

# **REPORT ON INTERCOUNTRY ADOPTION**

**2005**

**ADOPTION RESOURCE CENTER OF  
CONNECTICUT, INC.**

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[www.arcct.org](http://www.arcct.org)

**This book is dedicated to AnnaMarie Merrill, a tireless champion for  
children around the world.**

WE URGE THAT YOU REPRINT NO PORTION OF THE *REPORT ON  
INTERCOUNTRY ADOPTION* WITHOUT GIVING FULL CREDIT TO THE  
ADOPTION RESOURCE CENTER OF CONNECTICUT, INC. Phone: (860) 657-2626.

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## COMMENT: TRANSRACIAL ADOPTION

A CHILD WITHOUT A FAMILY IS A CHILD DEPRIVED OF THE MOST FUNDAMENTAL HUMAN RIGHT. A CHILD HAS A BIRTHRIGHT TO GROW UP IN AN ATMOSPHERE OF LOVE AND FAMILY CONCERN. A CHILD HAS NO BIRTHRIGHT TO PROTEIN-DEFICIENT DIETS, TO FORKS OR CHOPSTICKS, TO A BELLY FULL OF PARASITES, TO A CHILDHOOD FREE OF CARESSES AND PARENTAL ENCOURAGEMENT. A CHILD HAS NO BIRTHRIGHT TO A PARTICULAR SHAPE OF HOUSE NOR TO SPEAKING A PARTICULAR LANGUAGE. A CHILD HAS A BIRTHRIGHT TO PARENTAL LOVE. CAN AN ORPHANAGE EVER MEET THE NEEDS OF *ANY* ABANDONED CHILD? *SHOULD WE NOT TRY TO MEET THE NEEDS OF A GREATER MAJORITY OF HOMELESS CHILDREN BY INCREASING THE NUMBER OF INTERCOUNTRY ADOPTIONS?*

NATIONALITY AND CITIZENSHIP MEAN NOTHING TO A CHILD WHO IS SUBNORMAL, OR DEAD, FROM THE DEPRIVATION OF INSTITUTIONALIZATION.

Rosemary Taylor

## TABLE OF CONTENTS

Index with addresses .....	v
Introductory Note.....	1
Adoption Procedure.....	2
How to Use the <i>Report</i> .....	2
Reprint Permission for Articles .....	5
ARC-CT Policy on Inclusion of Child Placing Agencies.....	6
The Internet and Adoption .....	7
Reading Sources .....	8
Newsletters and Magazines .....	9
Questions on Intercountry Adoption.....	11
Financial Assistance.....	12
Adopting: Fantasy or Reality? .....	14
To Join or Not to Join .....	15
Preparing for a Child from Abroad.....	16
Being a Boy Means Hard to Place .....	17
The Racial Factor .....	20
How to Make the Wait for Your Child Easier to Bear .....	22
Immunizations for Families Going Abroad to Adopt .....	25
The Importance of Orphanage Donations .....	26
Guidelines for Behavior While Visiting Another Culture.....	27
Culture Shock and Other Stresses in Intercountry Adoption.....	28
Suggestions to Prospective Single Adopters.....	31
When are You “Too Old” to Adopt? .....	32
Adjustments by the Child .....	34
The Complicated Grief of Internationally Adopted Children .....	38
Bonding- the Development of Emotional Attachment.....	40
Adjustment: Creation of a Family .....	42
Practical Hints to Help With Adjustment.....	43
Choosing a Name for Your Foreign-Born Child.....	45
Language Development after Intercountry Adoption.....	46
Are We Having Fun Yet? .....	49
The Significance of Post Placement Reports.....	51
Now That You’re a Family...Post-Adoption Legal Issues.....	53
Gracious Answers to Awkward Questions .....	58
Kids Aren’t Perfect.....	61
Adoptive Parents = Real Parents .....	62
Do Adoptive Families Live Happily Ever After?.....	63
Adoption Forges Lifetime Linkage .....	65
Adoption Agencies and How They Work for You.....	66
What Should You Expect From Your Agency?.....	68
Comparison of Domestic and Intercountry Adoption .....	70
The Family Doctor .....	71

Medical Concerns for Adult Korean Adoptees.....	72
Medical Concerns for International Adoptees .....	73
Foreign Waiting Children .....	77
Medical Considerations .....	78
Health Regulations.....	79
Medical and Psychological Evaluation.....	78
Is There Life After Hepatitis B? .....	79
<i>Needle Tips and The Hepatitis B Coalition News</i> .....	83
Older Child Does Not Equal Attachment Disordered.....	83
International Special Needs.....	85
Family’s Opinion on Special Medical Needs .....	88
Helping Adopted Kids Get Health Coverage.....	91
Note on Intercountry Adoptions .....	93
Child Citizen Act of 2000 .....	93
Adoption Fees .....	94
Adoption Costs .....	95
AFRICA: Agency Listings .....	96
ASIA: Agency Listings .....	99
Korea: State Contracts .....	119
Europe (Eastern): Agency Listings .....	121
Adopting a Child from Latin America.....	137
High Altitude Medical Concerns .....	138
Spanish-English Medical Report .....	140
Portuguese-English Medical Report.....	142
LATIN AMERICA: Agency Listings .....	144
Los Ninos International: Networking Agencies .....	159
United States Adoption Programs.....	162
Extraordinary Services .....	164
Adoptions From Other Countries .....	165
Sponsorship and Healing.....	166
Medical Supplies Needed Here and Abroad.....	167
Translators, Professional Assistance and Volunteer Support .....	169
Single-Parent Information .....	170
Local Service Agencies by Name.....	173
Local Service Agencies by State.....	183

# INDEX with ADDRESSES

*This index contains the names, addresses, and phone numbers of all agencies that place children. The section called "Local Service Agencies by Name" contains the addresses and phone numbers of those agencies that do not place children.*

## *AAA Partners in Adoption*

5565 Hwy 9, Ste. 103-351  
Alpharetta, GA 30004  
770-844-2080  
FAX 770-844-207

[www.aaapia.org](http://www.aaapia.org)

Russia 126

## *ACCEPT – An Adoption & Counseling Center*

339 S San Antonio Rd., #1A  
Los Altos CA 94002  
650-917-8090  
FAX 650-917-8093

[www.acceptadoptions.org](http://www.acceptadoptions.org),  
[info@acceptadoptions.org](mailto:info@acceptadoptions.org)

