

Dear Prospective Adoptive Parent(s):

Thank you for your interest in Catholic Charities of East Tennessee's Domestic Adoption Program. Enclosed in this packet you will find the following information to assist you as you navigate this process:

- Adoptive Parent Eligibility Criteria and Explanation of CCETN's Adoption Policies and Procedures
- Adoption FAQ
- Explanation of the Home Study process and Adoption Waiting Period
- CCETN's Adoption Fee Schedule
- Prospective Adoptive Parent Application Form

After reviewing the included information, please complete the Prospective Adoptive Parent Application Form and our Adoption Specialist will contact you to schedule an interview.

Please reach out to CCETN's Adoption Specialist at 865-684-1894 with any questions as you review this information.

Best,

Ada Hernandez-Bell

Adoption Program Manager
Catholic Charities of East Tennessee



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IN PARTNERSHIP WITH
The Diocese of Knoxville
United Way
Catholic Charities USA



The Adoption Services of Catholic Charities of East Tennessee is a non-profit adoption agency licensed by the State of Tennessee Department of Children's Services.

Adoption Mission Statement

Our mission, consistent with Catholic Teaching, is to place children for adoption in loving, stable homes where they can grow, and families can thrive.

Values

- Every child has a right to life from the first moment of conception.
- The best interest of the child is our guiding principle in all decisions.
- An adoption plan designed by the birthparents should provide a loving stable home which promotes the child's development and spiritual growth.
- Openness among the participants of the adoption triangle is desirable.
- Ongoing outreach and education shall be key facets of the program.
- Our services are guided by the State of Tennessee Child Placing licensing standards and are regularly reviewed and evaluated.

Eligibility Requirements

- The primary consideration in adoptive placements shall be the welfare of the child rather than the needs of the adoptive parents.
- All adoptive parents shall be in compliance with the adoption laws of Tennessee and with the Interstate Compact on the Placement of Children.
- Prospective parent(s) must be at least 21 years of age.
- One prospective parent must be a U.S. Citizen

- The total average age of the prospective adoptive parent(s) should not be more than 45 years older than the child they are adopting.
- Pre-Adoptive parents will uphold the gospel values in their home and plan to instill those values in their parenting. These include respect for the dignity of every person, dedication to God, a commitment to nourish the spiritual development of your child and in your family, valuing individuals above personal gain, and an intention to be a peacemaker within family and in the community.
- Adoptive Parents may be married or single. All applicants must have maintained legal marital status for two years and uphold our faith tradition based upon the Catholic Church's teaching that marriage consists of a man and woman.
- All Applicants must complete a full Pre-Adoptive Home Study with no concerns to be approved as CCETN Pre-Adoptive Parents.
- Any concerns that arise during the Home Study will be reviewed with the Adoptive Family and resolved with an explanation of the agency concern and documentation of resolution within the Home Study final documentation.
- If adopting a second child, the first adoption must be finalized before the second adoption is accepted except in the instance of twins and/or sibling adoptions.
- The applicant(s) may not apply to other child placing agencies while they are clients of Catholic Charities of East Tennessee.

FREQUENTLY ASKED QUESTIONS



Adoption is defined as the act by which an adult formally becomes the guardian of a child and incurs the rights and responsibilities of a parent. The legal relationship results in the adoptee becoming the adoptive parent's legal heir and terminates any legal rights that existed with the birth parents; the same as if the child had been born to the adoptive parents.

Types of Adoption:

- **Open Adoption-** Allows Birth Parents to know and have contact with the Adoptive Parents and the Child.
- **Semi-Open Adoption-** Birth Parents and Adoptive Parents will share non-identifying information and the communication between Birth Parents and Adoptive Parents will typically be handled by CCETN. Semi-Open Adoptions will have an individual communication plan developed based on Birth Parent and Adoptive Parent's needs.
- **Closed Adoption-** Birth Parents have no direct contact with the Adoptive Family and the Adoptive Family are provided little or no information regarding the Biological Parents.

All Prospective Adoptive parents must have an approved home study completed and reviewed annually until the placement of the child. Upon placement, quarterly post placement assessments will be completed as a part of the home study process until adoption has been completed.

