



CHI FAMILY SERVICE PLAN
Brazil 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"> The Central Authority of Brazil - Authority Central Administrative Federal (ACAF) The Local social welfare agency in the region where the child resides. (State Judicial Commission of International Adoption (CEJA)) CHI Foreign Supervised Provider
2. Securing consent to termination of parental rights and to adoption	<ul style="list-style-type: none"> The Central Authority of Brazil The Local social welfare agency in the region where the child resides. Local courts over the area where 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"> The Central Authority of Brazil The Local social welfare agency in the region where the child resides. <p>Performing and Reporting on Home study of prospective adoptive parents</p> <ul style="list-style-type: none"> CHI 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"> The Central Authority of Brazil The Local social welfare agency in the region where the child resides. CHI Exempted Provider (if applicable)
5. Monitoring a case after placement until final adoption	<ul style="list-style-type: none"> The Central Authority of Brazil The Local social welfare agency in the region where the child resides. CHI Exempted Provider (if applicable)
6. Assume custody of child in case of disruption before final adoption	<ul style="list-style-type: none"> The Central Authority of Brazil The Local social welfare agency in the region 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