

ADOPTION FORMS FOR WEBSITE

GENERERAL FORMS FOR MD

FEE SCHEDULE

APPLICANTS PERMISSION TO RELEASE HOME STUDY

BLOOD SEROLOGY AND PPD REQUIRED AT MEDICAL

MEDICAL- FULL ADULT

MEDICAL- FULL CHILD

EMPLOYMENT VERIFICATION AND RELEASE

TEACHER QUESTIONNAIRE AND RELEASE

CONFIDENTIALITY STATEMENT

INTERSTATE COMPACT ACKNOWLEDGEMENT

RELEASE OF CRIMINAL HISTORY RECORD

DISCLOSURE FORM

RELEASE OF INFORMATION (Can be found at <https://www.jssa.org/form/>)

POSSESSION/OWNERSHIP OF FIREARMS

CORPORAL PUNISHMENT STATEMENT

GUARDIANSHIP STATEMENT

RABIES INOCULATION STATEMENT

HIPPA FORM/ EMAIL FORM

STATEMENT REGARDING RESIDENCY IN THE STATE OF MARYLAND

AUTHORIZATION FOR FOREIGN ADOPTION RELEASE/OBTAIN INFORMATION

JEWISH SOCIAL SERVICE AGENCY

ADOPTION OPTIONS

REMINDER:

BLOOD SEROLOGY AND PPD REQUIRED

ALONG WITH THE MEDICAL EXAM

A medical exam is one of the requirements for an adoption home study. When you go to your doctor for the medical, please be sure to have the doctor order a blood serology, which will show results for Sexually Transmitted Diseases such as HIV/AIDS.

A PPD (TB) test is also required.

Please have your doctor provide you with the results of both tests and please provide copies to Adoption Options. Results from both tests are required to be in your file.

If you should have any questions, please call me at 301-816-2697.

Administrative Assistant

BLOOD WORK

CONFIDENTIALITY STATEMENT

PROSPECTIVE ADOPTIVE PARENTS

_____ believes that the information about your future child ultimately belongs to the child. This is especially the case until/if you decided to become the adoptive parents of this child. The referral information about the child that is available to this agency and your placing agency is given to you, the prospective parents, but it is important to remember that this information should be kept private and regarded as confidential in particular information about the child, his or her family, and the circumstances that resulted in the child being available for adoption. Specifically, we ask that you do not post this referral information, names, dates of birth or photographs on any websites, forums or blogs, that you not mass email it to friends, and that you use discretion when sharing this information with friends and relatives until you have reached a decision. Remember, if you decline this referral, the information will be passed to another family who may accept that child and be unaware that other people have access to that information.

ADOPTIVE PARENTS

As adoptive parents, you are the custodians of your child’s history. Your child has the right to hear his story from you, when you decide the time is right. It is up to you to protect and guard this information until such a time as your child is able to absorb it, understand it and decide what to do with it. At some point, your child may choose to share details of his/her birth family, his/her background and the circumstances surrounding his/her adoption plan. That information is for him/her to share. Until that time, we ask that you protect and honor this information. People are very curious about adoption and all of the details surrounding the transfer of a child from one a birth family to an adoptive family. People may ask you questions about the child’s birth/adoptive circumstances. We strongly urge you to resist the temptation to share all that you simply to satisfy someone’s curiosity. It is fine to say, “That is our child’s information to share someday, not mine.” Think carefully before sharing details with those who have no real need to know. Simple comments you make about your child’s health, background, history or current situation may become issues for your child in the future.

I consider my child’s pre-adoption story as belonging to him/her and will be respectful about the details that I share in public.

Signature of Adoptive Parent

Date

Signature of Adoptive Parent

CORPORAL PUNISHMENT STATEMENT AND ACCEPTABLE AND AGE APPROPRIATE FORMS OF DISCIPLINE

The following information is provided to prospective adoptive parents and or adults in the home to help them develop an understanding of appropriate expectations and methods of disciplining children at various developmental stages. Children develop and reach their physical and emotional potential when raised in an atmosphere of love that promotes a sense of security and respect. Selecting parenting and discipline techniques that promote a child's positive sense of self-esteem and encourages a sense of responsibility and independence are two of the most important tasks of parenting. Being conscious of your child's chronological and emotional age when considering various techniques is crucial when attempting to eliminate negative and encourages positive behavior. Techniques such as positive reinforcement, time-out; earning privileges; physical removal from a potentially harmful situation; redirection; denial of privileges; and verbal communication can all be effective means of modifying behavior when used at an age appropriate level.

Children Under the Age of 18 Months

Children in this age range can not comprehend the meaning of cause and effect, therefore, the most effective way of modifying behavior is by removing them from a potentially dangerous situation while saying "No" in a firm but even tone or, redirecting their attention. EXAMPLE: A child who is interested in an electrical socket can not understand or comprehend that they could get an electrical shock, but by consistently removing them from the proximity of the electrical outlet while saying no, will convey the message and expectation over time...consistency is the most important factor in helping your child learn what the word "NO" means.