Parental Rights must be surrendered or terminated by all legal parents prior to an adoption petition being filed. Voluntary terminations of parental rights can be revoked within 3 days of the hearing. Persons with legal rights include: Birth Mother, Man who has been declared as the Father, Putative Father, Legal Husband of Birth Mother. Volunteer termination of parental rights can occur in one of the following ways:

- **Waiver of Interest by biological father prior to the birth of the child.**
- **Legal Fathers who are not biological can complete a Denial of Paternity**
- **A Birth Mother or Father can complete a Surrender of Parental Rights before a Judge or Chancellor.**

CCETN only works with Birth/Legal Mothers who are interested in voluntarily terminating their rights for the purpose of adoption. Involuntary Termination of Parental Rights eligibility will be evaluated on a case-by-case basis by an adoption attorney prior to a match being made with a pre-adoptive family. Involuntary terminations of parental rights are lawsuits filed by the prospective adoptive parents and must provide at least one of the state mandated grounds in order for termination to occur. With involuntary terminations a parent has the right to appeal within the first 30 days after the termination. A Birth/Legal Father can appeal up to 2 times on an involuntary termination of parental rights.

Adoptions are filed with the Chancery or Circuit court in the county that you reside. Adoptive Parents are responsible for attorney fees and all court costs associated with their adoption. Tennessee state law requires that the birth mother or legal birth father wait at least 3 days after the birth of a child before consenting to adoption. Consent may be revoked within the first 4 days of execution. Consent must occur in the presence of a Judge under oath.

FREQUENTLY ASKED QUESTIONS



Birth/Legal Mothers are eligible for the following expenses paid by the Pre-Adoptive Parent(s):

- ***Medical expenses not covered by insurance for the mother and baby.***
- ***For a period of 90 days before the birth of the baby and for 45 days after surrender the birth mother may receive payment for the following reasonable and actual expenses: Housing, Utilities, Transportation, Maternity Clothes and Food.***
- ***If the Birth/Legal Mother requests counseling, the pre-adoptive parents are required to pay for counseling for up to one year. Counseling may occur during or after the birth of the child.***
- ***If the Birth/Legal Mother requests their own attorney, the pre-adoptive parents are required to pay for her to have an attorney.***

How is CCETN's Adoption Services different than an adoption facilitator or adoption consulting program?

- ***Adoption Facilitators- Facilitators are prohibited within the State of Tennessee. Adoption facilitators that operate in other states are agencies or individuals that provide matching services but are not licensed child placement agencies.***
- ***Adoption Consulting Services- Adoption consultants charge fees to provide adoptive parents with information about the adoption process, marketing assistance, matching with agencies and attorney etc. however, do not match with prospective birth parents.***
- ***CCETN's Adoption services is a licensed child placement program that offers information, assistance with creating a profile, matching with attorneys, matching with prospective birth parents, placement services, and post placement services through the formal resolution of the adoption.***

Adoption Fee Schedule for Domestic Adoption Services



| SERVICES | RANGE OF FEE OR N/A |
|---|----------------------|
| Application Fee: (Due upon application) | \$500 |
| Home Study Fee: (Due prior to start of Home Study) | \$1,500 |
| Matching Fee: (Due upon selection by Birth Parent as a Match) | \$10,000 |
| Placement Fee: (Due upon placement of the child/at birth) | \$15,000 |
| Home Study Post Placement Supervision (Visits are required quarterly until adoption is finalized- typically 2 visits): | \$250 (Per visit) |
| Adoption Court Report (Due 1 month prior to final adoption hearing) | \$250 (one-time fee) |
| Home Study Annual Update/Addendum: (Annually/ or as needed for change in circumstance) | \$750 (Per year) |

| CASE-BY-CASE EXPENSES | |
|--|----------------------|
| Expedited Home-Study Fee (when an infant is already identified and needs HS expedited) | \$500 if applicable |
| Interstate Services | \$500 if applicable |
| Birthparent/infant eligible expenses | Based on actual cost |
| Emergency Documents | Based on actual cost |

I, _____ and _____ have read and reviewed

(Applicant Signature)

(Co-Applicant Signature)

Catholic Charities Adoption Fee Schedule and agree to comply with the fees outlined above for Adoption Services prior to their completion through Catholic Charities of East Tennessee.

