

CHI FAMILY SERVICE PLAN Colombia 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	<ul style="list-style-type: none"> · Colombian Institute of Child Welfare (ICBF) · IAPAS (ICBF authorized institutions for adoption)- if applicable/FSP · Attorney Representing IAPAS (Foreign Supervised Provider) – if applicable · Local social welfare office · CHI in country Representative/Attorney (Employee) · CHI employee
2. Securing consent to termination of parental rights and to adoption	<ul style="list-style-type: none"> · ICBF · Local social welfare office · Local Court in the region 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	<p>Performing and Reporting on a background study of child</p> <ul style="list-style-type: none"> · ICBF · Local social welfare office <p>Performing and Reporting on Home study of prospective adoptive parents</p> <ul style="list-style-type: none"> · IAPAS/FSP · 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"> · ICBF- Central Authority · IAPAS (FSP) - if applicable · CHI · Exempted Provider (if applicable)
5. Monitoring a case after placement until final adoption	<ul style="list-style-type: none"> · ICBF · IAPAS (FSP)- if applicable · Local social welfare office · CHI employee · CHI in country Representative/Attorney (CHI Employee) · Attorney Representing IAPAS – if applicable · Exempted Provider (if applicable)
6. Assume custody of child in case of disruption before final adoption	<ul style="list-style-type: none"> · ICBF · Local social welfare office · IAPAS (FSP)- if applicable

I/We have received a copy of the above Service Plan for my/our adoption. We understand that I/we will also receive and sign a more detailed Family Service Plan once I/ we receive the referral of a child(ren).

Date Signed _____

Prospective Adoptive Parent

Printed Full Name

CHI Representative

Prospective Adoptive Parent

Printed Full Name