



Application

Name(s): _____

Address: _____

City/State/Zip: _____

County: _____ Own or Rent? _____

How long at current address? _____ How long a Florida resident? _____

***If you or anyone in your home has **NOT** been a Florida resident for 5 years, please attach a list of each address, city and state you/they have lived in for the past 5 years. Please provide the approximate dates (month/year) of residence at each address.

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Applicant 1

Applicant 2

	Applicant 1	Applicant 2
First Name/Middle Name		
Last Name		
Date of Birth		
Place of Birth City, State		
Nationality/Heritage		
US Citizen? Yes or No		
Social Security Number		
Drivers License Number		
Email Address		
Currently on Disability?		
Employer		
Occupation		
Adoption or Biological Children		

Present Marriage	Date	City	State	County
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Applicant 1

Previous Marriage	Date	City	State	County
Terminated	Date	City	State	County

Applicant 2

Previous Marriage	Date	City	State	County
Terminated	Date	City	State	County

Minor or Adult Children in or out of the home

Name	DOB	Male/Female	Adopted or Biological

Others in the home

Name	DOB	Male/Female	Relationship

How did you find Connecting Hearts? _____

I/We have completed this client information sheet accurately to the best of my/our knowledge. I/We agree to inform Connecting Hearts Adoption Services of any changes that occur with any of this information during the home study process. I/We understand that failure to disclose information may delay or terminate the home study process.

Applicant

Date

Applicant

Date

Please mail this application along with the fee schedule, child abuse and neglect history search, sex offender registry search information, home study agreement and acknowledgement of firearm safety and your \$100 application fee to:

Connecting Hearts Adoption Services
9373 Wickham Way
Orlando, Florida 32836



Fee Schedule

Application Fee	\$100 – due prior to home visit
Home Study Report	\$1,000 – due at home visit
Expedited Home Study (5-10 days)	\$400 in addition to the home study fee due at home visit
Home Study Update (No application fee required provided Connecting Hearts completed your initial home study)	\$500 – due at home visit
Post Placement Supervision	\$250 per visit (domestic)

****Cash, Personal Checks and Money Orders are accepted.***

Applicant

Date

Applicant

Date

***There is a travel fee for clients living outside of Orange, Osceola, Seminole, Polk, Lake, Hillsborough, Broward or Miami-Dade counties. Mileage will be reimbursed at the home study visit/post placement visits according to the mileage rate indicated by IRS guidelines in place at time of visit. This fee will be paid in addition to any other service fee.



Child Abuse and Neglect History Search

Your home study requires a current search of Florida's Central Abuse Hotline. Please complete the top portion of page 1 and page 2.

Complete the form and mail this with your application and we will process this form for you. Our address is:

**Connecting Hearts Adoption Services
9373 Wickham Way
Orlando, Florida 32836**

Should there be any reported hotline history it will be necessary for you to obtain any and all reports as well as provide a written explanation as to the circumstance involving the Department of Children and Families.

Please sign below confirming you understand this is a requirement for the home study process.

Applicant's Signature

Date

Applicant's Signature

Date



Central Abuse Hotline Record Search

Mail to: Department of Children & Families, Abuse Hotline, Attn: Headquarters Background Screening Coordinator, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700; OR, **fax to** 850-488-1319

I/we, _____ and _____
(please print – first, middle, last name) *(please print – spouse first, middle, last name, if applicable)*

as an applicant for adoption, an applicant for licensing/registration, or a DCF employee, authorize a search for reports of abuse, neglect or abandonment investigated pursuant to Chapter 39, Florida Statutes in which my name appears and there were “verified indicators” of maltreatment of a child(ren). I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of developmentally disabled persons and children, including family child care homes and facilities, or for DCF employment. This consent is valid solely for the requesting agency/facility listed below on this form.

Applicant Signature: _____ Date: _____ Phone: _____

Spouse Signature: _____ Date: _____ Phone: _____

NOTE: This form must be submitted by one of the agencies identified at the bottom of this page. The applicant/spouse may NOT SUBMIT THIS FORM DIRECTLY to the Department of Children & Families.

