

ADOPTION RESOURCE FORM
American Pregnancy Association

1-800-672-2296 • www.americanpregnancy.org

1425 Greenway Drive, Suite 440 • Irving, TX 75038 • (972) 550-0140 • (972) 550-0800 Fax

*Please fill out this form **completely**. Please do not return this form with only your brochures attached. If your agency operates in more than one city, copy this form and fill out separate sheets for each office. If your agency offers any additional services, please call the Helpline and request the appropriate form.

Official name of Organization/Program _____ () _____
Client Number

Physical Address _____ () _____
Toll Free Number

City _____ State _____ Zip _____ County _____ () _____
Business Number

Mailing Address _____ City _____ Mailing Zip _____ () _____
Fax Number

Hours: SU _____ M _____ T _____ W _____ TH _____
F _____ SA _____ Other times By Appointment _____
Email _____

Name of Agency Director/Attorney _____ Website _____

Brief Location Information/Cross Streets _____ States Licensed in: _____

DESCRIPTION OF SERVICES

(Check all services offered at your center. Please indicate if the below services involve a fee.)

AGENCY DESCRIPTION (PLEASE CHECK ALL THAT APPLY)

- Private adoption attorney
- State-funded adoption agency
- Christian Agency
- Private adoption agency
- Adoption facilitator
- Non-profit agency

ADOPTION/LEGAL ARRANGEMENTS AVAILABLE

- Open adoption
- Semi-Open adoption
- Closed adoption
- Gay/Lesbian Placements
- Interstate adoption
- International adoption
- Interethnic adoption
- Single Person Placements

FEES FOR ADOPTIVE FAMILIES

- Range for Domestic _____ - _____
- Range for International _____ - _____
- Range for Placement: Fees _____ - _____
- Range for Finalization Fees _____ - _____
- Expected Total: \$ _____
- Offer Sliding Scale
- Set Fees
- Billed Hourly
- Are these fees all inclusive Y N If not, please explain what this fee covers _____

What services and fees should adoptive families expect outside of your services: _____

COVERED BIRTHMOTHER EXPENSES

- Legal service
- Prenatal care and delivery
- Off-site housing
- On-site housing
- Miscellaneous living expenses
- Other: _____

SERVICES OFFERED

To Birthparents: Abortion Referrals In-house counseling Outside counseling referrals
 Post-adopt support 24 hour Hotline Transportation (to/from agency)

To Adoptive Parents: Training and education Home study Adoption support group Post-adoption support

ANY HOUSING/ADOPTION/MEDICAL REFERRALS YOU WOULD RECOMMEND?

Organization: _____ Phone: _____

Organization: _____ Phone: _____

Organization: _____ Phone: _____

Rvs'd 04/03