

**House of New Hope
The Danni Hedrick Adoption Services Program
Adoption Service Agreement
Non-Ohio Resident**

Applicant #1 Name: _____

Social Security Number: _____

Applicant #2 Name: _____

Social Security Number: _____

Address: _____

City, State, Zip: _____

Contact Number: _____

House of New Hope is pleased to enter into this Adoptive Agreement with:

(the "Adoptive Parent Applicant(s)") on this ____ day of _____, 20__.

An account of all fees and services will be explained in this agreement. Any exceptions must have written consent from the Executive Director. *Fees cover adoption-related pre-finalization and/or post-finalization services and are not, in any way, intended to suggest a purchase of a baby or child.*

As the adoptive applicant, you agree to the following terms:

1. All fees will be paid upon receipt of an invoice initiated by House of New Hope. The attached fee sheet specifically lists the fees and due dates. All fees paid are for services rendered, and are non-refundable.
2. All medical and miscellaneous costs related to the birth mother and baby will be paid prior to finalization. It is further understood that additional medical costs may occur after finalization and is still the responsibility of the Adoptive Parent Applicant(s). Failure to pay these costs could result in legal action by House of New Hope. In such an event, all expenses to House of New Hope toward the collection of the aforementioned costs will also be the responsibility of the Adoptive Parent Applicant(s).
3. Abide by all House of New Hope adoption policies and procedures and those mandated by the Ohio Department of Job and Family Services (ODJFS). Copies of the House of New Hope adoption policies and ODJFS rules and regulations are available upon request.
4. In the event House of New Hope should require legal assistance to assure all policies are being followed by the Adoptive Parent Applicant(s), the Adoptive Parent Applicant(s) will be responsible to pay for all legal and related costs incurred by House of New Hope.
5. In the event that the adoption is contested after placement, the Adoptive Parent Applicant(s) will be responsible for all attorney and/or legal fees.

In addition, House of New Hope and the Adoptive Parent Applicant(s) agree to the following terms and conditions:

Placement of the Child: The Adoptive Parent Applicant(s) understand that the child shall be placed directly into the care and supervision of House of New Hope by the birth parent(s). House of New Hope will make an adoptive placement with the Adoptive Parent Applicant(s) and holds legal custody of the child until a court has ordered the Decree of Adoption.

The undersigned parties further agree that:

1. The Adoptive Parent Applicant(s) is to be responsible for the daily needs and care of the child. This includes financial responsibility.
2. House of New Hope maintains legal responsibility for the child until the adoption is finalized.
3. The Adoptive Parent Applicant(s) may consent to ordinary medical and dental care. Adoptive Parent Applicant(s) should take the child to their physician and be responsible for the medical care.
4. The adoptive parent (s) shall contact House of New Hope (tel. 888-200-1296) should the child require surgery or extraordinary medical care. This notification should be initiated as soon as possible.
5. The Adoptive Parent Applicant(s) may not travel out-of-state with the child without the expressed written permission of House of New Hope.
6. The adoptive parents have an obligation to report promptly to House of New Hope any major changes in the family situation. This includes a change of address, change in household members, illness in the family, illness of or accident to the child or anything else of emergent nature.
7. House of New Hope shall provide or arrange supervision of the adoptive placement. Post placement visits are mandatory and must be completed monthly until finalization. Monthly visits are mandated by the state of Ohio. Due to the fact the child is in the custody of an Ohio adoption agency, you must abide by Ohio laws regarding post placement visits, **REGARDLESS OF WHAT IS MANDATED IN YOUR STATE.**
8. All involved parties recognize that the Court provides final approval of the adoptive placement.
9. The Adoptive Parent Applicant(s) agrees to cooperate with all requirements mandated by the Ohio Department of Job and Family Services and House of New Hope necessary to obtain the Decree of Adoption. Said requirements are available upon request.

Services to be provided by House of New Hope: House of New Hope shall provide the following services to the Adoptive Parent Applicant(s) and/or the birth parent(s) as necessary:

- a. Emotional counseling and support;
- b. Legal counsel for birth parent(s);
- c. Case management services;
- d. All social and medical information provided by the birth parent(s) and information provided from the hospital upon the birth of the child;

- e. Confidentiality and protections afforded under the Health Insurance Portability and Accountability Act (HIPAA) of 1996;
- f. Monthly post placement visitation all visit to be conducted in the home/apartment/hotel with both parents present. Other household members are required to attend every other visit.
- g. Execution all documents to the Probate Court for finalization.

Health and Development: House of New Hope makes no guarantee that the child will be healthy or that the child will develop in a manner that would be deemed satisfactory to the Adoptive Parent Applicant(s) today or in perpetuity. The Adoptive Parent Applicant(s) hereby releases House of New Hope from any claims, now or in perpetuity, regarding the health of the child or the child's future development both mentally and physically.

