



*Administrative Offices: 600 West Cermak Road, Suite 3A, Chicago, Illinois, 60616-4880  
312.455.0007, Fax: 312.455.0043, <http://www.unityparenting.org>*

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



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## 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.

<b>Application Fee (non-refundable)</b>	<b>\$300.00</b>
<b>Home Study</b>	<b>\$2,500.00</b>
Office Interviews	
Home visit with all family members present	
<b>Interstate compact Fee (if applicable)</b>	<b>\$500.00</b>
<b>Post Placement visits</b>	<b>\$275.00 (each)</b>

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 1<sup>st</sup> visit, \$1500 will be refunded

    If cancelled after the 2<sup>nd</sup> 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.***



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## 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:

Name	Gender	Date of Birth	Relationship

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.

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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 \_\_\_\_\_