

Application for Home Study Services

USE THIS APPLICATION IF YOU ARE APPLYING SOLELY FOR HIC HOME STUDY SERVICES. All information on the Application for Home Study Services is only seen by HIC. The information requested is only to provide an initial screening and identify any possible issues that should be addressed at the beginning of the home study process. *Please print or type legibly.*

» GENERAL INFORMATION NAME AS IT APPEARS ON PASSPORT				DATE _____	
				DATE OF BIRTH _____	
WOMAN'S LAST FIRST MIDDLE MAIDEN				SSN # _____	
				DATE OF BIRTH _____	
MAN'S LAST FIRST MIDDLE				SSN # _____	
ADDRESS _____					
STREET		CITY		STATE	ZIP
MAILING ADDRESS _____ <small>(if different from above)</small>					
STREET		CITY		STATE	ZIP
HOME PHONE NO. _____			FAX NUMBER [Work] _____		[Home] _____
May we call you at work? _____ If yes, please list # below			May we call you at work? _____ If yes, please list # below.		
WOMAN'S WORK NO. _____			MAN'S WORK NO. _____		
CELLULAR / BEEPER NO. _____			E-MAIL ADDRESS _____		

PREFERRED E-MAIL ADDRESS: _____
 During the course of your adoption we will communicate on a regular basis. Please identify the preferred e-mail address where we will send e-mails during the course of your adoption. Please note that referral information, photos, and other vital information will be sent to you via FedEx, Express Mail, etc.

» TYPE OF SERVICE REQUESTED	
Using HIC for (choose one):	_____ POST PLACEMENT ONLY _____ HOME STUDY ONLY _____ OTHER: _____

Please describe your desired child. Be flexible, yet realistic. **Note: We cannot guarantee child(ren)'s age at placement.**

Age range:	Sex of Child:	Siblings?
Mixed White?	Mixed Black?	Asian?
Eastern Europe?	Special needs / handicaps?	

» **PRIOR ADOPTION HISTORY** Have you previously used HIC for any adoption service? If yes, when and what type of service:

If you used another agency, please complete the following information:

Name of agency:	Address:
Social Worker:	Telephone:
Approximate date of last home study: _____	

Are you currently a client of another child placing agency? ___ No ___ Yes If yes, to what extent have you and/or are you planning to work with them: _____

Name and address of agency: _____

Telephone no.: _____ Social worker: _____

» **INFORMATION ABOUT THE ADOPTIVE MOTHER**

ADOPTIVE MOTHER

Race:	Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other [Specify]	
Place of birth:	Passport #:	Exp. Date:
(If not passport, please apply and provide us the passport # when one is issued, but send in the HIC application now.)		

Religion: _____
 (Note: While HIC does not discriminate based on religion, please be aware that certain countries do not accept applicants who practice religions which prohibit the use of standard medical intervention, such as blood transfusions).

General health:	Weight:	Height:
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Have you been diagnosed as having infertility problems? Yes No

Are you currently undergoing any type of infertility treatment? Yes No

Do you have a history of any psychiatric treatment? Yes No

If yes, for what condition? _____

Do you take or were you prescribed any medication, including medication related to psychiatric conditions or treatment?

Yes No

If yes, please list medication(s) _____

EMPLOYMENT HISTORY (List all jobs held starting with current job. If needed, attach information on separate sheet.)

DATE MONTH AND YEAR	NAME OF EMPLOYER & POSITION HELD	ANNUAL EARNINGS
FROM		
TO		
FROM		
TO		
FROM		
TO		

EDUCATION

Name of high school: _____ Year graduated or final year: _____

Name of college/university: _____ Year graduated or final year: _____

Degree received: _____

Name of college/university: _____ Year graduated or final year: _____

Degree received: _____

(If needed, attach information on separate sheet)

ADOPTIVE MOTHER'S PATERNAL INFORMATION

Your father's name and occupation:	
Your father's place of residence:	

If deceased, date of death: _____

ADOPTIVE MOTHER'S MATERNAL INFORMATION

Your mother's name and occupation:	
Your mother's place of residence:	

If deceased, date of death: _____

» **INFORMATION ABOUT THE ADOPTIVE FATHER**

ADOPTIVE FATHER

Race:	Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other [Specify]	
Place of birth:	Passport #:	Exp. Date:
(If not passport, please apply and provide us the passport # when one is issued, but send in the HIC application now.)		