Children 18 Months to 36 Months

The same methods of discipline as described above can be effective, but this age group is also beginning to develop an elementary understanding of cause/ effect and consequences. Ex. A child who throws a toy after being told not to throw one can understand why the toy is being taken away. The verbal explanation that toys should not be thrown and that when they are the child may not have them to play with, should be made in a calm and even voice while the toy is being removed. Time has no meaning to a child of this age. Therefore, to withhold a toy for a brief period of time and then to return it with again repeating that toys are not thrown is the most effective method of trying to curb negative behavior.

It is important not to return the toy if the child is throwing a temper tantrum or crying as that would only send the message that their negative behavior will control when the toy is returned and this can become an unconscious learned response...."I can get what I want if I throw a temper tantrum or cry uncontrollably.

Children 24-36 Months and Up

Time-out can be used with children ages two years old and up. The length of the “time-out” should be one minute for each year; Ex a child of age two would sit in time-out for two minutes. Once the two minute mark is reached, the child is permitted to resume play after telling the parent why they were in the time-out and apologizing for the behavior. Some child may not fully understand why they are in time-out and the parent needs to be specific as to what behavior caused them to be placed in time-out. A timer is sometimes helpful with anxious children who need the reassurance of knowing when the time will be up. Parents should try to refrain from talking with the children while they are in time-out and children should sit in an area where they can be observed and not reach for toys.

Some children can not tolerate time-out and other means of discipline may be required. Removing a child from a situation may be successful or placing a restriction on a desired object or activity. For some young children, using a playpen can be a successful way of containing behavior when the child refuses to stay seated in time-out. When the child comes out of time-out, verbally communicating that you love them, but that the specific behavior was not acceptable is important in helping your child understand that it is their behavior and not them that was unacceptable.

Children 36 Months and Up

It is better to allow a child to earn privileges such as TV or Computer time rather than allow them to assume that they are entitled to these privileges. A child who learns to earn privileges is learning a valuable life lesson that says hard work has rewards and it allows a parent to reward positive behavior rather than taking away privileges. Earning privileges also helps to build a child’s positive sense of self-esteem.

Throughout the years, teaching a child to earn what they want whether it is good grades or extra play time builds on a positive relationship between parent and child rather than one which punishes for failing to meet expectations. The notion of earning rewards is a method that can be carried through the teenage years.

CORPORAL PUNISHMENT

Children develop and mature best in an atmosphere of love and mutual respect. Parents fulfill their roles of nurturer and teacher best through methods that increase the child's self-esteem, sense of responsibility and independence. These methods vary with the child's age and maturity but may include open communication of values and expectation, positive reinforcement, time-out, and restriction of privileges. In compliance with federal and state guidelines, the use of corporal punishment is neither an acceptable nor a useful tool for teaching or correcting a child of any age. There is significant potential for physical or emotional harm to a child through this practice. Therefore, use of corporal punishment is strictly prohibited by adoptive parents. It is also prohibited for a parent to give permission for others to use corporal punishment. I understand that "corporal punishment" means the inflicting of pain or discomfort. Prohibited actions include but are not limited to hitting with any part of the body or with an implement, pinching, pulling, shaking, binding a child, forcing him to assume an uncomfortable position, or locking him in a room or closet.

SHAKEN BABY SYNDROME:

During the home study process and prior to approving any family for placement of a child, the child-placing agency shall inform the prospective foster or adoptive parents with information about SHAKEN BABY SYNDROME, its effects, and those resources for help and support for caretakers may be found on the Virginia Department of Social Services public website at:

<http://www.dss.virginia.gov/family/cps/shakenbaby.cgi>

I have read this policy statement and promise to abide by these guidelines to the best of my ability for any child placed with me. I agree to use a positive behavior plan and positive disciplinary techniques to meet the needs of my child. When disciplining my child, I agree to use positive reinforcement and positive attachment behavioral techniques to encourage positive and pro-social behavior in my child. Such techniques can include the use of time-out, positive reinforcement, appropriate modeling, setting limits, encouragement and having children earn privileges. All techniques will be used on an age appropriate level.

_____ DATE: _____
APPLICANT/Adult in the home

_____ DATE: _____
APPLICANT/Adult in the Home

PLEASE PRINT NAME(S): _____

**JEWISH SOCIAL SERVICE AGENCY
ADOPTION OPTIONS**

DUTY TO DISCLOSE INFORMATION

The home study is an education and assessment process that requires full disclosure on the part of applicants and also adult members of the household. This obligates applicants and adult members of the household to:

- ✓ Give true and complete information to the home study preparer.
- ✓ Disclose any arrest, conviction, or other adverse criminal history in the United States or abroad, even if the record has been expunged, sealed, pardoned, or the subject of any other amelioration.
- ✓ Disclose other relevant information, such as physical, mental or emotional health issues.

For adoption from Hague Convention countries, this duty of candor is an ongoing duty and continues while the Form I-800A is pending, after the Form I-800A is approved and while any subsequent Form I-800 is pending and until there is a final decision admitting the Convention adoptee to the United States with a visa. Both the home study preparer and the USCIS must be notified by the applicant or adult member of the household of any new event or information that might warrant submission of an amended or updated home study.

By my signature, the undersigned attests that he/she will provide full disclosure during the home study process and after, until a Final Order of Adoption is entered or, in the case of Hague Convention adoptions, the adoptee is admitted to the United States with a visa.