China 99

Guatemala 149

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Peru 157

Russia 126

Vietnam 118

## *Across the World Adoptions*

399 Taylor Blvd., #102  
Pleasant Hill CA 94523  
925-356-6260 or  
800-610-5607  
FAX: 925-827-9396

[www.atwakids.org](http://www.atwakids.org)

e-mail: [adopt@atwakids.org](mailto:adopt@atwakids.org)

China 99

Guatemala 149

Kazakhstan 109

Russia 126

Adjustment by the Child 32

Adjustment: Creation of a Family 42

## *Adopt International*

1. 1000 Brannan Street, Suite 301  
San Francisco, CA 94103  
415-934-0300  
415-934-0700

[www.adoptinter.org](http://www.adoptinter.org),  
[adopt@adoptinter.org](mailto:adopt@adoptinter.org)

2. 820 Miliani, #401

Honolulu HI 96813  
808-523-1400

Bulgaria 122

China 99

Guatemala 149

Nepal 115

Ukraine 132

## *Adopt-A-Child*

6315 Forbes Av  
Pittsburgh PA 15217  
412-421-1911 or 1-800-246-4848  
FAX 412-421-9303

[www.Adopt-A-Child.org](http://www.Adopt-A-Child.org),  
[Adopt@Adopt-A-Child.org](mailto:Adopt@Adopt-A-Child.org)

China 99

Russia 120

Adopting a Child From Latin America 137

Adopting: Fantasy or Reality? 14

## *Adoption Advocates International (WA)*

401 E Front St  
Port Angeles, WA 98362  
360-452-4777, 8am – 2pm weekdays  
FAX 360-452-1107

[Kyai@olympus.net](mailto:Kyai@olympus.net)

China 99

Ethiopia 97

Thailand 117

United States 162

Adoption agencies and How They Adoption Work  
for You 66

## *Adoption Alliance (CO)*

2121 Oneida St, #420  
Denver CO 80224  
303-584-9900  
FAX 303-584-9007

[www.adoptall.com](http://www.adoptall.com), [info@adoptall.com](mailto:info@adoptall.com)

Guatemala 149

Mexico 156

## *Adoption Associates Inc (MI)*

1338 Baldwin

Jenison MI 49428  
616-667-0921  
FAX 616-667-9730  
E-mail: [adopt@adoptassoc.com](mailto:adopt@adoptassoc.com)

China 99  
Guatemala 149  
Russia 126

*Adoption Center of Washington*

100 Daingerfield Rd, #101  
Alexandria VA 22314  
703-549-7774  
703-549-7778

[www.adoptioncenter.com](http://www.adoptioncenter.com)  
[linda@adoptioncenter.com](mailto:linda@adoptioncenter.com)

China 99  
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Vietnam 118

Adoption Costs 94

Adoption Fees 94

Adoption Forges a Lifetime Linkage 46

*Adoption Horizons (CA)*

10 West 7<sup>th</sup> St, #F  
Eureka, CA 95501  
707-444-9909

FAX 707-442-6672

E-mail: [adoption@sbcglobal.net](mailto:adoption@sbcglobal.net)

[www.adoption-horizons.org](http://www.adoption-horizons.org)

China 99

*Adoption Links Worldwide (NE)*

5017 Leavenworth #1  
Omaha, NE 68106  
402-556-2367

FAX 402-556-2401

[www.alww.org](http://www.alww.org), [alww@alww.org](mailto:alww@alww.org)

Guatemala 149

United States 162

*Adoption Option, Inc. (CA)*

4025 Camino del Rio South, #300  
San Diego, CA 9210  
877-542-7772, 827 is toll-free

FAX 619-542-7773

[www.adoption-options.org](http://www.adoption-options.org), [info@adoption-options.org](mailto:info@adoption-options.org)

[adoption-options.org](http://adoption-options.org)

Kazakhstan 109

Mexico 156

Russia 126

Adoption Resource Center at Brightside: see  
Brightside for Families & Children

*Adoption Service Information Agency*

1. Main Office:

8555- 16<sup>th</sup> St., #600  
Silver Springs, MD 20910  
301-587-7068

FAX 301-587-3869

2. 7720 Alaska Ave., NW  
Washington, DC 20012  
202-726-7193

FAX 301-587-3869

[www.asia-adopt.org](http://www.asia-adopt.org)  
[info@asia-adopt.org](mailto:info@asia-adopt.org)

3. 1305 N. Jackson St.  
Arlington, VA 22201  
703-812-0263

China 99

Korea 112

Thailand 117

*Adoption Unlimited, Inc.*

2148 Embassy Dr.  
Lancaster, PA 17603  
717-431-2021

FAX 717-399-0093

[www.adoptionunlimited.org](http://www.adoptionunlimited.org),  
[adoptionunlimited@paonline.com](mailto:adoptionunlimited@paonline.com)

China 99

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Poland 126

Russia 126

Adoptions From Other Countries 165

*Adoptions from the Heart*

Admin. Office: 30-31 Hampstead Cir.  
Wynnewood, PA 19096  
610-642-7200

FAX 610-642-7938

[www.adoptionsfromtheheart.org](http://www.adoptionsfromtheheart.org),  
[adoptions@adoptionsfromtheheart.org](mailto:adoptions@adoptionsfromtheheart.org),

8 additional offices on East coast;

Please call for nearest.