Religion: _____
 (Note: While HIC does not discriminate based on religion, please be aware that certain countries do not accept applicants who practice religions which prohibit the use of standard medical intervention, such as blood transfusions).

General health:	Weight:	Height:
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Have you been diagnosed as having infertility problems? Yes No
 Are you currently undergoing any type of infertility treatment? Yes No
 Do you have a history of any psychiatric treatment? Yes No
 If yes, for what condition? _____

Do you take or were you prescribed any medication, including medication related to psychiatric conditions or treatment?
 Yes No
 If yes, please list medication(s) _____

EMPLOYMENT HISTORY (List all jobs held starting with current job. If needed, attach information on separate sheet.)

DATE MONTH AND YEAR	NAME OF EMPLOYER & POSITION HELD	ANNUAL EARNINGS
FROM		
TO		
FROM		
TO		
FROM		
TO		

EDUCATION

Name of high school: _____ Year graduated or final year: _____
 Name of college/university: _____ Year graduated or final year: _____
 Degree received: _____
 Name of college/university: _____ Year graduated or final year: _____
 Degree received: _____

(If needed, attach information on separate sheet)

ADOPTIVE FATHER'S PATERNAL INFORMATION

Your father's name and occupation:	
Your father's place of residence:	
If deceased, date of death:	

ADOPTIVE FATHER'S MATERNAL INFORMATION

Your mother's name and occupation:	
Your mother's place of residence:	
If deceased, date of death:	

PRESENT MARRIAGE [DATE AND PLACE]

FORMER MARRIAGE(S)	FROM	TO	TERMINATED BY	REASON FOR TERMINATION
	MONTH/YR	MONTH/YR	Divorce, Annulment, Death	
WIFE'S PRIOR MARRIAGES				
HUSBAND'S PRIOR MARRIAGES				

» Do you have children? Yes No

NAME	SEX	BIRTH DATE	LIVES W/YOU?	ADOPTED? IF YES, FROM:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Briefly describe custody arrangements, if any: _____

Have you ever had your parental rights terminated (voluntarily or not) for a biological or adopted child? Yes No If yes, please explain on a separate page.

» Is there anyone besides your children living in your home? Yes No

NAME	BIRTH DATE	SOCIAL SECURITY #	RELATIONSHIP

» **REFERENCES** Give the name of five references not related to you, whom you have known at least one year. It is a good idea to notify these people that they may receive a reference request. Please choose people who will reply promptly. **(Please include zip codes.)**

NAME	ADDRESS	TELEPHONE

» **FINANCIAL INFORMATION**

ASSETS	Additional Information	Current Value
Income earned by adoptive mother (attach W-2)	<i>number of dependents?</i>	\$
Income earned by adoptive father (attach W-2)	<i>number of dependents?</i>	
Total combined income claimed on most recent Federal tax return (attach copy of tax return)	<i>for year?</i>	
Other income earned / received		
Checking & savings account(s)		
Securities (stocks, bonds, mutual funds, CDs)		
Vehicles (autos, motorcycles, boats)		
Real property	<i>fee or lease? # of bedrooms?</i>	
Life insurance	<i>person insured, beneficiary?</i>	
Retirement, pension, profit-sharing account(s)		
Other major assets		
DEBTS (list credit cards, finance companies and personal loans – list approximate)		Balance Owed
		\$

» **USCIS, FEDERAL AND STATE CRIMINAL CLEARANCE**

Have **you** ever been a victim or perpetrator of the following: (If YES, please specify “V” for Victim or “P” for Perpetrator)

ADOPTIVE MOTHER	ADOPTIVE FATHER
Alcohol/substance abuse? <input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No	Alcohol/substance abuse? <input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No
Sexual abuse? <input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No	Sexual abuse? <input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No
Domestic violence? <input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No	Domestic violence? <input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No
Child abuse/neglect? <input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No	Child abuse/neglect? <input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No

STATE CRIMINAL CLEARANCE AND FBI FINGERPRINT CLEARANCE PRE-CHECK:

NOTE: It is important that you disclose any and all arrests of all household members regardless of outcome or how embarrassing this may be, as failure to do so may affect your eligibility to adopt.