Adoptive Parent Signature

Adoptive Parent Signature

CCETN Staff Signature

Date of Agreement

Resources for Adoption Expenses



Catholic Charities of East Tennessee encourages applicants requiring assistance with Adoption Services Fees to consider application for Domestic Adoption grant assistance. Additionally, the Adoption Tax Credit for Adoptive Parents is available post adoption for all families. While Catholic Charities cannot recommend which of these opportunities may be best for your family we are available to answer questions you may have.

This is not a complete listing please consult with friends, family, and your attorney for additional resources.

Grant Opportunities:

Gift of Adoption: <https://giftofadoption.org/apply-for-a-grant/>

National Adoption Foundation: <https://75y.387.myftpupload.com/adoption-grants/>

The Empty Cup: <http://www.theemptycup.org/adoption-resources>

Help us Adopt: <https://www.helpusadopt.org/apply>

Family Formation Charitable Trust: <https://adoptionart.org/charitable-trust/apply-for-a-grant/>

Additional Resources:

Military Subsidies: The military may reimburse active-duty personnel for most one-time adoption costs up to \$2,000 per child.

Adoption Benefits in the Workplace: We encourage you to reach out to your employer to inquire about adoption benefits provided within your company.

Banks: Often local banks offer adoption loans.

Life Insurance Policy: Cash value life insurance policies may allow you to borrow against the policy. Consult with your insurance agent as to whether this is an option for you.

Adoption Tax Credit

The federal government may offer a valuable tax credit for many adoptions including private agency domestic adoptions. For more information visit: <https://www.irs.gov/taxtopics/tc607>

Adoptive Parent Home Study Application Form



| PERSONAL INFORMATION | Applicant #1 | Applicant #2 |
|-----------------------------------|--------------|--------------|
| Full Legal Name | | |
| Date of Birth | | |
| Place of Birth | | |
| Social Security Number | | |
| Eye Color | | |
| Hair Color | | |
| Weight/Height | | |
| Identifiable info (Scars/Tattoos) | | |

| CONTACT INFORMATION | Applicant #1 | Applicant #2 |
|---------------------|--------------|--------------|
| Home Phone | | |
| Cell Phone | | |
| Work Phone | | |
| Personal Email | | |
| Work Email | | |
| Other | | |

| OTHER ADULTS LIVING IN THE HOME | Adult | Adult #2 | Adult #3 | Adult #4 |
|-----------------------------------|-------|----------|----------|----------|
| Full Legal Name | | | | |
| Date of Birth | | | | |
| Relationship to Applicant(s) | | | | |
| Eye Color | | | | |
| Hair Color | | | | |
| Weight/Height | | | | |
| Identifiable info (Scars/Tattoos) | | | | |

| CHILDREN | Child #1 | Child #2 | Child #3 | Child #4 |
|--|----------|----------|----------|----------|
| Full Legal Name | | | | |
| Date of Birth | | | | |
| Biological/Adopted (if adopted include date) | | | | |
| If Adopted List: | | | | |

| | | | | |
|---|--|--|--|--|
| Domestic, International, Foster to Adopt | | | | |
| Eye Color | | | | |
| Hair Color | | | | |
| Weight/Height | | | | |
| Identifiable info (Scars/Tattoos) | | | | |

Copies of any previous home studies will need to be reviewed during the home study process.

If so, please provide the following information:

Name of Agency/Attorney

Address

Status of Application

Finalization date(s)

Have you ever begun a home study but failed to complete it? ☐ Yes ☐ No

If yes give details: _____

Previous Home Studies by (List all that were begun even if not finished):

Agency Date

Agency Date

Have you ever been denied approval to foster or adopt a child or have you ever dropped out of a home study process to avoid being disapproved? ☐ Yes ☐ No

If yes give details: _____

Have you ever had your parental rights terminated for a biological or adopted child?

