Dear Potential Adoptive Parent,

Thank you for your interest in becoming an adoptive parent through Unity Parenting & Counseling, Inc. As you are aware, you are embarking on an exciting, new phase in your life. Unity Parenting & Counseling, Inc. is a licensed child welfare agency and wants to support and guide you as you initiate this venture. Our agency can complete your domestic adoption homestudy as required by the state of Illinois as well as the required post-placement visits. Our agency does not complete adoption placements.

Please find attached the application and fee schedule for our services. The adoption process in Illinois requires that you become a licensed adopt only foster parent. The process includes completion of 6 hours of mandatory training, a physical exam for all household members, fingerprinting for background checks, verification of income and in person interviews at our office and in your home.

The Domestic Identified Adoption application has three parts: the application form, the birthparent fee agreement and the adoption program fee agreement.

1. Complete and sign the application form.

2. Sign the program fee agreement to signify that you have read it and understand it.

3. Mail the completed signed application, the signed fee agreement, along with a check for the $290 non-refundable application fee to:

   **Unity Parenting & Counseling, Inc.**
   600 W. Cermak Rd, Suite 300
   Chicago, IL 60616
   Attn: Leslie Levy

Your completed physical forms may be returned at a later date.

If you have questions regarding your application, contact our Intake Coordinator, Leslie Levy at 312-455-0007. You can expect your worker to contact you to set up the first home study interview within 10 days of Unity Parenting & Counseling, Inc. receiving the application packet.

We look forward to working with you.

Sincerely,

**Flora Koppel**

President/CEO
UNITY DOMESTIC IDENTIFIED ADOPTION HOMESTUDY PROGRAM FEES

The following is a breakdown of the fees and payment expectations for the adoption home study and post-placement services for a domestic identified adoption.

**Application Fee (non-refundable)**

$300.00

**Home Study**

$2,500.00

- Office Interviews
- Home visit with all family members present

In the event the home study is not completed, clients will be charged $300 for each interview already completed. The charge for a Home Study Update is $100 an hour for all time spent and, if applicable, mileage currently at the rate of $.56 cents per mile plus parking and tolls. After a child is placed in the home, the home study and/or update is no longer valid.

**Interstate compact Fee (if applicable)**

$500.00

**Post Placement visits**

$275.00 (each)

The number of post placement visits required is determined by state, agency, and/or court requirements of the state where the child is born. Post-placement fees include the final report to the court. Clients living more than 100 miles round trip from Unity Parenting & Counseling, Inc. office will be charged mileage at the current rate for visits done in the home.

**REFUND POLICY**

Non-Refundable application fee

Home Study - if cancelled after 1st visit, $1500 will be refunded

If cancelled after the 2nd visit or later, there will be no refund

The application fee must be paid at the time of application. The homestudy must be paid for in full, prior to the initiation of the homestudy. All post placement visit fees must be paid prior to finalization of the adoption.
We have read and understand the above fee agreement with Unity Parenting & Counseling, Inc. and by virtue of signature agree to the stated terms.

Print Name       Signature    Date

Print Name       Signature    Date

*Please sign and return this page along with your application.*
ADOPTION HOME STUDY APPLICATION

Name Applicant A ____________________________________________________________
(Last) (First) (Middle)

Name Applicant B ____________________________________________________________
(Last) (First) (Middle)

Address __________________________ County _______ Phone ________

City ___________________________ Zip Code ______________

Applicant A
Name __________________________ Date of Birth _________ Birthplace _____________
Email Address ________________________ Cell Phone _____________________________
Employer __________________________ Phone _________________________________
Highest Education Level Completed _________________________________
Religious Affiliation _________________________________

Applicant B
Name __________________________ Date of Birth _________ Birthplace _____________
Email Address ________________________ Cell Phone _____________________________
Employer __________________________ Phone _________________________________
Highest Education Level Completed _________________________________
Religious Affiliation _________________________________

Marriage Date __________________________ Place _____________________________
Previous Marriage(s) _________________________________
Date of Marriage/Divorce/Spouse’s Death _________________________
Children and other household members:

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<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Relationship</th>
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Children by other marriages (include present whereabouts)

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Describe health condition of each member of the family. Include handicaps, operations, nervous disorders, and serious physical illnesses. Give dates where possible.

Applicant A

Applicant B

Others

Home, Community and Recreational Activities and/or special interests

Applicant A

Applicant B

References: List three (3) or more names, address and phone number of persons who know you well. Do not list relatives or your doctor. If you have not been an Illinois resident for at least five years, please give two (2) additional references.
If you are working with a private adoption agency, please provide their contact information.

Name of Agency: _____________________________________________________________
City/State: ________________________________________________________________
Contact Person: ___________________________ Email Address: ____________________
Phone Number: ___________________________ Fax: _____________________________

We are serious in our intentions to adopt and we are ready to prepare ourselves for adoptive parenthood in cooperation with Unity Parenting & Counseling, Inc.

Signatures:  
Applicant A ________________________________________________________________
Applicant B ________________________________________________________________
Date ____________________________