

CHINA ADOPTION WITH LOVE, INC.

251 Harvard Street, Suites 19 & 20
Brookline MA 02446

www.cawli.org

Telephone: (800) 888-9812, (617) 731-0798, (617) 739-7364 Fax: (617)232-8288 e-mail: info@cawli.org

HOW TO UPDATE THE HOME STUDY

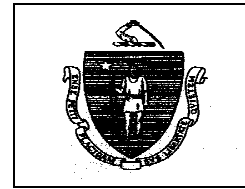
The purpose of the home study update is to comply with state regulations. The home study is valid for one year (in most states, including MA, ME, RI, NH, FL; in CT, it is good for 2 years), starting with the date it was signed. This update does not go to China ahead of time but rather families bring the update with them to the American Consulate when they travel to China. The following outline is for families who have had their home studies conducted by CAWLI. For anyone who had their home study done by another agency, please contact your home study agency to obtain details on how they conduct home study updates.

1. Set up a date for a home visit with the social worker. The home study update fee **(\$150) should be given directly to Social Worker at the home visit.**
2. Contact the social worker approximately 1 month before the expiration date of the original home study (date can be found on the final page of the home study below social worker's signature).
3. Submit a new EEC CORI form (pages 2-3 in this email!) and a new DCF form (pages 4-5) for each parent and anyone older than 18 residing in your home. Please read the instructions carefully: there is no fee required for these checks! *You are not required to do a personal criminal record check for this update.* If you are filing an I800A application because your I600A approval expired make sure you also complete Child Abuse Registries for every person over 18 in the home for every state the lived in since they were 18 years old.

**If you live outside of MA, use the Child Abuse Registry Request forms you used previously for your state or request them from your social worker/agency.*

4. Complete the Home Study Update Questionnaire (pages 6-7) and send to the social worker.
5. If you responded "YES" to any of the questions on the questionnaire (except for question #7), you will have to update the documents relevant to what has changed. i.e. If you have changed jobs since your original home study, obtain a new employment letter; if finances have changed significantly for less, submit a new financial statement. (Should you need any of the forms for this purpose, feel free to print them again from your original Intake Package OR give the office a call/email and request the document be emailed to you.)
6. Have your physician complete the enclosed physical exam form.
7. If you will be filing an I800A because your I600A approval expired you will also need to complete 10 hours of pre-adoptive training (if you have never adopted from China before). Contact CAWLI for instructions on obtaining the training materials.
8. Once the social worker receives all necessary updated information, she/he will write a report and send you an original for you to take to China.
9. The social worker will also send report to CAWLI, along with the completed "HS Update Questionnaire" and any other relevant documents which will remain in your file.

Consent for Criminal Records Check Prospective Adoption/Foster Care Applicant



All Prospective Adoptive/foster parents and their household member 17 years of age or older must Complete and sign this request.

Note to Applicant: Your criminal offender record information (CORI) will be supplied to adoption/foster care agency listed on the bottom of this application. This information will be used only for the screening and review of your suitability to adopt or provide foster care. CORI data is confidential and your foster care/adoption agency is prohibited from revealing the information to anyone other than you and those individuals within their agency involved in the approval process. The foster/adoption agency will be notified of all arraignments in criminal court including those that resulted in a conviction or non-conviction as well as charges that are pending. Upon receipt of this information, the foster/adoption agency will meet with you to discuss the information and evaluate your ability to care for children based on the results of your CORI and other factors.

Note to Employer: This form is for the purpose of obtaining CORI checks for foster care applicants, adoptive applicants, and their household member 17 years of age or older who are applying through the agency listed on the bottom of this form. The use of this form to obtain CORI for any other purpose is unlawful.

TO BE COMPLETED BY PROSPECTIVE ADOPTION/FOSTER CARE APPLICANT:

Last Name:

First Name:

Middle Initial: Maiden Name:

Alias(es):

Social Security No: - - Date of Birth: / /

Number & Street:

Town: State: Zip:

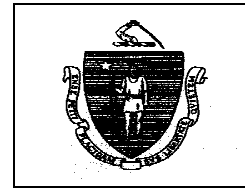
<i>Dates and Places of Residence(s) for the last 7 years: (if necessary, add additional addresses on a separate sheet)</i>					
From	To	Number & Street	City	State	Zip

I grant EEC permission to complete a CORI check on me and provide the results to my Adoption/Foster Care agency. The information above is correct to the best of my knowledge.