Birth Parent(s)' Cooperation: The Adoptive Parent Applicant(s) acknowledge that every adoption contains a high degree of risk that the birth parent(s) may change their mind and choose to keep their child. The couple hereby releases House of New Hope from any responsibility or claims, now or in perpetuity, in the event that the birth parent(s) choose to keep their child. *All monies paid to House of New Hope shall be considered as reimbursement for services rendered and will not be refundable.*

Term and Termination

Term. The term of this Agreement will commence on the Effective Date and will continue in effect unless earlier terminated pursuant to the terms of this Agreement. This agreement is to remain in effect until the adoption is finalized by the Court or the placement is terminated prior to finalization. When the final decree of adoption is entered, the adoptive parents will assume the rights and responsibilities of a birth parent and responsibility will no longer rest with House of New Hope.

Termination for Convenience. Either party may terminate this Agreement upon seven (7) calendar days' written notice. In the event that the adoptive applicant desires to terminate the adoption, all monies paid to House of New Hope shall be considered as reimbursement for services rendered and will not be refunded.

Termination for Cause. Either party may terminate this Agreement upon written notice if the other party has materially breached any provision of this Agreement and has not cured such breach within fourteen (14) calendar days after receiving written notice from the non-breaching party describing such breach in reasonable detail and stating the non-breaching party's intent to terminate this Agreement.

Entire Agreement. This Agreement contains the entire agreement of the parties with respect to the subject matter of this Agreement and supersedes all previous communications, representations, understandings and agreements, either oral or written, between the parties with respect to said subject matter. No terms, provisions or conditions of any purchase order, acknowledgement or other business form that either party may use in connection with the transactions contemplated by this Agreement will have any effect on the rights, duties or

**Identified Target Program Acknowledgment and Fee Agreement
Ohio Non-Resident or Family**

_____ being the Adoptive Parent Applicant(s) acknowledge and agree to the following fees for the Identified Targeted Non-Resident Adoption Program. We further acknowledge that there may be additional fees not listed which will be specific to our situation and that the costs and fees listed below are only estimated costs.

Please initial in acknowledgement of each fee:

Birthparent Assessment/Home Study Review/Counseling and Support <i>Due with signed Agreement</i>	\$2,000
Facilitation of Permanent Surrender and Placement <i>Due upon receipt of invoice following placement</i>	\$2,500
Post Placement Visit (7 day visit)	Included in placement fees
All medical fees or cost incurred by the birth mother or child that are not paid for by any medical insurance policy or medical assistance covering the birth mother and child. <i>Due upon receipt of invoice and itemized statements</i>	Varies
Additional and/or miscellaneous fees related to this specific adoption	Varies

Other Adoption Related Fees (Not Applicable in All Cases)

Legal termination of Birth Father rights (not including court costs and guardian ad litem fees)	\$800
Adoption Assessor appearance required for any court hearing	\$125/hour
Home Study Update/Review	\$750
Temporary foster care	\$56.50/day
Acceptance of temporary surrender	\$50/hour
Adoption Assessor present at match meeting	\$50/hour
Holiday or weekend placement or meeting	\$50/hour
Facilitation of Interstate Compact (out of state only)	\$300
Native American Indian Clearance	\$200
Medical fee deposit for birth mother <i>Unused portion refunded after Finalization. Additional medical fees may be incurred.</i>	\$4,000
Legal representation for birth parents	Est. \$150/hour
Mandatory Supervisory Post Placement Visit w/in 7 days and monthly until finalization	\$250
Agency appearance at Finalization Hearing	Included in placement fees
FED X, copies and other necessary office fees	Est. \$50
Living Expenses deposit for birth mother (when applicable) <i>To be paid on account in advance with refundable balance</i>	\$3000

We, the adoptive parents, agree to the fees, terms and condition of this agreement with House of New Hope. We have been given the opportunity to ask questions regarding these terms and conditions and fully understand to our satisfaction the expectations of this agreement.

We further understand that House of New Hope will not release the Consent to the Adoption for finalization until all fees are paid in full.

Adoptive Applicant #1

Date

Adoptive Applicant #2

Date

Rachel Young, LISW-S
Administrator & Chief Operating Officer
House of New Hope

Date

Return signed contract and check in the amount of \$2,000 for Birthparent Assessment/ Home Study Review/ Counseling and Support.

Make check payable to "House of New Hope"

**Send to:
Ed Sharp, Chief Financial Officer
ATTN: Adoptions
House of New Hope
8135 Mt. Vernon Rd.
St. Louisville, OH 43071**