



## Hawaii's Domestic Adoption Program

**Be in touch with us:**

**Email: [Hi@KaMakana.org](mailto:Hi@KaMakana.org)  
Tel: 808 589 2367**

## General Information Packet for Pregnant Women

Aloha!

Thank you for contacting us. We understand this may be a difficult time for you and we will do all we can to assist and support you. If you (or your partner) are currently pregnant and wondering whether adoption is the right choice for you, this packet is specifically designed for you.

We have enclosed information that we hope you will find encouraging and helpful. This is intended to provide a starting point for further discussion and does not include everything we will want to share with you as you move ahead.

Please call us if you think we can be of any help. Keep in mind that even if you think you don't want to place your child for adoption, but you want to talk this over with someone, give us a call. We will support whatever decision you make, and are happy to talk with you as you make your way towards a decision.

A member of our Ka Makana staff can be reached at: (808) 589-2367 (Monday – Thursday, 8 a.m. – 4 p.m.) or (808) 636-1398 (24 hours a day, 7 days a week). You may also text me at (808) 381-1977 if you need immediate assistance and are not able to reach us at the above numbers.

With our best wishes,

*Kristine Altwies*

Kristine Altwies, MA, LMFT  
ED/CEO



## What is the Ka Makana Domestic Adoption Program?

## Frequently Asked Questions

### How much does this cost?

Ka Makana provides services to you at no cost. We are here to assist you with making the best plan for you and your baby.

### Baby's biological father is not involved. Does that matter?

Ka Makana aims to support the both the biological mother and father during this very stressful time. We understand that there are many circumstances that may result in the baby's biological father no longer being involved in the planning process. We work hard to support you and will invite him to participate as much as he would like.

We want you to know that we understand the difficult decision you are currently facing. In our work with expectant parents, we have most often come across the following questions. We encourage you to also read the Myths and Truths document, and contact us at any time regarding your specific situation, questions, and concerns.

### I'm pregnant, where do I start?

If you are facing an unplanned pregnancy and you are reading this page, you are probably ready to begin exploring your options. The good news is that you have choices, and have some time to decide the best option for you and your baby. The best place to start is by speaking with a professional who has experience providing pregnant women with information and support regarding all their options. We welcome your call anytime at (808) 589-2367 (Monday – Thursday, 8 a.m. - 4 p.m.) or (808) 636-1398 (24 hours). Just ask to speak with a Ka Makana team member and you'll receive immediate help.

### Do I have to know what I want before I call?

No, you do not have to make up your mind before speaking with counselors or adoption professionals – their job is to assist you in the decision-making process. It is actually best to talk with someone prior to and throughout your decision-making process so you can gather information about all of your options in order to make the best decision for you and your baby. Ka Makana team members are skilled at listening to what you need and helping you objectively explore your options.

Making that first contact with any professional can be scary, but find comfort knowing that your communication with Ka Makana is confidential and free, and there are no obligations should you decide that you do not want to choose adoption.

## Overview: The HIC Ka Makana program

## What can I expect when I contact a Ka Makana team member?

All Ka Makana team members are trained to provide you with caring support during this time. We will provide you with information about your options and help you objectively look into these choices. We highly respect a woman's decision regarding her baby, and will support any decision you make. Specifically, we assist you with:

- Exploring your options; we help you make the best decision for you and your baby
- Connecting you with resources such as Medicaid and food stamps
- Exploring family, friend, and community support for any decision you make concerning your baby
- Understanding the details of the adoption process
- Working with you to develop an adoption plan that fits your needs
- Assisting you with selecting an adoptive family with the option of getting to know them
- Deciding what type of contact you would like to have after baby is born
- Helping you find ways to talk with family members and friends who either do not understand or support your adoption decision

During your meetings with us, we encourage you to ask questions and bring with you anyone you'd like to have involved in the decision-making process. We will meet with you at a location that is convenient for you (including neighbor islands). We understand that exploring adoption is a personal process that varies from one individual to the next, and there is no set time in which you have to make your decision. How much does this cost?

## How do I decide if adoption is right for me and my baby?

You may have considered adoption, but just don't know where to start or what adoption is like. You may be afraid of what other people are going to think of you, or you may have heard confusing information about adoption. It is best to talk with a knowledgeable adoption professional who not only understands how adoption works, but who can also talk with you about your other options, such as parenting.

