HEART OF ADOPTIONS, INC.

♥ A Licensed Adoption Agency ♥ 1-800-GO-ADOPT ♥ www.heartofadoptions.com ♥ info@heartofadoptions.com ♥

Dear Prospective Adoptive Family:

Welcome to Heart of Adoptions, Inc. We are so pleased you have contacted our agency in hopes of adopting a child. We are a licensed child-placing agency founded in 2001 that offers domestic adoption services including home studies and post-placement supervision. We have several locations throughout the state and serve expectant/birth and adoptive families anywhere in the United States.

Our programs include:

- Newborn Adoption Program
- Identified / Matched Adoptions
- Adoption Home Studies and Post-Placement Supervision

We will immediately begin the search for your expectant mother or child once your completed application is accepted and approved by our office as well as all supporting documents such as an approved home study are on file and your profile is completed. Wait times for our programs are further explained in this packet. If you are interested in scheduling a one-on-one consultation after you have reviewed this packet as well as the PowerPoint provided along with this, you may do so by contacting our office. Informational sessions are free to attend. There is a $250.00 fee for private, individual consultations if you want/need specific issues addressed related to your situation and not general information about the agency/program.

If you need assistance obtaining a home study, we can provide this service if you are in Florida or provide references for you if you reside outside of Florida. Your profile is how you will be presented to expectant parents, so you should consider the profile to be your "adoptive resume." This is your best chance to express your feelings about the expectant parent's decision and introduce yourself/family to the expectant parent(s). We utilize Parent Finder (www.parentfinder.com) to design, develop, and create your profile - both print versions as well as electronic versions. You will receive the information to begin this process after you submit your application, payment, and other supporting documents; average time for the profile to be available for view on our website is approximately 3 weeks but can depend greatly on how efficiently you move through the process.

Once you have joined our program, it is very important that you notify us immediately if circumstances change. Such circumstances could be you are no longer open to receiving a placement (i.e., if you become pregnant, get matched through another agency, or receive a child from another source). Otherwise, your profile will continue to be shown to expectant parents who will be extremely disappointed to learn that their adoptive family selection is no longer available.

Many times, prospective adoptive parents want to know how they can expedite their chances of adopting a baby. I would first suggest that you tell everyone you know about your search for a child, with the hope that someone may learn of a situation down the road. We often work with expectant parents out of state, so geography is no limitation. Secondly, I would suggest discussing your comfort levels as well as various issues we see expectant parents present with often with one of our adoption professionals so that we can best meet your needs.

We rely upon and heavily use e-mail and encourage you to do so as well, so that your questions and concerns can be handled expeditiously and efficiently. E-mail can be directed to us by using the employee's first name, followed by @heartofadoptions.com. Typically, we do not call adoptive parents when their profiles are shown

to expectant parents, as it is not really helpful to report that your family was not chosen. As a result, there may be long periods of inactivity from your perspective since there will not be much to report until you are matched. Lastly, we periodically send out emails with adoption-related information that may help answer common questions during the wait (i.e., statistics of the expectant mothers we are currently working with). These updates also include general insights, available resources, and news from the adoption community to support you as you prepare to grow your family. Please, do not hesitate to reach out to any one of our professional staff members if you would like more information on a specific topic or situation.

Thank you for allowing us to be a part of your adoption journey. We would greatly appreciate you posting some online reviews for us about your experience with us so far!

Look for "Write a Review", "Reviews" or  that you can click on. You can COPY & PASTE the reviews across all sites. The review can be as short as a sentence or two or you can just click on the 

Here is a link to our main office in Tampa! https://g.page/r/CRiGWZNvR8NqEAI/review
(And once you're further along, feel free to come back and update your review with photos or more reflections!)

Respectfully,

Meredith Shepard, MS
Executive Director

Application for Adoption Supplement

Note: Please use the following information as a supplement when filling out the Application for Adoption. Once you have completed the application, your responses will be reviewed by our staff, and you will be advised accordingly.

The Application for Adoption is the single most important document in determining the expectant parents you will be matched with, and the length of time you will likely wait. The more restrictive a family is on their application, the less exposure their Family Profile will receive. The application is broken down into several key sections. Each section of the application will be briefly discussed with regards to show how it would affect your waiting time.

The Application is the single most important document in reducing your wait time.

Program Selection: We have one adoption program but many choices within the program. These include newborn situations, older child situations, or DCF Intervention cases. Keep in mind that your home study must approve you for the type of situation you accept. If you are interested in multiple types of situations, you only are required to pay one application fee to get started, just indicate on the application the situations you are open to.

Race: Adoptive families must be completely comfortable with the race of the child they want to adopt. Families interested in reducing their wait time should think carefully when selecting the race(s) of the child they want to adopt. The more open you are/can be to different races and ethnicities, the more opportunities you will have to get exposure for your profile which will hopefully help reduce your wait time.

Gender/Sex: While the agency does not prohibit adoptive parents from stating a gender/sex preference, this is highly discouraged for a number of reasons. One- many expectant parents do not want to select adoptive parents who only want their child if it is of a certain sex. Some expectant mothers do not want to know the sex of their child in advance (and some do not want to know at all). Two- matching often occurs before sex is known. Three- sonograms are not 100% accurate on gender/sex issues. Four- gender/sex preference significantly prolongs the period within which the prospective adoptive parents receive a child. If, however, a gender/sex specific preference is stated, and the adoptive parents are matched with a birth mother, the adoptive parents will not be permitted to withdraw from that match if the child turns out to be a different sex than anticipated. Failure to honor this requirement will result in permanent removal of the adoptive parents from the Agency's waiting list.

Physical Characteristics: While we collect a variety of information for each adoption, adoptive families should not make requests with regard to the physical characteristics of the birth parents.

This is an unrealistic expectation for an adoptive family to have and often the birth mother's specific physical characteristics do not match the child's.

Contact with the Birth Parents: There are essentially 3 types of adoptions that adoptive families must consider concerning contact with the expectant/birth parents. Each type of contact varies, as does the effect on the waiting time. The amount, type, and frequency of contact are usually determined by the expectant parents. Contact can be defined as letters, pictures, phone calls, and/or meetings. There are some things to consider when deciding what type of adoption, you are looking at as there are ways to have privacy and maintain your confidentiality while having a higher level of communication and 'openness' with a birth family. For example: If you use a smart phone to take pictures, it can automatically encrypt the location of where you are when the photo is taken into the digital component of the photo. You must turn off the location feature on your phone to prevent this. If you have an iPhone, it is under settings>privacy>location services> and then next to camera you can turn it off and on. This is incredibly important for adoptive families who send electronic pictures to birth parents as birth parents can download the pictures from the emails and then look under properties which reveal GPS locations. With the GPS coordinates on the pictures, they can map to the precise location where the picture was taken, including right in the adoptive family's' backyard. If you do not want to disable this feature another option is to purchase a pre-paid phone which is not associated to any person or carrier service and you can exchange picture messages, text messages, even phone calls without feeling your privacy are at stake. We welcome the opportunity to discuss openness and/or communication possibilities with you.

There are 3 types of adoptions for adoptive families to consider.

1. **Open Adoption:** An open adoption is an adoption where all identifying information such as full names, addresses, and/or telephone numbers are exchanged between the adoptive family and the birth parents. We see this being requested more often from expectant/birth families and as such, adoptive families willing to accept open adoption increase their chance for a faster adoptive placement.
2. **Semi-Open Adoption:** With a semi-open adoption, there is no identifying information exchanged between the adoptive family and the birth parents. There is, however, the possibility that one or all of the following could occur; the adoptive family could meet the birth parent in person before or after the placement, conference calls could be set up through our offices to facilitate conversations, and/or letters and pictures could be exchanged through our offices for up to 18 years after the adoption takes place. We suggest creating an email account now, separate from your normal email account, which should the birth parents you are matched with decide they wanted more contact you can share this with them. We also suggest considering using Google Voice, WhatsApp, or other similar wi-fi based phone lines which does not have to be linked to a name and if the birth parent decides they want to share text messages, picture messages, etc. you can

use this option. This is by far the most popular type of adoption, as birth mothers want to make sure that their baby is being taken care of. It helps them deal with the grieving process and is a small price to pay for the gift they have given you. It is extremely important to listen to the caseworker regarding the type and frequency of contact so that the adoption is not jeopardized.

