



**CHI FAMILY SERVICE PLAN  
Colombia Program**

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

<b>Service</b>	<b>Responsible Party</b>
1. Identifying a child for adoption and arranging adoption	<ul style="list-style-type: none"> <li>Colombian Institute of Child Welfare (ICBF)</li> <li>IAPAS (ICBF authorized institutions for adoption)- if applicable/FSP</li> <li>Attorney Representing IAPAS (Foreign Supervised Provider) – if applicable</li> <li>Local social welfare office</li> <li>CHI in country Representative/Attorney (Employee)</li> <li>CHI</li> </ul>
2. Securing consent to termination of parental rights and to adoption	<ul style="list-style-type: none"> <li>ICBF</li> <li>Local social welfare office</li> <li>Local Court in the region where the child resides</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>ICBF</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>IAPAS/FSP</li> <li>CHI 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>ICBF- Central Authority</li> <li>IAPAS (FSP) - if applicable</li> <li>CHI</li> <li>Exempted Provider (if applicable)</li> </ul>
5. Monitoring a case after placement until final adoption	<ul style="list-style-type: none"> <li>ICBF</li> <li>IAPAS (FSP)- if applicable</li> <li>Local social welfare office</li> <li>CHI</li> <li>CHI in country Representative/Attorney</li> <li>Attorney Representing IAPAS – if applicable</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>ICBF</li> <li>Local social welfare office</li> <li>IAPAS (FSP)- if applicable</li> </ul>

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

\_\_\_\_\_  
Prospective Adoptive Parent

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Children's House International Representative

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