Applicant or Adult Member of Household

Witness (Social Worker or Counselor)

Date: _____

NOTE: Problems disclosed will not necessarily preclude approval of Home Study.

**EMPLOYMENT VERIFICATION LETTER
FROM YOUR EMPLOYER**

REQUIREMENT FOR ADOPTION HOME STUDIES:

One of the requirements for a home study is an employment verification letter from the applicant's employer.

- **Please complete the enclosed Authorization to Release Employment Information form and take it with the enclosed letter to the person at your place of work who can complete this request.**
- **Please be sure to include your name on the RE: line of the letter.**
- **The completed employment reference letter should be sent to:**

**Stacey Seager
Administrative Assistant
Adoption Options – JSSA
200 Wood Hill Road
Rockville, MD. 20850**

A copy can be faxed to me at 301-610-8402; however, the original letter must be mailed to the above address, as the original must be maintained in your record.

If you have any questions about this procedure, please call me at 301-816-2697.

**Thank you
Stacey Seager, Administrative Assistant**

**JEWISH SOCIAL SERVICE AGENCY
ADOPTION OPTIONS
200 Wood Hill Road
Rockville, MD 20850**

RE: _____

To Whom It May Concern:

The above-named individual has applied to the Jewish Social Service Agency/Adoption Options for the purposes of completing an adoption home study. It is Agency policy to contact the employer for a reference. As many adoptions require a copy of the employment verification letter to be sent on to the placement source, we ask that the letter conform to the following standards:

- 1. Employment verification must be on company letterhead.**
- 2. Letter must state the position the applicant holds, salary, length of employment and prospects for continued employment.**
- 3. Signature of company representative must reflect the job title.**
- 4. This verification letter must be mailed to:**

**Stacey Seager, Adoption Options
200 Wood Hill Road, Rockville, MD20850.**

If you would like to share any additional information in your letter, please feel free to do so. If you have any questions, please call Stacey Seager at (301) 816-2697. Fax (301) 610-8402

Sincerely,

The Staff of Adoption Options

AUTHORIZATION TO RELEASE

EMPLOYMENT INFORMATION

TO THE JEWISH SOCIAL SERVICE AGENCY, T/A

**ADOPTION OPTIONS
Mary Catherine Larkin
Executive Director
200 Wood Hill Road
Rockville, MD 20850**

To Whom It May Concern:

I, _____ hereby give my authorization to:

**My Employer, _____,
(Company Name)**

Individual's Name: _____,

Business Address: _____,

Phone: _____

**to release to The Jewish Social Service Agency, T/A Adoption Options,
information about my employment from my personnel records.**

Signature: _____ Date: _____

**ADOPTION OPTIONS, A NONSECTARIAN PROGRAM OF
THE JEWISH SOCIAL SERVICE AGENCY
LICENSED IN MARYLAND AND VIRGINIA
FEE SCHEDULE**

Mary Catherine Larkin
3018 Javier Road, 2nd floor
Fairfax, Virginia 22031
703-204-9592

Mary Catherine Larkin
200 Wood Hill Road
Rockville, MD 20850
Stacey Seager - 301-816-2697

PHILOSOPHY:

Adoption Options seeks to provide sensitive and knowledgeable assistance to all members of the adoption triad. The home study process is the first step in helping applicants to meet their goal of building their families through adoption. Our home studies offer an educational component while assisting applicants to explore their motivation and understanding of adoption related issues. Adoption Options provides counseling to birthparents seeking to design a well thought-out, permanent plan for themselves and their child. The program also offers ongoing counseling and support throughout the life cycle to birth parents, adoptees and adoptive parents to help facilitate a positive adjustment and adoptive experience.

HOME STUDY FORMAT:

Home studies are offered for international, domestic, private and parental placement adoption. The home study consists of joint and individual interviews; a home visit; and one in-person reference interview. There is a minimum of four contacts for couples and three with single applicants.

TURN-AROUND-TIME:

Home studies are completed in approximately 6 to 8 weeks, depending on client availability and receipt of supporting documents.

EXPEDITED (RUSH) HOME STUDIES are completed in 3 to 4 weeks, depending on client availability and receipt of supporting documents.

ADDITIONAL SERVICES OFFERED:

- 1) Pre- home study counseling sessions for individuals interested in learning more about the adoption process and the various adoption alternatives.
- 2) Home studies for domestic, international, private and parental placement adoption.
- 3) Counseling to birth parents considering adoption.
- 4) Post-Placement Supervision.
- 5) Post-adoptive counseling to adoptive parents and adoptees.
- 6) Adoption searches for adult adoptees and birth parents.
- 7) Surrogate Assessment.

ADOPTION SERVICE FEES:

\$150.00 **PRE-home study counseling session available to couples and singles exploring the option of adoption. These sessions are designed to assist prospective adoptive parents by providing adoption information that will help them sort through the various adoption alternatives. The session is approximately two hours in length.**

HOME STUDIES:

- \$1700.00** Home study fee for domestic and non-Hague-country adoptions plus **\$200 non-refundable application fee**
- \$2,150.00** Home study fee for “Hague Country” adoptions plus **\$200 non-refundable application fee**
- \$1900.00** **EXPEDITED (RUSH) home study fee – plus \$200 non-refundable fee.**
- \$ 625.00** Home study update fee. (\$650.00 Hague) If the original home study was completed by another agency, there will be an additional fee of \$100 for reviewing the original home study.