3. **Closed Adoption:** A closed adoption is the least requested of all three adoption formats by the birth parents, which is the mean reason we do not offer it to adoptive families. Closed adoptions offer no correspondence between the adoptive family and the birth parents, and no identifying information is exchanged. We do **NOT** offer this type of adoption to adoptive families; however, they may occur only if the birth parent(s) request it or in the event of a Safe Haven case.

It should be clearly understood that birth parents can, and do, change their mind regarding contact. For example, an expectant mother may indicate she wants an open adoption when she initially contacts us but chooses semi-open or closed adoption at the time of placement. If the expectant mother changes her mind from semi-open to open, and the adoptive family matched with her is not comfortable with this type of contact, the adoptive couple can withdraw from that particular situation. Adoptive families must understand we have no control over these changes.

Legal-Risk Adoptions: All domestic adoptions involve the termination of parental rights of the birth parents. In an ideal world, the birth fathers would sign the adoption papers at the same time the birth mother does, and the court would enter an immediate order terminating parental rights. The reality of the situation is that the vast majority of birth fathers disappear, are unknown, or simply refuse to cooperate, so their rights must be terminated through the courts in a lengthier process. This lack of birth father involvement significantly contributes to why birth mothers are turning to adoption.

In these cases, there are legal procedures, emotional obstacles, and financial challenges for the adoptive family should the father attempt to assert his parental rights. The number of fathers that assert their rights is low. Regardless, we always advise our families to “expect the best but prepare for the worst.” Most birth fathers do a lot of talking but take little action when it comes to asserting their parental rights. There are set requirements the unmarried biological birth father must fulfill during and after the pregnancy in order for him to assert his parental rights. In most cases birth fathers fail to meet these requirements.

Adoption Budget: Many adoptions exceed our average cost estimates. While the agency placement fee does not increase, the main reasons for the higher budget costs are uncovered medical bills and living expenses. With higher cost adoptions, there are fewer families for birth parents. Families who can afford higher cost adoptions will open themselves up to more opportunities and may decrease their wait time.

On the application form you will be asked to list your adoption cap limit. This will help us avoid placing you in an adoptive situation that exceeds your adoption budget. **The cap limit does NOT include any application or home study fees.** It should be noted that we try to match families in situations below their budget. In cases involving uncovered medical expenses and other miscellaneous expenses, we cannot guarantee that your adoption will fall below your cap in these situations. We will try to make every effort to let you know the total projected cost of your adoption ahead of time. All adoptive families are **required** to list an adoption cap limit on the application.

1. **Medical Fees:** Medical expenses make the task of estimating adoption fees very difficult. Many of the birth mothers we work with are eligible for Medicaid or they have their own private insurance, which covers their delivery costs. It should be noted that while neither Medicaid nor the mother's insurance will cover the cost of the baby, most adoptive family's insurance will. If your insurance does not cover the medical bills of the baby, these bills average approximately $500-$2000. Adoptive families are responsible for determining what their insurance will and will not cover prior to a match and should have this information readily available. Unless otherwise noted, adoptive families are responsible for medical bills their insurance does not cover.
2. **Living Expenses:** Living expenses for birth parents are allowed in certain states and circumstances. These court-approved expenses help with funds needed during the course of the pregnancy. They typically cover items related to the pregnancy such as utilities, food, maternity clothes, and shelter. There are variations on payments of living subsidies depending on state laws, the birth mother, and her particular situation. Families should realize that the recovery of such expenses, paid **before** placement from a mother who decides against adoption, is rare. Most of these mothers simply do not have the money to reimburse families. There is minimal risk for families that can provide living expenses at the time of placement.

   Over the years, birth mothers that accept living expenses choose adoption more than ones that do not. We have found many birth mothers use the subsidy to start a better life. While this is not always the case, our general conclusion is these mothers are more fully committed to adoption.

Drug and Alcohol Usage (see chart in Appendix A) Information provided on such drug and alcohol affects in Appendix A was researched from various scientific studies and health/pregnancy books. While the chart provides a general understanding of drug usage, it is each family's responsibility to further research the effects of each drug on the fetus. Families are often scared of drug usage and assume use of drugs guarantees birth defects, which is not always the case.

While some usage can adversely affect the fetus, you should know a few facts. Many studies on the effects of drug usage are performed on animals. Studies that are done on humans admit that the findings are hard to isolate the drug itself due to many environmental factors with pregnant mothers. Variables that are hard to control are diet, vitamins, and genetic coding. Furthermore, studies claiming intelligence or developmental delays admit to the influence of environmental factors such as the child's home life, education system, etc. Unfortunately, studies illustrate the effects of drugs and alcohol produce vague and scientifically weak evidence. Drugs or alcohol can have varying effects depending on the average frequency and amount of usage.

In adoption cases, most drug usage occurs in the first 10 weeks before the birth mothers typically know they are pregnant. Many do not quit usage when they learn of their pregnancy. We do not perform drug tests on pregnant mothers, but we will request a physician does, unfortunately, we often see failure to cooperate follow through with testing. In addition, if the physician does not expect or see signs of usage, they may not provide a prescription for testing to be done. The adoptive family can request drug screening on the baby at their own expense once consents have been signed by the birth parent. If drug exposure is discovered, the adoptive family may withdraw from the situation. It should be clearly understood that the agency is not liable for any misrepresentation made by birth parents.

On our application, drug usage is broken down to mild, moderate, and heavy usage. The following should be taken into consideration as you make your selections for what you would accept for a birth mother's usage levels. This is to help you understand what the classifications mean as a general overview- meaning that the classifications are generalized and should not be taken as comprehensive.

> **Mild:** This is minimal usage either prior to knowledge of the pregnancy or on an occasional basis only. This may be once every few weeks, a few times in one month but then ceased, or sporadically used throughout the pregnancy but not on a consistent basis. This would include daily cigarette smoking if less than a pack per day- even if not ceased. This would also include marijuana daily if not occurring multiple times throughout the day- even if not ceased.
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> **Moderate:** This is classified as daily or weekly usage or frequently used, i.e., daily but then ceased once knowledge of pregnancy occurs. This would include approximately one pack of cigarettes per day- even if not ceased.
>
> **Heavy:** This is daily use, typically multiple times a day. This would also include large doses- if a non-prescribed amount or over the amount that has been prescribed. This would include multiple packs of cigarettes per day. This would also include binge drinking if it occurred throughout the pregnancy even if only on a monthly basis; this would not be the fact if the binge drinking occurred just a few times prior to knowledge of pregnancy. This would also include if a birth mother were using a drug intravenously.

**** Please take into account-** that some medications are prescribed during a pregnancy and that although the dose may seem high (heavy) it is not necessarily considered heavy usage as the body metabolizes medications differently throughout pregnancy. Often times, medication doses must be increased during pregnancy to allow for the proper absorption and therapeutic level to be maintained.

Please also take into consideration that everyone's perception is different in terms of drug usage/exposure and please use the comment section on the application to indicate what you would/would not be open to. Remember, although we all want a healthy baby- reality is that when a woman has an addiction, she is not necessarily thinking the same way we might. **"It is not a pregnant person that uses drugs. It is a drug addict that gets pregnant."

Poly-substance Abuse

We consider poly-substance abuse the use of three (3) or more substances- typically illegal (non-prescribed). We do not include cigarette smoking in this- unless it is a significant amount, i.e., more than a pack a day. This may be in combination, i.e., multi-drug use at the same period of the pregnancy or it could mean throughout the pregnancy, i.e., initially using two (or more substances such as but not limited to an opiate and a benzodiazepine) but now on Methadone only. This is typically heavy use throughout the pregnancy.

Medical History

We provide adoptive families with medical information that is completed by the expectant mother and, in some cases, the expectant father. In the application, adoptive families can select the medical information they are comfortable accepting in their adoption. For definitions of the medial conditions in the application, please refer to Appendix B.

Miscellaneous Situations

No Prenatal Care- We cannot require a birth mother to receive prenatal care. It is the woman's choice whether to receive this care and we cannot guarantee she will comply nor require her to do so. While we all want a healthy baby, obtaining prenatal care does not guarantee this will happen nor does it mean it will not.

Special Needs- Could include various amounts of mental and physical handicaps. By marking special needs on your application, we assume you may not accept every situation, but it does allow us to determine which families are accepting of such children. We will call you with specific situations.