Applicant Signature

Return forms to:	Mail results to (check facility or licensee address):	
Executive Office of Health & Human Services Dept. of Early Education & Care - CORI Unit 51 Sleeper St., 4 th Floor Boston, MA 02210	<input checked="" type="checkbox"/> Facility Facility ID # 490038 China Adoption With Love, Inc. 251 Harvard Street, #19 Brookline, MA 02446	<input type="checkbox"/> Licensee Licensee ID # 1471254 China Adoption With Love, Inc. 159 High Street Brookline, MA 02146

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Number & Street:

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DEPARTMENT OF CHILDREN AND FAMILIES BACKGROUND CHECK

Name of Requestor: _____
(Full name, including maiden name, if applicable)

Current Address: _____

Previous Address: _____
(List at least one)

Social Security Number: _____

Place of Birth: _____ Date of Birth: _____
(State)

I, _____, am requesting any and all information reported to the Central Registry of the Department of Social Services that pertains to complaints of child abuse made about me to the DSS under the provisions of GLC 119.s51A, as I am applying to be an adoptive parent.

If any additional information is needed, please contact Melanie Stanley, China Adoption With Love, Inc. at 251 Harvard Street #17-19, Brookline, MA 02446. Or call 617-731-0798.

I understand that the results of this inquiry will be sent directly to my adoption agency at the address provided above.

Signature

Date

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____ (list satisfactory evidence of identity), to be the person whose name is signed above in my presence.

Notary Public
My Commission expires: _____

(Seal)

Please send this form to: Commissioner
Department of Children and Families
24 Farnsworth Street
Boston, MA 02210

** Enclose a pre-stamped envelope address to : CAWLI, 251 Harvard Street, Suite 19-20, Brookline, MA 02446

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Date

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On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____ (list satisfactory evidence of identity), to be the person whose name is signed above in my presence.

Notary Public

(Seal)

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Dear Examining Physician:

Thank you so much for taking the time to assist one of our families! As you may or may not know, the patient you are examining today is applying to adopt a child from China. As a part of the adoption process, this agency and the China Center for Adoption Affairs (CCAA) is required to evaluate the health of the applicant according to the medical findings you report on the accompanying form. It is very important that **all questions are answered as completely as possible**. CCAA is *very* particular about how this form is filled out! Thus, in order to avoid any mistakes and have more of your time taken up with corrections, we would like to point out a few crucial details:

1. Please be sure to check “Yes” or “No” for each item under “Medical History.” Please do **not** write “Not done” or “N/A”. Please do not leave any blanks. Please do not use white out (cross out and initial if you make a mistake!). If any item is checked off as “Yes,” please see #2 below for more instructions.
2. If any item is checked “Yes” under “Medical History,” if any item under “Physical Examination” is “abnormal,” if the HIV or HbsAg tests are positive, or if you indicate that the patient is taking ANY medication, you *must attach a signed ORIGINAL letter on your office letterhead with the following information:*
 - Explain the condition, any action taken (i.e. surgery) and it’s result, and/or any medication taken.
 - A statement that this condition and/or medication will not affect the patient’s ability to parent.
 - A statement that this condition will not affect the longevity of the patient’s life.

Also, please do not list any medication that is not taken on a daily basis or is not for a serious condition.

Examples: Allergy medication, Ibuprofen, multivitamins, etc. need NOT be mentioned. Only include serious surgeries that may affect or have affected the patient’s general health. Examples: Tonsillectomy, Appendectomy, knee surgery, etc. need NOT be mentioned.

This form must be signed by a doctor (not a nurse practitioner) and should not be older than 6 months at the time we submit it to China.

If you have any questions, please don’t hesitate to call us at 800-888-9812. It is better to call with a quick question than to have to re-do the entire form! We are available Monday through Friday from 9am to 5pm. Thanks again for all of your help! Your kindness means so much to our families and our agency!

Sincerely,
CAWLI Staff

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PHYSICAL EXAMINATION FORM

TO EXAMINING PHYSICIAN: Your medical report is of paramount importance to the China Center for Adoption Affairs in its examination of the adoption qualification of the adopters. You are kindly requested to fill in all the blanks AS NEATLY AS POSSIBLE. Thank you for your cooperation.

Applicant's Name: _____

Address: _____

Date of Birth: _____

MEDICAL HISTORY	NO	YES*
Have you ever had: Tuberculosis?		
Tumor?		
Heart Disease?		
Liver Disease?		
Sexual Disease?		
Neuropathy?		
Mental Disease?		
Other Communicable Disease?		
Alcoholism or Substance Abuse?		
Any Genetic Disease?		
Any Surgical Operations?		

* Please describe the results of any "YES" response in a letter.

