

Children's House International
Adoption Services Fee Agreement - FLORIDA Social Work Services
PAYMENT DUE WITH CONTRACT FOR SERVICE

SERVICE(S) PROVIDED FEES ARE THE SAME FOR DOMESTIC AND INTERNATIONAL <i>(Check box please)</i>	Fee
Home Study – Fees due with application*	\$2,350.00
Home Study Update < 2 Years*	\$800.00
Home Study Update > 2 Years*	\$900.00
Home Study Update to respond to Request for Evidence from U.S. Citizenship and Immigration Services	\$500.00
Post-Adoption/Post-Placement Report ___ Required reports written by a SW @ \$500.00 DEPOSIT for each report Deposits here are for NON-CHI PLACEMENT families only (CHI PLACEMENT family deposits are collected at referral acceptance). This deposit will be held until the PAR/PPR is to be completed and the fee will be deducted from the deposit at that time. Any difference will be either refunded or invoiced at the time of service.	
SIBLING Post-Adoption/Post-Placement Report ___ Required reports written by a SW @ \$250 DEPOSIT for each sibling report Deposits here are for NON-CHI PLACEMENT families only (CHI PLACEMENT family deposits are collected at referral acceptance). This deposit will be held until the PAR/PPR is to be completed and the fee will be deducted from the deposit at that time. Any difference will be either refunded or invoiced at the time of service.	
CHI Placement Case - Post Adoption Report Deposit to be Collected at Referral Acceptance	To be collected at Referral Acceptance
Letter or supplemental information requested by the Foreign Country	\$100.00
Home Safety Visit – Hosting only*	\$500.00
Apostilles (does not include fee to Secretary of State)	\$100.00
ICPC (Interstate Compact on the Placement of Children) assistance	\$800.00
Other (provide description):	

For services to be completed within 3 months of contract. For families who have paid a PAR deposit, the fee will be deducted from the deposit paid and any balance due will be invoiced or overpayment refunded. <i>(Check box please)</i>	Fee
Post-Adoption/Post-Placement Reports to be written by a SW within 3 months of contract @ \$350.00 each	\$350.00
Post-Adoption/Post-Placement Sibling (same date) to be written by a SW within 3 months of contract @ \$125.00 each	\$125.00
Post-Adoption/Post-Placement for 3rd and any additional Sibling (same date) @ \$75.00 each	

SUBTOTAL PAGE 1

\$ _____

Initials _____, _____

Additional Mileage Expenses: (Flat fee PER VISIT if total miles round trip PER VISIT is over the mileage below, subject to change according to current standard mileage rates)

Total number of visits: _____

For Post Adoption/Post Placement Report visits:		Fee Per Visit	Subtotal
	Over 100 miles round trip- Flat fee per visit	\$100	
	Over 200 miles round trip- Flat fee per visit	\$150	
	Over 300 miles round trip – Flat fee per visit	\$200	
	Over 400 miles round trip – Flat fee per visit	\$250	
For Home Studies and Home Study Updates		Fee Per Visit	Subtotal
	Over 200 miles round trip- Flat fee per visit	\$100	
	Over 300 miles round trip- Flat fee per visit	\$150	
	Over 400 miles round trip – Flat fee per visit	\$200	
		Fee Per Visit	Subtotal
	If round trip mileage is over 500 miles regardless of service: Total miles per trip charged at the IRS mileage rate of: _____ Total miles to be charged*: _____ <small>*Mileage over 500 miles round trip: Included mileage (199 miles for home studies and 99 miles for post adoption/placement reports) deducted from total mileage for travel over 500 miles round trip.</small>	\$ _____	
	Overnight Stay SW Office to PAP home- includes hotel, meals, tolls (additional transportation if required is not included – airfare, trains, rental car, etc.)	PER NIGHT \$250.00 x _____ nights	
	Other (provide description):		

SUBTOTAL PAGE 2

\$ _____

SUBTOTAL PAGE 1: \$ _____

SUBTOTAL PAGE 2: \$ _____

If Applicable: WILL DEPOSIT BE APPLIED TO PAR FEE? YES NO N/A

TOTAL BALANCE TO BE INVOICED \$ _____

Initials _____, _____

I/We understand that Florida Home Study is valid for (1) ONE YEAR and I/we are required to update it annually. Any Home Study updates or changes to a home study are considered new services and require a new signed fee agreement. I/We understand that updated fee documents or training may be required for any home study update or addendum and I/we are solely responsible for payment of any fees and expenses.