_____ Yes _____ No

If yes give details: _____

| | |
|--------------------------|--|
| RESIDENCE | |
| Street Address | |
| City | |
| State, Zip Code | |
| Directions to your home: | |

| | | | |
|---|----------------------|---------------------------------|----------------------|
| List all Cities, States, and Foreign Countries you have resided in for the past 5 years the dates you resided at those locations | | | |
| Applicant: Location | Dates Resided | Co-Application: Location | Dates Resided |
| | | | |
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|------------------|---------------------|---------------------|
| EDUCATION | Applicant #1 | Applicant #2 |
| High School | | |
| Graduated?/Year | | |
| College | | |
| Graduated?/Year | | |
| Degree | | |
| Major | | |
| Other | | |

| | | |
|-------------------------|---------------------|---------------------|
| MILITARY SERVICE | Applicant #1 | Applicant #2 |
| Branch | | |
| Dates of Service | | |
| Type of Discharge | | |

| | | |
|-------------------|---------------------|---------------------|
| EMPLOYMENT | Applicant #1 | Applicant #2 |
| Occupation | | |
| Job Title | | |
| Employer | | |
| Address | | |
| Date Hired | | |
| Full/Part-time | | |

| | | | | |
|--|---------------------|---------------------|---------------------|---------------------|
| Community Involvement for Applicant 1: (volunteer, financial, other support) | Organization | Organization | Organization | Organization |
| Role | | | | |
| Monthly Commitment | | | | |
| Date Started | | | | |

| | | | | |
|--|---------------------|---------------------|---------------------|---------------------|
| Community Involvement for Applicant 2: (volunteer, financial, other support) | Organization | Organization | Organization | Organization |
| Role | | | | |
| Monthly Commitment | | | | |
| Date Started | | | | |

Where do you attend church? _____

| | | | | |
|-------------------------|--------------|---------------|-------------|--------------------|
| Current Marriage | State | County | Date | Maiden Name |
| | | | | |

| | | |
|------------------------------|---------------------|---------------------|
| Previous Marriages | Applicant #1 | Applicant #2 |
| Name of Former Spouse | | |
| Date of Marriage | | |
| Date of Divorce/Death | | |
| County/State | | |
| Name of Former Spouse | | |
| Date of Marriage | | |
| Date of Divorce/Death | Page 4 of 7 | |
| County/State | | |

Any additional information related to previous marriages, please attach additional pages.

Briefly Tell Us Why You Wish to Adopt (Include any factors such as infertility).

Would you accept an emergency placement of a child relinquished after birth? ☐ Yes ☐ No

Criminal and Health
Record/History

Have either of you ever been arrested, charged with or convicted of a crime? ☐ Yes ☐ No
If yes, please explain: _____

Have you ever been a victim of child abuse, sex abuse, emotional abuse, and/or domestic violence?

Applicant 1: ☐ Yes ☐ No
Applicant 2: ☐ Yes ☐ No

If yes, please explain: _____

Have either of you ever been diagnosed with a psychological disorder (or adjustment disorder)?

Applicant 1: ☐ Yes ☐ No
Applicant 2: ☐ Yes ☐ No

If yes, please explain: _____

Are you currently on medication or attending therapy for the above disorder or have you ever been on medication for this or any other mental health condition in the past?

☐ Yes ☐ No

Name and purpose of any medication(s) taken:

| | Parent 1 Family Member | Parent 2 Family Member | Other Reference | Other Reference | Other Reference |
|-----------------|------------------------------|------------------------------|--------------------|--------------------|--------------------|
| References | | | | | |
| | | | | | |
| Full Legal Name | | | | | |
| Relationship | | | | | |
| Phone | | | | | |
| Email | | | | | |
| Years Known | | | | | |

We/I hereby certify by signing below that the information included in this application is true and accurate to the best of our/my knowledge, and that our information is subject to verification. We/I understand that failure to provide true, complete, and accurate information may result in an unfavorable home study assessment. We/I understand that it is my/our responsibility to inform Catholic Charities of East Tennessee of any events that may require an update to the home study assessment, including but not limited to criminal charges, changes in marital status, residence changes, income changes, other persons residing in the home, etc.

By signing this document, I/We would like to apply for pre-adoptive services with Catholic Charities of East Tennessee. I/We give permission for Catholic Charities to contact our references. I/We also acknowledge that I/we understand that all fees are payable at the time set forth in our contract and that payment of fees is to be made by check, credit, or money order.

My signature on this document confirms my understanding that while Catholic Charities of East Tennessee will make every effort to assist me with adoption, Catholic Charities of East Tennessee cannot guarantee matching and placement.

SIGNATURE APPLICANT #1_____

DATE _____

SIGNATURE APPLICANT #2_____

DATE _____