency/State	Contact Information

Parent 1 Initial Here \_\_\_\_\_  
Parent 2 Initial Here \_\_\_\_\_  
AFT Staff Initial here \_\_\_\_\_

**FINANCIAL INFORMATION: CERTIFICATE OF INCOME AND PROPERTY**

Income Information	Additional Information	Adoptive Mother/Parent 1		Adoptive Father/Parent 2	
		Last Year	This Year	Last Year	This Year
Annual Gross Income*		\$	\$	\$	\$
Other Annual Gross Income		\$	\$	\$	\$
Total of above income		\$	\$	\$	\$
<b>Total Combined Income</b>	Add this year's Total Income for both parents				\$

\*as reported on W-2's (attach copy of all W-2's)

Adjusted Gross Income	Parent 1	Parent 2	Filed Jointly	Total
Adjusted Gross Income**	\$	\$	\$	\$

\*\* Total combined income claimed on most recent Federal tax return (attach copy of tax return)

Combined Monthly Income (Parent 1 & Parent 2)	Total
<b>Total Monthly <u>Net</u> Income (A)</b>	<b>\$</b>

Combined Monthly Expenses (Parent 1 & Parent 2)	Total
Mortgage and/or Rent	\$
Utilities (incl. cell, internet & cable)	\$
Auto Loan	\$
Child Care/Education	\$
<b>FINANCIAL INFORMATION: CERTIFICATE OF INCOME AND PROPERTY CONT.</b>	
Gas	\$
Food/Eating Out	\$
Entertainment/Misc.	\$
Other (Education, insurance, etc.)	\$
Other (Education, insurance, etc.)	\$
<b>Total Monthly Expenses (B)</b>	<b>\$</b>

Combined Total Monthly Income Minus Total Monthly Expenses	Total
<b>Income minus Expenses</b>	<b>\$</b>
Total Monthly Net Income (A) – Total Monthly Expenses (B) =	

I/We attest that the information contained in the Certificate of Income and Property is an accurate summary of my/our income, assets, liabilities and monthly expenses.

**Parent 1** \_\_\_\_\_  
 Sign \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

**Parent 2** \_\_\_\_\_  
 Sign \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Parent 1 Initial Here \_\_\_\_\_  
 Parent 2 Initial Here \_\_\_\_\_  
 AFT Staff Initial here \_\_\_\_\_

I/WE CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME/US ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND I/ WE UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY/OUR APPLICATION MAY BE REJECTED.

Adoptive Parents	_____	_____	_____
	Sign	Print	Date
	_____	_____	_____
	Sign	Print	Date

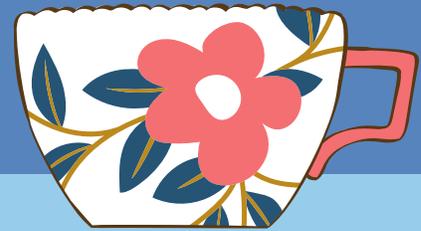
**A gentle reminder to please submit the following along with your application**

- Family photo
- Copy of government issued photo ID for each applicant
- Most recent W-2s for each applicant
- Most recent Federal Tax Return – First two (2) pages only
- Signed** copy of the AFT List of Service Fees
- Your Federal Express Account Number
- Application Fee (\$350)

Parent 1 Initial Here \_\_\_\_\_  
Parent 2 Initial Here \_\_\_\_\_  
AFT Staff Initial here \_\_\_\_\_

# YOUR AFT HOME STUDY

Congratulations!  
You've taken the first step in your  
adoption process. We are happy to be  
with you for this exciting part of your  
journey.



## PLEASE READ!

We know you have a lot to do. Take  
a few quiet moments to sit down and  
read through this packet. Take notes  
as necessary, this will help you, we  
promise!



## STEP BY STEP

Is the best way to get through  
this process. And don't forget  
to breeeeeaathe!

## THANK YOU FOR BELIEVING IN ADOPTION

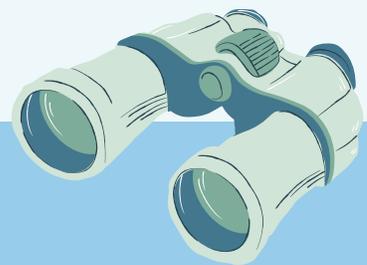
We've been doing this work for many years,  
and we know adoptive families are worth  
the work!



# KNOW YOUR HOME STUDY

## What is a home study?

A home study (HS) is a document, (10-20 pages) which contains legally required information and statements about a prospective adoptive applicant. The HS usually includes a specific approval statement, clarifying how many children the applicant is approved to adopt, their genders, ages and allowable needs or medical conditions. If this approval statement does not include parameters which address the specific child the applicant wishes to adopt, the adoption may be delayed until such time as the home study can be updated.



## WHO NEEDS A HOME STUDY?

Anyone intending to adopt (or in some cases, become legal guardian to) any child. In rare cases the HS document may be waived according to prevailing law.

Married applicants and anyone living in the same home as the adoptive applicant must be included in the HS report.