PHYSICAL EXAMINATION:

Height: _____ **Weight:** _____ **Body Mass Index:** _____ **Blood Pressure:** _____

Hearing: L: normal/abnormal **R:** normal/abnormal **Vision:** L: normal/abnormal **R:** normal/abnormal

Heart: normal/abnormal **Lungs:** normal/abnormal **Liver:** normal/abnormal **Thyroid:** normal/abnormal

Lymphatic System: normal/abnormal **Nervous System:** normal/abnormal **Urinalysis:** normal/abnormal

Blood Tests:

1) **Routine Blood Test:** normal/abnormal

3) **HbsAg:** negative/positive

2) **Liver Function:** normal/abnormal

4) **HIV:** negative/positive

Is the patient taking any medication? **Yes/No**

If **YES**, list the medication(s) and write a letter of explanation: _____

PHYSICIAN'S STATEMENT: Is there any physical, mental, or psychological unfavorable elements of the adoptive applicant, which will affect the upbringing of the child? _____

Is the adoptive applicant's state of health suitable for raising a child? _____

Signature of MD: _____ **Date:** _____

Name(printed): _____ **License Number:** _____

Address: _____

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Tumor?		
Heart Disease?		
Liver Disease?		
Sexual Disease?		
Neuropathy?		
Mental Disease?		
Other Communicable Disease?		
Alcoholism or Substance Abuse?		
Any Genetic Disease?		
Any Surgical Operations?		

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PHYSICAL EXAMINATION:

Height: _____ **Weight:** _____ **Body Mass Index:** _____ **Blood Pressure:** _____

Hearing: L: normal/abnormal R: normal/abnormal **Vision:** L: normal/abnormal R: normal/abnormal

Heart: normal/abnormal **Lungs:** normal/abnormal **Liver:** normal/abnormal **Thyroid:** normal/abnormal

Lymphatic System: normal/abnormal **Nervous System:** normal/abnormal **Urinalysis:** normal/abnormal

Blood Tests:

1) **Routine Blood Test:** normal/abnormal

3) **HbsAg:** negative/positive

2) **Liver Function:** normal/abnormal

4) **HIV:** negative/positive

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If **YES**, list the medication(s) and write a letter of explanation: _____

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Is the adoptive applicant's state of health suitable for raising a child? _____

Signature of MD: _____ **Date:** _____

Name(printed): _____ **License Number:** _____

Address: _____

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UPDATE QUESTIONNAIRE

Name of Applicant(s) _____

Date of Original Home Study: _____ DTC Date: _____

1. OTHERS IN THE HOME

Have there been any changes in the number of people living in your home? **YES** **NO**

If yes, what have those changes been?

2. FAMILY'S ATTITUDE TOWARD ADOPTION

Has the attitude about this adoption of either parent, any children or extended family members changed?

YES **NO**

If yes, how so?

3. USCIS COMPLIANCE

(Please be sure to submit the DSS check on pages 4-5; CAWLI will receive the results and notify the social worker of the clearance date.)

Have you had any substance abuse, sexual abuse, child abuse, or domestic violence since the date of the completion of your original home study? **YES** **NO**

If yes, please describe:

4. CORI CHECK

(Please be sure to submit the EEC CORI forms on pages 2-3; CAWLI will receive the results and notify the social worker of the clearance date.)

Have either of you been arrested since the original home study? **YES** **NO**

If yes, please describe:

5. HEALTH

Have there been any changes in either of the applicants' health since the completion of the original home study?

YES **NO**

If yes, how so? Please indicate any surgeries, medications, etc. *(Please have your physician complete a new Physical Exam form.)*

6. FINANCES AND EMPLOYMENT

Have your finances or employment changed since your original home study? **YES** **NO**

If yes, how so? *(Please complete a new Financial Statement and/or obtain a verification of employment statement if different.)*

7. INTERNATIONAL RISKS

Do you continue to understand the risks involved with international adoption? **YES** **NO**

If no, how so?

8. MARRIAGE

Has your marital relationship changed since your original home study? **YES** **NO**

If yes, how so?

9. TYPE OF CHILD

Has the type, gender or age of child you are requesting changed? **YES** **NO**

If yes, how so?

10. CHILD CARE PLAN

Has your child care plan changed? **YES** **NO**

If yes, how so?

11. GUARDIANSHIP

Have the named guardians changed? **YES** **NO**

If yes, please have them complete a Guardianship Statement.

12. DESCRIPTION OF THE HOME

Have there been any significant changes to the structure, rooms or quality of your home? Or, have you moved to a new home? **YES** **NO**

If yes, what has changed?

Signature of Applicant

Date

Signature of Applicant

Date

I have reviewed all of these questions and answers with the adoptive parents. They have obtained all necessary supporting documents relevant to any changes. I will write a home study update that will be given to the family and CAWLI.

Signature of Social Worker

Date