

**Adoption Services Fee Agreement  
WASHINGTON Social Work Services  
PAYMENT DUE WITH CONTRACT FOR SERVICE**

<u>SERVICE(S) PROVIDED FEES ARE THE SAME FOR DOMESTIC AND INTERNATIONAL</u> (Check box please)	<u>FEE</u>
<input type="checkbox"/> Home Study – Fees due with application*	\$2,200.00
<input type="checkbox"/> Home Study Update < 2 Years*	\$900.00
<input type="checkbox"/> Home Study Update > 2 Years*	\$1000.00
<input type="checkbox"/> Home Safety Visit – Hosting only*	\$500.00

**OTHER SERVICES:**

<input type="checkbox"/> ___ Post-Adoption/Post-Placement Reports written by a SW @ \$475.00 each	\$ _____
<input type="checkbox"/> ___ Sibling Post-Adoption/Post-Placement (same date) @ \$125.00 each	\$ _____
<input type="checkbox"/> Overnight Stay (SW Office to PAP home- includes hotel, meals, toll) <b>PER NIGHT \$200.00</b> x _____ nights (additional transportation if required is not included – airfare, trains, rental car etc)	\$ _____
<input type="checkbox"/> Apostilles	\$ 100.00
<input type="checkbox"/> ICPC (Interstate Compact on the Placement of Children) assistance	\$ 800.00
<input type="checkbox"/> Other services (description): _____	\$ _____

**Additional Mileage Expenses (Flat fee PER VISIT if total miles round trip PER VISIT is over the mileage below)**

Total number of visits: \_\_\_\_\_

**For Post adoption/Post Placement Report visits:**

<input type="checkbox"/> Over 100 miles round trip- Flat fee per visit	\$100
<input type="checkbox"/> Over 200 miles round trip- Flat fee per visit	\$150
<input type="checkbox"/> Over 300 miles round trip - Flat fee per visit	\$200
<input type="checkbox"/> Over 400 miles round trip - Flat fee per visit	\$250

**For Home Studies and Home Study Updates**

<input type="checkbox"/> Over 200 miles round trip- Flat fee per visit	\$100
<input type="checkbox"/> Over 300 miles round trip- Flat fee per visit	\$150
<input type="checkbox"/> Over 400 miles round trip - Flat fee per visit	\$200

If round trip mileage is over 500 miles round trip regardless of service: \$ \_\_\_\_\_  
Total miles per trip charged at IRS mileage rate of \_\_\_\_\_

**TOTAL PAID TO CHI: \$ \_\_\_\_\_**

Initials \_\_\_\_\_, \_\_\_\_\_

I/We understand that all Post Placement/Post Adoption reports required to be written by a Social Worker\* must be pre-paid with submission of this application OR if adopting through a CHI placement program, paid at referral acceptance. \*See "Schedule A" - Country Specific Post Adoption Requirements for details\* or your Placing Agency.

\*I/We understand that fees include the following (on average): Social Worker Fee for Service 60%, Operating expenses 40% (Supplies, rent, state licensing, Hague accreditation costs and fees, bank & processing fees, conferences, training, utilities, shipping & postage, copiers, insurance, maintenance, mileage, payroll, publications, professional fees, websites, database & computer programs, etc.).

I/We understand that should the adoption be disrupted or be dissolved, all post placement and post adoption report fees paid are non-refundable. Amounts shown include CHI administrative fees and Social Worker fees.

I/We understand that travel expenses, if any, must be disclosed on this form and paid to CHI before the first scheduled visit and that if applicable, a new Fee Agreement for overnight travel expenses on future prepaid services (PARs) will be required prior to the start of service.