## WHAT IS ACTUALLY INVOLVED IN A HOME STUDY?\*



- 1) You apply with an agency for a Home Study (HS) Service
- 2) You provide the HS agency with the required HS paperwork;
- 3) You meet with your HS worker in your home and/or at the office;
- 4) You complete pre-adoptive parent training;
- 5) You review your HS draft report;
- 6) Your HS is complete

\* This is a general outline and may not fully represent your HS process.

## HOW DO I PREPARE FOR MY HOME STUDY?

Review your HS paperwork packet and make sure you understand what is needed of you and when it is needed. If any preliminary paperwork is required prior to the agency beginning the HS work, complete that first.

Do not: Worry about making your house picture perfect. Human is good!



*You're never too old to learn new lessons...*

## What paperwork do I need?

Your HS agency and your child placing agency, will provide you with a complete list of what they need from you. Sometimes they need similar or even the same paperwork (for your HS and for your adoption process.)

This is a list of the most commonly required documents:

- Copies of birth, marriage, divorce, naturalization, and/or citizenship documents as applicable;
- Financial verification such as W2s, most recent tax return;
- Letters of employment;
- (Self-written) biographical outlines and photos;
- Letters of reference and information about guardians;
- Medical clearance forms,
- Criminal clearances - including: FBI, and child abuse and neglect clearances (CAN) back to age 18. (If you have lived in more than one state or country you will need CANs from previous jurisdictions. Clearance work is usually managed by your HS agency.



### WHO IS AUTHORIZED TO CONDUCT A HOME STUDY?

Home studies are conducted by **licensed child placing organizations**, or adoption agencies. It is up to the agency and the prevailing law to determine who is qualified to conduct the HS for the agency. Rules may vary.

### Can I Start My HS Before I Select an Adoption Program?

Yes, and... an approved HS must include a statement specifying age range, gender, racial background, and any special medical or developmental conditions which the prospective parents are able to handle. In some cases child placing entities may require that specific language be included in the final HS report.

*The best parents are emotionally confident adults...*

## Does My HS Report Expire?

Yes, in most cases the HS is valid for one year. The HS must be valid at the time of child placement and/or at the time of adoption. Most adoption processes take more than one year and you will likely need to update your HS at least one time before your child is placed. If you are traveling to adopt a child you'll need a valid home study (for international or inter-state travel).

Please note that in some cases clearances cited in the report may expire and may need to be updated in order to keep the home study valid. These include medical, CAN, criminal clearances, etc. Please note that AFT is not responsible for maintaining your updated clearances. Please keep track of your clearance dates. Once updated, we can add your updated clearance dates to your HS report. Please note that HS validity requirements are not determined by AFT. In cases of interstate or international adoptions, cases may be delayed if clients travel without having updated all clearances.



## HOW DO I UPDATE MY HOME STUDY?

Contact the agency that completed your HS or if you have moved to a new state, contact AFT and we can connect you with an agency in your (new) area of residence. Updating a HS usually involves updating your clearances, and completing one or more additional interviews. While you are awaiting child placement, a home visit is required every 12 months. When using a new HS agency, you are required to provide copies of all previous HS reports to any new HS agency.

## WHEN DO I NEED TO UPDATE MY HS?

Any time an applicant has a change of circumstances the home study agency should be informed. Such circumstances include, but are not limited to:

- Moving homes;
- Change in employment;
- Change in the number of people living in the home, or change in legal status of anyone living in the home (i.e. previously minor child turns 18);
- Significant change in health of applicants or change in criminal history status.



Even if your HS is still valid, applicants are required by law to inform the approving agency any time there are significant changes in circumstances.

*Our children watch us and learn.*

## How Much Does a HS cost?

Home studies range in cost from \$1,500 (for a HS update), to \$5,000 (for more complicated reports and circumstances). Fees are based on how much work is anticipated. Case work involved in completing a HS may be more involved than the applicant is aware. The majority of the time required to complete the final HS document does not actively involve the applicant but involves a variety of agencies and/or individuals.

## WHO ESTABLISHES HS REQUIREMENTS?

Home study content, language, and requirements are determined by but not necessarily limited to the following: a) the state office which licenses the HS agency; b) the laws of the state responsible for placing the child; c) the agency and or worker conducting the HS; d) the U.S. government (USCIS and Office of Homeland Security) in intercountry adoption cases; e) the laws of the sending country, in the case of intercountry adoption cases.



## HOW WILL I KNOW IF I DO NOT "PASS" THE HOME STUDY?

Clients who do not meet the HS requirements will not be approved. Requirements include but are not limited to: medical proof that you are healthy enough to care for a child; financial means to care for a child; reference letters; criminal record clearances, child abuse clearance (CAN). Please note that applicants with minor criminal records such as a DUI, or petty criminal record from a number of years ago may be approved so long as the issue is not indicative of a continuing or substantive issue. Applicants with any type of substantiated CAN record will not be approved. Please check with AFT if you are concerned.

## When Will I Know if My HS is Approved?

Once your paperwork has been received and reviewed, and your interviews have been completed, you may be given a preliminary verbal note from your AFT worker. Your final HS report will include the approval or denial statement. If you are anxious please speak with us.

*If you can help a child, you don't have to spend years repairing an adult.*

## What happens once I have completed the HS?

Once your HS report has been written, reviewed and approved, AFT will mail copies to all involved parties. Note that clients are required to review and sign a statement verifying that all information contained in the HS report is accurate. If you are working with AFT to complete an adoption, a copy of your HS will be given to your AFT program case worker. If you are working with another child placing agency, a copy will be provided to your placing agency. If you require post adoption visits or reports or an HS update, you may contact us at any time and we are happy to reopen your case.