Applicant: SSN: _____ DOB: _____ Race: _____ Sex: _____						
Spouse: SSN: _____ DOB: _____ Race: _____ Sex: _____ Prior Name(s): _____						
Current Address:	Address	City	County	State	Zip	Dates at Address

Previous Address:	Address	City	County	State	Zip	Dates at Address

Previous Address:	Address	City	County	State	Zip	Dates at Address

Reason for Record Search: Adoption Applicant (Chapter 63) DCF Employee (Chapter 39)
 Licensing/Registration Applicant (Chapters 39, 415, 402 or 409)

(NOTE: Searches of the Central Abuse Hotline may **not** be used for any employee except those working for DCF.)

Family child care, foster/shelter/group home or adoption applicants must list all child and adult household members on page two of this form. **Do not include any foster care children.**

TO BE COMPLETED BY REQUESTING AGENCY

Child Care Center Family Child Care Home Foster/Shelter/Small Group Home Adoption
 Child-Caring Agency Child-Placing Agency DD Foster/Small Group Home

OCA and/or Facility ID: _____

Facility/Agency Name: _____ Phone: _____

Address: _____
Mailing Address City Zip Code

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

Printed Name and Signature of Requesting Facility/Agency Representative Date

APPLICANTS FOR FAMILY CHILD CARE, FOSTER/GROUP HOME OR ADOPTIONS – PLEASE ENTER INFORMATION FOR ALL CHILD AND ADULT HOUSEHOLD MEMBERS **EXCEPT FOSTER CHILDREN.**

Last Name	First Name	Middle Initial	DOB	Race	Sex	SSN
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

RESULTS (Department or Agency Conducting Search Use *Only*)

- No records found with verified findings where the applicant was the caretaker responsible in the final role or, for licensing, in any role in three reports within a five year period.
- Records found for review are listed below:

Report Number	Report Date	County
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Search: _____

Employee Conducting Search: _____ Phone: _____

Signature



Sex Offender Registry Search

I hereby authorize Connecting Hearts Adoption Services at 9373 Wickham Way, Orlando, Florida 32836 to check Florida's Sexual Offenders Registry so the results can be incorporated into my adoption home study document.

Applicant's Name:

Last **First** **Middle**

Applicant's Name:

Last **First** **Middle**

Address:

Street **Apt. No.**

City **County** **State** **Zip Code**

Applicant's Signature **Date**

Applicant's Signature **Date**

Others in the home over 12 years of age:

Last **First** **Middle**

Signature **Date**

Home Study Agreement

This Home Study Contract is made and entered in to this ____ day of _____, 20____ by and between Connecting Hearts Adoption Services having its main office at 9373 Wickham Way, Orlando, Florida 32836 and the prospective adoptive family, _____.

Connecting Hearts Adoption Services shall conduct a home study investigation of the prospective adoptive family in order to determine the prospective adoptive family's suitability for adoption of a child (or children) under applicable standards as governed by the laws and regulations of the State of Florida. The home study shall be conducted in accordance with all applicable requirements and guidelines of the State of Florida. All services provided by Connecting Hearts Adoption Services are provided to prospective parents regardless of race, age, sex, marital status, physical disability, gender identity or sexual orientation. The prospective adoptive family will pay Connecting Hearts Adoption Services for its time in conducting and compiling the home study report and for the responsibility assumed by Connecting Hearts Adoption Services in approving or disapproving the prospective adoptive family for adoption (i.e. the home study fee).