Choosing adoption is a difficult choice. There are many factors that affect the decision, and there can be positives and negatives to each of your options. We encourage you to explore each of the options thoroughly. A good social worker or adoption professional can help you see all sides, and will discuss things that you might not have been aware of. Whichever decision you choose, it is a decision that should be made with great care, and

*"One of the most courageous decisions you will ever make is to let go of what is hurting your heart and soul."*

## People say that I am selfish to consider adoption. Are they right?

Choosing adoption for your child may be the most loving and unselfish decision that you can make. When someone states that adoption is a selfish choice, he or she may not understand the sheer magnitude of what a woman sacrifices when she chooses adoption.

Adoption reflects positively on everyone involved. Your situation and circumstances may make it too difficult for you to raise a child, but adoption allows you to make sure your child receives the type of life you want your child to have. There are families who are unable to have children, but are ready to raise a child and want more than anything to become parents. The act of giving someone who could not otherwise experience the joy of parenthood the opportunity to be a parent is another way that adoption is a selfless act. It is important for you to surround yourself with people who are supportive of you and of adoption.

Letting people know the reasons you are choosing adoption is a way to help others gain more knowledge about adoption and how truly special it is to everyone involved. Adoption is your decision, and therefore you are the only one who can make the decision. Have pride in knowing it takes a very strong person to recognize that adoption may be the best option for her child. It is important to understand that most people do not understand adoption. When people don't understand something, they can be very wrong and hurtful in their judgment.

As your adoption support, the Ka Makana team can meet with your family and friends to help them understand your needs and feelings.

## How does Ka Makana screen the families who want to adopt my baby?

Every prospective adoptive family completes an extensive process that includes background clearances, medical clearances, references, an inspection of their home, disclosure of financial information, discussion of their beliefs about adoption, and more, so we can gather information about their true character and ability to parent your child. This screening process is extremely important to HIC, and we spend time getting to know the family well. HIC is committed to helping you find a wonderful family for your baby.



## Open:

An open adoption is one in which the birth parents and the adoptive parents know or exchange some form of information about one another. This can range from knowing one another's first names and meeting prior to the birth of the child to sending letters and photos to one another and meeting for pre-schedule visits. The Ka Makana team works with the expectant (birth) parents regarding their desires for openness and will also discuss your preferences with you.

Ka Makana will work with all members of the adoption triad to determine what is desired and appropriate. While open adoption agreements are not legally binding, Ka Makana requires prospective (adoptive) parents to honor any agreements they make with their birth family. Adopting parents will never be required to agree to an open adoption, though if a birth mother requires an open adoption, she will be supported in selecting a prospective family who is able to agree with her wishes.

## Closed:

Closed adoptions are less common. Research and experience indicate the benefits of identity and access to knowledge for a child who is adopted. However, should a closed adoption be requested by the birth parent(s), Ka Makana will seek a family agreeable to such an adoption. Some expectant (birth) parents may wish to learn about baby's growth and development after placement, so it is important for adoptive families to be aware of and demonstrate flexibility with regard to such possibilities.

## Open or Closed Adoption?

**The degree to which an adoption is open or closed is determined by the expectant (birth) parent(s). We aim to match expectant (birth) parents with prospective adoptive parents appropriately. We believe in the importance of openness in adoption, especially if this is the request of the birth parent(s).**

## Domestic Adoption Program

### Can an adoptive family love my baby as much as I do?

While it is true that biological parents hold tremendous love for their child, love is not a matter of biology. Love is not inherited. An adoptive couple's love for your child is the result of a lot of effort and desire to be a parent. Adoptive parents have a true love and devotion to the child they adopt because they realize what a blessing it is to have a child in their lives.

"Our children can learn that...the concept of 'family' does not rest solely on biology. They can learn that love transcends many artificial boundaries frequently put into place by humans. They can learn that closing one door can open another door and another and another"...Caroline Harding, adoptive mother (Adoption Is Another Word for Love, 2000).



### How do I start the adoption process?

The best way to start the adoption process is to call and speak with a member of the Ka Makana team. You can call us when it is most convenient for you and a team member will gladly talk with you about your situation and answer any questions you may have. You do not have to have already made up your mind about adoption to call and talk to someone at Ka Makana.