TRAVEL TIME

- \$25/hour** **TRAVEL:** An additional fee will be charged to clients who live beyond 25 miles of the office. The fee is \$25/hr. pro-rated for travel time after worker has traveled the initial 25 miles and mileage beyond the initial 25 miles will be billed at the prevailing government rate. For applicants living outside the program’s normal geographic area where all interviews will take place in the client’s home, mileage and travel fees will be applied to each interview including post placement visits and updates and the 25 mile allowance will not be offered after the first home visit.

POST-PLACEMENT SERVICES: (Cost covers home visit/interview and written report)

- \$ 350.00** Per visit for one child
- \$ 475.00** Per visit for two children
(The exact number of post-placement contacts will be dictated by the placing agency, state or country in which the child/children were born.)

FINALIZATION

- \$ 350.00** Court Report preparation to finalize or re-finalization for one child
- \$ 475.00** Court Report preparation to finalize or re-finalization for two children
(Court Reports are required to finalize or re-finalization only in VA)

COUNSELING

- \$ 130.00/hour** Post Adoptive Counseling for families or individuals
- \$ 100.00/hour** **PRE-PLACEMENT COUNSELING:** (FOR birth parents & families in private and parental placement adoptions)

SEARCHES:

- Pricing:** Pricing is dictated by the state of finalization for both Identifying and Non-Identifying searches

PREPARATION OF FORMS:

- \$ 30.00** Minimum fee for documentation preparation billed at \$60/hour.

REFUND POLICY: If either the applicant or the social worker terminates a home study before it is completed; the time spent in interviews or on behalf of the applicant will be multiplied by \$100/hr. That amount will be subtracted from the original home study fee that was paid, and any balance, excluding the non-refundable application fee, will be refunded to the applicant.

If applicants are pursuing a Parental Placement (Virginia's form of private adoption), an escrow account of \$1,500 is required against which the cost of providing mandated counseling to the birth parents and the adoptive couple will be charged at \$100 an hour. The court required Report of the Home Study, Report of Visitation and the cost of post-placement supervision will also be charged against this account. Fees could potentially exceed \$1,500 depending on the complexities of the individual case. Itemized statements of service will be provided to the adopting parents and any unused monies will be returned after finalization.

- It is understood that should fees for any of these services increase, either before or during the time these services are being provided, the applicant will be responsible for reimbursing Adoption Options/JSSA at the higher fee. If the applicant has prepaid for these services, it is understood that they will be responsible for paying the difference between what had been paid and the new fee.

POSSESSION/OWNERSHIP OF FIREARMS

**THIS SIGNED STATEMENT IS REQUIRED FOR ALL
PROSPECTIVE ADOPTIVE PARENTS INVOLVED IN THE
ADOPTION HOME STUDY PROCESS**

➤ **AND ANY ADULTS LIVING IN THE HOME**

◆ **PLEASE BE SURE TO CIRCLE YOUR ANSWERS
BELOW:**

◆ **I / WE do / do not** possess or own firearms
of any kind.

◆ **I / WE do / do not** have firearms stored in
my home.

Prospective Adoptive Parent

DATE

Name Printed

Prospective Adoptive Parent

DATE

Name Printed

**Adoption Options/JSSA
Guardianship Statement**

Adoptive Family: _____

I/We have appointed the following individual/individuals as guardian(s) for our adopted child/children in the event of a debilitating accident or illness that renders us unable to provide proper care for our child/children or our untimely deaths.

Signatures: _____
(Adoptive Applicant #1) (Adoptive Applicant #2)

After careful consideration, we have chosen: _____
(Name of Guardian(s))

Relationship of named guardian(s) to applicants: _____

Please provide the following information about the guardian(s) that you have selected.

****Note: The guardian(s) does NOT have to be part of a married couple.****

Address and Phone Number of Guardian(s): _____

<u>Information on Guardian(s)</u>	<u>Guardian #1</u>	<u>Guardian #2</u>
-----------------------------------	--------------------	--------------------

Name:	_____	_____
-------	-------	-------

Age:	_____	_____
------	-------	-------

Profession:	_____	_____
-------------	-------	-------

Marital Status:	_____	_____
-----------------	-------	-------

Health:	_____	_____
---------	-------	-------

Annual Income:	_____	_____
----------------	-------	-------

& age of children in guardian(s) home: _____

This portion of the form must be signed by the guardian(s):

We agree to act as guardians for the adopted child/children of the above-named family. We concur with the accuracy of the information about us presented above and we fully accept the responsibility of overseeing the welfare of their adopted child/children in the event that they are no longer able to do so.

