

## CHI FAMILY SERVICE PLAN Moldova 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"> <li>· Ministry of Health, Labor, Social Protection of the Republic of Moldova</li> <li>· CHI Foreign Employee</li> <li>· Local social welfare office</li> <li>· CHI Employee</li> </ul>
2. Securing consent to termination of parental rights and to adoption	<ul style="list-style-type: none"> <li>· Ministry of Health, Labor, Social Protection of the Republic of Moldova</li> <li>· Local social welfare office</li> <li>· Local Court</li> </ul>
3. Performing a background study on a child or a home study on a prospective adoptive parent(s) and reporting on such studies	<p><b>Performing and Reporting on a background study of child</b></p> <ul style="list-style-type: none"> <li>· Ministry of Health, Labor, Social Protection of the Republic of Moldova</li> <li>· Local social welfare office</li> </ul> <p><b>Performing and Reporting on Home study of prospective adoptive parents</b></p> <ul style="list-style-type: none"> <li>· CHI Employee or Exempted Provider (if applicable)</li> </ul>
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"> <li>· Ministry of Health, Labor, Social Protection of the Republic of Moldova</li> <li>· Local social welfare office</li> <li>· CHI Employee</li> <li>· Exempted Provider (if applicable)</li> </ul>
5. Monitoring a case after placement until final adoption	<ul style="list-style-type: none"> <li>· Ministry of Health, Labor, Social Protection of the Republic of Moldova</li> <li>· Local social welfare office</li> <li>· CHI Employee</li> <li>· Exempted Provider (if applicable)</li> </ul>
6. Assume custody of child in case of disruption before final adoption	<ul style="list-style-type: none"> <li>· Ministry of Health, Labor, Social Protection of the Republic of Moldova</li> <li>· Local social welfare office</li> </ul>

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