



"Loving a Child has no Boundaries"

CHI FAMILY SERVICE PLAN

Ghana 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"> • Ministry of Gender, Children and Social Protection (Central Authority) • Minsheh Child & Family Welfare Services (Foreign Supervised Provider) • Romanlevi & Associates (Foreign Supervised Provider) • Regional social welfare office • CHI |
| 2. Securing consent to termination of parental rights and to adoption | <ul style="list-style-type: none"> • Ministry of Gender, Children and Social Protection • Minsheh CFWS • Regional 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"> • Ministry of Gender, Children and Social Protection • Minsheh CFWS • Regional social welfare office <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"> • Ministry of Gender, Children and Social Protection • Minsheh CFWS • Regional Social Welfare Office • CHI • Exempted Provider (if applicable) |
| 5. Monitoring a case after placement until final adoption | <ul style="list-style-type: none"> • Ministry of Gender, Children and Social Protection (Central Authority) • Minsheh CFWS • Regional social welfare office • Exempted Provider (if applicable) |
| 6. Assume custody of child in case of disruption before final adoption | <ul style="list-style-type: none"> • Ministry of Gender, Children and Social Protection • Minsheh CFWS • Regional social welfare office |

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