1. Prospective adoptive families who seek a home study report will pay an application fee of \$100 plus a domestic home study report fee of \$1,000 for the report, for a total of \$1,100. These fees are non-refundable. An expedited home study requires an additional \$400 fee.
 - The first payment of \$100 will due upon submission of an application to Connecting Hearts Adoption Services.
 - At the Home Study Visit, the remaining home study fee will be required to be paid in full by either cash or check. Please make check payable to "Connecting Hearts Adoption."
 - There is a travel fee for the prospective adoptive family living outside of Orange, Osceola, Seminole, Polk, Lake, Hillsborough, Broward or Miami-Dade counties. Mileage will be reimbursed at each visit to the prospective adoptive family's home according to the mileage rate indicated by IRS guidelines in place at time of visit. This fee will be paid in addition to any other service fee. This fee will be paid directly to the social worker visiting the prospective adoptive family's home.
2. The prospective adoptive family will receive one (1) original copy of their home study report plus one (1) electronic copy of their report in PDF format. The report will have the Connecting Hearts Adoption Services agency license attached. The prospective adoptive family understands that Connecting Hearts Adoption Services will only provide a copy of the home study to the prospective adoptive family once the written report is completed. Connecting Hearts Adoption will not provide the study to anyone else without a written request from the prospective adoptive family. All information provided to the agency regarding each family is confidential and will only be shared with the prospective adoptive family, unless otherwise requested.
3. Once the report is finalized, any future additional original copies of their home study report required by the prospective adoptive family (provided they are not amendments or updates) will be issued by Connecting Hearts Adoption Services at \$15 per report.
4. Follow-up visits (post placement) to the prospective adoptive parent's home will occur in accordance with the guidelines of the State(s) involved in the child's placement.
5. Post placement visits shall cost \$250 per visit for a domestic adoption. The mileage fee is in addition to the post placement fee per visit to the prospective adoptive family's home.
6. Any changes or amendments to the home study report requested after the prospective adoptive family is in receipt of their final home study report will be provided at a cost of \$250. This fee is non-refundable.
7. Any subsequent home study updates (required if the initial report nears twelve months old AND prospective adoptive family wants to maintain their eligibility to adopt) conducted for the prospective adoptive family will be provided at a fee of \$500.
8. The prospective adoptive family is responsible for the fee per person for the required FDLE and FBI background checks for all occupants in the household over the age of 12. This fee is payable directly to the LiveScan provider. This fee is non-refundable. The prospective adoptive family is also responsible for any fee required for the local background check completed at either their local Sheriff's Department or Police Department. The local background check and report is required for all occupants in the household over the age of 12. This fee is non-refundable. The prospective adoptive family is also responsible for any fee required for training hours. This fee is non-refundable.
9. Connecting Hearts Adoption Services will provide the prospective adoptive family with verification of fingerprint results once they have been processed by the Florida Department of Law Enforcement. This information is confidential.
10. The prospective adoptive family is responsible for paying for their employment verification (if there is a fee) or reimbursing Connecting Hearts Adoption should the agency be required to pay for any employment verification.

***The completed home study will be returned to the prospective adoptive family ONLY after the meeting with the Social Worker has been completed and ALL home study documents have been received. The completed home study will be returned to the prospective adoptive family in a timely fashion (usually two-four weeks) after approval. If the prospective adoptive family is in need of the home study prior to a two business week period, a fee of \$400 will be charged to the prospective adoptive family. These monies must be received by Connecting Hearts Adoption Services prior to release of the completed home study.**

The determination regarding approval or disapproval of the prospective adoptive family is within the sole discretion of Connecting Hearts Adoption Services. The prospective adoptive family acknowledges that Connecting Hearts Adoption Services makes no guarantee that the prospective adoptive family's home study will be approved or that an approved home study will result in a child being placed with the prospective adoptive family.

The prospective adoptive family shall indemnify, defend and hold harmless Connecting Hearts Adoption Services from and against any and all claims, liabilities, damages, costs, expenses, actions, or causes or actions arising from or related to Connecting Hearts Adoption Service conduct unless such claims, liabilities, damages costs, expenses, actions or causes of action solely arise from or relate to Connecting Hearts Adoption Services' gross negligence or intentional misconduct, or (b) the approval or disapproval of the prospective adoptive family for adoption of a child or children.

The prospective adoptive family understands that in the course of the adoption process certain documents considered to be confidential may need to be made available to persons for specific purposes related to the adoption process. The prospective adoptive family authorizes Connecting Hearts Adoption Services to release such information as is deemed necessary.