Signatures: _____
(Guardian #1) (Guardian #2)

Date: _____



Jewish Social Service Agency

**CLIENT RIGHTS AND RESPONSIBILITIES, CONSENT TO TREATMENT/SERVICE, AND
ACKNOWLEDGMENT OF PRIVACY PRACTICES NOTICE**

I. Client Rights and Responsibilities

The Jewish Social Service Agency ("JSSA") is pleased to provide you with services. We will do our best to serve you well. As a JSSA client,

You have the right to:

1. Competent, concerned, individualized care without regard to race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, or disability.
2. Be treated with dignity, consideration, and respect.
3. Be informed about (a) the general goals and timelines proposed for your therapy/service, (b) the diagnosis of your condition if applicable, (c) the risks and benefits associated with your treatment/service, (d) the alternatives to the proposed therapy/service available to you, (e) the risks of not being treated/served, and (f) the prospects for treatment/service success.
4. Ask about our professional qualifications and education backgrounds.
5. Discuss any concerns you have about care with your worker. If you desire, you may also request a private conference with your worker's supervisor, Department Director, or Chief Operating Officer of JSSA to resolve any problems you have with the professional services you are receiving.
6. Be notified in advance, if possible, about necessary changes in the worker assigned to your case.
7. Make suggestions as to how our services may be improved.
8. Be informed in advance about JSSA's charges for the services you will receive.
9. Question and discuss your payment obligations, your bills, and other related payment concerns with the Billing Supervisor.
10. Be informed about our policies and procedures to protect your privacy to the fullest extent under state and federal law, and make an informed decision about whether you want your worker to communicate via e-mail with you and/or your legal representative or other individuals involved in your case.

For the best in child, family and senior services...**Think JSSA**

Jewish Social Service Agency

200 Wood Hill Road, Rockville, Maryland 20850 • 301-838-4200 • contactus@jssa.org www.jssa.org

July 2014

**CLIENT RIGHTS AND RESPONSIBILITIES, CONSENT TO TREATMENT/SERVICE, AND
ACKNOWLEDGMENT OF PRIVACY PRACTICES NOTICE**

You have the responsibility to:

1. Actively participate in your own treatment/service.
2. Continue active sessions with a JSSA worker in order to receive medication management services from our psychiatrist.
3. Keep your scheduled appointments. If you cannot keep a scheduled appointment or promptly reschedule it, you are required to give 24 hours notice or it will count as a visit, and you may be charged a cancellation fee. In addition, if you cancel or fail to appear for three consecutive visits, the worker retains the right to assign your time slot to someone else or terminate your services.
4. Provide accurate information, including financial data, as required.
5. Know your own insurance information and benefits coverage, including deductibles and co-payments. Inform your worker of any significant changes in your financial situation, insurance coverage and/or address.
6. Pay your agreed upon fee or co-payment at the time of service, and be responsible for any outstanding balance.
7. Follow all JSSA guidelines and rules while on JSSA premises, including:
 - No soliciting or loitering,
 - No destroying JSSA property,
 - No carrying of lethal weapons (guns, knives, etc.),
 - No threatening or committing violent acts against staff, clients, or guests of JSSA,
 - No jeopardizing public health or safety
 - No entering premises while under the influence of drugs and/or alcohol

II. Information About JSSA's Privacy Practices and Policies

A. Permissible Disclosures of Your Information

JSSA's privacy practices are described in full in JSSA's Notice of Privacy Practices (a copy of which will be provided to you separately). In addition to reading the full Notice of Privacy Practices, you should pay particular attention to the following limitations and restrictions:

- (i) JSSA will not release your records to anyone outside JSSA without written authorization from you except when confidentiality poses an imminent danger to you or others or when otherwise **permitted or required by law. Information contained in your record (other than psychotherapist notes) may be disclosed to JSSA employees, agents, and volunteers or third party payers for the purpose of providing you with the most effective treatment/service, obtaining payment or auditing or evaluating our records.**
- (ii) State law requires us to report all suspected cases of abuse and/or neglect of children and vulnerable adults. This reporting requirement includes unreported past abuse.
- (iii) If your record contains substance abuse information received from a federally assisted drug or alcohol abuse program, there are specific Federal regulations which may apply in addition to the regulations that apply to all medical records in JSSA's possession. JSSA will not disclose to anyone outside of JSSA any information received from a federally assisted drug or alcohol abuse program (including the fact that you are receiving services from the substance abuse program) except as permitted by law in the following circumstances: (1) if you provide written consent to release such information, (2) in the case of medical emergency, (3) when ordered by a Court, or (4) for audit or evaluation of our records.

**CLIENT RIGHTS AND RESPONSIBILITIES, CONSENT TO TREATMENT/SERVICE, AND
ACKNOWLEDGMENT OF PRIVACY PRACTICES NOTICE**

B. Permissible Methods of Communication (Email)

JSSA is committed to protecting your privacy. In support of this goal, JSSA has adopted the following policies and procedures related to communicating with clients.