China 99

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- Kazakhstan 109  
Lithuania 124  
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Ukraine 132  
United States 162  
Vietnam 118
- Adoptions International, Inc.*
- 601 S. 10<sup>th</sup> St.  
Philadelphia, PA 19147  
215-238-9057  
FAX 215-592-0464
  - 108 Prospect Park West  
Brooklyn, NY 11215  
718-499-7884  
E-mail [hwall334@aol.com](mailto:hwall334@aol.com)  
Web: [www.adoptionsintl.org](http://www.adoptionsintl.org)
- China 99  
Guatemala 149
- Adoptions Together*
- 5750 Executive Dr., #107  
Baltimore, MD 21228  
410-869-0620  
FAX 410-869-8419  
[www.adoptionstogether.org](http://www.adoptionstogether.org)  
[srappeport@adoptionstogether.org](mailto:srappeport@adoptionstogether.org)
- Azerbaijan 121  
Cambodia 99  
China 99  
Guatemala 149  
Lithuania 124  
Russia 126  
United States 162  
Vietnam 118  
Vietnam 118
- Adoptive Parents = Real Parents 62  
AFRICA: Agency Listings 96  
Agencies Able to Place With U.S. Citizens  
Living Abroad 165  
Agencies Able to Provide General  
Information in Other Languages 164  
Agencies Able to Take Telephone Calls in  
Other Languages 164  
Agencies Able to Work With Non-U.S.  
Citizens 165
- ALBANIA 121
- Alliance for Children*
- 55 William St., #G-10  
Wellesley, MA 02481  
781-431-7148, 9 AM- 5 PM  
FAX 781-431-7474  
[infor@allforchildren.org](mailto:infor@allforchildren.org)  
[www.allforchildren.org](http://www.allforchildren.org)
  - 500 Prospect St.  
Pawtucket, RI 02860  
401-725-9555
  - Southeast Regional Office  
436 Rice Hope Drive  
Mount Pleasant, SC 29464  
(843) 849-9700
  - 58 West 58<sup>th</sup> Street 7B  
New York, NY 10019-2507  
(212) 751-4095
- Cambodia 99  
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Ukraine 132  
Vietnam 118
- Americans for African Adoptions, Inc.*
- 8910 Timberwood Dr.  
Indianapolis, IN 46234-1952  
317-271-4567 9 AM – 6 PM weekdays  
FAX 317-271-8739  
[www.africanadoptions.org](http://www.africanadoptions.org),  
[AMFAA@aol.com](mailto:AMFAA@aol.com)  
Send \$7 donation for large  
information packet
- Ethiopia 97  
Liberia 98  
Mali 98
- Americans for International Aid & Adoption*
- 2151 Livernois, #200  
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FAX 248-362-8222  
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[info@aiaaadopt.org](mailto:info@aiaaadopt.org)
  - P.O. Box 515  
Liverpool, NY 13088-0515  
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- Bulgaria 122  
Guatemala 149

- India 106  
 Korea 112  
 Ukraine 132
- ARC-CT Policy on Inclusion of Child-Placing Agencies 6
- ARC-CT Statement of Purpose and Activities 1
- Are We Having Fun Yet? 49
- ARMENIA 121
- ASIA: agency listings 99
- Associated Catholic Charities of Baltimore*  
 1 East Mount Royal Ave.  
 Baltimore, MD 21202  
 410-659-4050  
 FAX 410-659-4060  
Website: [cc-md.org](http://cc-md.org)
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 Philippines 115  
 United States 162
- AZERBAIJAN 121
- Bal Jagat- Children's World*  
 9311 Farralone Ave.  
 Chatsworth, CA 91311  
 818-709-4737 10 AM- 5 PM  
 FAX 818-772-6377  
[www.baljagat.org](http://www.baljagat.org) (please check here first for qualifications),  
[BJCW@earthlink.net](mailto:BJCW@earthlink.net)
- Armenia 121  
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 China 99  
 Guatemala 149  
 India 106  
 Kazakhstan 109  
 Moldova 125  
 Nepal 115  
 Pakistan 115  
 Romania 126  
 Russia 126  
 Sri Lanka 117  
 Thailand 117  
 Ukraine 132  
 Vietnam 118
- The Barker Foundation*
- 7979 Old Georgetown Road  
 Bethesda, MD 20814  
 301-664-9664  
 FAX 301-664-9604
  - 1066 30<sup>th</sup> St. NW  
 Washington, DC 20007  
 202-298-7724
  - 2957 Monticello Dr.  
 Falls Church, VA 22042  
 703-536-1827  
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 Or visit web:  
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 El Salvador 149  
 Guatemala 149  
 India 106  
 Korea 112  
 United States 162
- Being a Boy Means Hard to Place 17
- Bethany Christian Services*  
 Int'l Services office:  
 2600 5-Mile Rd. NE  
 Grand Rapids, MI 49525  
 800-652-7082  
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 Main Campus:  
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 Colombia 145  
 Ecuador 147  
 Guatemala 149  
 Hong Kong 106  
 India 106  
 Korea 112  
 Lithuania 124  
 Philippines 115  
 Russia 126  
 Ukraine 132
- Bilingual Medical Forms 140  
 BOLIVIA 144  
 Bonding- the Development of Emotional Attachment 40  
 BRAZIL 144  
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W. Springfield, MA 01089  
 413-827-4318 (for China: 845-268-6194, FAX 845-268-9078)  
 FAX 845-827-4377  
[www.brightsideadoption.org/china](http://www.brightsideadoption.org/china)  
[ptbrightside@aol.com](mailto:ptbrightside@aol.com)

China 99  
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*CASI Foundation for Children*  
 1. 2308 N. Cole Rd. Suite E  
 Boise, ID 83704  
 208-376-0558 or 800-376-0558  
 FAX 208-376-1931  
[www.adoptcasi.org](http://www.adoptcasi.org),  
[info@adoptcasi.org](mailto:info@adoptcasi.org)  
 2. 3415 Olandwood Ct., #201  
 Olney, MD 20832  
 301-570-9600  
 FAX 301-570-9233

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 Mexico 156  
 Russia 126  
 Ukraine 132

Catholic Charities of Baltimore: see  
 Associated Catholic Charities of Baltimore  
 Child Citizenship Act of 2000 95  
*Children at Heart Adoption Services*  
 1. 145 N. Main St.  
 Mechanicville, NY 12118  
 518-664-5988  
 FAX 518-664-1220  
[ft143@aol.com](mailto:ft143@aol.com)  
[www.childrenatheart.com](http://www.childrenatheart.com)  
 2. Wilmington, NC  
 910-799-6140  
 FAX 910-392-5920

Brazil 144  
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Children's Adoption Services, International:  
 see CASI Foundation for Children  
*Children's Home & Aid Society*  
 910-2<sup>nd</sup> Avenue

Rockford, IL 61104  
 815-962-1043  
 FAX 815-962-1272  
 e-mail [adopt@nw.chasi.org](mailto:adopt@nw.chasi.org) or visit  
 website: [www.chasisystems.org](http://www.chasisystems.org)