Cases reopened in less than 12 months do not require a new application fee, however clearances or other fees may apply depending on the requested service or need.

## IMPORTANT NOTE REGARDING CONTINUAL CERTIFICATION

Families living in Hawaii must be aware of the Hawaii Department of Human Services (DHS) continual home certification. This guideline stipulates that once a family has received home study certification, they are required to maintain certification continually until such time as they receive a child placement, or decide to formally withdraw from the program prior to child placement. Maintaining certification means working with AFT to update child abuse and criminal record clearances, and participating in annual home check visits. AFT will support you in this task, but it is up to you to agree and do your part.

Failure to maintain your certification could result in a child placement disruption prior to the child arriving in your home. The important thing to keep in mind is that once you begin your HS process you should be prepared to actively participate in the process until such time as you are formally finished (and that decision is up to you in most cases!)

Please talk to your AFT support staff if you have questions.



## An Important Notice Regarding Others Living In Your Home And Criminal Records

### Regarding Others Living in Your Home:

All adult members (18 years and older, or 17 if that person may turn 18 during the home study process) of a prospective adoptive parent's household **must** provide the following during the AFT home study process and must be able to update each clearance annually until the adoption is processed:

- Hawaii State criminal records clearance, and FBI fingerprinting
- Hawaii State Child Abuse and Neglect (CAN) clearance
- Basic Medical** clearance from a doctor, including a TB test

Each adult member of a prospective adoptive parent's household must:

- Must also be fingerprinted by the USCIS (for those completing an intercountry adoption only)
- Be personally interviewed by the home study preparer during the home study, in the home
- Be named in the home study
- Provide a Child Abuse and Neglect (CAN) Clearance from all States/Countries lived in since age 18
- The State of Hawaii requires proof of a current (within a year) TB test for all children (age one (1) and older) residing in the prospective adoptive parent's household. Applicants may use the AFT Basic Medical Clearance Form for its TB section, or can provide a copy of the child's actual TB clearance card or current shot record.

### Regarding Criminal Records:

If you have ever been arrested, **regardless of whether your arrest resulted in a conviction**, please note the following requirements:

- 1) Applicants with arrest records must submit a written and signed statement to AFT outlining all details of the arrest. This letter must be submitted to AFT prior to the start of the home study process. The letter should note the date, time, location, and details of the arrest and must be signed by the applicant.
- 2) Applicants with arrest records must also provide a certified copy of a court disposition for each arrest. Court dispositions cannot be computer generated and must be originals. A court disposition states the outcome of any arrest (jail time, community service, fine, etc.) If you are told by the court that there is no court disposition for your case, please provide a statement from the court, stating that they do not have any records of your case nor a court disposition.
- 3) If you are aware of a TRO taken out against you (Temporary Restraining Order) that must be mentioned as well. In some cases TROs have shown up on client criminal records. If you are unsure whether you were ever arrested or not, please discuss details with your AFT intake worker.

In some cases client arrest records have not shown up in subsequent criminal checks. All applicants with arrest records are required to follow these rules.

Please let us know if you have questions. We are happy to help!

## How To Obtain Vital Records, Information, And Certificates (Birth, Death, Marriage and Divorce Records)

Clients in most states can order vital records directly through VitalChek, a private, authorized company that offers online express certificate service for a fee at <http://www.vitalchek.com/>. It is, however, important to note the following:

- VitalChek does not provide certain services in some states/counties/territories. (VitalChek will notify you during the order process in cases where it is unable to provide service and will also provide information about alternative ordering methods).
- Some states will only process internet requests (requests not made in person) via VitalChek.com.
- Ordering vital statistics certificates and other documents directly through states may take longer, may cost the same as VitalChek, and may not be as dependable a service.

**QUICK TIP:** Vital records usually contain the full name of the individual involved in the event, the date of the event, and the county, state, or town where the event took place. Many vital records contain much more information. For example, birth records usually have the parents' full names, the name of the baby, the date of the birth, and county where the birth took place. Marriage records often record the names and birthplaces of each individual's parents. Divorce records usually list the names of the couple's children. Death certificates often mention where the individual will be buried, and also give the name of the individual who reported the death.

The Centers for Disease Control and Prevention has a National Center for Health Statistics webpage where you can directly access information on how to obtain vital statistic documents and information from individual States and territories at <http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm>

**AFT Tip: If you are going to take the time to order true copies of you records, we recommend you request a few more than you think you will need. Just in case!**

Aloha,

You AFT Team

## Verification of Income From Employer Template

**This is not a form.**

This template should be copied onto your business/company letterhead and signed by your supervisor.

\_\_\_\_\_

Employee's Name:

Job Title:

Company Name:

General Description of Duties:

Length of Time Employed:

Prospects of Continued Employment:

Annual Salary:

**For All Adoptions:** Job title and salary amount must be listed exactly as they are listed on your AFT Application and in your Home Study. If you have had any change in your job title; salary (other than standard inflation increase); or employer, please provide AFT with an updated letter.