- (i) JSSA workers will **not** communicate with clients or anyone else involved in your care via text messages. In addition, JSSA staff will not communicate via their personal cell phone or provide clients or anyone else involved in your care with the worker's JSSA or personal email address/personal cell phone.
- (ii) JSSA staff will **not** communicate with clients or anyone else involved in your care via any social media sites such as Facebook, LinkedIn, MySpace, or Twitter. JSSA workers will not accept "friend" requests or other requests to be part of any client social network.
- (iii) *Email communication is permitted ONLY with client authorization.* If you authorize your worker to communicate with you via email, JSSA will take reasonable measures to secure the transmission and storage of e-mail communications between you and any JSSA worker. However, once JSSA transmits an email to the email account designated by you or your representative, JSSA is **not responsible** for ensuring that (a) the e-mail is not received or viewed by person(s) other than the intended recipient(s) who have or obtain access to the designated email account, (b) the intended recipient checks the designated email account to which the email was sent or reads the email, or (c) the intended recipient(s) maintain the security of the email or the confidentiality of the information contained in the email. By providing your authorization for JSSA to communicate with you via email, you agree that JSSA does not have any liability arising from or related to (iii)(a), (iii)(b) or (iii)(c).
- (iv) If you authorize your worker to communicate with you via e-mail, JSSA **cannot and does not guarantee** (a) when, or if, your worker will receive your email or (b) when your worker will be able to review and respond to your email. **In the event of a crisis or medical emergency, do not use e-mail to communicate with your worker or any other employee of JSSA.** Dial 911 or proceed directly to the nearest emergency health facility and notify your worker via telephone as soon as possible. By providing your authorization for JSSA to communicate with you via email, you agree that JSSA does not have any liability arising from or related to (iv)(a) or (iv)(b).

**CLIENT RIGHTS AND RESPONSIBILITIES, CONSENT TO TREATMENT/SERVICE, AND
ACKNOWLEDGMENT OF PRIVACY PRACTICES NOTICE**

**CONSENT TO ABIDE BY JSSA'S STATEMENT OF CLIENT RIGHTS AND RESPONSIBILITIES
AND CONSENT TO TREATMENT/SERVICE**

- a) I have received, reviewed, understand and agree to abide by JSSA's statement of client rights and responsibilities, and provide my consent to treatment/service.

Signature of Client/Patient

Date

Signature of Parent, Guardian, or Personal Representative*

Date

REQUEST TO COMMUNICATE VIA E-MAIL

- b) As outlined in Section II.B., I understand and agree that using email to communicate with my worker (i) may result in the viewing or disclosure of personal health information about me to unintended third parties and (ii) may result in delays in receiving treatment/service or advice during a crisis or medical emergency. I understand these risks and limitations and agree that JSSA does not have any liability arising from or related to these risk and limitations if I authorize JSSA to communicate via email with me. Furthermore, I understand that JSSA will take reasonable measures to secure the transmission and storage of e-mail communications. Accordingly, I hereby **do** ___ (initial) **do not** ___ (initial) authorize JSSA to communicate via email with me, my legal representatives and any other individual involved in my case (except as expressly restricted by me).

Signature of Client/Patient

Date

Signature of Parent, Guardian, or Personal Representative*

Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

- c) I understand that the privacy practices and policies described in this document do not fully describe JSSA's Privacy Practices, and I acknowledge that a full description of JSSA's privacy practices can be found only in JSSA's Notice of Privacy Practices.

I also hereby acknowledge that I have received a copy of JSSA's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact JSSA's Privacy Officer at 301-838-4200.

Signature of Client/Patient

Date

Signature of Parent, Guardian, or Personal Representative*

Date

*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc).

**AUTHORIZATION FOR FOREIGN ADOPTION TO OBTAIN OR
RELEASE
INFORMATION TO THE NATIONAL BENEFITS
CENTER/IMMIGRATION**

I/WE, _____ give Mary Catherin Larkin, the Executive Director of Adoptions, at Jewish Social Service Agency/Adoption Options, or any JSSA/AO staff member, authorization to release or obtain information from the National Benefits Center (Immigration), regarding my pending or approved adoption case.

And also,

I/WE, _____ give the National Benefits Center (Immigration), authorization to release any information to Mary Catherine Larkin, Executive Director of Adoptions at JSSA T/A Adoption Option or a JSSA/AO staff member regarding my pending or approved case.

Signature

Date

Signature

Date

Name Printed

Name Printed

JEWISH SOCIAL SERVICE AGENCY

ADOPTION OPTIONS

INTERSTATE COMPACT ACKNOWLEDGEMENT

I/We have been informed that there are laws concerning the transportation of children from one state to another. Before considering an Interstate Placement, I/We will seek information on the Interstate Compact and conform to these laws for the protection of the child. These procedures apply whether arrangements are made between agencies or the placement is a parental (i.e. private) placement.

The Compact Office of both states must give approval for the placement, and considerable delay may result if contact is not made until the last minute. In an agency placement, it is the responsibility of the placing agency to obtain Compact approval. In a parental placement, the birthparents should be assisted with the necessary paperwork, as they are the "sending agency".

Signed: _____

Signed: _____

Date: _____

**STATEMENT REGARDING RESIDENCE IN THE
STATE OF MARYLAND**

**PLEASE COMPLETE, SIGN AND RETURN THIS
FORM TO ADOPTION OPTIONS/JSSA**

Applicant's Name Printed: _____

Have you resided in the STATE OF MARYLAND for the last five (5) years?

YES _____ NO _____

PRESENT ADDRESS IN MARYLAND: _____

If you answered NO, please list all addresses where you have resided outside of MARYLAND within the last five (5) years and the length of time at each residence.