Guatemala 149  
*Children's Home Society & Family Services*  
 1605 Eustis St.  
 St. Paul, MN 55108  
 651-646-6393  
 FAX 651-646-0436  
[www.chsm.com](http://www.chsm.com), [welcome@chsm.com](mailto:welcome@chsm.com)

Bolivia 144  
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 India 106  
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 Romania 126  
 Russia 126  
 Vietnam 118

*Children's Hope International (MO)*  
 9229 Lackland Rd.  
 St. Louis, MO 63114  
 314-890-0086, TN, NH (for New  
 England), CA, Kansas City  
 FAX 314-427-4288  
 Branches & associates in AZ, IL, TN,  
 WA, OR, NY (for east coast)  
 E-mail: [info@childrenhope.com](mailto:info@childrenhope.com)  
 Or visit web: [www.childrenshope.com](http://www.childrenshope.com)

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 Russia 126  
 Vietnam 118

*Children's House International*  
 1. PO Box 1829  
 Ferndale, WA 98248  
 360-383-0640  
 FAX 360-312-8404  
 2. 1236 N. 150 W

American Fork, UT 84003  
801-756-0587  
FAX 801-763-8384

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China 99  
Ecuador 147  
Guatemala 149  
Haiti 155  
Hungary 124  
India 106  
Kazakhstan 109  
Mexico 156  
Moldova 125  
Nepal 115  
Peru 157  
Romania 126  
Russia 126  
Ukraine 132  
Vietnam 118

CHILE 145

CHINA 99

*Chinese Children Adoption International (CCAI)*

1. 6920 S. Holly Circle  
Englewood, CO 80112  
303-850-9998  
FAX 303-850-9997  
[www.chinesechildren.org](http://www.chinesechildren.org)  
[mail@chinesechildren.org](mailto:mail@chinesechildren.org)
2. 5825 Glenridge Dr.  
Bldg 1, #126  
Atlanta, GA 30328  
404-250-0055  
FAX 404-250-0099  
[ccaiga@chinesechildren.org](mailto:ccaiga@chinesechildren.org)
3. 1801 Miccosukee Commons Dr  
Tallahassee, Fl. 32308  
850-878-8788  
FAX 850-878-8988  
[ccaifl@chinesechildren.org](mailto:ccaifl@chinesechildren.org)

China99

Choosing a Name for Your Foreign- Born  
Child45

*Christian World Adoption, Inc.*

1. 777 South Allen Road  
Flat Rock, NC 28731  
828-693-7007

FAX 828-693-8113

2. 111 Ashley Ave  
Charleston, SC 29401  
843-722-6343  
FAX 843-722-1616

[www.cwa.org](http://www.cwa.org)

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Ukraine 132

COLOMBIA 145

*Commonwealth Adoptions International*

1. 1585 E. River Road, Ste 121  
Tucson, AZ 85718  
520-327-7574  
FAX 520-327-8640  
[www.commonwealthadoption.org](http://www.commonwealthadoption.org)  
[cai@commonwealthadoption.org](mailto:cai@commonwealthadoption.org)
2. 13902 N. Dale Mabry Hwy, Ste 102  
Tampa, FL 33618  
813-269-4646  
FAX: 813-269-7722
3. 7141 Cuesta Way  
Rockford, MI 49341  
616-874-9830  
FAX: 616-874-0592
4. 215 Executive Drive #302  
Cranberry Township, PA 16066  
724-772-8190  
FAX 724-772-8199
5. 1224 B West Littleton Blvd  
Littleton, CO 80120  
303-733-7170  
FAX 303-722-4493
6. 420 Avalon Lane  
Coppell, TX 75019  
972-393-5859  
FAX: 972-393-5115

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Guatemala 149

India 106

Kazakhstan 109

Russia 126

Taiwan 117  
Ukraine 132  
Comparison of Domestic and Intercountry  
Adoption 70

*Coordinators/2, Inc.*

1617 Monument Ave., Suite 301  
Richmond, VA 23220  
804-354-1881 or 800-690-4206  
FAX 804-355-1001

[www.c2adopt.org](http://www.c2adopt.org)

E-mail [info@c2adopt.org](mailto:info@c2adopt.org)

Contact Leslie Armstrong

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Russia 126

Ukraine 132

United State 162

*The Cradle*

Contact Marc Arneson

2049 Ridge Ave.

Evanston, IL 60201

847-475-5800

FAX 847-475-5871

[marneson@cradle.org](mailto:marneson@cradle.org)

[www.cradle.org](http://www.cradle.org)

Russia 126

United States 162

Culture Shock and Other Stresses in  
Intercountry Adoption 28

*Dillon International, Inc.*

1. 3227 E. 31<sup>st</sup> St., #200

Tulsa, OK 74105

918-749-4600

FAX 918-479-7144

[www.dillonadopt.com](http://www.dillonadopt.com)

[info@dillonadopt.com](mailto:info@dillonadopt.com)

2. 1 First Missouri Center, #115

St. Louis, MO 63141

314-576-4100

FAX 314-453-9975

[dillonmissouri@dillonadopt.com](mailto:dillonmissouri@dillonadopt.com)

3. 3801 Loch Lane

N. Little Rock, AR 72116

501-791-9300

FAX 501-791-9303

[dillonarkansas@dillonadopt.com](mailto:dillonarkansas@dillonadopt.com)

4. 5934 E. 10<sup>th</sup> Street

Wichita, KS 67208

316-682-2595

[dillonkansas@dillonadopt.com](mailto:dillonkansas@dillonadopt.com)

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India 106

Korea 112

Ukraine 132

Vietnam 118

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480-945-2221

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[info@dillonsouthwest.org](mailto:info@dillonsouthwest.org)

Korea 95

Do Adoptive Families Live Happily Ever  
After? 63

*Dove Adoptions International, Inc.*

180 N. Main Street

Banks, OR 97106

503-324-9010

FAX 503-324-9080

[www.adoptions.net](http://www.adoptions.net)

[dove@adoptions.net](mailto:dove@adoptions.net)

Ethiopia 97

Russia 126

Ukraine 132

ECUADOR 147

EL SALVADOR 149

ETHIOPIA 97

EUROPE (Eastern): Agency Listings 121

*European Adoption Consultants*

9800 Boston Rd.

N. Royalton, OH 44133

440-237-3554

FAX 440-237-6910

[www.eaci.com](http://www.eaci.com)

