

FAMILY SERVICE PLAN

China Program

Children's House International (CHI) is the Primary Provider for my/our adoption case.

Service	Responsible Party
1. Identifying a child for adoption and arranging adoption	Identifying a child for adoption <ul style="list-style-type: none"> · China Center for Children's Welfare and Adoption (CCCWA) · Civil Affairs Office in the province where the child resides · Local Police · Orphanage where the child resides · CHI employee Arranging Adoption <ul style="list-style-type: none"> · CCCWA · Civil Affairs Office in the province where the child resides · CHI employee · Foreign Supervised Provider · Foreign Employee
2. Securing consent to termination of parental rights and to adoption	<ul style="list-style-type: none"> · CCCWA · Civil Affairs Office in the province where the child resides · Orphanage where the child resides
3. Performing a background study on a child or a home study on a prospective adoptive parent(s) and reporting on such studies	Performing and Reporting on a background study of child <ul style="list-style-type: none"> · CCCWA · Civil Affairs Office in the province where the child resides · Orphanage where the child resides Performing and Reporting on Home study of prospective adoptive parents <ul style="list-style-type: none"> · CHI employee or Exempted Provider (if applicable)
4. Making non-judicial determinations of the best interests of a child and the appropriateness of an adoptive placement for the child	<ul style="list-style-type: none"> · CCCWA · Civil Affairs Office in the province where the child resides · CHI employee · Exempted Provider (if applicable)
5. Monitoring a case after placement until final adoption	<ul style="list-style-type: none"> · CCCWA · Civil Affairs Office in the province where the child resides · CHI employee · Exempted Provider (if applicable)
6. Assume custody of child in case of disruption before final adoption	<ul style="list-style-type: none"> · CCCWA · Civil Affairs Office in the province where the child resides

I/We have received a copy of the above Service Plan for my/our adoption.

Date Signed _____

Prospective Adoptive Parent

Prospective Adoptive Parent

Printed Full Name

Printed Full Name

CHI Representative