For more information or to talk to a Ka Makana team member, call (808) 589-2367 (Monday – Thursday, 8 a.m. - 4 p.m.) or (808) 636-1398 (24 hours). You may also contact us by email at [Hi@KaMakana.org](mailto:Hi@KaMakana.org)

# Myths and Truths About Domestic Adoption



**Choosing adoption means I am selfish and that I don't love my baby.**



A mother who unselfishly creates an adoption plan for her child is placing her child's best interest above her own. It is an ultimate sacrifice for a mother to choose life for her child and realize what is best for her child. Adoption is a caring and responsible process that is as natural and loving as parenting.



**My child will hate me if I make an adoption plan.**



Our agency has assisted and supported members of the adoption triad since 1975. We have found that children do not hold negative feelings regarding their biological parents. Your fears and concerns about your child are understandable, and often stem from your own sense of grief and loss. Adoption is a selfless decision, and one that many adopted children respect and are even grateful for.

Adoptive parents are trained and educated on the importance of honoring and respecting you in the child's life. They are aware of the courage and strength it takes to make such a difficult decision, and will speak of you in positive terms with the child.

"My biological mother was in high school when she was pregnant with me. I'm sure she felt she was not capable of providing me with everything she wanted me to have and decided that adoption would be the best choice for the both of us... My (adoptive) parents are the best thing that has ever happened to me, and I could not imagine my life any other way. I am constantly reminded of the wonderful, selfless choice my birthparents made by choosing adoption for me. I have had an abundant life full of many opportunities that I may not have otherwise been able to enjoy, including world travel, education, activities and religion. I was raised in a very loving home, and I continue to be extremely close to my parents today. I have never felt any void in my life or felt differently in any way because of being adopted." Jackie, adopted child, age 24



**Adoption is an irresponsible solution to an unplanned pregnancy.**



Adoption requires a strong and responsible person. Do not feel guilty for considering adoption or think of parenting as a deserved punishment for your unplanned pregnancy. Making the choice for your child to be raised in an environment that can provide the things you are not able to at this time is very brave and responsible.

## Myths and Truths About Domestic Adoption, cont.



### **I will regret my decision.**



There are many emotions that come into play with adoption. Regret is an unpredictable emotion. For example, you may regret that you are not able to offer everything you want for your child. You may regret that you became pregnant and are in a place in life that requires you to make this decision. Most women who choose adoption have good days and bad days. Most women will have some regrets, and most will experience doubt as they choose adoption. In general, most people doubt decisions they make in their everyday lives, so how can a woman not expect to feel some doubts about choosing adoption? However, if you work with adoption professionals who help you through the process, work through your emotions of grief and loss, and create an adoption plan that you are comfortable with, then you will be able to gain acceptance of your decision to provide your child a better life through adoption.



### **I will have to say goodbye and will never hear from my child again or know how he or she is doing.**



This has been true in the past when all adoptions were closed and the child was taken from the birth mother and she had to live the rest of her life never knowing what became of her child. Today, you can create your own adoption plan which can make it possible for you to select your child's adoptive parents and meet them. You can choose to stay in touch while your child is growing up by receiving pictures and letters, which can ensure that you made the right decision for your child. Open adoptions even allow you to stay in touch with phone calls and possibly even occasional visits.



### **I will not get to choose the adoptive parents.**



You will be able to work with the HIC Ka Makana team to create an adoption plan that works best for you. Many of our birth parents feel empowered to participate in selecting the adoptive parents for their baby, and feel reassured that they will know who will love and take care of their baby. In fact, many have chosen to meet the adoptive parents before and/or after birth. This is your choice, and HIC supports you in your decision.



### **I will not be allowed to hold my baby after birth.**



This is a decision that you can make. It is not made for you. The Ka Makana team will support you.



**Ka Makana at A Family Tree is a non-profit organization that seeks to support and protect birth parents as they consider adoption for their baby. The following are rights that HIC adheres to when working with birth parents.**

**1. You have the right to be free from pressure or coercion.**

Choosing adoption is a difficult and personal choice, and you have the right to take your time in deciding whether adoption is the best option for you and your baby. Ka Makana will not place any pressure on you to make a decision – we will support you during this challenging time.

**2. You have the right to total confidentiality, if you choose.**

Ka Makana greatly respects your privacy and will treat you and your personal information with the utmost sensitivity.