Premature- Babies born prematurely can have various levels of physical problems either temporary or permanent, due to under development. While variations occur, premature is defined by the agency as any baby born under 35 weeks. Families should also realize that premature

adoptions often include high medical costs, so it is extremely important that your insurance covers the baby (or plan to pay the agency fee to apply for Medicaid for the baby). If you have concerns regarding premature infants, we suggest you contact a local pediatrician for expertise on such matters. There is no way to know if a baby is going to be born prematurely. If an adoptive family that has not selected premature on their application is matched with a birth mother that has delivered prematurely, they will be contacted and given the ability to back out of that particular situation.

Rape- Some birth mothers come to us as a result of rape. While most are not reported to the police, we still acknowledge that a birth mother's statement is enough to inform our adoptive families. Because of the emotional trauma suffered in such cases, birth mothers rarely reveal the specifics of these rape situations.

Stork Drop- A stork drop is when the agency has worked with the birth mother for less than one (1) week at time of delivery. Often, we get a call that the birth mother has just delivered or is about to deliver. In situations like this, accepting a placement in less than 24 hours is required as often the birth mother wants to select a family and have baby go home directly with them. There are often no medical records to review, though we have verbal updates on baby's health. Often, the birth father situation is still in need of being addressed and often Cradle Care services are suggested to ensure the legal risk is reduced as much as possible. This is different than a Safe Haven in that we will have a signed consent for adoption, we will be able to obtain birth & delivery records, etc.

Safe Haven- A Safe Haven situation occurs when a birth mother can surrender an infant, up to thirty (30) days old or younger at a location designated as a Safe Place- this includes hospitals, police stations, and fire stations. In addition, a parent can call 911 and surrender the infant to an EMS provider. A birth mother's identity is protected and kept private in these situations. In a Safe Haven situation, medical/social history of the birth parents is generally unknown/will not be available as it is all confidential and no consent for adoption is signed. The agency will request medical records if there are any and will also request typical newborn testing/screenings to be completed. There is a legal risk until such time that the Termination of Parental Rights Final Judgment is received that a birth mother/parent can return to reclaim the child. During this time, Cradle Care can be utilized. Due to the unknown history of the birth parents and pregnancy in a Safe Haven situation, if you are open to a Safe Haven situation, we do suggest you are open to things such as mental health, drug usage, etc. as there is a high likelihood these factors are present but unknown to us.

Networking Cases- At times, our agency is contacted by other attorneys or agencies in need of adoptive families. This can occur because a birth mother is requesting a certain thing from an adoptive family, i.e., a specific race, religion, etc. or it can occur because the other entity does not have any families open to what a birth mother is presenting with, i.e., drug exposure, mental health history, etc. If you are open to being considered for situations like this, you will

need to indicate it on the application. If you are selected by a birth mother through a networking case/opportunity- you become a client of the other entity and we cannot guarantee placement, financial responsibilities, etc. There is a small fee due at time of placement to our agency for assisting with your case management during the match time. Please refer to the fee sheet for more specifics on this.

Twins/Multiples- We do have situations in which twins/multiples occur. Please be advised that your home study will need to approve you for this if you are open to accepting placement of more than one child at a time. Please note, there are some additional fees in the event there is a twin/multiple situation.

Sibling groups- We do on occasion have situations in which a birth parent is choosing to place siblings. If you are open to these situations, again, your home study must approve you for the number of children you will be accepting placement of as well as for the ages of the children.

DCF Involvement/Intervention- An intervention is the legal process when a birth parent is placing a child for adoption through a private agency, even when the child is under the jurisdiction of the dependency court, as long as no final judgment of termination of parental rights has been entered, resulting in removing the child from foster care and placing into an adoptive home.

Matching Process

Important information about our matching process. We do not notify you every time we want to show your profile as we are presenting profiles based on the comfort levels you indicated on your completed application. The reason for this is that we have found it is very difficult on hopeful adoptive families to hear they weren't selected, or for an expectant mother to look at profiles but then decide not to proceed and not notify anyone of that decision so there isn't any closure about the opportunity. Instead, we look first at what the expectant mother is presenting with (race of baby, drug usage, mental health history, post placement communication desires, etc.) and narrow our waiting families to those open to what she is presenting with. We then narrow that group down further by what the expectant mother is looking for in an adoptive family, i.e., heterosexual couple, same sex couple, single parent, if there are other children in the family, religious preferences, etc. Once we have it narrowed down to both families open to the expectant mother's situation and that matches her desires, we then show 3-5 profiles of the longest waiting families. If the expectant mother doesn't like this grouping, we give her the next longest waiting, and so on. As an agency, we will work with an expectant mother at any stage of her pregnancy, but we do not match her with a family until she is at least 12 weeks gestation, as we want to ensure a viable pregnancy. We understand families wanting to be cautious, but please understand asking to be shown to cases only after a certain point of gestation (example only wanting to be shown to cases in the third trimester) can and will affect your waiting time as it will reduce the ability for us to show your profile to situations that otherwise you would be an

option for. We urge you to discuss with your home study provider how to navigate a long match time as it can be a valuable time to build a relationship with the expectant mother.

Adoptive Family Profile

As an agency, we feel it is important that our adoptive families are represented with a high quality, multifaceted approach in advertising and exposure options. We ensure this by using an up-to-date marketing company that specializes in profile creation and development, as well as video creation and various social media outlets to help birth mothers have access to your profile. The profile is extremely important because it is the only item a birth parent sees when selecting a family. Because of this fact, adoptive families should spend more time and give considerable thought to the content of their profile. Families are encouraged to let their personalities shine through so the expectant parents can get an accurate idea of the type of person you are and will be as parents. Quality profiles are often the difference between a birth parent selecting one family over another. Once your application and payment have been received, reviewed, and approved for our wait list, then information will be sent to you on beginning your profile creation. The length of time it takes for your profile to be available for viewing by birth parents depends a lot on you. Average time for this is about 3 weeks until your profile is created, approved, and uploaded to our website. At this time, we also have printed copies of the profile ordered and they are delivered to us within about ten business days, again on average. You will also be working on your video profile and other social media outlets during this time. There are no additional fees for the profile creation program and using the service is the only way to have electronic/website exposure with our agency.

Keys to a successful profile
Quality Photographs
Show your Personalities!
Variety of Pictures
Video Profiles

Multiple Agency Registration

We understand the desire to sign up with multiple agencies, use consultants, as well as to network with lawyers in hopes of decreasing your wait time. We encourage the use of sites such as but not limited to https://www.adoptmatch.com/ as well as to provide your OB/GYN with a copy of your profile or to network with friends and family as they may know of situations. If you find an expectant mother on your own, through any form of networking, we will likely still be able to assist you with the adoption process. This would be considered an identified case. Situations such as this are typically less costly and often times provide direct communication between you and the expectant mother before requesting our assistance, though we are happy to help at any stage. We ask that if you are matched with an expectant mother through another source/agency or you take placement through another source/agency that you notify Heart of Adoptions, Inc. so we are no longer showing your profile. ***Remember, a home study is good for one year or one placement, this means that even if you wanted to remain active on our wait list after accepting a placement, we would unfortunately have to close your file as you would no longer have a valid home study.***

The Adoptive Family Home Study

A home study is required for every adoption.

A home study is a basic overview of your family's life. It highlights items such as marriage, relationships, interactions with children, your home and neighborhood, and your childhood. The home study helps the court system determine if a stable environment exists for a family to receive an adoptive placement. A normal home study typically takes less than eight (8) weeks to complete, although it largely depends on the speed at which you collect the accompanying documents, as well as the caseload of the agency conducting the home study. An expedited home study can be completed much faster in emergency situations. One of the steps involved in the home study process is for a social worker to visit you home for a personal interview.

As a prospective adoptive family, you will be required to gather certain documents for your home study. These documents are necessary to legally establish your identity for the courts. A list of these documents will be provided to you from your home study professional.

Choosing a Home Study Professional

We would love to complete your home study for you if you reside anywhere in Florida. We typically complete a home study in less than 8 weeks, but this can occur quicker if so long as you provide the required documentation needed to us in a timely manner. We also offer expedited home study services for instances when a baby is born already or about to be born very soon.

You can trust that our dedicated home study department will work quickly and provide you with everything needed to work with the required steps to obtain the home study which can be used for private adoption anywhere.

If you reside outside of Florida, call for a free referral to a qualified home study professional in your area.

1. You should have your home study completed by a licensed adoption agency in the state where you reside. Many states and courts only accept home studies from licensed agencies.

2. The agency you choose should be able to schedule the interviews and complete the home study in a timely fashion, usually within 8-10 weeks.