[cacadopt@aol.com](mailto:cacadopt@aol.com)

China 99

Guatemala 149

Kazakhstan 109

Russia 126

Ukraine 132

Vietnam 118

Extraordinary Services 164

*Families thru International Adoption*

400 Bente West Court  
Evansville, IN 47715  
812-479-9900  
888-797-9900  
FAX 812-479-9901

[www.ftia.org](http://www.ftia.org)  
[adopt@ftia.org](mailto:adopt@ftia.org)

Brazil 144  
China 99  
Guatemala 149  
India 106  
Russia 126  
Vietnam 118

*Family & Children's Agency*

1. 9 Mott Ave.  
Norwalk, CT 06850-3308  
203-855-8765  
FAX 203-838-3325  
E-mail: [lhall@fcagency.org](mailto:lhall@fcagency.org)  
[www.familyandchildrensagency.org](http://www.familyandchildrensagency.org)
2. 151 New Park Ave.  
Hartford, CT 06106  
860-586-2365  
FAX 860-586-2363  
E-mail: [jcaughlin@fcagency.org](mailto:jcaughlin@fcagency.org)

China 99  
Korea 112  
Russia 126  
Taiwan 117  
Ukraine 132  
United States 162

The Family Doctor 71

Family's Opinions on Special Medical Needs  
88

Financial Assistance 12

Foreign Waiting Children 77

From the Heart Adoption Services: see  
Children at Heart Adoption Services

GEORGIA 124

Gracious Answers to Awkward Questions 58

*Great Wall China Adoption*

248 Addie Roy Rd., #A 102  
Austin, TX 78746  
512-323-9595  
FAX 512-323-9599

[www.gwcadapt.org](http://www.gwcadapt.org)  
[info@gwcadapt.org](mailto:info@gwcadapt.org)

China 99

Grief of Internationally Adopted Children  
38

GUATEMALA 149

Guidelines for Behavior While Visiting  
Another Culture 27

HAITI 155

*Hands Across the Water*

2890 Carpenter Rd., #600  
Ann Arbor, MI 48108  
734-477-0135  
FAX 734-477-0213

[www.hatw.org](http://www.hatw.org)  
[hatw.nelson@att.net](mailto:hatw.nelson@att.net)

Brazil 144

Bulgaria 122

Guatemala 149

Kazakhstan 109

Lithuania 124

Russia 126

Ukraine 132

Health Regulations 79

*Heartsent Adoptions, Inc.*

1. 15 Altrinda Rd., #100  
Orinda, CA 94563  
925-254-8883  
FAX 925-254-8866
2. 7940 California St., #2  
Fair Oaks, CA 95628  
916-965-8881  
FAX 916-965-8893
3. 454 S. Marango Ave.  
Pasadena, CA 91101  
626-793-8333  
FAX 626-493-2738

China 99

Guatemala 149

Hong Kong 106

Kazakhstan 109

Russia 126

Taiwan 117

Thailand 117

Ukraine 132

Vietnam 118

*Heaven Sent Children*

307 N. Walnut St.  
Murfreesboro, TN 37130  
615-898-0803

FAX 615-898-1990	Guatemala	149
<a href="mailto:hcsangels@aol.com">hcsangels@aol.com</a>	India	106
<a href="http://www.heavensentchildren.com">www.heavensentchildren.com</a>	Korea	112
China 99	Mongolia	114
Guatemala 149	Philippines	115
Helping Adopted Kids Get Health Coverage	Thailand	117
91	Vietnam	118
<i>A Helping Hand Adoption Agency</i>	<i>Homestudies &amp; Adoption Placement Services, Inc.</i>	
1510 Newtown Pke Suite 146	668 American Legion Dr.	
Lexington, KY 40511	Teaneck, NJ 07666	
859-263-9964	201-836-5554	
800-525-0871	FAX 201-836-0204	
FAX 859-263-9957	<a href="mailto:maric@haps.org">maric@haps.org</a>	
<a href="http://www.worldadoptions.org">www.worldadoptions.org</a>	Website: <a href="http://haps.org">haps.org</a>	
<a href="mailto:tony@worldadoptions.org">tony@worldadoptions.org</a>	China	99
China 99	Guatemala	149
Guatemala 149	Kazakhstan	109
High Altitude Medical Concerns 138	Romania	126
<i>Holt International Children's Services</i>	Russia	126
1. Main Office:	HONDURAS	156
PO Box 2880, 1195 City View	HONG KONG	106
Eugene, OR 97402	How to Make the Wait for Your Child Easier	
541-687-2202	to Bear	22
FAX 541-683-6175	How to Use the <i>Report 2</i>	
Branch offices in Portland & Little	<i>Illien Adoptions International</i>	
Rock, AR	1250 Piedmont Ave., NE	
2. New Jersey Branch Office	Atlanta, GA 30309	
340 Scotch Rd., 2 <sup>nd</sup> Floor	404-815-1599	
Trenton, NJ 08628	FAX 404-876-0483	
609-882-4972	<a href="mailto:illienusa@aol.com">illienusa@aol.com</a>	
FAX 609-883-2398	Website: <a href="http://www.illienadoptions.org">www.illienadoptions.org</a>	
3. Midwest Branch Office:	Brazil	144
10685 Bedford Ave., #300	Bulgaria	122
Omaha, NE 68134	Chile	145
402-934-5031	Haiti	155
FAX 402-934-5034	India	106
4. California Branch Office:	Lithuania	124
3807 Pasadena Ave., #115	Nepal	115
Sacramento, CA 95821	Romania	126
916-487-4658	Russia	126
FAX 916-487-7068	Thailand	117
5. 103 W. Main St.	Ukraine	132
PO Box 488	Immunizations for Families Going Abroad to	
LeGrand, IA 50142	Adopt	25
641-479-2054	The Importance of Orphanage Donations	26
Bulgaria 122	INDIA	106
China 99	<i>Integrity, Inc.</i>	
Ecuador 147	6124 Northmoor	