I/We understand that all Post Placement/Post Adoption Reports (PPR/PARs) required to be written by a CHI Social Worker* require a pre-paid deposit due with submission of this application OR, if adopting through a CHI placement program, paid at referral acceptance. *See "Schedule A" - Country Specific Post Adoption Requirements for details on PPR/PAR requirements or contact your Placing Agency.

I/We understand that fees include the following CHI operating expenses: Payroll (includes fee for service to social worker), supplies, rent, state licensing, Hague accreditation costs and fees, bank & processing fees, conferences, training, utilities, shipping & postage, copiers, insurance, maintenance, mileage (roundtrip up to 200 miles for home studies and 100 miles for post adoption reports), publications, professional fees, websites, database & computer programs, etc.

I/We understand that travel expenses are subject to change over time. I/We understand that travel expenses must be disclosed on this form and will be deducted from our PPR/PAR Deposit if possible, and any difference remaining must be paid to CHI before the first scheduled visit and that if applicable, a new Fee Agreement for overnight stay or travel expenses on future prepaid services (PARs) will be required prior to the start of service.

Third Party Fees IF PLACING WITH ANOTHER AGENCY (not CHI)- ESTIMATE ONLY PAID DIRECTLY TO SERVICE PROVIDER BY FAMILY	
DESCRIPTION	Florida
Birth Certificate	Copy is ok
Marriage Certificate	Copy is ok
Divorce Decree	Copy is ok
Apostilles, Seals, Certifications when required	N/A
Shipping, Postage, expedite fees	0-\$100
Adoption Training	\$0-\$150
Psychological Evaluation (when required)	\$0-\$2000
Medical co-pay for physical	0-\$50+
Background Screening	FDLE/FBI electronic fingerprinting \$59 each** (plus local background clearance 0-\$10 depending on county)
Fingerprint Cards	N/A
State Patrol Clearance	included above **
Expedited FBI Clearance (if used)	N/A
Out of State Child Abuse Registry Screening	0-\$50 each

Initials _____, _____

Client Complaint Procedure

The Client Complaint Procedure is designed to provide any birth parent, PAP, or adoptee to voice a complaint directly with CHI. They play a vital role in the agency's quality assurance program, as a means of improving agency operation and delivery of services. All dated written or electronic (including by email or facsimile) complaints about any of the services or activities of CHI (including its use of exempt/supervised providers) that the individual believes raises an issue of compliance with The Hague Convention, the Intercountry Adoption Act (IAA) or the regulations implementing the IAA. CHI advises such individuals of the additional procedures available to them under subpart J of this part and the accrediting entity's policies and procedures if they are dissatisfied with the agency's response to their complaint.

Children's House International encourages all parties to discuss concerns related to AGENCY'S services with the direct staff and supervisor of the staff member involved prior to filing a formal complaint. Complaints can be filed as noted below at any time.

The following process can be utilized at any time:

The individual may send their complaint in the following manner:

1. Email the complaint to the following address: agency@chiadopt.org Attention: Formal Complaint. All complaints must include the name of the complainant.
2. Complainant must describe the issue and previous attempts to resolve the problem, if any. Include dates and names of persons involved at this point. The complaint is logged into the Complaint system and will be registered in the agency's complaint registry, by the Executive Assistant.
3. The Clinical Social Worker not directly involved with a PAP case will:
 - Provide an acknowledgement of the complaint to the individual within five (5) business days of the receipt of the complaint;
 - Will review the case and all facts and details, including taking steps to investigate the complaint and/or interview the complainant;
 - After careful consideration, the Clinical Social Worker will issue a response and communicate this in writing to the Complainant within thirty (30) working days of receipt of the complaint.
4. Children's House International is committed to providing an expedited review of all complaints that are time sensitive or need to be expedited, or that involve allegations of fraud. In the case of fraud, the Clinical Social Worker will provide an expedited review of the complaint within five (5) working days of the receipt of the complaint.