	ADOPTIVE MOTHER	ADOPTIVE FATHER	OTHER
1. Have you or any of your household members ever been arrested for any reason (including misdemeanors)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or any of your household members ever been convicted of any unlawful act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you or any of your household members ever been charged with and/or convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, specify when, where, nature of the charges and/or convictions and circumstances? (If needed, attach information on a separate sheet) _____

» **OTHER INFORMATION**

Do you (and all household members) have health insurance? Please list name and type.

» Would you like to be placed on our HIC mailing list? ___Yes ___No

» How did you hear about HIC? __Newspaper __Radio __Friend __Internet __Yellow pages __Source book
Please specify: _____

» Emergency Contact:_____ Relationship:_____

(Please list the name of someone not living in your home in case of an emergency)

Phone # _____ Cell # _____

I / WE CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME / US ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY / OUR KNOWLEDGE AND I / WE UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY / OUR APPLICATION MAY BE REJECTED.

Signature _____ Signature _____

Date _____ Date _____

REFUND POLICY & FISCAL MANAGEMENT

We strive to provide our families with exceptional service at reasonable fees. When any HIC agency fee is submitted, it is nonrefundable. For example, when you submit your application fee, the application fee is nonrefundable. The same applies when you submit your home study fees to HIC.

I/WE HEREBY CERTIFY BY SIGNING BELOW THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

I/We have received, read, reviewed and understand HIC's fee information and are aware of all costs and expenses associated with my/our home study.

Signature _____ Signature _____

Date _____ Date _____

PLEASE RETURN THIS APPLICATION FOR ADOPTION & ADOPTION SERVICE AGREEMENT ALONG WITH THE APPLICATION FEE TO:

(Remember to make a photocopy of this Application & Adoption Services Agreement for your records.)

Hawaii International Child 1168 Waimanu St., Honolulu, HI 96814

Office Hours: M-F 8:00 AM to 4:00PM

Service Agreement for Applicants Applying Solely for HIC Home Study Services

RESPONSIBILITIES OF THE PARTIES AGREEMENT

The parties hereby agree as follows:

HAWAII INTERNATIONAL CHILD (herein referred to as **HIC**) shall provide the following services to Home Study Client(s):

1. Provide information to prospective Home Study Client(s) concerning the home study process.
2. Provide required medical, criminal and Child Protective Service clearance forms necessary for the home study process.
3. Provide home study clients with a Parent Education Packet to prepare, educate and aid in the Home Study Client(s) understanding of adoption.
4. Perform home study interviews and counseling sessions and prepare a home study.
5. Provide up to five copies of the final HIC home study to Home Study Client(s), notarized if needed, and two copies to the placing agency or adoption attorney.
6. Maintain strict confidence of all information and documentation on Home Study Client(s).

APPLICANT(S)/HOME STUDY CLIENT(S) (herein referred to as **Home Study Client(s)**) agree to the following:

7. Home Study Client(s) agree to notify HIC at any time during the home study process if there is a change in the marital relationship (separation/divorce); if the Home Study Client(s) move; if there is another child placed in the home; if persons (adults or children) move into or out of the home; if there is a serious illness/death of either parent; if the Adoptive Mother becomes pregnant; if any criminal charges are brought against the Home Study Client(s) in regard to spousal abuse, child abuse or endangerment, or substance abuse.
8. Home Study Client(s) understand and agree to timely compliance with all requests by either the made by HIC to provide any and all documentation required for the completion of a home study.
9. Home Study Client(s) agree to give an honest assessment of medical conditions, age, and other characteristics that they feel are acceptable for the child(ren) they would like to adopt.
10. That Home Study Client's signature(s) below act as a release and consent to HIC: 1) to discuss all matters addressed in the home study, with the Home Study Client(s) placing agency or adoption attorney; including any and all information or documentation related to the preparation of the home study or regarding the basis of the recommendation in the home study.