Third Party Fees IF PLACING WITH ANOTHER AGENCY (not CHI)- ESTIMATE ONLY PAID DIRECTLY TO SERVICE PROVIDER BY FAMILY	
DESCRIPTION	Washington
Birth Certificate	Copy is ok
Marriage Certificate	Copy is ok
Divorce Decree	Copy is ok
Apostilles, Seals, Certifications when required	N/A
Shipping, Postage, expedite fees	0-\$100
Adoption Training	\$120-\$150
Psychological Evaluation (when required)	\$0-\$2000
Medical co-pay for physical	0-\$50+
Background Screening	WSP \$11 ea ** includes statewide clearances
Fingerprint Cards	\$18 ea if not using the Expedited FBI Clearance (this is a slower process)
State Patrol Clearance	included above **
Expedited FBI Clearance (if used)	\$50 ea
Out of State Child Abuse Registry Screening	0-\$50 ea

Initials \_\_\_\_\_, \_\_\_\_\_

## Client Complaint Procedure

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

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

Additionally, if after these steps have been taken and a satisfactory resolution does not result, the following process can be utilized at any time:

The individual may send their complaint in the following manner:

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

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

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

Initials \_\_\_\_\_, \_\_\_\_\_

## Written Complaints to Third Parties

7. The individual is free at any time to file the complaint with The Hague Complaint Registry, <https://travel.state.gov/content/travel/en/Intercountry-Adoption/about-adoption-service-providers/hague-complaint-registry.html>. All PAP's applied with AGENCY are given this grievance/ disclosure information in the agreement signed between the PAP and AGENCY. The complainant may also contact the State's adoption AGENCY licensing authority at:
- **Florida Department of Children and Families**  
**Office of Family Safety**  
1317 Winewood Boulevard -- Building 1  
Tallahassee, FL 32399-0700
  - **Idaho Department OF Health and Welfare**  
**Children's Residential Licensing**  
3232 Elder St.  
Boise, ID 83705
  - **Louisiana Department of Children and Family services**  
PO Box 260036  
Baton Rouge, LA 70826
  - **Texas Dept. of Family and Protective Services**  
**Child-Care Licensing**  
1425 E. 40<sup>th</sup> Street  
Houston, Texas 77022
  - **Utah Department of Human Services**  
**Office of Licensing**  
195 North 1950 West  
Salt Lake City, UT 84116
  - **Washington Department of Social and Health Services**  
**Division of Licensed Resources**  
PO Box 45700  
Olympia, WA 98504
8. Children's House International maintains a written record of each official, registers complaint received pursuant to the introduction of this section and the steps taken to investigate and respond to it, as stated above, and makes this record available to IAAME or the Secretary upon request.
9. Children's House International provides to IAAME and the Secretary, on a semi-annual basis, a summary of all official complaints received pursuant of the introduction of this section during the preceding six months (including the number of official complaints received and how each official complaint was resolved) and an assessment of any discernible patterns in official complaints received against Children's House International to the introduction of this section along with information about what systematic changes, if any, were made or are planned by Children's House International in response to such patterns.
10. Children's House International does not take any action to discourage a PAPs or individuals from filing a complaint, nor retaliate against PAPs or an individual for making a complaint, expressing a grievance, providing information in writing or interviews to IAAME on Children's House International performance, or questioning the conduct or expressing an opinion about the performance of Children's House International. This information is also given, trained and agreed to by personnel.

Initials \_\_\_\_\_, \_\_\_\_\_

**SHIPPING ACCOUNT AUTHORIZATION:**

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

**HOME SAFETY VISITS FOR PURPOSES OF HOSTING A CHILD**

Fee for home safety visit can be applied towards full international adoption home study fee if the family applies for adoption within 12 months of the signing of this agreement. If the adoption application is received after 12 months, full home study fees will apply.

**POST PLACEMENT AND POST ADOPTION REPORTS**

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

In accordance with CHI Policy regarding services for home studies and post-placement/post-adoption services, all fees are due prior to the beginning of services. Fees are non-refundable once the home study or post-placement/post-adoption process has begun. Should the family withdraw for any reason, including pregnancy, all fees are non-refundable but may be applied to future home studies if used within two years.

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

The family agrees to provide ALL documents for CHI as requested or the home study and/or placement will be placed on hold until those documents are received.

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

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

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

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

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

Initials \_\_\_\_\_, \_\_\_\_\_

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

Date Signed \_\_\_\_\_

\_\_\_\_\_  
Prospective Adoptive Parent

\_\_\_\_\_  
Prospective Adoptive Parent

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Children's House International Representative