The prospective adoptive family further acknowledges that under the laws of the State of Florida, the home study will be valid for a period of one (1) year from the date upon which it is completed and signed by Connecting Hearts Adoption Services. As well, the prospective adoptive family understands that they must comply with all applicable adoption regulations established by the State of Florida. The applicant(s) and Connecting Hearts Adoption Services understand that because each party has entered into this agreement voluntarily, either party may terminate this agreement by giving written notice to the other party. Any fees paid to Connecting Hearts Adoption Services at that point would be non-refundable.

Any dispute, controversy or claim between the parties hereto arising out of or relating to this Contract, or the breach of any term or condition herein, which cannot be settled by negotiation, shall be settled by arbitration. Said arbitration is to be administered by a single arbitrator of the American Arbitration Association, under its Commercial Arbitration Rules. The judgment of the arbitrator may be entered in any court having jurisdiction thereof. The place of such arbitration shall be with Orange County, State of Florida. Furthermore, the arbitrator shall award the prevailing party the costs of arbitration, including but not limited to reasonable attorney fees.

The withholding of information or the providing of incorrect information which is material to Connecting Hearts Adoption Services legal responsibility to investigate an applicant's feasibility as a prospective adoptive parent in connection with either existing or prospective adoption proceedings or in anticipation of the placement of a child with the applicant for adoption, are grounds for the immediate termination of this contract by Connecting Hearts Adoption Services and forfeiture of all payments made by the applicant to Connecting Hearts Adoption Services. Examples of material omissions or misrepresentations of applicants which may prompt Connecting Hearts Adoption Services to terminate the contract are as follows: the withholding of information or providing of incorrect information relating to an arrest or the alleged commission of a misdemeanor or felony, or any criminal record arising out of an arrest; the withholding of information or the providing of incorrect information concerning the applicant's biographical, social-economic or medical histories.

The Home Study Contract shall be governed by and construed in accordance with the laws of the State of Florida.

By signing below, the prospective adoptive family acknowledges the information above. IN WITNESS WHEREOF, the parties hereto have executed this Home Study Contract as of the date first written below.

Applicant Signature

Date

Applicant Signature

Date



Acknowledgement of Firearms Safety Requirements

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

A person who stores or leaves, on a premise under his or her control, a loaded firearm, as defined in s.790.001, 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.

I/We _____ and _____

Acknowledge that I/we have read and understand this document.

Date

Applicant Signature

Applicant Signature



VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) **CONNECTING HEARTS ADOPTION SERVICES** to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I ___ have *OR* ___ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

—

—

I ___ do *OR* ___ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:
Entity Name: **CONNECTING HEARTS ADOPTION SERVICES**
Address: **9373 WICKHAM WAY, ORLANDO, FL 32836**
Telephone: **407-733-8642** Fax: **407-358-5016**
FDLE Assigned Qualified Entity Number: **V48030073**

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY



VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) **CONNECTING HEARTS ADOPTION SERVICES** to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

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—

—

I ___ do **OR** ___ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:
Entity Name: **CONNECTING HEARTS ADOPTION SERVICES**
Address: **9373 WICKHAM WAY, ORLANDO, FL 32836**
Telephone: **407-733-8642** Fax: **407-358-5016**
FDLE Assigned Qualified Entity Number: **V48030073**

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY



TRAINING REQUIREMENT

As of April 2017, the State of Florida requires **21 hours** of training for prospective adoptive parents. This training is required in order for a home study to be approved and finalized. We are providing you with multiple training options. Please select courses that are relevant to you and your family. Your home study will provide you with 3 hours of the required training, leaving you with **18 hours** to complete outside of your home study.

After completing each course, you will receive a Certificate of Completion. This certificate will note the "hours earned." It will be your responsibility to provide us with copies of these certificates. Any training completed will require a Certificate of Completion or a letter stating training received and hours earned. This will be noted in your home study document.

I/We _____, understand the required mandate of 21 hours of adoption education in order for any home study to be completed. I understand that this is an additional cost and that I/we are responsible for these fees. Additionally, I understand that completion of the 21 hours of training does not guarantee an approved home study. I/We will provide Connecting Hearts Adoption with all Certificates of Completion for courses taken. I/We understand these hours are required in order to have a study finalized in the State of Florida.