\_\_\_\_\_ (Name of Adoption Applicant/Employee) \_\_\_\_\_ is in good standing with our agency and has performed his/her job with competence.

_____ Name and Title	_____ Signature and Date
-------------------------	-----------------------------

## FBI and Hawaii Criminal Clearances

**Non-Hawaii residents:** Please consult your home study provider to ensure you complete the FBI, State Criminal, and Child Abuse and Neglect clearances. You are also required to complete a CAN clearance for every state or country in which you have lived since the age of 18.

**Instructions:** All household members over the age of 18 are required to complete this clearance on an annual basis, until the adoption is finalized. Household members who are 17 are required to complete clearances in anticipation of turning 18 while the adoption is in process.

The Department of Human Services (DHS) has a contract with Fieldprint Hawaii to do its fingerprinting for FBI and Hawaii State clearances.

### **Clearances – All clearances are now required annually, no exceptions.**

- Set up an appointment online at [www.FieldprintHawaii.com](http://www.FieldprintHawaii.com). Please see the next page to get started.
- Upon completing the process online, you will need to print the confirmation page.
- Notify AFT program staff of your appointment date and time. Send a scanned copy to the AFT staff.
- Take your appointment confirmation, **and two (2) forms of ID** to your appointment at Fieldprint Hawaii. Without these items, an applicant will not be fingerprinted and will have to make another appointment. **Note that they will not sign your DHS 1623 Form despite what the form states.**
- After your fingerprinting, scan and email your DHS 1623 form to A Family Tree ([Docs@afamilytree.org](mailto:Docs@afamilytree.org)), then mail your DHS 1623 Form to us at AFT. Please do not mail this form to DHS despite the DHS address being listed on the form. (TIP: It's always good to make a copy, snap a pic of the form with your phone before mailing!)
- After your appointment, your AFT worker will check with DHS for the results.

## How To Complete The Hawaii FBI Clearance at Fieldprint

The State of Hawaii requires that background check process be conducted by registering online at

[www.FieldprintHawaii.com](http://www.FieldprintHawaii.com)

If you need assistance with the registration process, contact Fieldprint's Call Center at 1-877-614-4364, Monday through Friday, 3:00 AM to 5:00 PM. If the Call Center is closed, you may leave a message and your call will be returned the following business day.

### Preparing for registration and background checks, you:

- Need access to a computer;
- Must have an email account, and;
- Must pay the Federal fingerprinting fees of **\$12.00 and admin fee of \$8.95** (Note: Fees may change without advance notice!) at the time of registration via:
  - Credit card (Visa, MasterCard, or American Express),
  - Debit card (Visa, MasterCard, or American Express),
  - Prepaid card (Visa, MasterCard, or American Express), or
  - Electronic funds transfer (EFT) from a checking account,
  - No other form of payment will be accepted.

### Getting Started:

1. Visit [www.FieldprintHawaii.com](http://www.FieldprintHawaii.com)
2. Click the "Schedule an Appointment" button
3. Click the "New User/Sign Up" button. Follow the instructions for creating an account using your email address, password, and Security Questions and then click "Sign Up and Continue"
4. **Check the "I know my Fieldprint Code" box** and enter the following code:

**FPCWSCP Organization2**

5. You will be asked for your referring Unit # and Worker Phone #. **You may leave this blank.**
6. Verify your English proficiency and whether you need free interpreter services;
7. Enter your personal, demographic and CPO Agency name and address:
  - a. CPO name: **A Family Tree**
  - b. Address: **1632 S. King St. Honolulu, HI 96826**
8. Provide your consents to the Department of Human Services (DHS) to conduct the required background clearance checks and electronically "Sign" the consent form.
9. **Schedule a fingerprinting appointment at the time, date and location of your choice.** (For Molokai and Lanai applicants, you will be directed to your local Police Department to be fingerprinted. Fieldprint will mail the applicant a packet which they will bring to the police

department, once fingerprinted the applicant will put the prints in the self-addressed envelope and mail to Fieldprint).

10. Pay the fee (see above for details) and pay the Fieldprint admin fingerprint fee (see above) to confirm your scheduled appointment. (Please check the fee when you register, as the fees may change without advance notice).
11. Print your appointment confirmation and take with you to your appointment.

## What to bring to the fingerprint appointment:

### Primary Identification

**Only current, valid and Government issued, unexpired photo identification will be accepted.** One (1) of the following documents may be presented by an applicant when being fingerprinted:

- a. State-issued Driver's License
- b. State-issued ID – Non Driver
- c. U.S. Passport or U.S. Passport Card
- d. Federal Government Personal Identity Verification Card (PIV)
- e. Uniformed Services ID Card
- f. Department of Defense (DOD) ID Card
- g. Federal, State, or local government agency ID card with photograph
- h. U.S. Coast Guard Merchant Mariner Card
- i. USCIS-Permanent Resident Cards (i-551\_)
- j. USCIS-Employment Authorization Card (I-766)
- k. Foreign Passport with Appropriate Immigration Documents

### Secondary Identification

In the absence of a primary identification (listed above) applicants may provide at least two (2) secondary identification documents including:

- l. State Government Issued Birth certificate
- m. U.S. Tribal or Bureau of Indian Affairs ID Card
- n. Native American tribal document
- o. Social Security Card
- p. Court Order for Name Change/Gender Change/Adoption/Divorce
- q. Marriage Certificate (Government Certificate Issued)
- r. U.S. Government Issued Consular Report of Birth Aboard
- s. School ID with Photograph
- t. Certificate of Citizenship (N-560)
- u. Replacement Certificate of Citizenship (N-561)
- v. Certificate of Naturalization (N-550)
- w. Citizenship or Naturalization certificate

Cancellations should be done via the Fieldprint Call Center at 877-614-4364

Rescheduling a new appointment must be done via [www.FieldprintHawaii.com](http://www.FieldprintHawaii.com)

You may return to [www.FieldprintHawaii.com](http://www.FieldprintHawaii.com) and login to:

- Check your appointment status
- Re-schedule your appointment
- View and print your confirmation

### Fingerprinting Locations in Hawaii

The following locations allow you to conveniently select a date and time for your appointment using the website. **There are no walk-in appointments allowed.** All appointments must be scheduled by registering on-line at [www.FieldprintHawaii.com](http://www.FieldprintHawaii.com) – **This information may change without notice.**

ADDRESS	CITY	ISLAND	HOURS OF OPERATION
7192 Kalaniana'ole Hwy	Honolulu	Oahu	M-TH-F 9:30 AM – 3:30 PM Appointment Required
64 South Hotel Street	Honolulu	Oahu	M-F 9:00 AM – 12:00 PM Appointment Required
2046 North King Street	Honolulu	Oahu	M-F 10:30 AM – 4:30 PM Appointment Required
94-050 Farrington Highway	Waipahu	Oahu	M-F 10:30 AM – 6:30 PM Appointment Required
86-088 Farrington Hwy	Waianae	Oahu	M-F 7:00 AM – 1:00 PM
714 Kanoelehua Avenue	Hilo	East Hawaii	M- F 9:00 AM – 2:00 PM Appointment Required
77-6425 Kuakini Highway	Kailua Kona	West Hawaii	M-F 9:00 AM – 3:50 PM Appointment Required
1498 Lower Main St. – Suite A-3	Wailuku	Maui	M – F 9:00 AM – 1:00 PM Appointment Required
4100 Rice Street	Lihue	Kauai	M - TH 9:00 AM – 2:00 PM F 9:30 – 12:00 PM Appointment Required



Applicant's Address:

Applicant's Phone No.:

NOTE: Name of DHS Resource Home

\*\*\*\*\*

**PART II:** NOTICE: THE FOLLOWING INFORMATION IS REQUIRED BY LAW TO BE FURNISHED UNDER OF PERJURY AND FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE BY LAW.

(Please check the appropriate box block.)

- I have never been convicted of a crime
- I have been convicted of the crime(s) listed below: (Do not include minor traffic violations involving a fine of \$50 or less.

<u>DATE &amp; PLACE OF CONVICTION</u>	<u>OFFENSE</u>	<u>DISPOSITION/SENTENCE</u>

I declare under penalty of perjury that the following is true and correct and complete.

**Clients: Do make sure to sign here!**  
Applicant's Signature 

Dated: \_\_\_\_\_

\*\*\*\*\*

**PART III:** To be completed by Fingerprinting Agency for manual and electronic fingerprints.

<u>Type of ID Checked &amp; ID No.</u>	<u>Fingerprinting Agency</u>	<u>Phone Number</u>

**Clients: The Fingerprinting Agency will not sign this form - you do not need to take this with you to this appointment.**

<u>Fingerprinter Name (Print)</u>	<u>Fingerprinter Signature</u>	<u>Date Fingerprints taken</u>

If manual fingerprints collected, please seal two (2) fingerprint cards in envelope marked "FINGERPRINT CARDS-Only HCJDC To Open" to preserve the chain of custody. Then place the envelope with the fingerprint cards in the stamped envelope to be mailed to HCJDC at: Attn: CHRC, Hawaii Criminal Justice Data Center, Department of the Attorney General, 465 South King Street, Room 101, Honolulu, HI 96813

**Authorization for State and National Criminal History Record Check**

State of Hawaii  
Department of Human Services  
Social Services Division  
  
Address: Resource Home Licensing Unit (89)  
420 Waiakamilo Road, Suite 300B  
Honolulu, HI 96817

TO OPERATORS OR STAFF OF:  
[ X ] Resource Family Home  
[ ] Child Caring Institutions  
[ ] Child Placing Organizations

**INSTRUCTIONS:** Applicant - Please print (in black ink) or type all information in parts I and II and sign as required. Bring this form to your fingerprinting appointment. The fingerprinting agency will complete Part III and the applicant for electronic fingerprints shall mail this completed form to the address noted above.

\*\*\*\*\*

**PART I:** Check one: [ ] New Hire/Rehire  
[X ] Resource Family Home

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

Any Alias(es)/Former Name(s)-  
Including Maiden Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Color Eyes: \_\_\_\_\_ Color Hair: \_\_\_\_\_

Agency: Name/Address/Phone No.: **A Family Tree, 1632 S. King St. Honolulu, HI 96826 - Tel: (808) 589 2367**

(Include name of specific facility if applicable. E.G., Child and Family Services-CPO, Hale Kipa CCI- girls shelter.)