**3. You have the right to counseling.**

Support from a trained and impartial professional can help you make the best decision for you and your baby. This counseling is generally covered by medical insurance and Ka Makana may assist with the copayment, if any.

**4. You have the right to select the adoptive parents for your baby.**

Making an adoption plan is challenging, and we understand that you may want to participate in the selection of the adoptive family. Our Ka Makana team will assist you with this process and support your decision.

**5. You have the right to a safe and legal process.**

Adoption involves paperwork, some of which is legal in nature. The Ka Makana team will review the paperwork carefully and thoroughly with you, and answer any questions or concerns you might have. Should you request an attorney, we will provide one at no cost to you. This meeting may take place early on in your work with us or prior to signing the document in which you consent to the adoption.

**6. You have the right to request to have ongoing communication or contact with the adoptive family.**

Our Ka Makana team will work with you to choose the best and most appropriate level of contact with the adoptive family. We will support you in selecting a family who shares your ideas about ongoing contact.

**7. You have the right to change your mind about any verbal promise or written agreements prior to signing the consent documents for adoption.**

We strongly encourage you not sign documents consenting to the adoption until you are certain that adoption is the right choice.





# Birth Parent Application Instructions

## Birth Mother and Birth Father Application for Services

This application provides information to the Ka Makana team at A Family Tree regarding you and your child. Please carefully review and complete the application to the best of your ability. Your identifying information (e.g., name, address, date of birth, social security number) will be kept confidential. For the purposes of adoption, non-identifying information (e.g., age, ethnicity/race, medical history) will be shared with the prospective adoptive family.

This document is the application to begin services with A Family Tree and Ka Makana. Completion of this document **does not terminate your parental rights** or mean that you are agreeing to adoption. The Ka Makana team will inform you of the additional documents needed to move forward in the adoption process.

A member of the Ka Makana team will carefully review these documents with you at your next meeting. Please do not hesitate to call us at (808) 589-2367 or (808) 636-1398, or e-mail us at [Hi@KaMakana.org](mailto:Hi@KaMakana.org) with any questions or concerns.

## Birth Parent Services Contract

This document details the terms of your working relationship with the AFT Ka Makana team. Please carefully review and initial as appropriate to signify your understanding and agreement.

A member of the Ka Makana team will carefully review this document with you at your next meeting. Please do not hesitate to be in touch with any questions or concerns.

With our best wishes,

*Kristine Altwies*

Kristine Altwies, MA, LMFT  
ED/CEO



## BIRTH MOTHER APPLICATION FOR SERVICES

1632 South King St. Honolulu, HI 96826 • T: 808-589-2367 • Hello@afamilytree.org

<b>Date</b>	
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**GENERAL INFORMATION**

Birth Mother information (as it appears on legal identification)		Birth Father information (as it appears on legal identification)	
Last		Last	
First		First	
Middle		Middle	
Maiden Name/Alias		Maiden Name/Alisa	
Date of Birth (MM/DD/YYYY)		Date of Birth (MM/DD/YYYY)	
Social Security Number		Social Security Number	
Ethnicity/Race		Ethnicity/Race	
Citizenship		Citizenship	

Birth Mother contact information		Birth Father contact information	
Cell Phone	(    )	Cell Phone	(    )
Work Phone	(    )                      ok to use	Work Phone	(    )                      ok to use
E-mail Address		E-mail Address	

Birth Mother Address		Birth Father Address	
Street:		Street:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	

**Marital Status and Living Situation**

Married    Civil Union    Single    Divorced    Separated    Living with Birth Father    Living with \_\_\_\_\_

Is your husband or current boyfriend the baby's Birth Father?    Yes    No    Unsure

**BIRTH FATHER SUPPORT REGARDING PREGNANCY AND ADOPTION**

Does the Birth Father know about the pregnancy?    Yes    No    Unsure

Does the Birth Father support you in placing the child for adoption?    Yes    No    Unsure

Are you currently in contact with the Birth Father? If so, how often?    Yes    No

Is the Birth Father a genetic relative? If so, please explain.    Yes    No

Please describe your relationship with the Birth Father.

## CHILD INFORMATION

### If the child is unborn

What is the expected due date?

What hospital do you plan to use?