- Little Rock, AR 72204  
501-614-7200  
FAX 501-614-7254  
[www.integrityinc.com](http://www.integrityinc.com)
- Guatemala 149  
International Special Needs 85  
The Internet & Adoption 7  
Introductory Note 1  
Is There Life After Hepatitis B? 79  
JAPAN 109  
Jewish Child Care Association: see Ametz  
Adoption Program  
Karing Angels International Adoptions, Inc.  
302 Virginia Avenue  
Oceanside, NY 11572-5433  
516-764-9563  
FAX: 516-678-8044  
E-mail: [karingangelsintl@aol.com](mailto:karingangelsintl@aol.com)  
Web: [www.karingangelsintl.org](http://www.karingangelsintl.org)
- Guatemala 140  
Kazakhstan 109  
KAZAKHSTAN 109  
Kids Aren't Perfect 61  
KOREA 112  
Korea: State Contracts 119  
Language Development after Intercountry  
Adoption 46  
LATIN AMERICA: agency listing 144  
LIBERIA 98  
*Lifelink Adoption Service*  
1. 331 S. York Rd.  
Bensenville, IL 60106  
630-776-3570, Adoption Unit  
FAX 630-521-8844  
[www.lifelinkadoption.org](http://www.lifelinkadoption.org)  
Additional offices: Champaign (217-  
352-5283), Moline (563-762-5645),  
Edwardsville (618-692-4575), Peoria  
(309-681-1912), Rockford (815-639-  
0967)  
2. C/o 1<sup>st</sup> Congregational Church, UCC,  
1031 S. Euclid  
Sarasota, FL 34237  
941-957-1614  
FAX 941-57-1201  
3. 5705 W. Lacy Rd.  
Fitchburg, WI 53711  
608-278-4011
- Additional offices: Appleton (920-  
882-8450) Brookfield (262-781-778)  
4. C/O Edwards Congregational Church  
3420 Jersey Ridge Road  
Davenport, IA 52807  
319-441-0165  
FAX 309-762-5678
- Bulgaria 122  
China 99  
Hong Kong 106  
Korea 112  
Philippines 115  
Ukraine 132  
LITHUANIA 124  
*Littlest Angels International*  
1. 21931 2225 Road  
Cedaredge, CO 81413  
970-856-6177 or  
800-875-4253  
FAX 970-928-2020  
[www.littlestangelsinternational.com](http://www.littlestangelsinternational.com)  
E-mail: [angels@kaycee.net](mailto:angels@kaycee.net)
- United States 163  
Local Service Agencies by Name 173  
Local Service Agencies by State 183  
*Los Ninos (Children's) International Adoption  
Center*  
2408 Timberloch Place, #D-1  
The Woodlands, TX 77380  
281-363-2892  
FAX 281-419-5310  
[www.losninos.org](http://www.losninos.org)  
[rerichson@losninos.org](mailto:rerichson@losninos.org)
- Bulgaria 122  
China 99  
Colombia 145  
Guatemala 149  
Kazakhstan 109  
Panama 157  
Russia 126  
Ukraine 132
- Los Ninos International: Networking  
Agencies 159  
*Lutheran Social Services of New England*  
1. 2139 Silas Deane Hwy, #201  
Rocky Hill, CT 06067  
860-257-9899  
FAX 860-257-0340

- [www.adoptlss.org](http://www.adoptlss.org)  
[lssintl@aol.com](mailto:lssintl@aol.com)
2. 85 Manchester Street  
 Concord, NH 03301  
 603-224-8111
  3. 116 Rolfe St.  
 Cranston, RI 02910  
 401-785-0015
  4. 74 Elm St.  
 Worcester, MA 01609  
 508-791-4488
- Bulgaria 122  
 China 99  
 Romania 126  
 Ukraine 132  
 Vietnam 118
- Medical and Psychological Evaluation 79  
 Medical Concerns for International Adoptees  
 73  
 Medical Notice for Adult Korean Adoptees  
 72  
 Medical Supplies Needed Here and Abroad  
 167  
 MEXICO 156  
 MOLDOVA 125  
 MONGOLIA 114  
*Needle Tips & The Hepatitis B Coalition News*  
 83  
 NEPAL 115  
*New Horizons Adoption Agency, Inc. (MN)*  
 Frost-Benco Bldg., Hwy 254  
 PO Box 623  
 Frost, MN 56033  
 507-878-3200  
 605-332-0310 (South Dakota)  
 641-421-7332 (Iowa)  
 FAX 507-878-3132  
[nhaa@means.net](mailto:nhaa@means.net)  
[www.nhadoptionagency.com](http://www.nhadoptionagency.com)
- Guatemala 149  
 Russian 126  
 Ukraine 132  
 Vietnam 118
- New Life Adoption Agency, Inc. (NY)*  
 711 E. Genessee St. #210  
 Syracuse, NY 13210  
 315-422-7300  
 FAX 315-475-7727
- [www.newlifeadoptions.org](http://www.newlifeadoptions.org)  
[newlife@newlifeadoptions.org](mailto:newlife@newlifeadoptions.org)
- China 99  
 United States 162  
 Newsletters and Magazines 9  
 Note on Intercountry Adoptions 93  
 Older Child Does Not Equal Attachment  
 Disordered 83  
*The Open Door Adoption Agency, Inc.*  
 PO Box 4, 218 E. Jackson St.  
 Thomasville, GA 31792  
 229-228-6339  
 FAX 229-228-4726  
[www.opendooradoption.com](http://www.opendooradoption.com)  
[opendoor@rose.net](mailto:opendoor@rose.net)
- China 99  
 Ecuador 147  
 Guatemala 149  
 Russia 126  
 Ukraine 132  
 United States 162  
 PAKISTAN 115  
 PANAMA 157  
 PERU 157  
 PHILIPPINES 115  
 POLAND 126  
 Portuguese-English Medical Report 142  
 Post-Adoption Legal Issues 53  
 Post Placement Reports, Significance 51  
 Post-Placement Requirements & Suggestions  
 93  
 Practical Hints to Help With Adjustment 43  
 Preparing for a Child From Abroad 16  
 Professional Assistance & Volunteer Support  
 169  
 Questions on Intercountry Adoption 11  
 The Racial Factor 20  
*Rainbow Adoptions International*  
 29 West Main Street  
 Suite 101  
 Avon, CT 06001  
 (860) 677-0032  
 FAX (860) 677-0042  
 E-mail address:  
[rainbow@rainbowadoptions.org](mailto:rainbow@rainbowadoptions.org)  
 Or visit website:  
[www.rainbowadoptions.org](http://www.rainbowadoptions.org)  
 Guatemala 149