APPENDIX A

SUBSTANCE USAGE

The information provided below was taken directly from the 'Merck Manual for Medical Information; Home Edition,' 'The Twelve-Month Pregnancy' by Barry Herman, M.D., and Susan K. Perry, Ph.D., and Internet research (unless otherwise noted) and is provided for educational purposes only. Adoptive families should consult a physician when inquiring about drug usage and the effect on the child.

Drug Abuse\Addiction- This is seen in more and more pregnant women. More than five million people in the United States regularly use illegal substances.

Tobacco/Nicotine- This is the most common addiction among pregnant women in the United States. Typical forms used are smoking cigarettes and vaping. The most consistent effect of smoking on the baby during pregnancy is reduction in birth weight: The more a woman smokes during pregnancy, the less the baby is likely to weigh. In addition, children of smoking mothers may have slight, but measurable, deficiencies in physical growth, intellectual development, and behavior. These effects are thought to be caused by carbon monoxide, which may reduce the oxygen supply to the body's tissues, and nicotine, which stimulates the release of hormones that constrict the vessels supplying blood to the placenta and uterus.

Alcohol- This is the leading known cause of birth defects. Fetal Alcohol Syndrome, one of the major consequences of drinking during pregnancy, is found in about 1.5 out of 1, 000 live births. This condition includes growth restriction before or after birth, facial defects, a small head, and abnormal behavioral development. Fetal Alcohol Syndrome effects the central nervous system and can cause issues with vision, hearing, heart, kidney, and bone defects, difficulty sleeping and poor sucking in infants.

Marijuana- approximately 22% of pregnant women use marijuana to some extent. Although no specific research shows that marijuana causes birth defects or slows growth in the uterus, some studies suggest that heavy usage is linked with behavioral abnormalities in babies. Some studies have also suggested the following regarding the use of marijuana during pregnancy:

1. Regular use shortens length of gestation.
2. Birth length has also been noted to be affected (shorter)
3. Marijuana is not a teratogen (does not cause birth defects) but can cause neuro-behavioral symptoms such as altered visual responses, tremors, and jitteriness; such babies are sometimes difficult to comfort and settle.
4. No lasting effects on motor development have been reported but may cause impulse control issues, hyperactivity, and inattention.

Cocaine/ Crack- abuse during pregnancy can cause problems for both the mother and fetus. Cocaine stimulates the central nervous system, acts as a local anesthetic, and constricts blood vessels. Constricted blood vessels may reduce blood flow so that the fetus sometimes does not get enough oxygen. The reduced blood flow and oxygen supply to the fetus can affect the growth of certain organs and can result in skeletal defects. Nervous system and behavioral problems in babies of cocaine users include hyperactivity, uncontrollable trembling, and learning problems, which may continue through age 5.

However, despite some reports of cocaine's ill effects on the developing fetus, scientists lack definitive evidence specifically linking cocaine to adverse reproductive effects. Using a powerful statistical technique, a Canadian research team has found that cocaine by itself causes very few problems during pregnancy.

Withdrawal

Signs of withdrawal in a newborn include but are not limited to irritability, shaking/tremors, sleeplessness, diarrhea, and poor feeding/sucking. Every baby is different but typically withdrawal symptoms are most severe 2-3 days after delivery. While discharge from the hospital usually is within 5-30 days depending on severity of symptoms, there can be symptoms for up to 6 months.

Methamphetamine- Methamphetamines are synthetic amphetamines or stimulants that are produced and sold illegally in pill form, capsules, powder, and chunks. Methamphetamines go by names such as crank and ice.

Crank refers to any form of Methamphetamine. Ice is a crystallized smoke-able chunk form of methamphetamine that produces a more intense reaction than cocaine or speed. Methamphetamines stimulate the central nervous system, and the effects may last anywhere from 8-24 hours. Both crank and ice are extremely addictive and produce a severe craving for the drug.

If methamphetamines are used during pregnancy, babies may tend to be asocial, incapable of bonding, have tremors, have birth defects, cry for 24 hours without stopping. Using methamphetamines during pregnancy can affect the baby's development before birth and has been linked with bleeding, early labor, and miscarriage.

Methamphetamine/Amphetamines cause the heart rate of the mother and baby to increase. They also cause the baby to get less oxygen, which means that he/she may grow slowly and be smaller at birth.

When methamphetamines/amphetamines are injected, there are risks associated with using or sharing injecting equipment. It is possible to become infected with HIV (the virus which causes AIDS) and this virus can be passed on to the baby.

If methamphetamines/amphetamines are used close to birth, the baby may be born directly affected and may be over-active and agitated. The babies of mothers who regularly use amphetamines may also experience withdrawal symptoms in the first few weeks after birth.

Combining other drugs with methamphetamines/amphetamines such as tranquilizers, alcohol or heroin can increase the risks associated with their use. It can also complicate withdrawal symptoms in babies.

Heroin/Opiates- Even though heroin and other opiates can affect menstrual function and the ability to conceive, addicts can and do become pregnant. Opioid use can potentially lead to birth defects affecting the heart, spine, abdominal wall and have been associated with neural tube defects. Heroin and opiates (such as prescription pain medicines) are believed to affect the developing brain and may cause behavioral abnormalities later in childhood. The drug reaches the fetus in the uterus, making the developing baby dependent on the drug as well. Babies born with dependency often suffer severe withdrawal symptoms after birth and require intensive support. Babies are not 'addicted' as they do not have the behaviors, but they are dependent on the drug and need assistance with withdrawing at times.

Effects During Pregnancy

The baby will get some heroin and/or opiates through the placenta and the baby's growth, and development may be affected. If the mother is not eating or sleeping properly the baby may be further affected.

The use of this class of drugs can result in low-birth-weight babies who can experience complications such as infections and breathing problems in the first weeks of life. Injecting heroin or other opiates increases the risk of becoming infected with Hepatitis and/or HIV (the virus which causes AIDS). Infection can result from sharing needles and other injecting equipment.

Withdrawal

The baby could experience withdrawal after birth. The severity of withdrawal can depend on other factors such as the mother's own health. If mothers use opiates during pregnancy and regularly go through withdrawal the baby will too. The baby cannot be treated at this stage and there is evidence to suggest that this results in a higher risk of premature labor and the baby being undernourished.

Methadone/Subutex/Suboxone – Methadone, Subutex, and Suboxone are medications used to treat opiate addiction. Women who are in treatment programs tend to have fewer complications during pregnancy and childbirth and are generally healthier than those who are using heroin or prescription opiates illegally received. This is probably due to a combination of clean, controlled drug use and easier access to medical/pre-natal care as well as easing some

of the stress caused by the need to raise the money to buy drugs. Complications are less likely to occur if methadone treatment is started early in pregnancy, as babies cope better with a controlled and constant drug environment.

Keep in mind, these medications, if through a treatment program, are prescribed based on current usage and often are increased throughout the pregnancy as the fetus grows and medications are metabolized differently. If the use of these medications is used in a non-prescribed manner, the effects during pregnancy and medical concerns are similar to use of other opiates/heroine. Withdrawal remains similar whether prescribed or used illegally.

Managing Withdrawal

The baby may still go through a withdrawal even if the mother is taking methadone. Methadone crosses the placenta so when taken, some will reach the baby. The baby will be treated with either supportive care or medication to ease the withdrawal symptoms. As the withdrawal symptoms ease, the baby's medication (if it has been necessary) will be slowly reduced. When the baby progresses well both in their general health and withdrawal the baby will be able to go home from the hospital. Families should anticipate a 30-day NICU stay depending on NAS services.

Ecstasy - A synthetic drug that acts both as a hallucinogen and a stimulant. Ecstasy is an illegal drug used in clubs and 'raves' to produce a sense of well-being. Being a stimulant, it allows people to stay awake through long hours of the night. It is known as a safe social drug among partygoers although a number of deaths have been reported. The drug or combinations of drugs that make up Ecstasy are not always the same, but all contain a stimulant methylenedioxymethamphetamine **(MDMA).** It is believed that it reaches the brain in about 40 minutes and releases serotonin and dopamine. Bulking agents are sometimes contaminated with cocaine, caffeine, or ketamine.