I, the undersigned, hereby authorize the Department of Human Services Social Services Division to submit a set of my fingerprints to the Hawaii Criminal Justice Data Center (HCJDC) and the Federal Bureau of Investigation (FBI) for the purposes of accessing and reviewing state and national criminal history records that may pertain to me. I understand that my fingerprints will be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back program.

I understand that I have the right to challenge the accuracy and completeness of the results of my fingerprint-based criminal history record check. Should the Department of Human Services Social Services Division policy not allow a copy of the results to be given to me, I may obtain a copy of my criminal history record by submitting fingerprints and fees directly to the HCJDC and/or FBI. I understand that the procedures for obtaining a change, correction, or updating of my criminal history record are set forth in Title 28, Code of Federal Regulations, Section 16.34.

I acknowledge that I have read, understand, and agree to the FBI Privacy Act Statement (p3).

Applicant's Signature: \_\_\_\_\_

Applicant's Address:

Applicant's Phone No.:

NOTE: Name of DHS Resource Home

\*\*\*\*\*

PART II: NOTICE: THE FOLLOWING INFORMATION IS REQUIRED BY LAW TO BE FURNISHED UNDER OF PERJURY AND FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE BY LAW.

(Please check the appropriate box block.)

- [ ] I have never been convicted of a crime
[ ] I have been convicted of the crime(s) listed below: (Do not include minor traffic violations involving a fine of \$50 or less.

DATE & PLACE OF CONVICTION OFFENSE DISPOSITION/SENTENCE

I declare under penalty of perjury that the following is true and correct and complete.

Applicant's Signature

Dated:

\*\*\*\*\*

PART III: To be completed by Fingerprinting Agency for manual and electronic fingerprints.

Type of ID Checked & ID No.

Fingerprinting Agency

Phone Number

Fingerprinter Name (Print)

Fingerprinter Signature

Date Fingerprints taken

If manual fingerprints collected, please seal two (2) fingerprint cards in envelope marked "FINGERPRINT CARDS-Only HCJDC To Open" to preserve the chain of custody. Then place the envelope with the fingerprint cards in the stamped envelope to be mailed to HCJDC at: Attn: CHRC, Hawaii Criminal Justice Data Center, Department of the Attorney General, 465 South King Street, Room 101, Honolulu, HI 96813

## FBI Privacy Act Statement

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

**CONSENT TO RELEASE INFORMATION FROM THE  
Child Protective Services System Central Registry**

**ORIGINAL REQUESTS MUST BE MAILED. FAXES WILL NOT BE ACCEPTED.**

INSTRUCTIONS

The "Consent to Release Information from the Child Protective Services System Central Registry" form is to be completed by individuals who are requesting the release of child abuse and neglect information from the Child Protective Services System Central Registry.

The information released by the Department of Human Services is restricted to confirmed cases of child abuse or neglect in which an individual was confirmed as the perpetrator of child abuse or neglect.

By completing this form, the individual gives the Department of Human Services consent to conduct a Child Protective Services System Central Registry check and to release the information to the individual or to another individual or organization as specified by the requesting individual.

**PRINT CLEARLY OR TYPE THE REQUESTED INFORMATION.** The request may be returned for clarification if the information is not clear, which will delay the completion of your request. Be sure to sign and date the form and **mail the original form** to:

Department of Human Services  
Child Welfare Services Branch  
Statewide Child Welfare Services Section  
420 Waiakamilo Road, Suite 300A  
Honolulu, Hawaii 96817.

A copy is to be provided to the individual requesting the Child Protective Services System Central Registry check.

Copies of the instruction sheet and the consent form can be duplicated as needed.

**CONSENT TO RELEASE INFORMATION FROM THE  
Child Protective Services System Central Registry**

I, \_\_\_\_\_ hereby give my consent to have the Department of Human  
(Please Print)  
Services (DHS) conduct a child welfare services Child Protective Services System Central Registry check  
On me and to release the information to:

**Name of Individual or Organization: Hawaii International Child (DBA A Family Tree)**

**Relationship:** Child Placing Organization/Adoption Agency

**Address:** 1632 S. King St, Honolulu, Hawaii 96826

**Phone Number:** (808) 589-2367

This consent shall terminate a year from the date of my signature below. I understand that the information I  
Provide about myself shall be used solely for the purpose of conducting the Child Protective Services System  
Central Registry check.

**My Date of Birth:** \_\_\_\_\_ **My Social Security Number:** \_\_\_\_\_

**Any Alias, Former Name, Including Maiden Name:** \_\_\_\_\_

\_\_\_\_\_

The information to be released shall be limited to the history of abuse or neglect in which I was identified as a  
Perpetrator and as specified below:

**Child Protective Services System Central Registry:**

- Date of CONFIRMED incident(s) only
- Type of abuse for each incident

I understand that the release of this information may be used as part of a background check for employment  
Purposed and to comply with the requirements for various social services programs within the Department  
of Human Services, which may result in employment suspension or termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail the original form to: Department of Human Services, Child Welfare Services Branch,  
Oahu Child Welfare Services Section 3, Attn: CAN Clearances, 420 Waiakamilo Road, Suite  
300A, Honolulu, Hawaii 96817. Faxes will not be accepted.**

## TB ANNUAL CLEARANCE

This is the AFT Annual TB Clearance form. Please note that the State of Hawaii DHS CWS requires all adoptive applicants to complete **an annual TB clearance**.

