



CHI FAMILY SERVICE PLAN
Hungary 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 Human Capacities, Department of Child Protection and Guardianship Affairs Local Family Social Affairs Office CHI Foreign Supervised Provider or Foreign Employee
2. Securing consent to termination of parental rights and to adoption	<ul style="list-style-type: none"> Ministry of Human Capacities, Department of Child Protection and Guardianship Affairs Local courts over the area where child resides Local Family Social Affairs Office
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 Human Capacities, Department of Child Protection and Guardianship Affairs Local Family Social Affairs 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 Human Capacities, Department of Child Protection and Guardianship Affairs Local Family Social Affairs Office CHI Exempted Provider (if applicable)
5. Monitoring a case after placement until final adoption	<ul style="list-style-type: none"> Ministry of Human Capacities, Department of Child Protection and Guardianship Affairs Local Family and Social Affairs Office in the region of the child CHI Exempted Provider (if applicable)
6. Assume custody of child in case of disruption before final adoption	<ul style="list-style-type: none"> Ministry of Human Capacities, Department of Child Protection and Guardianship Affairs Local Family and Social Affairs Office in the region of the child

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