Have you received prenatal care?    No    Yes            If yes, from whom?  
When do you start?

Do you have health insurance? \_ Yes        \_ No  
If so, with whom?  
If not, do you need help applying for Quest?

### If the child is born already

What is the child's legal name?

What is the child's date of birth?

Where does the child presently live?

Where was the child born?

Type of delivery \_ Vaginal    \_ Caesarean    \_ Forceps    \_ Anesthesia/Medications

Describe the child's health and development since birth.

### Other Children

Do you have other children? \_ Yes        \_ No  
If yes, are they from the same Birth Father? \_ Yes        \_ No        \_ Unsure

Name	Date of birth	Residence	Eye color	Hair color	Height	Weight	Medical needs

Have you ever placed a child for adoption?    \_                    \_ No  
Yes If yes, please explain.

## ADOPTION

### Making the adoption plan

I am  certain I want to place my child for adoption  pretty sure about adoption, but have questions  unsure

Please discuss your considerations and motivation for choosing adoption.

Who among your family or friends would you like to be involved in the adoption process with you?

Is your family aware that you are considering adoption?	No	Yes	
Does your family support you in placing the child for adoption?	No	Yes	Please explain all.

Do you know anyone who would be interested, or who has expressed interest, in adopting your child?  Yes  No  
If yes, please explain.

Would you like to be involved in the process of selecting of the adoptive family for your child?  Yes  No  Unsure

### Contact with the adoptive family

How do you feel about possibly having an ongoing relationship with the adoptive family?

What type of information would you like the adoptive family to know about you? Please note that HIC is obligated to provide non-identifying information, such as medical history and ethnic background, to the adoptive family during this process.

What type of information would you like to know about the adoptive family?

What is the **MINIMUM** amount of contact you would like to have with the adoptive family? Please note that HIC seeks to support you, the adoptive family, and the child in this process. The ideas expressed here do not guarantee a final outcome. Once you sign the adoption consent forms, and the child is placed with his or her new family, his or her new parents become fully legally responsible for all decisions regarding the child. It is up to you, HIC, and your child's new family to ensure that all relevant aspects of long-term contact are adequately discussed.

**What is the MAXIMUM amount of contact you would like to have with the adoptive family?** Please note that HIC seeks to support you, the adoptive family, and the child in this process. The ideas expressed here do not guarantee a final outcome. Once you sign the adoption consent forms, and the child is placed with his or her new family, his or her new parents become fully legally responsible for all decisions regarding the child. It is up to you, HIC, and your child's new family to ensure that all relevant aspects of long-term contact are adequately discussed.

**BIRTH MOTHER HEALTH AND MEDICAL INFORMATION**

General Health and Pregnancy			
Height		Body build	
Current weight		Weight before pregnancy	
Eye color		Hair color	
Complexion		Right or left-handed	
Blood type		RH factor	
Food cravings during pregnancy		Complications during pregnancy	

Medications and Substance Use				
Medicine	Yes	No	Frequency / Amount	Dates used
Aspirin				
Antibiotics				
Antihistamines				
Hormones				
Cortisone				
Diet Pills				
Sleeping Pills				
Tranquilizers				
Cancer medication				
Heart/blood pressure pills				
Thalidomide				
Medicine for nausea				
Medicine for seizures				
Nose drops				
Alcohol				
Amphetamines				
Methamphetamines				
Barbiturates				
Cocaine				
Heroin				
LSD				
Marijuana				
Caffeine				
Tobacco				
Prescription Drugs				
Other: _____				

Mental and Behavioral Health			
Have you been diagnosed with a mental illness?	No	Yes	If yes, please explain.
Have you been hospitalized for any mental, psychological, or psychiatric reasons?	No	Yes	If yes, please explain.
Have you been diagnosed with any learning challenges?	No	Yes.	If yes, please explain.
Do you have any behaviors that you consider quirky, or difficult for others to understand?	No	Yes	If yes, please explain.

## AFFIDAVIT OF HERITAGE

Heritage Identification		
Culture	Yes	No
Native American		
Native Alaskan		
Native Hawaiian		
First Nation		

### If yes to any of the above, please complete the following

Name of tribe, nation, or council.		
Are you enrolled as a member of this tribe, nation or council?	Yes	No
Are you eligible for membership in this tribe, nation or council?	Yes	No
Please list the name, address, and relation of your known ancestor(s).		
Please list the name of the reservation this ancestor(s) resided on.		
Please list any person(s) who may be able to provide additional information regarding your heritage.		