TERMINATION

The Home Study Client(s) can at any time choose to withdraw from this agency at any time. Likewise, HIC reserves the right to terminate this agreement at any time when the Home Study Client(s) have acted in bad faith or the working relationship between the two parties cannot continue due to unresolved issues, or due to nonpayment of required fees at requested times. If requested, HIC will try to identify other resources to serve adopting parents. This Application for Adoption, (pages 1-7), & Adoption Services Agreement, (pages 9-12), constitutes the entire agreement between the parties to date, and by agreement it will be supplemented by additional agreements as follows: **{Home Study Only for Domestic Adoption: List of Service Fees; Home Study Clearance Release; Regarding the Purpose of Post Placements; Agreement Regarding Domestic Adoption}; {Home Study Only for International Adoption: List of Service Fees; Agreement for Families Pursuing Non-HIC International Adoption; Home Study Clearance Release}.**

This Agreement cannot be further amended or changed or supplemented without the written agreement of both parties.

I/We attest that I/we have read the above, understand and agree to the terms of the Responsibilities of the Parties, hereby dated this _____ day of _____ in the year of _____.

Home Study Client(s):

Signature _____ Printed Name _____

Signature _____ Printed Name _____

HIC Representative:

Signature _____ Printed Name _____

BINDING ARBITRATION AGREEMENT

Any dispute arising out of or relating to your Application for Adoption & Adoption Services Agreement and Responsibilities of the Parties Agreement (Agreement), including the validity of this Arbitration provision, shall be resolved by arbitration with the exception of Paragraph 18 of the Agreement which permits HIC to use all legal processes, including litigation, to force compliance with post adoption requirements as identified in paragraph 18 of the Agreement. The Arbitrator shall apply the substantive law of the State of Hawaii, exclusive of any conflict of law rules. Arbitration shall be before a sole Arbitrator and shall be in the City and County of Honolulu, Hawaii. The Arbitrator is not empowered to award damages in excess of the lesser of compensatory damages or the fees actually paid to HIC stated as "Direct Service Fees" on HIC fee sheets. The award/decision rendered by the Arbitrator shall be final and binding, and judgment upon the award/decision may be entered by any court having jurisdiction of either party. Each party is required to continue to perform its obligation under this Agreement pending final arbitration award/decision of any dispute arising out of or relating to your adoption or this Agreement, unless either party chooses to terminate this Agreement as permitted by the terms of the Agreement. Any claim by either party shall be time-barred unless the asserting party commences an arbitration proceeding according to the Arbitration Rules with respect to such claim within one (1) year from the latter date of the termination of this Agreement by either party or the completion of your Adoption according to the laws of the foreign country. For any country, where the child enters the U.S. by guardianship, the child's entrance into the United States would begin the one (1) year. Notwithstanding the completion of your Adoption or the termination of this Agreement, the Arbitration provision survives the Agreement as the agreed upon method to resolve any conflict arising out of your Adoption or this Agreement by either party, with the exception of Paragraph 18 in the Agreement. The Arbitrator shall resolve all issues relating to the timeliness of claims.

PLEASE CONSULT WITH YOUR OWN ATTORNEY IF YOU HAVE ANY QUESTIONS ABOUT BINDING ARBITRATION OR ANY OTHER PARAGRAPH IN THE RESPONSIBILITY OF THE PARTIES AGREEMENT.

I/WE HAVE READ AND UNDERSTAND AND AGREED TO BINDING ARBITRATION.

Signature _____ Signature _____

Date _____ Date _____

COVENANT

Home Study Client(s) covenant and/or promise and/or swear and/or affirm the following:

1. That we have/will fully and truthfully disclosed our purposes and motives for wanting adopt a child to Hawaii International Child (HIC).
2. That we have/will fully and completely disclosed our medical history including mental health history to our home study agency and HIC.
3. That we have/will fully and completely disclosed all medications prescribed by a medical doctor as requested by our home study agency and HIC.
4. That we have/will fully and completely disclosed if we have participated in or been a victim of any illegal or unlawful activity in our lifetime to HIC.
5. That we have/will fully and completely disclosed our employment history to HIC.
6. That we have/will fully and completely disclosed our alcohol and chemical/drug use to HIC.
7. That we have/will fully and completely disclosed our current living conditions to HIC.
8. That we have/will fully and completely disclosed our intended living arrangements for an adopted child to HIC.