Reading Sources 8  
 Reprint Permission for Articles 5  
 ROMANIA 126  
 Roots and Wings: see Adoption Today Magazine  
 RUSSIA 126  
 Single-Parent Information 170  
 Spanish-English Medical Report 140  
*Special Additions, Inc.*  
 20285 Metcalf., PO Box 10  
 Stilwell, KS 66085-0010  
 913-681-9604  
 FAX 913-681-0748  
[www.specialadditions.org](http://www.specialadditions.org)  
[Info@specialadditions.org](mailto:Info@specialadditions.org)  
 Bulgaria 122  
 China 99  
 Guatemala 149  
 India 106  
 Moldova 125  
*Spence-Chapin Services to Families and Children*  
 6 E. 94<sup>th</sup>  
 New York, NY 10128-0698  
 212-369-0300  
 FAX 212-722-0675  
[www.spence-chapin.org](http://www.spence-chapin.org)  
[info@spence-chapin.org](mailto:info@spence-chapin.org)  
 Bulgaria 122  
 China 99  
 Colombia 145  
 Ecuador 147  
 Guatemala 149  
 India 106  
 Kazakhstan 109  
 Korea 112  
 Moldova 125  
 United States 162  
 Vietnam 118  
 Sponsorship and Healing 166  
 SRI LANKA 117  
 Suggestions to Prospective Single Adopters 31  
*Sunny Ridge Family Center*  
 1. Main Office:  
 2 S. 426 Orchard Rd.  
 Wheaton, IL 60187  
 630-668-5117 x230  
 FAX 630-668-9659  
[www.sunnyridge.org](http://www.sunnyridge.org)

[pearwood@sunnyridge.org](mailto:pearwood@sunnyridge.org)  
 2. 900 Ridge Rd., #H  
 Munster, IN 46321  
 219-836-2117  
 FAX 219-836-2621  
[office@sunnyridge.org](mailto:office@sunnyridge.org)  
 China 99  
 Guatemala 149  
 Poland 126  
 Russia 126  
 Ukraine 132  
 United States 162  
 Sunshine Adoption, Inc.  
 910 Elm Grove Road, Ste 34  
 Elm Grove, WI 53122  
 262-796-9898  
 FAX 262-796-9897  
 E-mail [info@sunshineadoption.org](mailto:info@sunshineadoption.org)  
 Web [www.sunshineadoption.org](http://www.sunshineadoption.org)  
 Bulgaria 122  
 China 99  
 Columbia 145  
 Guatemala 149  
 Kazakhstan 109  
 Russia 126  
 Ukraine 132  
 TAIWAN 117  
 THAILAND 117  
 To Join or Not to Join 15  
 Translators 169  
 UKRAINE 132  
 United States Adoption Programs 162  
*Uniting Families Foundation*  
 95 W. Grand, #206  
 Lake Villa, IL 60046  
 847-356-1452  
 FAX 847-356-1584  
<http://hometown.aol.com/unitingfam/index.html>  
 China 99  
 Vietnam 118  
*Villa Hope*  
 6 Office Park Circle, #218  
 Birmingham, AL 35223  
 205-870-7359 or 1-866-261-7359  
 8 AM – 4 PM Mon-Fri  
 FAX 205-871-6629  
 E-mail [villahope@villahope.org](mailto:villahope@villahope.org)



[www.villahope.org](http://www.villahope.org)

China 99  
Ecuador 147  
Guatemala 149  
Kazakhstan 109  
Peru 157  
Russia 126  
Ukraine 132

*Voices for International Development and Adoption*

(VIDA)

354 Allen St.  
Hudson, NY 12534  
518-828-4527  
FAX 518-828-0688

[www.villadopt.org](http://www.villadopt.org)  
[vidaadopt@aol.com](mailto:vidaadopt@aol.com)  
[vida@berk.com](mailto:vida@berk.com)

Bulgaria 122  
China 99  
El Salvador 147  
Guatemala 149  
Honduras 156  
Japan 109  
Lithuania 124  
Philippines 115  
Russia 126  
Ukraine 132  
United States 162

*Wasatch International Adoptions, Inc.*

3725 Washington Blvd., Ste. 9  
Ogden, UT 84403  
801-334-8683  
FAX 801-334-0988

[www.wiaa.org](http://www.wiaa.org)  
[info@wiaa.org](mailto:info@wiaa.org)

Bulgaria 122  
China 99  
Guatemala 149  
Haiti 155  
Kazakhstan 109  
Ukraine 132

*Welcome House Adoption Program of Pearl S. Buck*

*International*

520 Dublin Rd.  
Perkasie, PA 18944-3000  
215-249-0100  
FAX 215-249-9657 or  
215-249-0125

[www.pearl-s-buck.org](http://www.pearl-s-buck.org)

China 99  
Korea 112  
Philippines 115  
Russia 126  
United States 162

What Should You Expect From Your  
Agency? 68

When Are You “Too Old” to Adopt? 32

*Wide Horizons for Children, Inc.*

Main office:

38 Edge Hill Rd  
Waltham, MA 02451  
781-894-5330  
FAX 781-899-2769

Offices also in CT, RI, VT, NH, NJ,  
NY

Cambodia 99  
China 99  
Colombia 145  
Ethiopia 97  
Guatemala 149  
India 106  
Korea 112  
Philippines 115  
Russia 126  
Ukraine 132  
United States 162

*World Child*

1. Main office:

9300 Colombia Blvd.  
Silver Springs, MD 20910  
301-588-3000  
FAX 301-585-7879

[www.worldchild.org](http://www.worldchild.org)  
[marywci@aol.com](mailto:marywci@aol.com)

2. 113 Park Ave., #200  
Falls Church, VA 22046  
703-536-8523

FAX 703-536-8570

3. 134 Main St.  
New Paltz, NY 12561  
800-434-2367

FAX 845-255-2567

4. 1033 W. Ontario, #3A  
Oak Park, IL 60302  
708-848-6727

FAX 708-848-6481

[sschroerin@aol.com](mailto:sschroerin@aol.com)

5. 207 Brooks Ave.  
Gaithersburg, MD 20877  
301-977-8339  
FAX 301-977-7483

Bolivia	144
China	99
Ecuador	147
Guatemala	149
Kazakhstan	109
Peru	157
Romania	126
Russia	126
Ukraine	132