Drug Stimulants/ Amphetamines (speed, Ritalin, Adderall, methcathinone) - Definition: Medication that temporarily increases the rate of function. Some stimulants affect only a specific organ such as the heart, lungs, brain, or nervous system. Some effects of high doses of stimulants may be:

*nervousness or insomnia	*dizziness/headaches	*weight loss
*increased heart rate	*elevated blood pressure	*hallucinations

Barbiturates-Barbiturates are drugs that act as central nervous system depressants, and can therefore produce a wide spectrum of effects, from mild sedation to total anesthesia. Barbiturates have now largely been replaced by benzodiazepines in routine medical practice – for example, in the treatment of anxiety and insomnia – mainly because benzodiazepines are significantly less dangerous in overdose. When barbiturates are taken during pregnancy, the drug

passes through the mother's bloodstream to her fetus. After the baby is born, it may experience withdrawal symptoms and have trouble breathing.

Anti-Depressants- A study published in the New England Journal of Medicine reassures women suffering from depression that are taking anti-depressant medications during pregnancy does NOT appear to affect the unborn child. This latest study, considered an important piece of research, seems to calm the fears of many women who suffer from depression and who need these medications.

Some of the newer anti-depressants have shorter "half-lives" – meaning they are metabolized more quickly and would probably be a better choice than one such as Prozac. Lithium, on the other hand, which is prescribed for manic-depressive (bi-polar) illness, has been associated with increased fetal cardiovascular malformations.

Valium is an example of a drug that can have vastly different effects on the baby, depending on when you take it. According to some studies, if taken early in the pregnancy, Valium may increase the risk of cleft lip/palette. If taken chronically, it can cause withdrawal symptoms in the baby after birth. Taken in heavy doses during labor, Valium may harm the baby, and if taken right before birth, it may cause sleepiness in the baby at the time of birth.

Tranquilizers- Benzodiazepines (Ativan, Xanax) are the most common minor tranquilizers and sleeping pills used. Benzodiazepines are addictive to both the mother and the baby. The baby is less able to cope with tranquilizers than the mother. Benzodiazepines taken close to the time of birth could be harmful if taken continuously or in high doses.

Benzodiazepines can produce withdrawal symptoms in newborn babies. Withdrawal symptoms can include breathing problems, poor body temperature control, poor muscle tone, and difficulty sucking. The babies can appear floppy, or limp and this poor muscle tone can last for several months, although the babies do eventually recover.

If benzodiazepines have been used consistently throughout the pregnancy, withdrawal symptoms can last for one week or more (although they can take some days to appear).

Anti-Convulsants- Anti-convulsants are associated with birth defects. It is recommended that, when planning a pregnancy, you consider stopping such medications if you have been seizure-free for two years or more or choose the lowest risk drugs available. In addition, be sure to discuss it with your doctor if you are currently taking an anti-hypertensive from a group called angiotensin-converting enzyme (ACE), since these have been shown to cause fetal kidney dysfunction and still birth.

Hallucinogens- (Acid/LSD, mushrooms, "Special K"/Ketamine) Hallucinogens are drugs that cause hallucinations—profound distortions in a person's perceptions of reality, including delusions and false notions. In this state, people see images, hear sounds, and feel

sensations that seem real but do not exist. Increased risks that may arise due to hallucinogen consumption during pregnancy include preterm labor, low birth weight, and depending on time of usage physical abnormalities.

Diet Pills- (Alli, Xenical) Diet pills typically contain stimulants that increase heart rate in order to achieve higher calorie burns throughout the day. Weight loss drugs should not be used during pregnancy as they are contraindicated. Weight loss offers no potential benefit and may result in fetal harm during pregnancy. Consistent elevated blood pressure during pregnancy can reduce blood flow to the placenta which can cause the baby to receive fewer nutrients and have a low birth weight.

Miscellaneous Information- Since the fetus's organs form during the first two months of pregnancy, exposure to a harmful medication during these few weeks can cause the most serious birth defects. A similar exposure later in pregnancy may have a different effect or no significant effect at all.

Fortunately, birth defects resulting from drug exposures during the first two weeks after conception are rare, in part because the organs have yet to be formed. At this early stage, exposures have an "all or nothing" effect. That is, either the pregnancy ends in miscarriage because the insult is so great, or the embryo develops normally. Many severe birth defects occur during the third to the tenth week of fetal development, when the fetus is most susceptible. Later on in the pregnancy, after all the organs are formed, drug exposures can affect the developing fetus, but the risk appears to be less. During this later stage, all the structures are formed and are basically increasing in size. Medical insults during this time may cause abnormalities of growth; that is, one or more body parts may turn out larger or smaller than they should be. For example, cocaine use has been associated with absent parts of arms or legs, but this effect is rare, and the risk of running into a serious problem is less than it is with early exposures.

The only exception and it is certainly an important exception—is the brain. Since brain growth and development continues through much of pregnancy, substances that affect brain development can have serious consequences even later in pregnancy.

Appendix B

Medical Definitions

The information provided below was taken directly from Mosby's Medical, Nursing & Allied Health Dictionary, Fifth Edition and is provided for educational purposes only. Adoptive families should consult a physician when inquiring about medical conditions, their predisposition to being passed on hereditarily, and their effects on the child.

AIDS/HIV (acquired immunodeficiency syndrome)-Virus that attracts and kills CD4 lymphocytes, thus weakening the immune system's ability to prevent infection. HIV is

spread by sexual intercourse or exposure to contaminated blood, semen, breast milk, or other body fluids of infected people. Although there is no known cure for AIDS there are a number of treatment options available.

Cancer- Any of a large group of malignant neoplastic diseases characterized by the presence of malignant cells. Each cancer is distinguished by the nature, site, or clinical course of the lesion. More than 80% of cancer cases are attributed to smoking, exposure to carcinogenic chemicals, ionizing radiation, and ultraviolet rays.

Cystic Fibrosis- An inherited disorder of the exocrine glands, causing those glands to produce abnormally thick secretions of mucus, elevation of sweat electrolytes, increased organic and enzymatic constituents of saliva, and over-activity of the autonomic nervous system. The glands that are most affected are those in the pancreas and respiratory system and the sweat glands. Cystic fibrosis is usually recognized in infancy or early childhood, chiefly among Caucasians. Life expectancy in cystic fibrosis has improved dramatically over the past several decades, and with early diagnosis and treatment most patients can be expected to reach well into adulthood.

Depression- Depressive illnesses are disorders of the brain. Some types of depression tend to run in families. However, depression can occur in people without family histories of depression too. Nobody is sure what causes depression. Experts say depression is caused by a combination of factors, such as the person's genes, their biochemical environment, personal experience, and psychological factors.

Developmental Disorders- Typically neurological based conditions that affect an individual's physical, cognitive, or behavioral development, often manifesting in childhood and impacting skills such as language, attention, learning, and social interactions.

Diabetes- A complex disorder of carbohydrates, fat, and protein metabolism that is primarily a result of a deficiency or complete lack of insulin secretion. The disease is often inherited but may be acquired by other means such as obesity, sedentary lifestyle, high-fat low-fiber diet, hypertension, and aging. The prognosis for individuals diagnosed with diabetes is excellent as the disease can be controlled through maintaining insulin levels, diet, and lifestyle changes.

Down Syndrome- A congenital condition characterized by varying degrees of intellectual disabilities and multiple defects. It is the most common chromosomal abnormality of a generalized syndrome and is caused by the presence of an extra chromosome. Down Syndrome occurs in approximately 1 in 650 live births and is associated with advanced maternal age, particularly over 35 years of age. The average IQ is in the range of 50-60, so that the child is usually trainable and, in most instances, reared at home. While the mortality rate is high during the first few years, those who survive can live to middle to old age.

Hepatitis- An inflammation of the liver, most commonly caused by a viral infection. A pregnant woman who already has Hepatitis C (or gets Hepatitis C at some point during the pregnancy), the chance of passing the virus to the baby is low, less than 5 percent. With proper prenatal care, babies born to Hepatitis C-positive mothers or fathers are usually quite healthy. The chance of the baby being infected with Hepatitis C is the same whether born by vaginal delivery or cesarean section. In addition, with recent medication and medical interventions that have been developed, viral load levels are at times so low they are undetectable and present an even lower risk of being transmitted to the baby. As of 2018, approximately 1%-2.5% of all pregnant woman are infected with Hepatitis C.

Hydrocephalus (*a.k.a. water on the brain*)- A pathologic condition characterized by an abnormal accumulation of cerebrospinal fluid, usually under increased pressure, within the cranial vault caused by developmental anomalies, infection, trauma, or brain tumors. Treatment consists almost entirely of surgical intervention. Surgically treated hydrocephalus with continued neurosurgical and medical management has a survival rate greater than 80% although prognosis largely depends on cause of the condition.