**BY SIGNING THIS FORM, I CERTIFY THAT ALL OF THE
INFORMATION ABOVE IS THE TRUTH.**

Signature

Date

Name Printed

ADOPTION OPTIONS/JEWISH SOCIAL SERVICE AGENCY

Mary Catherine Larkin
200 Wood Hill Road
Rockville, Maryland
301-816-2697

Mary Catherine Larkin
3018 Javier Road
Fairfax, Virginia 22031
703-204-9592 FAX 703-204-9590

MEDICAL REPORT FOR ADOPTIVE APPLICANTS
(Please type or print)

Name: _____ Birth Date: _____
(please print name)

MEDICAL HISTORY: (Please indicate dates attached to notations below:)

Illnesses:

Alcoholism _____	Epilepsy _____
Allergies _____	Heart Disease _____
Arthritis _____	Hypertension _____
Asthma _____	Kidney Disorders _____
Cancer _____	Migraine _____
Colitis _____	Pelvic Disorder _____
Deafness _____	Tuberculosis _____
Diabetes _____	Ulcers _____
Disease of circulatory system _____	STD's _____
Disease of nervous system _____	HIV*** _____
Disease of endocrine system _____	Hepatitis _____
Emotional Disturbance _____	(all types) _____

*** A HIV BLOOD TEST MUST BE DONE AND RESULTS FORWARDED TO JSSA

Blood pressure reading: _____

Childhood Diseases: _____

Operations: (please give dates) _____

Accidents: (please give dates) _____

Psychiatric History (please give dates)

PHYSICAL EXAMINATION:

Weight _____ Height _____ Normal Weight _____ General Appearance _____
Posture _____ Skin _____ Head _____ Eyes _____ Nose _____
Ears _____ Teeth _____ Tonsils _____ Thyroid _____ Chest _____

Heart _____ Lungs _____ Sounds _____ Abdomen _____
Tenderness _____ Hernia _____ Tumors _____ Genitals _____
Breasts _____ Pap Smears - Test Date and Results _____

Rectal _____ Extremities _____ Lymph Nodes _____ Temperature _____
Blood Serology including HIV _____ Date _____ Results _____

Document freedom from tuberculosis (include tests and results) _____

Special Examinations and Dates _____

Based on your overall knowledge, do you conclude that (s)he is physically and emotionally able to assume the responsibilities of adoption? _____

Does this individual have a normal life expectancy? _____

Have you discussed your findings and/or recommendations with this patient? _____

PRINT PATIENT'S NAME HERE: _____

Date Patient Examined _____

Physician Signature _____

Doctor's Name (please print) _____

Address _____

Phone _____

Date this medical form completed _____

ADOPTION OPTIONS - JEWISH SOCIAL SERVICE AGENCY

Mary Catherine Larkin
200 Wood Hill Road
Rockville, Maryland 20852
(301) 816-2700

Mary Catherine Larkin
3018 Javier Road
Fairfax, Virginia 22031
(703) 204-9592 Fax 703-204-9590

CHILD'S MEDICAL - FULL REPORT

- 1. Name _____ Birth Date _____
- 2. Date examined _____ By _____
- 3. Weight _____ Height _____ Normal Weight _____
- 4. General Appearance _____ Posture _____
- 5. Skin _____ Temperature _____
- 6. Head _____ Eyes _____ Ears _____ Teeth _____
- 7. Tonsils _____ Thyroid _____
- 8. Chest _____ Heart _____
- 9. Lungs _____ Abdomen _____
- 10. Genitals _____ Extremities _____
- 11. Lymph Nodes _____
- 12. INFANT/NEWBORN IMMUNIZATIONS: _____

-
-
- 13. Any special examinations? _____ Dates _____
Findings _____
 - 14. Any hospitalizations? _____ Dates _____
Findings _____
 - 15. Childhood Illnesses _____

Statement on Progress _____

- 17. The last PPD TEST was on _____ and the results were _____ . If doctor does not feel this test is necessary ? say ?not needed? and initial.
- 18. Is this child free of communicable diseases and in good general health?

- 19. Have you shared the above findings with this child's parents?

Date of exam

Physician's Signature

JEWISH SOCIAL SERVICE AGENCY

ADOPTION OPTIONS

APPLICANT'S PERMISSION TO RELEASE HOME STUDY

I/We give our permission to the Jewish Social Service Agency, Adoption Options, to release my/our adoption home study and requested supporting documents to any placing agency, attorney, or ICPC authority that I/We designate. I/We understand that the Agency is not permitted to release our clearances to anyone other than my/ourselves and that it is my/our responsibility to provide these clearances to the appropriate requesting entities. I/We further understand that our requests to forward copies of our home study and supporting documents must be made in writing and can be done by email.

Signature of Applicant: _____

Please Print Name: _____

Signature of Applicant: _____

Please Print Name: _____

Signature Date: _____

JEWISH SOCIAL SERVICE AGENCY
ADOPTION OPTIONS
APPLICANTS RESIDING IN MARYLAND AND VIRGINIA
UPDATED RABIES INOCULATION

In Maryland and Virginia, as part of the home study process, it is a requirement that if you own a dog or a cat you must furnish a statement showing proof that your pet has received an up-to-date rabies inoculation.