If the complainant is not satisfied with the response of the Clinical Social Worker, the individual may require further review from the Executive Director. The request for review must:

- Be written or emailed to agency@chiadopt.org, Attention: Executive Director
 - Submitted within 20 working days of receipt of the Clinical Social Worker's response to the initial complaint.
 - Specify the nature of the objections to the decision or conclusions contained in the initial Clinical Social Worker's response.
5. The Executive Director will:
 - Review the matter and consider all relevant and available facts and circumstances.
 - Respond in writing within thirty working days of the date of Agency receipt of the request for review.
 6. The decision made by the Executive Director is final.

Written Complaints to Third Parties

7. The individual is free at any time to file the complaint with The Hague Complaint Registry, <https://travel.state.gov/content/travel/en/Inter-country-Adoption/about-adoption-service-providers/hague-complaint-registry.html>. All PAP's applied with AGENCY are given this grievance/ disclosure information in the agreement signed between the PAP and AGENCY. The complainant may also contact the State's adoption AGENCY licensing authority at:
 - **Florida Department of Children and Families**
Office of Family Safety
1317 Winewood Boulevard -- Building 1
Tallahassee, FL 32399-0700
 - **Idaho Department OF Health and Welfare**
Children's Residential Licensing
450 West State St., 6th Floor
Boise, ID 83705
 - **Louisiana Department of Children and Family services DCFS Licensing**
PO Box 3078
Baton Rouge, LA 70821
225-342-4350
 - **Texas Dept. of Family and Protective Services**
Child-Care Licensing
1425 E. 40th Street
Houston, Texas 77022
 - **Utah Department of Human Services**
Office of Licensing
195 North 1950 West
Salt Lake City, UT 84116
 - **Washington Department of Social and Health Services**
Division of Licensed Resources
PO Box 45700
Olympia, WA 98504
8. Children's House International maintains a written record of each official, registered complaint received pursuant to the introduction of this section and the steps taken to investigate and respond to it, as stated above, and makes this record available to CEAS or the Secretary upon request.
9. Children's House International provides to CEAS and the Secretary, on a semi-annual basis, a summary of all official complaints received pursuant of the introduction of this section during the preceding six months (including the number of official complaints received and how each official complaint was resolved) and an assessment of any discernible patterns in official complaints received against Children's House International to the introduction of this section along with information about what systematic changes, if any, were made or are planned by Children's House International in response to such patterns.
10. Children's House International does not take any action to discourage any individuals from filing a complaint, nor retaliate against any individual for making a complaint, expressing a grievance, providing information in writing or interviews to CEAS on Children's House International performance, or questioning the conduct or expressing an

opinion about the performance of Children’s House International. This information is also given, trained, and agreed to by personnel.

Initials _____, _____

SHIPPING ACCOUNT AUTHORIZATION:

A FedEx, UPS, or USPS shipping account is required for all shipments in the United States for any home study or post adoption/placement service. This includes, but is not limited to, shipping background check requests, reference requests or final hard copies of the reports to you or to your agency. CHI will notify you, prior to each use of the shipping account.

HOME SAFETY VISITS FOR PURPOSES OF HOSTING A CHILD

Fee for home safety visit can be applied towards full international adoption home study fee if the family applies for adoption within 6 months of the signing of this agreement. If the adoption application is received after 6 months, full home study fees will apply.