I understand the following:

- a. A completed and approved home study will Connecting Hearts Adoption will provide me/us with 3 hours of adoptive parent training.
- b. The elearning with My Adoption Advisor will provide me/us with 10 hours of adoptive parent training. If working with an adoption consultant, he/she can provide the 10 hours of required training.
- c. Water Safety will provide me with 1 hour of adoptive parent training.
- d. I will select 7 hours of training options provided in order to meet the required 21 hours.

Applicant Name -Printed

Applicant Name – Printed

Applicant Name –Signed

Date

Applicant Name –Signed

Date



TRAINING

As April 2017, the State of Florida requires **21 hours** of training for prospective adoptive parents.

If you are working with an adoption consultant, please speak with him or her regarding the required adoption education before completing training opportunity 1.

TRAINING OPPORTUNITY 1

The following eLearning courses will provide you with **10 hours** of training. The course titles are:

The Current Generation of Expectant Parents
The WHAT and HOW of Adoption Profiles
Adoption Advertising & Networking
Tips for Talking with Expectant Parents
Identify Red Flags and Avoid Adoption Scams

1. Please go online to <http://www.myadoptionadvisor.com/connectinghearts>
2. Press Add To Cart
3. Press View Cart
4. Apply the *hearts15* coupon code – this will bring the cost to \$300
5. Complete the checkout process with a credit card

My Adoption Advisor will send you an email with instructions for accessing the courses within a day of your purchase. You will automatically gain access to your completion certificate after downloading the materials and completing all 5 courses. *You may continue to access the courses for 6 months.*

IMPORTANT

******if you are taking these courses as a couple, before you complete them please click Account after logging in to change your first name and last name to include both names (e.g., first name is "Jim & Jill" and last name is "Smith").***

Once registered, should you have any questions,
please contact Hal Kaufman with My Adoption Advisor
612-801-6896 or Hal@myadoptionadvisor.com

TRAINING OPPORTUNITY 2

Water Safety is now a required course to be taken by all Florida families, regardless if you have a pool. The course approved for Florida adoptive families qualifies for 1 hour of training. This course is free. It can be found online: <http://centervideo.forest.usf.edu/gpi/poolsafety/poolsafety.html>

Please make sure to complete the test at the end for a foster parent and print the Certificate of Completion.

TRAINING OPPORTUNITY 3

In order to complete the remaining hours, you have a few choices. You may go online to either Creating a Family or Adoption Learning Partners and choose from their online courses. CPR/First Aide (via the American Red Cross or American Heart Association) will also qualify as pertinent training hours.

You can find classes offered near you by going online to the American Red Cross or American Hearts Association

<http://www.redcross.org/ux/take-a-class> **OR**
http://cpr.heart.org/AHA/ECC/CPRAndECC/FindACourse/UCM_473162_Find-A-Course.jsp



<p>Should you choose Adoption Learning Partners, below are some suggested courses:</p> <p>http://www.adoptionlearningpartners.org/</p> <p>**Four Things Adoptive Parents Need to Know about Child Development (this is a webinar and required) The Journey of Attachment Open Adoption 101 10 Things Adopted Kids Wish their Parents Knew Can We Talk? When Kids Start Asking About Adoption Is That My Birthmom on Facebook? School's in Session: 4 Keys to Help Your Child Thrive at School Talking Tough Adoption Talks</p> <p>**Required</p>	<p>Should you choose Creating a Family, below are some suggested courses:</p> <p>https://creatingafamily.org/product-category/online-adoption-education/?fwp_h_category=domestic-adoption</p> <p>**Talking About Adoption at Different Ages and Developmental Stages Legal & Medical Risks in Domestic Infant Adoption Domestic Adoption: Survival Kit for the First Months Home Package Essential Conversations Adoptive Parents and Birth Parents MUST Have for a Successful Open Adoption How Children Process Adoption at Different Ages Becoming a Multicultural or Transracial Family</p> <p>**Required</p>
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***Lastly, should you attend any conference, training or educational opportunity that has to do with adoption, child development, newborn care, child safety or parenting, please provide us with any Certificate of Completion or letter you may have received (with the hours earned) so we can apply the credits earned towards the 21 hours required.