Please furnish this updated rabies statement as part of the forms required for the home study.

THE STAFF OF ADOPTION OPTIONS

**Prohibition Regarding the Release of Criminal History Record
Information Provided by the FBI and State Police Clearances**

Pursuant to 28 C.F.R. Chapter 1, Section 20.1-20.38, criminal history record information obtained for the purpose of completing an adoption home study and pursuing placement is prohibited from being disseminated to attorneys, agencies or any third party by the home study agency. The only exception to this prohibition on dissemination of FBI and State Clearances is release to the applicants themselves as the applicant is a member of an exempt group.

I, the undersigned, request that the Jewish Social Services Agency, a.k.a., JSSA T/A Adoption Options (hereafter "JSSA") release a photocopy of my FBI and State Clearances to me. I have been informed that copies of these clearances will be required by attorneys, courts, adoption agencies, and the Interstate Compact on Placement of Children Office ("ICPC") in order to facilitate an adoption.

I understand that it is my sole responsibility to provide copies of my clearances to adoption professionals assisting me with my adoption plan and that JSSA is prohibited from doing this on my behalf. Specifically, I understand that under no circumstances will JSSA fax, mail, delivery or otherwise provide copies of my clearances to any person other than myself. I understand I may not obtain copies of my clearances for my spouse, partner or any other person but that they must obtain those on their own behalf. I understand that without copies of my clearances a court, ICPC office, attorney or other adoption agency may refuse to place a child for adoption into my custody.

I, the undersigned, agree and do hereby release from liability and agree to indemnify and hold harmless JSSA, and any of its employees or agents representing or related to JSSA including the Board of Directors for any and all liability occasioned by, or in connection with the release of the FBI and State Clearances to me. I understand that JSSA, its agents, employees and Board of Directors are not responsible for the actions taken by a person to whom or entity to which I release copies of my clearances.

Signature: _____

Date: _____

Name Printed: _____

STATE OF _____

COUNTY OF _____

I HEREBY CERTIFY that on this ____ day of _____, _____, before me, the undersigned officer, personally appeared _____, known to me or satisfactorily proven to be the person described in the foregoing document, and acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.

IN WITNESS THEREOF, I hereunto set my hand and official Seal.

Notary Public

My Commission Expires: _____

Dear Ms. :

Jewish Social Service Agency is presently completing an adoption home study for the above-named applicants. As part of that process, we are required to obtain a reference from their child's/children's teacher(s). (Enclosed is a signed release form from the adoptive applicants.)

Enclosed is also a short questionnaire, which we would appreciate your completing and returning in the enclosed envelope with an original signature.

This adoption standard also requires that the caseworker conduct a follow-up phone call after we receive your written questionnaire. Therefore, please list the best phone number at which to reach you and the best times to call.

Thank you in advance for your cooperation.

Sincerely,

**Administrative Assistant
Adoption Options/JSSA**

TO: PROSPECTIVE ADOPTIVE PARENTS:

PARENT'S NAME: _____

PLEASE FURNISH THE TEACHER'S NAME, THE SCHOOL, SCHOOL ADDRESS, AND PHONE NUMBER OF THE SCHOOL FOR EACH CHILD'S TEACHER, GUIDANCE COUNSELOR OR PRINCIPAL (ONLY ONE NEEDED FOR EACH CHILD), SOMEONE WHO YOUR CASEWORKER CAN CONTACT AS A REFERENCE. ALSO, PLEASE COMPLETE THE ENCLOSED AUTHORIZATION FORM, GIVING YOUR AUTHORIZATION TO YOUR CASEWORKER SO THAT SHE MAY SPEAK TO AND SEND A QUESTIONNAIRE TO THE TEACHER.

Child's name _____ **DOB:** _____

**AUTHORIZATION FOR
TEACHER INQUIRY**

RE: _____
Child's name and date of birth

I/WE, _____, parent(s) of _____, hereby give permission to my/our adoption caseworker to speak to my/our child's teacher, Ms./Mr. _____, at the _____ School. This contact is related to my/our home study process and will be made after the teacher has submitted a written teacher's questionnaire to the Agency.

Signature of Parent(s)
DATE FORM SIGNED: _____

School address: _____
School phone: _____

THANK YOU,
Mary Catherine Larkin, Director of Adoption Services

Jewish Social Service Agency/Adoption Options
200 Wood Hill Road, Rockville, MD 20850
301-816-2697 Fax 301-610-8402

QUESTIONNAIRE FOR TEACHER OR DAYCARE PROVIDER

Child's Name and Birth Date: _____

REGARDING THE FAMILY'S PLAN TO ADOPT

1. Please describe his/her behavior in the classroom, at lunch, and on the playground.

2. Are there any particular problems you feel he/she is experiencing at school?

3. How does he/she get along with his/her classmates?

4. Have you had an opportunity to observe his/her interactions with his/her parent(s), and how would you describe their relationship.

5. Are his/her parent(s) responsive to school input?

SIGNED: _____ **DATE:** _____

PLEASE PRINT NAME:

PHONE NUMBER AND BEST TIME TO CALL: _____