**BIRTH FATHER HEALTH AND MEDICAL INFORMATION (if known)**

General Health			
Height		Body build	
Current weight			
Eye color		Hair color	
Complexion		Right or left-handed	
Blood type		RH factor	

Medications and Substance Use				
Medicine	Yes	No	Frequency / Amount	Dates used
Aspirin				
Antibiotics				
Antihistamines				
Hormones				
Cortisone				
Diet Pills				
Sleeping Pills				
Tranquilizers				
Cancer medication				
Heart/blood pressure pills				
Thalidomide				
Medicine for nausea				
Medicine for seizures				
Nose drops				
Alcohol				
Amphetamines				
Methamphetamines				
Barbiturates				
Cocaine				
Heroin				
LSD				
Marijuana				
Caffeine				
Tobacco				
Prescription Drugs				
Other: _____				

Mental and Behavioral Health		
<p>Has she been diagnosed with a mental illness?</p> <p>No</p> <p>Yes If yes, please explain.</p>		
<p>Has been been hospitalized for any developmental, psychiatric or mental health issues? If yes , please explain.</p> <p>Yes If yes, please explain.</p>	No	Yes



Has he been diagnosed with any learning challenges?

No

Yes If yes, please explain.

Does he any behavior that you consider to be "quirky" or have been challenging for others to understand? \_ \_

No Yes If yes, please explain.

**YOUR EDUCATION AND EMPLOYMENT INFORMATION**

**Education History**

Highest grade level completed Grade \_\_\_\_ GED Some college AA/AS BA/BS MA PhD MD

Vocational school or training U.S. Military

No Yes If yes or U.S. Military, please explain.

Educational goals

**Employment History**

Employer	Dates employed	Income	Job title/description

Career goals

**Financial Needs**

Do you have:	Yes	No	I need help applying
WIC			
General Assistance			
Food Stamps			

Do you have any financial needs? \_ Yes \_ No  
If yes, please explain.

**INTEREST AND HOBBIES**

What are your current interests, hobbies, and talents?

What are your personal goals?

**RELIGION**

How do you define your religious faith?

Do you have a preference regarding the religion of the adoptive parents of your child?  Yes  No  
 Yes If yes, please specify.

**CRIMINAL HISTORY**

Please list 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.

Have you ever been a victim or perpetrator of the following: (If YES, please specify " <u>V</u> " for Victim or " <u>P</u> " for Perpetrator)	Birth Mother	Birth Father (if known)
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

I have contacted Hawaii International Child (HIC) willingly and based on my desire to consider adoption services as a possibility for my child/ren.

I swear that all the information provided above is the truth, and that I have not withheld any information which could, in any way, negatively impact HIC's ability to provide ethical adoption services to me and my (unborn) child.

Birth Mother \_\_\_\_\_  
 Sign \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

# BIRTH PARENT SERVICE CONTRACT

1632 South King St., Honolulu, HI 96826 • T: 808-589-2367 • [Hi@KaMakana.org](mailto:Hi@KaMakana.org)

## MY RESPONSIBILITIES

Responsibilities	Initial
I understand the importance of an open and trusting relationship with HIC and have been, and shall remain, open and honest with HIC now and throughout our working relationship.	
I agree not to discuss this adoption plan with, nor attempt to engage the services of, another adoption agency, adoption attorney, individual, or organization.	
If, at any time I decide to no longer work with HIC, I agree to immediately notify HIC of the change in plans.	
I understand that HIC aims to serve and support me, with the focus on the best interest of my child/ren. In this capacity, HIC will provide or will refer me to counseling services for as long as I/we deem necessary, within reason.	
I agree to continue private health insurance when reasonably possible or to apply for medical assistance through the State's Med-Quest.	
I agree to provide a copy of a valid form of identification (i.e., driver's license, state-issued ID, or passport).	
I agree to provide proof of pregnancy.	
I understand that the child's health is put at risk by my use of drugs or alcohol during the pregnancy and agree not to use them.	
I understand that once I sign the adoption consent form, any and all rights regarding my child/ren will be terminated.	
I am aware that I will be signing the adoption consent form freely and voluntarily, without force or unfair influence.	
If I decide to parent my child, I will have the full support of HIC and the Ka Makana team, especially if I demonstrate the ability to care for the child.	

