

Adoption Agencies Supplemental Application

1. Applicant:

2. Years in operation:

3. Applicant is: non-profit for-profit

4. Is the applicant or any of its subsidiaries or affiliates engaged in any operation other than adoption services? Yes No

If Yes, please explain:

5. Is the applicant a member of the Joint Council of International Children's Services or other similar agency? Yes No

If other, please specify:

6. Is the applicant accredited by:
JCAHO CARF COA Other – please specify:

7. Is the applicant licensed in accordance with applicable state and federal regulation? Yes No

8. Has the applicant's license ever been suspended or revoked? Yes No

If Yes, please explain:

9. Annual budget: last 12 months projected next 12 months

10. Number of adoption placements:
last 12 months projected next 12 months

Percentage of adoption placements:

Domestic % International %

11. For international placements, please list the countries and respective number of adoptions placed in the past 12 months:

Country	Number of placements

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12. Does the applicant:
- a. have processes in place to ensure that material information is obtained from birth families and communicated to prospective adoptive parents? Yes No
 - b. communicate in writing to prospective adoptive parents, the limitations on available information? Yes No
 - c. utilize birth parent medical questionnaires? Yes No
 - d. ensure that the children have physical examinations? Yes No
 - e. provide counseling services on passport requirements for the adoptive child, cultural issues, medical and legal issues, financial requirements, waiting periods, and post-adoptive counseling? Yes No

Please provide details:

It is understood and agreed that this application shall become part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant

Signature of person authorized to execute on behalf of the applicant:

Date (mm/dd/yyyy)

A copy of this application should be retained for your records.