

Please read, thanks!

Welcome to our ohana.

This application is long, yes. Everything we ask of you is legally required information. If you are unsure about how to answer, please call or email an AFT Team Member before proceeding. We are here to help.

Some issues that may affect a prospective applicant's ability to adopt and/or to adopt through a specific foreign country are **age, marital status and length of marriage, medical history, criminal history and/or history of arrest(s), history of child abuse or spouse abuse, psychiatric history, and history of drug or alcohol abuse.** If you have any concerns regarding these or other issues, please contact us before completing this application.

Please include the following 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
- Application Fee (\$350)

AFT APPLICATION FOR SERVICES

T: 808-589-2367 • Hello@AFamilyTree.org • 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
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

Household Contact Information			
Home Phone:			
Primary Address		Mailing Address (if different from Primary Address):	
Street:		Street:	
City:		City:	

Parent 1 Initial Here _____
 Parent 2 Initial Here _____
 AFT Staff Initial here _____

State:		State:	
Zip Code:		Zip Code:	

Present Marriage			
Date of Marriage		Place of Marriage	

TYPE OF SERVICE REQUESTED

I/we plan on adopting my child or children through an AFT Child Placement Program (Choose one)	
<input type="checkbox"/> Foster Adoption	Comment _____
<input type="checkbox"/> Ka Makana Domestic Adoption	Comment _____
<input type="checkbox"/> Other _____	Comment _____
<input type="checkbox"/> Domestic Home Study Only (___ Include Post Placement/Post Adoption as needed)	
<input type="checkbox"/> Intercountry Home Study Only	
<input type="checkbox"/> Home Study Previously Completed, requires updating	
Option B: Using AFT for a Home Study (only)	

DESCRIBE THE CHILD(REN) YOU WISH TO ADOPT

(Be flexible, yet realistic. Note: We find families for children, and place children into homes accordingly).

Minimum Age		Maximum Age	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Preference
Siblings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Preference
Please check all that apply:	<input type="checkbox"/> African	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Native American or Alaska Native
	<input type="checkbox"/> Asian (specify) _____	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> European
			<input type="checkbox"/> Filipino
			<input type="checkbox"/> Hispanic or Latino
			<input type="checkbox"/> Micronesian
			<input type="checkbox"/> Native Hawaiian
			<input type="checkbox"/> Mixed _____
			<input type="checkbox"/> Other _____
Waiting Child (Older Child, Medical Needs and/or Other Challenges):	Yes	No	

Parent 1 Initial Here _____
 Parent 2 Initial Here _____
 AFT Staff Initial here _____

REFERENCES

Please provide the names of five references not related to you, whom you have known at least five years.

Note: AFT may contact your references. AFT uses email to communicate with references. Please take care to write **email addresses clearly**

Name	Address (Please include zip codes.)	E-mail Address	Telephone

ADOPTIVE MOTHER/PARENT 1 INFORMATION

Race/Ethnic Background		Citizenship	<input type="checkbox"/> U.S. <input type="checkbox"/> Other _____
Place of birth		Religion*	
Weight		Height	
General Health			
Gender			
Have you been diagnosed with fertility issues?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently undergoing or planning any type of fertility treatment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had a vital organ transplant in the last ten years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any condition that requires long term treatment? (Cancer, MS, Lupus, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a history of any psychiatric treatment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, for what condition?			
In the past two years, have you taken any medication, including medication related to psychiatric conditions or treatment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent 1 Initial Here _____
 Parent 2 Initial Here _____
 AFT Staff Initial here _____

* While AFT does not discriminate based on religion, please be aware that certain countries do not accept applicants who practice religions which prohibit the use of standard medical interventions, such as blood transfusions.

Note that if you are uncomfortable answering any of these questions, you may contact AFT and discuss with us prior to completing the form.

Adoptive Mother/Parent 1's Most Recent Employment Information (attach additional information on separate sheet; please indicate if Federal employee)				
From	To	Employer	Position	Annual Earnings
			<input type="checkbox"/> Fed	
			<input type="checkbox"/> Fed	
			<input type="checkbox"/> Fed	

Adoptive Mother/Parent 1's Education (attach additional information on separate sheet)			
High School		Year graduated or final year	
College/University		Year graduated & degree received	
College/University		Year graduated & degree received	

Adoptive Mother/Parent 1's Military Service Record				
Date Enlisted	Date Discharged	Branch of Service	Stationed	Rank

Adoptive Mother/Parent 1's Former Marriages				
Full name of spouse	From	To	Reason for termination	Terminated by
				<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Death
				<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Death

ADOPTIVE MOTHER/PARENT 1 - ADOPTION STATEMENT

Please give a brief statement of your reasons for wanting to adopt a child and how you came to consider adoption as an option for your family. Please sign and date your statement. Attach a separate sheet if necessary.