POST PLACEMENT AND POST ADOPTION REPORTS

The number of post-placement/post-adoption reports due is determined by state and country requirements and is not controlled by CHI. A \$500 deposit per required report must be paid in advance. If CHI is not the placing agency, the deposit per report will be paid with submission of contract for social work services. If CHI is the placing agency, the deposit per report will be charged at referral acceptance. PAPs understand that, should they fail to complete the required post-placement/post-adoption reports as agreed, the agency may take legal action including contacting the PAP’s’ state of residence to investigate. See “Schedule A” attached for Post-Placement/Post- Adoption Requirements by country.

Injunctive Relief for Breach. PAPs specifically acknowledge the necessity for the post-placement/post-adoptive reports required above and as shown in “Schedule A” or in the information given to the PAP by the Primary Provider / Placing Agency and further agrees that, in addition to all other rights and remedies which CHI may have as an additional and cumulative remedy, CHI may specifically enforce PAP’s agreement to pay for, participate in, and obtain the post-placement/post-adoptive reports by applying to any court of competent jurisdiction for injunctive relief. In the event that CHI must retain the services of an attorney to enforce PAP’s agreement to pay for, participate in, and obtain the post-placement/post-adoptive reports required above, PAPs agree to pay all of CHI’s attorney fees and actual cost incurred in so doing.

CASE INACTIVITY

All paperwork necessary to fully complete a draft of the home study must be received by CHI within 6 months of receipt of your application. If after 6 months cannot be completed, CHI will close your case. This policy excludes subsequent home study updates completed for the same adoption. There may be circumstances or crises that arise that are outside of the PAP or CHI’s control that would cause a delay in submission of the paperwork for the social worker to complete the first draft of the home study. Should this occur, PAP may write an appeal giving the reasons for the delay and it will be reviewed by the Executive Director, Social Services Supervisor, and Program Staff (if applicable). They will review the appeal within 2 weeks and decide if the time allowed and/or fee should be extended or waived. Extension or waivers will not be granted for clients who are delayed due to family trips/vacations or school/education commitments.

Initials _____, _____



SOCIAL WORKER TRAVEL EXPENSES

In accordance with CHI Policy regarding services for home studies and post-placement/post-adoption services, all fees, including travel fees are due prior to the beginning of services. Any service request must be accompanied by a new fee agreement contract and travel expenses paid, if applicable. Travel expenses, if any, must be disclosed to the client via a current fee agreement and paid before the scheduled visit. Travel expenses are subject to change and will be charged according to the fees established at the time the visit is scheduled. CHI does not collect travel expenses for future services (i.e. Home Study updates, post adoption/placement reports). A new Fee Agreement for each PP/PAR and related travel expense will be required at the time of service. If a deposit has been made toward that service, it will be credited toward the fee and any related travel expenses. An invoice for the balance due, or refund of overpayment will be sent. Fees are non-refundable once the home study or post-placement/post-adoption process has begun. Should the family withdraw for any reason, including pregnancy, all fees are non-refundable, with the exception of unused PPR/PAR deposits.

The parents agree that if they reject or surrender any child after physically receiving said child that no monies paid to or through the agency are refundable and that the parents will be responsible for the foster care of said child per day, until the child is placed in an alternative adoptive home.

I/We understand that all information sent to us by mail or email from CHI regarding, but not limited to, the dossier preparation and travel information, is the sole property of CHI. We agree to not share this information with anyone, including other adoptive families or agencies, unless we have written permission to do so.

I/We understand that evaluation does not guarantee a favorable finding and that in the event of an unfavorable finding, the fees are non-refundable; however, the post placement/post-adoption deposit will be refunded.

In the event that your home study is denied or rejected, please see our complaint procedure above.

ALL background clearances must be completed at the time of the home study. Previous clearances cannot be accepted.

I/We hereby testify that the above information is correct and current as of the date we completed this application. I/We understand that any willful misrepresentation of the above information now or in the future could result in termination of services. **Failure to inform the agency, or misinforming the agency, regarding changes to any information on this application throughout the process can be grounds for the agency to terminate services.** If this document is altered in any way it will be considered invalid.

Date Signed _____

Prospective Adoptive Parent

Prospective Adoptive Parent

Printed Full Name

Printed Full Name

Children's House International Representative