## FINANCIAL SUPPORT

Understandings	Initial
I understand that HIC is not a welfare agency that provides free maternity care and expenses for mothers who are planning to parent their child after delivery.	
I understand that I may request financial support before, during, or after the birth of the child, but that is not a guarantee that I will receive all the financial support I have requested.	
I understand that the financial support I receive may be provided by the (prospective) adoptive parents through HIC.	
I understand that if I accept any financial support from HIC, then it is with the understanding and assumption that I will be placing my child for adoption.	
If I decide to parent my child, and if I have accepted any financial support during my work with HIC, then I am expected to pay back the full amount in a timely manner.	
The financial support received is to be returned to the prospective adoptive parents, through HIC, and is not mine if I choose to parent my child.	
I understand and agree that any financial support made in the form of a gift card, cash, or check made payable to me is to be used solely for the purpose of expenditures directly related to my basic living expenses, which include rent, food, transportation, clothing, communication, medical expenses, utilities, education/training/employment. Any purchase or expenditure outside of the aforementioned categories are not sanctioned and are highly discouraged by HIC. HIC is not responsible for reimbursing lost or stolen gift cards, checks, or cash.	
I understand and agree that any direct expenses made payable to vendors by HIC on my behalf must be pre-approved by HIC, and must be accompanied by supporting documentation showing proof of cost, such as original invoices, statements, agreements, or receipts. Violation of this agreement could result in the denial of future services.	

## COUNSELING

Therapeutic counseling	Initial
I understand that I have the right to receive free adoption-related counseling sessions before signing the consent to adoption and before the placement of my child.	
I understand that I have the right to receive free adoption-related counseling sessions after signing the consent to adoption and after the placement of my child.	
I am aware the HIC may encourage me to seek such counseling before, during, or after the placement of the child.	
I am aware that I may receive such counseling from a social worker, psychologist, therapist, or psychiatrist through my insurance plan.	
I am aware that HIC may provide direct referrals to counselors, if I am open to it.	
I understand that even if I choose not to receive such counseling, I am not able to rescind my decision regarding the adoption after I've signed the consent to adoption.	
I choose to receive counseling at this time.	
I choose not to receive counseling at this time, but understand that I may request counseling at any time.	

Legal counseling	Initial
I understand that I have the right to receive appropriate legal counsel at no cost to me. This legal counsel will review the consent documents, and any other adoption-related documents, with me before I sign them.	
I understand that HIC works with a number of respected, independent attorneys in Hawaii, and can make arrangements for me to meet with or speak with one of these attorneys regarding the adoption documents.	
I understand that HIC does not provide legal assistance or counseling for any issue other than to review the adoption-related documents.	
I understand that any and all legal questions regarding my adoption and/or my long-term rights as a parent should be addressed by an attorney.	
I choose to speak with an attorney before signing any or all adoption consent forms.	
I waive my right to speak with an attorney before signing any or all adoption consent forms.	

## POWER OF ATTORNEY

Understanding	Initial
I grant HIC Power of Attorney to conduct any and all work as it related to my impending adoption, on my behalf, without my presence, and without additional signatures, as appropriate and as needed. This Power of Attorney shall end one month after the birth of my child, or one month after placement of said child unless otherwise revoked.	

## AGREEMENTS

Agreements	Initial
I have come to HIC to request assistance in considering placing my child/ren for legal adoption.	
I am the legal Birth Parent of this/these child/ren, and I have contacted HIC willingly and based on my desire to consider adoption services as a possibility.	
I have completed the HIC Birth Mother or Birth Father Application for Services and have provided HIC with accurate information regarding my plans to participate in the adoption process.	
I have been informed by HIC of the adoption process.	
I understand that I have the right to change my mind and parent my child before I sign the consent to adoption.	
At this time, all my questions have been answered sufficiently. I am aware that I may ask questions at any time during this process.	
I swear that I completely understand all the information provided above and agree to follow and be bound by this Service Contract.	

Birth Mother

Birth Father

\_\_\_\_\_ Sign

\_\_\_\_\_ Print

\_\_\_\_\_ Date