Leukemia- A broad term given to a group of malignant diseases characterized by diffuse replacement of bone marrow. The incidence of leukemia is about 15 in 100,000 for all age groups and males are affected about twice as often as females. The origin of leukemia is not clear, but it may result from genetic predisposition plus exposure to radiation, benzene, or other chemicals that are toxic to bone marrow. The most effective treatment includes intensive combination chemotherapy, antibiotics to prevent infections, and blood transfusions.

Bipolar Disorder (Manic Depression) - A mental disorder characterized by episodes of mania, depression, or mixed mood. One or the other phase may be predominant at any given time, one phase appears alternately with the other, or elements of both may be present simultaneously. Causes of the disorder are multiple and complex, often involving biologic, psychological, interpersonal, and social and cultural factors. Treatments include a variety of medications, or the use of electroconvulsive therapy followed by long-term psychotherapy; however, the prognosis is usually incredibly good.

Retardation (mental/physical) - The slowing down of any mental or physical activity or failure of intellectual abilities to develop normally, as in intellectual disabilities.

Schizophrenia- Any one of a large group of disorders characterized by gross distortion of reality, disturbances of language and communication, and disorganization and fragmentation of thought, perception, and emotional reaction. The condition may be mild or require hospitalization. No single cause of the disease is known; genetic, biochemical, psychological, and sociocultural factors are usually involved. Recovery may happen in some cases while relapses may occur in others. Treatments usually involve a variety of medications.

Sickle Cell Anemia- Generally found in Africa-Americans, sickle cell anemia is a severe chronic incurable anemic condition that occurs in people homozygous for hemoglobin S. Sickle cell anemia is characterized by joint pain, thrombosis, fever, lethargy, and weakness.

HEART OF ADOPTIONS, INC.

APPLICATION FOR ADOPTION

Include the following with your Application:

- Application Fee $950 **non-refundable
- Advertising Fee- $2,000 (remainder due at time of placement) **non-refundable
- If Applicable: Gender/Sex Specificity Fee: $2,000 **non-refundable

Payment can be mailed with application, or you can use this link to send an e-check or use a credit card- https://secure.lawpay.com/pages/jtatelaw/heart-of-adoptions-trust. There is no charge if you use the e-check option but if you use the credit card option there will be a 3.5% service fee added to your account.

- Approved Adoption Home Study
- Copy of State Issued I.D. for each Adoptive Parent
- Completed Baby Manual Quiz
- Water Safety Completion Certificate
- Once application documents and payment have been reviewed and accepted then information to begin profile creation will be sent.

Mail to: 418 West Platt Street, Tampa, Florida 33606 · Attn: Adoptive Parent Department OR
Email to: hayley@heartofadoptions.com

PARENT (1) INFORMATION

Name (first, middle, last): _____

DOB: _____Birthplace: _____ Gender: _____ Race: _____

Are you a US Citizen: ☐ Yes ☐ No If Not, please provide a copy of Visa/Permanent Resident Card/Etc.

Occupation: _____ (If stay-at-home parent/ planning to stay home, check here ☐)

Work phone: _____ Cell phone: _____ Email: _____

PARENT (2) INFORMATION

Name (first, middle, last): _____

DOB: _____Birthplace: _____ Gender: _____ Race: _____

Are you a US Citizen: ☐ Yes ☐ No If Not, please provide a copy of Visa/Permanent Resident Card/Etc.

Occupation: _____ (If stay-at-home parent/ planning to stay home, check here ☐)

Work phone: _____ Cell phone: _____ Email: _____

Physical Address: _____

Mailing Address: _____

Home phone: _____ Fax: _____

Date of marriage: _____ Prior marriages: ☐ Yes ☐ No

Do you have children: ☐ Yes ☐ No If yes, are they? ☐ Biological ☐ Adopted ☐ Both

Do they reside in the home? ☐ Yes ☐ No ☐ NA Family's Religion: _____

Do you have an approved home study: ☐ Yes ☐ No ☐ Currently in process, est. completion: _____

Have you ever been denied approval for a Home Study? ☐ Yes ☐ No

Who is your home study provider or agency? _____

Main Contact: _____ Phone: _____ Email: _____

Review the following questions carefully as the answers you provide determine which expectant parents view your Family Profile. The more restrictive your answers, the fewer opportunities expectant parents have to view your profile, which results in a longer wait.

ADOPTION PROGRAM (Must be open to at least 4 out of 8)

Please review the noted pages for more information on each category and ONLY select if you feel you are open to the circumstances in that situation.

☐	Methadone/ Subutex/ Suboxone **page 32**	☐	Poly-Substance Abuse **page 25**	☐	Significant Mental Health	☐	No Prenatal Care **page 25**
☐	IV Drug Use	☐	Hepatitis C **Page 36**	☐	Completely Open Adoption **page 21**	☐	Safe Haven **page 26**

CHILD RACIAL AND ETHNIC BACKGROUNDS

(check all that apply)

To determine the racial background of the child that you are comfortable with, simply check all items that you would accept and leave blank the ones you would not. Families should feel 100% comfortable with their racial selections. The determination of race is based on information provided by the birth parent(s). Your profile will only be shown to birth parent(s) matching the racial backgrounds you select.

Complete the racial selection chart.

Please check all racial combinations that you are willing to accept.

Caucasian	☐
Hispanic	☐
Asian	☐
American Indian / Alaskan Native	☐
Native Hawaiian / Other Pacific Islander	☐
Caucasian / Hispanic	☐
Caucasian / Asian	☐
Caucasian / American Indian / Alaskan Native	☐
Caucasian / Native Hawaiian / Other Pacific Islander	☐
Caucasian / Other	☐
African American	☐
African American / Caucasian	☐
African American / Hispanic	☐
African American / Asian	☐
African American / American Indian / Alaskan Native	☐
African American /Native Hawaiian / Other Pacific Islander	☐
African American / Other	☐

Do you speak another language? Yes No If so, which one? _____

CONTACT WITH BIRTH PARENTS

(check all that apply)

State your commitment level regarding contact with the birth family:

Are you comfortable meeting with and/or speaking with the birth parents during the pregnancy or at placement (no identifying information exchanged)? □ Yes □ No

After the birth, are you willing to send the birth parents pictures and letters through the agency via confidential website? □ Yes □ No *(If no, please contact agency to discuss whether your application can be accepted)*

After the birth, are you willing to continue contact through direct email or telephone calls with the birth parents? □ Yes □ No □ May consider, please contact

After the birth, are you willing to continue contact through visits (i.e. possibly meeting the birth mother at a park for lunch)? This can occur independently or supervised through the agency.
□ Yes □ No □ May consider, please contact

Comments about contact with birth parents: _____

_____

ADOPTION BUDGET

(this information is not shared with the birth parents)

The adoption cap is the total amount the adoptive family is able to spend for an adoption. The cap would include agency and legal fees, birth mother assistance, misc. costs, etc. (but not the home study or post placement fees). Many birth mothers require assistance with living expenses and sometimes medical expenses. The amount you list should be the maximum amount you're able to spend including all fees mentioned above. Please know that the amount you list doesn't necessarily mean your particular adoption situation will cost that much. **Average adoptions are a minimum of $50,000 without living expenses so budget should be no less than this.**

What is your total adoption budget/cap? $ _____

(This amount does not include application, advertising, home study, post placement, or travel fees)

If there is a potential match for you that is slightly above your adoption cap (no more than $3,000) would you like to be considered? □ Yes □ No

Comments: _____

ADOPTIVE FAMILY INSURANCE

Do you want to release your insurance information directly to the hospital where the child is born or do you prefer confidentiality as this information may be accessible by the birth mother?
□ Yes, please release □ No, do not release*

It is not required that you provide your health insurance information to the hospital; but do note that if you do not release this information, a medical retainer in the amount of $2,000 shall be collected to cover medical bills and will be refunded if not used.

BIRTH PARENT MEDICAL & FAMILY HISTORY

(check all that apply)

Mark an '**X**' if you are willing to accept a child whose parents have a medical or family history of such disorders or if you would accept the miscellaneous situations. "Birth Parents/child" means the biological mother, biological father or the child has, or has had, the condition listed. "Immediate/Extended Family" means the parents of the biological parents or another relative has, or has had, the condition listed.