*This form may be used in lieu of completing a TB test only if: You have provided AFT with a clear TB test result **twice in the past two years**; or you have received a positive TST due to having been previously inoculated with the BCG vaccine; and if you are unable to complete a TB Blood Test. We do not recommend applicants submit to a chest Xray in an effort to prove TB clearance, unless such steps are required by a third party.*

This form pertains to \_\_\_\_\_ (Family Name) file. Date: \_\_\_\_\_

Name of Person to whom this form pertains: \_\_\_\_\_

Check here if minor child \_\_\_\_\_ Have two (2) previous TB test results been submitted to AFT? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are any of the following symptoms present?

A cough of more than three weeks duration; and at least one of the following symptoms:

Chest pain	yes	no
Fever	yes	no
Chills	yes	no
Night sweats	yes	no
Loss of appetite	yes	no
Hemoptysis (bloody sputum)	yes	no
Easy fatigability	yes	no
Unintentional weight loss of more than 10% body weight	yes	no

Applicant (or Applicant's Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The following to be completed by AFT staff:*

Received and signed by AFT Staff: \_\_\_\_\_

Comments: (please check off one of the following):

- Referred for chest X-ray to rule out TB
- Does not disclose any clear symptoms of TB
- Other (please explain) \_\_\_\_\_

AFT Medical Form  
 Basic

**Instructions for all applicants:**

All applicants and household members are required to provide AFT with this *Medical Clearance Form (Basic)*. This involves a statement of good health by a physician and a tuberculin (TB) test current within the year. This is required for anyone living in the applicant's home, over the age of one (1) year.

This AFT Medical Clearance Form (Basic) can be used, or if your child placement agency has a preferred medical clearance form you may use that and provide AFT with a copy.

Date of examination: \_\_\_\_\_

I \_\_\_\_\_ M.D.

have examined \_\_\_\_\_ DOB \_\_\_\_\_

and find him/her to be in \_\_\_\_\_ (excellent, good, poor, etc.) health.

He/she is not known to have any of the following:

- 1) HIV/AIDS
- 2) Sexually transmitted disease
- 3) History of substance abuse
- 4) Mental or psychological disorder (this requires explanation by physician)
- 5) Genetic risks

or any other medical condition that would, in any way, have a negative impact on a child living in the same residence, or would challenge the ability to raise a child.

Signed: \_\_\_\_\_

*The following specific TB clearance section is to be completed for **each child over the age of one (1) and all adults living in the household of the prospective adoptive parent.***

Patient's Name (if not stated above): \_\_\_\_\_

Last Tuberculosis test date: \_\_\_\_\_ Result: \_\_\_\_\_

OR

Chest X-Ray for Tuberculosis date: \_\_\_\_\_ Result: \_\_\_\_\_

TB Test Result Certified by: \_\_\_\_\_

## LIST OF SERVICE FEES

PLEASE SIGN AND RETURN THIS TO AFT

NAME OF FEE	DESCRIPTION OF SERVICE	AMOUNT
<b>Application Fee</b>	<p><b>Application fee required for any HIC service.</b> Due when you submit your HIC Application or HIC Add/Change Service Application. A new application may be required anytime a service is delivered.</p>	<b>\$350</b>
<p><b>Home Study Services</b></p> <p>All HS fees are charged in two payments; \$1,000 at Intake and the remainder at time of HS scheduling.</p> <p>Note that a HS is not valid if the clearances within the report are invalid.</p>	<p><b>Home Study Only (Standard)</b> - HIC home study requested by client utilizing the child placement services of a third party - domestic or inter-country adoption where AFT template can be used, and no additional paperwork is required.</p>	<b>\$3,000</b>
	<p><b>Home Study (AFT Program)</b> - Home study required for all Hawaii-based AFT Program Clients.</p>	<b>\$2,500</b>
	<p><b>Home Study Extra</b> - AFT home study requested by client utilizing the child placement services of a third party for a standard Domestic or Inter-country adoption.</p>	<b>\$3,500</b>
	<p><b>Home Study Update</b> - An annual home visit is required by the State of Hawaii for any home study. This fee and process also applies to any client using AFT for home study services. By law, home studies are valid for one year and the State of Hawaii requires a home visit and update to home studies for any client actively pursuing an adoption. Note that AFT may agree to split the the update fee into two payments for returning AFT HS clients in some cases.</p>	<b>\$1,450</b>