Parent 1 Initial Here _____
 Parent 2 Initial Here _____
 AFT Staff Initial here _____

ADOPTIVE FATHER/PARENT 2 INFORMATION

Race/Ethnic Background		Citizenship	<input type="checkbox"/> U.S. <input type="checkbox"/> Other _____
Place of birth		Religion*	
Weight		Height	
General Health			
Gender			
Have you been diagnosed with fertility issues?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently undergoing or planning any type of fertility treatment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a vital organ transplant in the last ten years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any condition that requires long term treatment? (Cancer, MS, Lupus, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a history of any psychiatric treatment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, for what condition?			
In the past two years, have you taken any medication, including medication related to psychiatric conditions or treatment?			<input type="checkbox"/> Yes <input type="checkbox"/> No

* While AFT does not discriminate based on religion, please be aware that certain countries do not accept applicants who practice religions which prohibit the use of standard medical interventions, such as blood transfusions.

Note that if you are uncomfortable answering any of these questions, you may contact AFT and discuss with us prior to completing the form.

Adoptive Father/Parent 2 – Most Recent Employment Information (attach additional information on separate sheet; please indicate if Federal employee)				
From	To	Employer	Position	Annual Earnings
			<input type="checkbox"/> Fed	
			<input type="checkbox"/> Fed	
			<input type="checkbox"/> Fed	

Adoptive Father/Parent 2 - Education (attach additional information on separate sheet)			
High School		Year graduated or final year	
College/University		Year graduated & degree received	
College/University		Year graduated & degree received	

Parent 1 Initial Here _____
 Parent 2 Initial Here _____
 AFT Staff Initial here _____

Adoptive Father/Parent 2 - Military Service Record				
Date Enlisted	Date Discharged	Branch of Service	Stationed	Rank

Adoptive Father/Parent 2 - Former Marriages				
Full name of spouse	From	To	Reason for termination	Terminated by
				<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Death
				<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Death

ADOPTIVE FATHER/PARENT 2 - ADOPTION STATEMENT

Please give a brief statement of your reasons for wanting to adopt a child and how you came to consider adoption as an option for your family. Please sign and date your statement. Attach a separate sheet if necessary.

HOUSEHOLD INFORMATION

Do you have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
(Please explain relationships and living arrangements as appropriate if children are not currently living with you).				
Name	Sex	Birth Date	Lives with you?	Adopted?
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where?
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where?
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where?
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where?
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where?
Briefly describe custody arrangements, regarding your children, if such arrangements exist.				

Parent 1 Initial Here _____
 Parent 2 Initial Here _____
 AFT Staff Initial here _____

Have you ever had your parental rights terminated (voluntarily or not) for a biological or adopted child? Yes No If Yes, please explain on a separate page.

Is anyone other than you and your children living in your home?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Sex	Birth Date	Social Security #	Relationship
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			

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

Parent 1 Initial Here _____
 Parent 2 Initial Here _____
 AFT Staff Initial here _____

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:	
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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
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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
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- Current Agency Prior Agency

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

Parent 1 Initial Here _____
 Parent 2 Initial Here _____
 AFT Staff Initial here _____

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Current Agency Prior Agency

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

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 _____

If you were or are a currently licensed foster parent, please complete the information below:		
Date of License & Expiration	Agency/State	Contact Information

FINANCIAL INFORMATION: CERTIFICATE OF INCOME AND PROPERTY
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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		\$	\$	\$	\$
Total Combined Income	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)

Asset Information	Owned by Parent 1	Owned by Parent 2	Jointly Owned	Total
Vehicles	\$	\$	\$	\$
Personal Property	\$	\$	\$	\$
Real Estate	\$	\$	\$	\$
Stocks and Bonds	\$	\$	\$	\$
Savings/Checking Account	\$	\$	\$	\$
Retirement, pension, profit-sharing account(s)	\$	\$	\$	\$

Parent 1 Initial Here _____
 Parent 2 Initial Here _____
 AFT Staff Initial here _____

Other Investments/Assets	\$	\$	\$	\$
Total of above assets (A)	\$	\$	\$	\$
Life Insurance	\$	\$	\$	\$

Liabilities Information	Owned by Parent 1	Owned by Parent 2	Jointly Owned	Total Owed
Credit Cards	\$	\$	\$	\$
Home Mortgages	\$	\$	\$	\$
Other Liabilities	\$	\$	\$	\$
Total of above Liabilities (B)	\$	\$	\$	\$

TOTAL NET WORTH	Combined Total Assets (A) – Combined Total Liabilities (B) =	\$
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FINANCIAL INFORMATION: CERTIFICATE OF INCOME AND PROPERTY CONTINUED...

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

Combined Monthly Expenses (Parent 1 & Parent 2)	Total
Mortgage and/or Rent	\$
Utilities (incl. cell, internet & cable)	\$
Auto Loan	\$
Child Care/Education	\$
Gas	\$
Food/Eating Out	\$
Entertainment/Misc.	\$
Other (Education, insurance, etc.)	\$
Other (Education, insurance, etc.)	\$
Total Monthly Expenses (B)	\$

Combined Total Monthly Income Minus Total Monthly Expenses	Total
Income minus Expenses	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 _____

CHILD ABUSE CLEARANCES (CAN)

Instructions: Please complete the form below for all applicants and persons over **the age of 17** living in the same household as the applicants. Clearances must be completed for every state or country in which the applicant **resided since the age of 18. If you require additional space, please attach additional pages to this application.** This is a preliminary step in obtaining CAN clearances. You will be invoiced during the Home Study process. Please refer to the List of Service Fees for more information. The CAN clearances are also referred to as Adam Walsh Clearances and are required by most accrediting bodies.