Birth Parents/ Child	Immediate/ Extended Family	HEALTH HISTORY	Birth parents/ Child	Immediate/ Extended family	HEALTH HISTORY
☐	☐	HIV/AIDS	☐	☐	Depression
☐	☐	Cancer	☐	☐	Bipolar disorder
☐	☐	Diabetes	☐	☐	Schizophrenia
☐	☐	Hepatitis	☐	☐	Other mental health issues
☐	☐	Developmental Disorders/Mental &/or Physical Malformations	☐	☐	Sickle cell anemia or trait (African American program)
☐	☐	Down's Syndrome	☐	☐	Cystic fibrosis
☐	☐	*Other (please call)	☐	☐	Leukemia

*****Due to the number of different issues it is impossible to list them all. If you would like to be considered for items not listed here check this category. You will be contacted at which time you can accept/reject these situations.

MISCELLANEOUS SITUATIONS

(check all that apply)

☐	Limited or No Prenatal Care	☐	Older Child(ren) (list max. age) _____
☐	Premature- Under 35 weeks	☐	Twins/Multiples
☐	Stork Drop (accepting placement in less than 24 hours)	☐	Sibling Group: (list max # of children) _____
☐	Birth Mother Raped	☐	Child(ren) with Foster Care/DCF involvement (also known as an Intervention)
☐	Conception Result of Incest	☐	Special Medical Needs (please call)
☐	Safe Haven	☐	Gender Specific: Circle one Below ***Wait times will increase ***Additional fees
☐	Open to Network Situations (Networking fees will be due upon placement)		**BOY ONLY** ◯ **GIRL ONLY** ◯

CONFIDENTIAL DRUG USAGE DURING PREGNANCY

(check all that apply)

Please check alcohol and drug usage **during pregnancy** that you will accept regarding the birth mother. If, for example, you do not check alcohol during pregnancy we will not send your Family Profile to birth mothers that indicate they had one drink of alcohol, even if it occurred prior to finding out about the pregnancy. Think very carefully on each response. It should be noted that all medical and health history questions are answered by the birth parents and verifying the validity of each response is sometimes difficult or impossible.

It is **highly recommended** that adoptive families research the effects of substance usage through a qualified medical professional. ***This is a great way to interview prospective pediatricians as well.

Please refer to the Application for Adoption Supplement for explanation of Mild, Moderate & Heavy use parameters.

DRUG CLASS	Mild	Moderate	Heavy	Comments
Tobacco/Nicotine	☐	☐	☐	
Alcohol	☐	☐	☐	
Marijuana	☐	☐	☐	
Cocaine/Crack	☐	☐	☐	
Hallucinogens	☐	☐	☐	
Ecstasy/MDMA	☐	☐	☐	
Heroin	☐	☐	☐	
Methamphetamine	☐	☐	☐	
Amphetamine (i.e., Adderall)	☐	☐	☐	
Benzodiazepines/Tranquilizers (i.e., Valium, Xanax)	☐	☐	☐	
Barbiturates	☐	☐	☐	
Opiates (i.e., Percocet, Vicodin, Codeine, Lortab)	☐	☐	☐	
Methadone/Suboxone/ Subutex (recreational)	☐	☐	☐	
Methadone/Suboxone/ Subutex (Maintenance)	☐	☐	☐	
Anti-Depressants	☐	☐	☐	
Diet Pills	☐	☐	☐	
Other (i.e., bath salts, Ketamine, please call)	☐	☐	☐	

HOW DID YOU HEAR ABOUT US?

Internet: □ Google □ Yahoo □ MSN □ Adoption.com □ Other Search Engine: _____
□ Medical provider □ Friend □ Relative □ Agency Client □ Other Adoptive Family _____
□ Newspaper □ News Story □ Magazine □ Yellow Pages- location: _____
□ Home Study Agency_____□ Social Worker_____
□ Other: _____

APPLICATION AGREEMENT

We, the adoptive family, do hereby confirm that we have read the Application for Adoption Supplement. We understand that the Application for Adoption Supplement definitions are simply a guideline. As an adoptive family, we in no way hold Heart of Adoptions, Inc. liable for any inaccuracy or falsity due to the studies or sources from which information and definitions were gathered. We understand that it is our responsibility to research each definition and/or study to ascertain our comfort and acceptance with each situation.

We further understand that all information regarding health history, medical conditions, race of parents, etc. is received directly from birth parent responses. Heart of Adoptions, Inc. cannot verify the validity of each response and is in no way liable for any misrepresentations made through this information.

We realize that we may change our Application for Adoption responses at any time, as long as a birth mother has not selected our Family Profile. If a birth mother has selected our profile, we realize we cannot change our Application for Adoption responses. If we change our Application for Adoption, we acknowledge that such changes can affect our waiting time. If we decline an available match that we have been selected for, that is within our comfort levels, we are aware we will be placed on hold for 45 days minimum, may be required to participate in counseling or education, as well as will undergo a review process with an adoptive parent coordinator to discuss future comfort levels and situations.

Once you have joined our program, it is very important that you notify us immediately if circumstances change such as you are no longer open to receiving a placement (i.e., if you become pregnant or are matched or receive placement from another source). Otherwise, your profile will continue to be shown to birth parents who will be very disappointed to learn that their adoptive family selection is no longer available.

Note: If you are accepting of an older child, a child of a different race and/or a special needs situation, it must be documented in your home study or home study update. If a particular case arises before your home study is updated, an emergency update may be required by your social worker.

By signing this application, I/we authorize Heart of Adoptions, Inc. (HOA) to obtain information about me/us from all resources listed above and from all adoption agencies or home study agencies that are currently providing or that in the past have provided services to me/us. I/we agree that HOA is authorized to maintain and display my/our information on HOA premises, and to provide and share confidential information to my/our home study agency, Parent Finder, and HOA affiliates.

Upon receipt of your application and all required supporting documents, you will be contacted by the agency after review. You will either receive verification of your acceptance into our program or you may be contacted to discuss your application further.

□ I/We have read the accompanying Welcome Packet
□ I/We have read the accompanying Supplemental Packet
□ I/We agree that to best of my/our knowledge and belief all statements made in this application are true and complete.
□ I/We have read, acknowledge, understand and accept the risks if I/We opt to select the safe haven and no prenatal care scenarios

_____ _____ _____
Parent (1) Signature Parent (2) Signature Date

Please be sure to watch the Baby Manual Video, link is in beginning of this APQ packet before answering questions. You must receive an 80% or higher on quiz or will need to re-watch video and re-submit the quiz.

1. For the first month, what do you not need?
   - A. Pack of onesies
   - B. Car seat
   - C. Bassinette
   - D. Bedding Set

2. How many diapers, on average, will a baby use per month?
   - A. 170
   - B. 450
   - C. 300
   - D. 225

3. A car seat frame is too heavy to replace a traditional stroller.
   - True
   - False

4. A mobile over the crib helps baby sleep.
   - True
   - False

5. Safest place for car seat is:
   - A. Behind Driver
   - B. Behind Passenger
   - C. In the Middle

6. Car seat should move how many inches after installation?
   - A. 1 inch
   - B. 2 inches
   - C. ½ inch
   - D. 1.5 inches

7. The key to getting through the first few weeks is:
   - A. Hiring a night nanny
   - B. Establishing a routine
   - C. Having grandparents come to stay
   - D. Buying a video monitor

8. Baby should have a minimum of how many wet diapers per day?
   - A. 3
   - B. 6
   - C. 9
   - D. 12

9. Formula comes in the following forms: powder, liquid concentrate, ready to feed.
   - ◯ True
   - ◯ False

10. Baby should be sitting up to feed.
   - ◯ True
   - ◯ False

11. You should always put a clean diaper under baby before changing.
   - ◯ True
   - ◯ False

12. The best body part to test the temperature of baby's bath water is your:
   - ◯ A. Elbow
   - ◯ B. Wrist
   - ◯ C. Face
   - ◯ D. Fingers

13. Swaddling gives babies a break and can help calm them.
   - ◯ True
   - ◯ False

14. It is important to be very quiet when trying to get baby to stop crying.
   - ◯ True
   - ◯ False

15. Baby acne is a sign of a more serious health concern.
   - ◯ True
   - ◯ False

16. Gassiness generally peaks at:
   - ◯ A. 1 month
   - ◯ B. 2 months
   - ◯ C. 3 months
   - ◯ D. 4 months

17. Babies start producing melatonin at around:
   - ◯ A. 1 month
   - ◯ B. 4 months
   - ◯ C. 7 months
   - ◯ D. 11 months