Further affiant saith not.

I/we the undersigned swear or affirm under the penalty of perjury that the above statements are true and correct.

Signature _____ Signature _____

Date _____ Date _____

GRIEVANCES

Applicants and clients have the right to file a grievance with HIC if they disagree with or are unhappy with the service provided by any HIC employee, or if Applicants/Clients feel that a decision was not made in accordance with the written policies of HIC. The grievance should be submitted in letter form to the Executive Director/CEO and the letter must include the specific matter as to which there is a grievance, the reason(s) the decision is believed to be incorrect, and a proposition for a solution to the matter. Grievances must be filed within thirty (30) days of the disputed matter. The Executive Director/CEO shall review the complaint and shall develop a plan for resolution of the complaint and communicate the same to the Applicant/Client within seventy-two (72) hours of Executive Director/CEO's receipt of the complaint. If the Applicant/Client is not satisfied with the response of the Executive Director/CEO, the Applicant/Client can request an appeal to the Chairman of the Board of Directors. Such appeal must be made in writing and submitted to HIC to the attention of the Chairman of the Board of Directors within twenty (20) days of Applicant's/Client's receipt of the Executive Director/CEO's decision.

The HIC Board of Directors meets quarterly and will review any/all grievances at its regularly scheduled meetings. Should a written grievance be of specific timely importance, an ad hoc meeting will be scheduled with two weeks advanced written notice. Following the board meeting and decision on a case, the board will issue a written response within two business days of its finding(s).

Lack of Final Resolution Through Grievance Process

Parties seeking to file legal complaints are advised in the *HIC Service Agreement* that the only venue where HIC will accept notice and/or service of such complaint is in the State of Hawaii, City and County of Honolulu, where it is licensed.

SUMMARY OF THE RIGHTS AND RESPONSIBILITIES OF CLIENTS IN THE PROCESS OF RECEIVING HOME STUDY SERVICES THROUGH HAWAII INTERNATIONAL CHILD

HIC retains the right to determine which applicants it can serve within the limits of our mission, resources, capacity and contractual and legal obligations.

HIC client rights and responsibilities are as follows:

Right: To receive this summary of your rights and responsibilities at the time of application for adoption.

Right: To withdraw from the home study process at any time. Receiving services through HIC is voluntary.

Responsibility: To fully complete the HIC application and to submit it to HIC with all required information and documentation, along with the required application fee.

Right: To confidentiality, except where allowed or mandated by state, federal and agency protocol.

Right: To know that as a child welfare agency, we are mandatory reporters and must report threat of harm to self or to others to the proper authorities.

Right: To receive a timely response from HIC regarding your acceptance or non-acceptance for HIC home study services, and if your application is not accepted, to receive notice as to why you were not accepted.

Upon acceptance for HIC home study services, client's rights and responsibilities include:

Right: To receive respectful, professional, timely, and facilitative home study service from HIC. HIC staff is available by phone at (808) 589-2367, Monday through Friday, 8:00 AM to 4:00 PM PT.

Right: To receive service in a manner that is non-coercive and that protects your right to self-determination.

Right: To be fully informed, in simple terms, as to what the roles and responsibilities are in regard to the agency and yourself.

Right: To be knowledgeable in regard to the costs and fees associated with home study services.

Right: To participate in decisions regarding home study services.

Right: To receive the appropriate contracts, information and documentation for home study services which outline all aspects of the home study process, including your rights and responsibilities, in relation to that process.

Right: To refuse service and to be informed, in writing, of service termination as a consequence of that refusal.

Right: To enter written statements into your case records and to review written responses to statements entered, upon written request.

Right: To file formal complaints or grievances with the CEO and/or Board of Directors of Hawaii International Child as related to any part of the home study process.

Responsibility: To promptly notify HIC regarding changes related to your eligibility to proceed with a home study.

Responsibility: To fully and completely provide and/or prepare the documents necessary for a home study and to work with an HIC staff member to facilitate your home study. This responsibility includes making all efforts to adhere to the timetable in the Service Plan prepared with you at the initial phase of the home study process.

Responsibility: To adhere to the terms of all HIC contracts and agreements. Failure to comply with the responsibilities outlined in these documents may result in termination of your adoption process.