## LIST OF SERVICE FEES, CONT.

NAME OF FEE	DESCRIPTION OF SERVICE	AMOUNT
<b>Home Study Services, Continued</b>	<b>Home Study Edits</b> Add information to an existing AFT home study	<b>\$400</b>
	Add information to an existing AFT home study due to client's failure to disclose	<b>\$650</b>
	<b>Home Study Rush Surcharge</b> - Home studies scheduled and completed within one month (after all Step 2 docs are received by AFT) – available only when suits best interest of child. Based on client's ability to procure required clearances and availability for required interviews. Home study may be released pending clearance receipt.	<b>\$1,000</b>
	<b>Home Study Review Fee</b> - Review and approval of a non HIC home study (prepared by another agency)	<b>\$500</b>
<b>Fees Related to AFT Staff Travel</b>	<b>House Call/ Visit Fee</b> - Clients who require HIC staff services in their home above and beyond what is standard for the contracted service Standard services for home studies includes one home visit per home study. Does not apply to ADA clients. Does not include travel fee for neighbor island clients.	<b>\$300</b>
	<b>Neighbor Islands Surcharge</b> – For home study, post-adoption/post placement, counseling as needed when Oahu-based staff travel to neighbor islands. Refundable prior to AFT booking travel.clients in some cases.	<b>\$400</b>
	<b>HIC Staff Travel Costs</b> - For cases when AFT staff is required to spend more than eight hours away from the office while on client related work. Fee charged in addition to travel costs.	<b>\$250/day</b>
	<b>Administrative/Courier Fee</b> - For clients who request additional administrative work beyond scope of standard service - i.e.: photocopying, courier service, preparation and/or collating of non-AFT adoption documents, communication with related parties, etc.	<b>\$100/hr or fraction thereof</b>

## LIST OF SERVICE FEES, CONT.

NAME OF FEE	DESCRIPTION OF SERVICE	AMOUNT
<b>Child Abuse Clearance Fee (CAN)</b>	A flat fee for all out of state Child Abuse and Neglect (CAN) clearances per adult in the home. Additional fee charged for direct service fees assessed by sending state/country. Third party payment. \$10 handling fee plus direct cost charge for CANs that requires a processing fee.	<b>\$25+/varies</b>
<b>Notary Services</b>	AFT has notaries on staff able to notarize documents as appropriate. Please contact us to schedule an appointment. AFT staff may travel to notarize, travel fees will apply (\$50 flat rate for Oahu).	<b>\$5/document</b>
<b>Efficiency Fee</b>	Delay in HIC service delivery due to client scheduling and or paperwork submission due to client delays – HIC waits 30+ days for action	<b>\$300</b>
<b>File Retrieval Fee</b>	Cost to seek and if available, pull a client file upon request, from storage. Most client files are moved into deep storage once formal services are completed. AFT cannot guarantee time frame for file retrieval.	<b>\$50</b>
<b>ReAdoption in Local Family Court</b>	Fee to process paperwork for Procedure to Establish Foreign Adoption in Hawaii Family Court. Fee includes \$215 fee payable to the Circuit Court. Clients are responsible for providing original adoption documents to AFT.	<b>\$1,015</b>
<b>After Hours Fee</b>	Clients requesting appointments outside of HIC business hours may be accommodated based on staff availability. Estimate due at the time of scheduling. Partially refundable in some cases.	<b>\$200/hr.</b>
<b>Counseling</b>	May be recommended by AFT Social Worker, additional support or counseling following placement of your child into home, above and beyond regularly scheduled visits. Clients may also self-refer for counseling. Marriage counseling may be recommended for some clients prior to or during adoption. Additional charges for counseling in the home. May be eligible for insurance coverage.	<b>\$200/hr or fraction thereof</b>

## LIST OF SERVICE FEES, CONT.

NAME OF FEE	DESCRIPTION OF SERVICE	AMOUNT
<b>Adoptive Parent Training (APT)</b>	Pre-adoptive training is required by most placing organizations, and licensing bodies and is required for all families. AFT offers Adoptive Parent Training (APT) on an on-going basis. Neighbor Island families please discuss training options with your case worker.	<b>\$150/pp</b>
<b>PA/PP Home Visit &amp; Report</b>	Post-adoption/post-placement visit and report – consultation with AFT staff, parent(s), and adopted child(ren). Additional home consultations may be required by placing agency or deemed necessary by AFT. AFT cannot sign provider post-placement/post-adoption agreements without full, up front nonrefundable payment of all required work.	<b>\$600</b>
<b>Domestic Child Placement Fee</b>	When AFT facilitates or assumes placement responsibility for the placement of child. Does not include additional costs/fees associated with placement and/or Ka Makana program costs. Due prior to child placement - Refundable in some cases -	<b>\$10,000</b>
<b>Foster/Adopt Management Fee</b>	Fee to conduct initial review and assessment for AFT client wishing to adopt through U,S Foster Care programs. Fees are charge quarterly in most cases. In some cases fees are paid by the placing authority.	<b>\$1,000</b>
<b>Government Accreditation Feet</b>	In order to maintain our Hague accreditation, AFT must comply with U.S. Department of State (DOS) Office of Children's Affairs accreditation standards, managed by IAAME. Fees include a \$500 per child matched accreditation fee, due upon client application/ approval and, to be paid by the client, as a pass through fee from AFT.	<b>\$550</b>

All fees listed are direct service fees and are nonrefundable. AFT reserves the right to change fees as needed and without prior notice. AFT does not offer fee waivers or fee reductions. Listed refundable fees may be returned to the client if AFT is unable to place a child due to circumstances beyond the client's control. All non-AFT fees are approximate, may be subject to change without notice and are non-refundable. Fees are due on the dates stipulated on AFT billing statements. If you are unable to make payment as required, or if you have questions about your statement, contact the AFT immediately. Non-payment and/or not contacting AFT regarding non-payment or late payment will result in immediate termination of services. I/we have read and understand the fees listed in the attached A Family Tree List of Service Fee. AFT accepts personal checks, visa and master card.