Dates of residence		Exact Address (House number, street, city, state, zip, county and country)	Name (Please check appropriate box(es) for each address listed. Provide full name and note if applicant's name was different when he/she resided at that address.)
From (Mo/Yr)	To (Mo/Yr)		
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____

FOR ADDITIONAL CAN CLEARANCE ENTRIES, PLEASE ATTACH ADDITIONAL COPIES OF PREVIOUS PAGE.

Parent 1 Initial Here _____
 Parent 2 Initial Here _____
 AFT Staff Initial here _____

OTHER INFORMATION

Please provide insurance information for you and all household members.

Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No Provider: _____
Are all household members covered under a health insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount of coverage: \$_____

Please provide the name and contact information of someone not living in your home, in case of an emergency.

Name	Relationship	Home Phone	Cell Phone

How did you hear about AFT? Please indicate source.

<input type="checkbox"/> Website _____	<input type="checkbox"/> Newspaper _____
<input type="checkbox"/> Social Media Website _____	<input type="checkbox"/> Friend _____
<input type="checkbox"/> Yellow Pages _____	<input type="checkbox"/> Source Book _____
<input type="checkbox"/> Radio _____	<input type="checkbox"/> Other _____

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

Parent 1 Initial Here _____
 Parent 2 Initial Here _____
 AFT Staff Initial here _____

List of Service Fees:

Name of Fee	Description	Amount
Application Fee	Due when you submit your AFT application or AFT Add/Change Service application. A new application may be required anytime a service is delivered.	\$350
Home Study	AFT home study requested by client utilizing the child placement services of an AFT or third part program – domestic or inter-country adoption where AFT template can be used, and no additional paperwork is required.	\$3,500 (\$1,000 at intake and remainder at time of Home Study scheduling) Home Study Update: \$1,450
Additional Document Surcharge	A flat fee to provide additional documentation to third parties outside of the standard Home Study service.	\$500
Home Study Edits	Add information to an existing AFT home study. *Add information to an existing AFT home study due to client's failure to disclose.	\$500 or \$650*
Home Study Rush Surcharge	Home studies scheduled and completed within one month (after all Step 2 documents are received by AFT); available only when it suits the best interest of the child. Based on client's ability to procure required clearances and availability for required interviews. Home study may be released pending clearance receipt.	\$1,000
Home Study Review Fee	Review and approval of a non-AFT home study (prepared by another agency).	\$500
House Call/Visit Fee	Clients who require AFT 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.	\$300
Neighbor Islands Surcharge	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.	\$400
AFT Staff Travel Cost	For cases when AFT staff is required to spend more than eight hours away from the	\$250/day

Adoptive Parent 1 Initial: _____

Adoptive Parent 2 Initial: _____

	office while on client-related work. Fee charged in addition to travel costs.	
Administrative/Courier Fee	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.	\$100/hr or fraction thereof
Child Abuse Clearance Fee	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.	\$25+/varies
Notary and Certification Services	AFT staff notaries able to notarize documents as appropriate. Please contact us to schedule. AFT staff may travel, fees apply (\$50 flat rate for HNL). Court/LG document certification/apostille, flat fee \$200 up to 10 docs.	\$5/document, \$200 court certification
Efficiency Fee	Delay in AFT service delivery due to client scheduling and/or paperwork submission due to client delays – AFT waits 30+ days for action.	\$300
File Retrieval Fee	Cost to seek and if available, pull a client fee 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.	\$50
ReAdoption in Local Family Court	Fee to process paperwork for Procedures 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.	\$1,515
After Hours Fee	Clients requesting appointments outside of AFT business hours may be accommodated based on staff availability. Estimate due at the time of scheduling. Partially refundable in some cases.	\$200/hour
Counseling	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	\$200/hour or fraction thereof

Adoptive Parent 1 Initial: _____

Adoptive Parent 2 Initial: _____

	during adoption. Additional charges for counseling in the home. May be eligible for insurance coverage.	
Adoptive Parent Training	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.	\$150/person
PA/PP Home Visit & Report	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.	\$600
Domestic Child Placement Fee	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.	\$10,000
Foster/Adopt Management Fee	Fee to conduct initial review and assessment for AFT client wishing to adopt through US Foster Care programs. Fees are charge annually in most cases. In some cases, fees are paid by the placing authority.	\$2,000
Credit Card Surcharge	3% surcharge added to fees paid by credit card.	

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. If you are unable to make payment as required, or if you have questions about your statement, contact 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 Mastercard.

Adoptive Parent 1 Signature: _____

Adoptive Parent 2 Signature: _____

Date: _____

Adoptive Parent 1 Initial: _____

Adoptive Parent 2 Initial: _____