18. Babies can use a transitional object most effectively at 5 months.
   - ◯ True
   - ◯ False

19. Tummy time should be done at least:
    - A. Once per day
    - B. Twice per day
    - C. Once per week
    - D. 3 times per week

20. Babies are too sensitive for massage.
    - True
    - False

21. It is a good idea to bring a blanket that smells like home when traveling.
    - True
    - False

22. If your baby will need childcare, you only need to visit the center or have the nanny come once before going back to work.
    - True
    - False

23. In your transition to parenthood, the most important thing to do is:
    - A. Schedule date nights
    - B. Anticipate stressors and how you'll handle them
    - C. Read many parenting books and incorporate tips into everyday life.
    - D. Watch the show "Parenthood"

24. What percentage of couples sees an increase in disagreements after their 1st child?
    - A. 27%
    - B. 52%
    - C. 69%
    - D. 83%

25. Even if you don't want to, taking a break to spend time alone and "recharging" is a positive choice for you and your family.
    - True
    - False

26. What can be invaluable in lowering stress:
    - A. Trusting your instinct
    - B. Doing Yoga
    - C. Buying a Baby Brezza
    - D. Practicing Mindfulness

ACKNOWLEDGEMENT OF FIREARMS SAFETY REQUIREMENTS

Florida Statute 790.174 (Safe storage of firearms required) states:

(1) A person who stores or leaves, on a premise under his or her control, a loaded firearm, as defined in s. 790.001, F.S., and who knows or reasonably should know that a minor is likely to gain access to the firearm without the lawful permission of the minor's parent or the person having charge of the minor, or without the supervision required by law, shall keep the firearm in a securely locked box or container or in a location which a reasonable person would believe to be secure or shall secure it with a trigger lock, except when the person is carrying the firearm on his or her body or within such close proximity thereto that he or she can retrieve and use it as easily and quickly as if he or she carried it on his or her body.

(2) It is a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083, F.S., if a person violates subsection (1) by failing to store or leave a firearm in the required manner and as a result thereof a minor gains access to the firearm, without the lawful permission of the minor's parent or the person having charge of the minor, and possesses or exhibits it, without the supervision required by law:

(a) In a public place; or

(b) In a rude, careless, angry, or threatening manner in violation of s. 790.10, F.S.

This subsection does not apply if the minor obtains the firearm as a result of an unlawful entry by any person.

(3) As used in this act, the term "minor" means any person under the age of 16.

I/We, _____,
acknowledge that I/we have read and understand this document.

_____ _____
Date Caregiver/Adoptive Parent Signature

_____
Caregiver/Adoptive Parent Signature

NOTE: This acknowledgement must be executed by all foster and adoptive parents during the home study process.

ADOPTION DISCLOSURE AND ACKNOWLEDGMENT OF RECEIPT OF ADOPTION DISCLOSURE

THE STATE OF FLORIDA REQUIRES, PURSUANT TO CHAPTER 63 OF THE FLORIDA STATUTES, THAT THIS FORM BE PROVIDED TO ALL PERSONS CONSIDERING ADOPTING A MINOR OR SEEKING TO PLACE A MINOR FOR ADOPTION, TO ADVISE THEM OF THE FOLLOWING FACTS REGARDING ADOPTION UNDER FLORIDA LAW:

1. The name, address and telephone number of the adoption entity providing this disclosure is:

HEART OF ADOPTIONS, INC.
418 WEST PLATT STREET, SUITE A
TAMPA, FL 33606
813-258-6505

2. The law office of Tate Healey Webster represents the Adoption Entity during the pre-placement period, during the consent signing process, and throughout the legal proceedings to terminate parental rights and does not represent either the birth parents or adoptive parents who are free to hire their own attorney at any time. Jeanne T. Tate, an employee of Tate Healey Webster, is the sole owner of the Adoption Entity. The Adoption Entity's fees and attorney's fees are paid by the prospective adoptive parents, but this does not change the attorney client relationship between the Adoption Entity and Tate Healey Webster.

The Adoption Entity does not provide legal representation or advice to parents or anyone signing a consent for adoption or affidavit of nonpaternity and parents have the right to consult with an attorney of their own choosing to advise them. THIS MEANS THAT THE ADOPTION ENTITY'S ATTORNEYS, JEANNE T. TATE, ERICA T. HEALEY, ROBERT L. WEBSTER III, DANELLE D. BARKSDALE, MARY E.P. MCCARTHY, KEVIN J. HEALEY, AND MARTHA A. CURTIS, DO NOT AND CANNOT REPRESENT THE BIRTH PARENTS AT ANY TIME.

3. With the exception of an adoption by a stepparent or relative, a minor child cannot be placed into a prospective adoptive home unless the prospective adoptive parents have received a favorable preliminary home study, including criminal and child abuse clearances.

4. A valid consent for adoption may not be signed by the birth mother until 48 hours after the birth of the child, or the day the birth mother is notified, in writing, that she is fit for discharge from the licensed hospital or birth center. Any man may sign a valid consent for adoption at any time after the birth of the child. An affidavit of non-paternity may be executed before the birth of the minor.

5. A consent for adoption signed before the child attains the age of 6 months is binding and irrevocable from the moment it is signed unless it can be proven in court that the consent was obtained by fraud or duress. A consent for adoption signed after the child attains the age of 6 months is valid from the moment it is signed; however, it may be revoked up to 3 business days after it was signed.

6. A consent for adoption is not valid if the signature of the person who signed the consent was obtained by fraud or duress.

7. An unmarried biological father must act immediately in order to protect his parental rights. §63.062, Florida Statutes, prescribes that any father seeking to establish his right to consent to the adoption of his child must file a claim of paternity with the Florida Putative Father Registry maintained by the Office of Vital Statistics of the Department of Health by the date a petition to terminate parental rights is filed with the court, or within 30 days after receiving service of a Notice of Intended Adoption Plan (if applicable). If he receives a Notice of Intended Adoption Plan, he must file a claim of paternity with the Florida Putative Father Registry, file a parenting plan with the court, and provide financial support to the mother or child within 30 days following service. An unmarried biological father's failure to timely respond to a Notice of Intended Adoption Plan constitutes an irrevocable legal waiver of any and all rights

that the father may have to the child. A claim of paternity registration form for the Florida Putative Father Registry may be obtained from any local office of the Department of Health, Office of Vital Statistics, the Department of Children and Families, the Internet websites for these agencies, and the offices of the clerks of the Florida circuit courts. The claim of paternity form must be submitted to the Office of Vital Statistics, Attention: Adoption Unit, P.O. Box 210, Jacksonville, FL 32231.

8. With regard to a child who is placed with adoptive parents more than 6 months after the child's birth, an unmarried biological father must have developed a substantial relationship with the child, taken some measure of responsibility for the child and the child's future, and demonstrated a full commitment to the responsibilities of parenthood by providing reasonable and regular financial support to the child in accordance with the unmarried biological father's ability.

9. There are alternatives to adoption, including foster care, relative care, and parenting the child. There may be services and sources of financial assistance in the community available to parents if they choose to parent the child.

10. A parent has the right to have a witness of his or her choice, who is unconnected with the adoption entity or the adoptive parents, to be present and witness the signing of the consent or affidavit of non-paternity.

11. A parent 14 years of age or younger must have a parent, legal guardian, or court-appointed guardian ad litem to assist and advise the parent as to the adoption plan and to witness consent.

12. A parent has a right to counseling and support from a counselor, social worker, physician, clergy, and others as well as the right to an independent attorney to represent them.

13. The payment of living or medical expenses by the prospective adoptive parents before the birth of the child in no way obligates the parent to sign the consent for adoption.

14. A child may be eligible for a subsidy under Florida law if the child qualifies as a "special needs child" under §409.166 of the Florida Statutes. Preliminarily, this must be a child whose permanent custody has been awarded to the State of Florida, Department of Children and Families or to a licensed child-placing agency. The "special needs" criteria include if the child is either: eight years of age or older; developmentally disabled; physically or emotionally handicapped; of black or racially mixed parentage; or a member of a sibling group of any age, provided two or more members of a sibling group remain together for purposes of adoption. There also may be other qualifying criteria (including the potential that a qualifying developmental, physical, or emotional condition may not manifest until later in childhood). It is important to seek legal counsel to vet subsidy issues. If adoptive parents do not apply timely for and obtain such adoption assistance prior to finalization of the adoption, they may not be eligible to apply for adoption assistance post-finalization.

Acknowledgment of Disclosure and acknowledgment that I received a copy of this Disclosure for my records:

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

Time: _____ Time: _____