

**CATHOLIC CHARITIES OF NORTHERN KANSAS  
ADOPTION SERVICE PLAN**

We, \_\_\_\_\_ and \_\_\_\_\_ wish to apply to adopt through Catholic Charities of Northern Kansas, Diocese of Salina, Kansas.

As adoptive parents we understand that we will be expected to participate in an adoptive home assessment, to furnish names of references, and to provide financial and medical information upon request.

We further understand that our written assessment will be on file in the office of Catholic Charities of Northern Kansas

We will notify the agency of any changes in our situation which would affect placement of a child with us.

Catholic Charities of Northern Kansas will complete a written adoptive home assessment and upon approval, we will receive consideration for the type of child we have indicated we can accept.

We agree to pay the agency a payment of \$1,000.00 for the Home Study Assessment. Under applicable circumstances as approved by the adoption worker and agency director we agree to pay the agency two payments of \$500.00 each. The first payment is due when the Home Study is approximately half finished, and the last \$500.00 payment upon completion. If for some reason the Home Study is not completed, we will reimburse the agency for sessions completed at a rate of \$50.00 per hour. An Update Home Study is \$350.00 and up, assessed on a case-by-case basis according to mileage involved and the extent of work.

We understand that in making this application there is no final commitment on the part of the agency or ourselves.

The adoptive parents will be responsible for all medical and health care expenses for the birth mother in the event she does not have health insurance. If birth mother has health insurance, the adoptive couple will be responsible for the deductible, co-pay, and any expenses not covered by insurance. All expenses for the child from the time of birth will be the responsibility of the adoptive parents.

We give permission for our completed assessment to be shared with other Catholic Charities/Catholic Social Services in Kansas.    Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Husband Signature

\_\_\_\_\_  
Wife Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
, Adoption Worker