*World Partners Adoption, Inc.*

2205 Summit Oaks Ct.  
Lawrenceville, GA 30043  
770-962-7860  
FAX 770-513-7767

[www.worldpartnersadoption.org](http://www.worldpartnersadoption.org)

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Bulgaria	122
Columbia	145
Guatemala	149
Kazakhstan	109
Russia	126
Ukraine	132

## INTRODUCTORY NOTE

Americans are seeking to adopt in ever-increasing numbers. At the same time, largely because of birth control and abortion rulings, as well as new attitudes regarding unwed mothers, the availability of adoptable babies and young children in the United States, Canada, and Western Europe is extremely low. Prospective parents are often frustrated in their efforts to adopt a healthy young child. In other parts of the world, however, homeless children wait in institutions for a family of their own. There are a number of reasons for their being there: natural and man-made disasters, poverty, and illegitimacy. They live in conditions ranging from adequate to appalling, and they are often doomed to short, bleak existences. This waste of lives is the focus of our commitment: to try to lead parents and children to each other.

This Report is continuously updated with new information received and any changes in the programs and policies of the agencies and organizations. We make no pretense of knowing all the rules and regulations of the 50 United States. Sometimes rules and regulations between any particular state and foreign country can make adoption from that country difficult, or even impossible. Please keep in mind that the policies of your own state must be satisfied, and find out what they are!

ADOPTION RESOURCE CENTER OF CT, INC.  
78 Eastern Boulevard, Glastonbury, CT 06033, 860-657-2626

## ADOPTION PROCEDURE

You must have a home study done by a social worker. All adoptions require a home study; in most states it must be done by a licensed adoption agency. The social worker will have several interviews with the parent(s) as well as visiting the home. If you are planning to move across state lines, check with your proposed new state of residence to see if the home study is transferable. You will most likely proceed in the following manner:

1. Apply to a private, state-licensed agency, or to an individual social worker in your state to have a home study done.
2. Contact the placing agency. When it has accepted the completed home study from your local agency, it will obtain information on a child, and probably a picture. This is called a referral. If you accept the child, his birth certificate and proof of abandonment or relinquishment will be sent, and immigration proceedings can begin. Using Advance Processing (ask your agency) can shorten the time considerably. If it is necessary for there to be an adoption from the country of birth, the agency will also send a list of papers needed for that, along with the necessary Power of Attorney.
3. The placing agency will send papers to the child's country to begin proceedings there.
4. Be patient – everything takes time.
5. When papers have been approved, the visa granted, and the adoption completed within the child's country (if necessary), he will be flown to the U.S., and the wait will be over. In many cases a parent (or both parents) must travel to the child's country to complete processing.
6. After the child's arrival you must complete U.S. adoption proceedings, as prescribed by state law. If your adoption was final in the birth-country, there are still things to check:
  - a) be sure your health insurance covers your new child;
  - b) be sure your new child's inheritance rights are covered in your will;
  - c) does your state issue an amended birth certificate? There may be some advantages with an English birth certificate;
  - d) if a change in birth-date is indicated after consulting your medical people, see your family lawyer.

## HOW TO USE THE *REPORT*

### GENERAL CONSIDERATIONS

First a few explanations:

1. Citizenship and Immigration Services (CIS) requires *either* you or your spouse to be a U.S. citizen. CIS requires you be at least 25 years old if you are single.
2. Unless noted in the individual entry, you are to assume that "TIME" means after all the paperwork (home study, etc.) is accomplished here.
3. Unless a geographical restriction appears after the organization's name, you may assume they can

- place in all states using a network agency if appropriate.
4. “Direct, full-service” means that all phases of your adoption (home study, referrals, placement, and post-placement counseling and reports) can be covered by the placing agency.
  5. Fees for the home study and travel are usually not included in “COST.”
  6. Previous divorce is usually acceptable, but multiple divorces, perhaps indicating general instability, are usually not accepted.
  7. “Singles, yes” means that both men and women may use this program, but single women are generally more acceptable than single men. Women are more readily accepted for boys than men are for girls.
  8. The absence of information means that the agency did not answer any questions concerning that information.
  9. Unless religious restrictions are mentioned, assume that there are none, except for traditional medical care. We have tried to be very careful to say “no religious restrictions” when this is true of agencies with names that might suggest such restriction.

ARC-CT encourages you to send letters of inquiry to all of the organizations whose opportunities and restrictions fit your circumstances. This initial letter can be a typed, photo-copied page summarizing your position; some idea of income, why you want to adopt, ages and sex of the children you may already have, length of marriage (if applicable), religious affiliation (if applicable), infertility (if applicable), explanation of sex-preference in the new child (particularly if you wish to adopt a

girl), etc. You will ask for a preliminary application and general information.

When you have received replies, you will then be obliged to choose ONE child-placing agency. It is considered highly unethical to make a formal application to more than one child-placing agency at a time.

ARC-CT would greatly appreciate hearing from you regarding answering time, how helpful the information was, and anything else you’d care to add regarding your impressions, service, etc.

Please be aware that at any given time, one or more programs of child-placing organizations may be “full” – meaning they are not accepting applications for some months. However, many agencies have programs in several countries. This is considered ethical practice considering the number of parents applying, and the fact that the U.S. and Canada are not the only countries adopting foreign-born children.

We *strongly encourage* agencies to include extensive information in their initial meeting, but *DON’T* expect agencies to have phone time to discuss many of them. One question that parents often ask is pretty irrelevant: “How many children have you placed? Under what circumstances? Since the agency began? Since a particular country allowed placing? Does the agency maintain ten programs or two?” An agency placing a couple hundred or more kids a year will look better on paper than a brand-new agency with a brand-new program that placed ten kids last year. Both sets of numbers are phenomenal *for their particular circumstances*. Please, don’t fall into the numbers trap. Ask *only* when it’s a new or experimental program.

## HOW TO USE THE AGENCY LISTINGS

*ADDRESSES & PHONE NUMBERS of all child-placing agencies appear with their names in the index of the Report. Local service agencies also appear in a separate list by name, with addresses if they are not placing agencies, and by state.*

### NOTICE:

*THE ORGANIZATIONS LISTED SUPPLIED THE INFORMATION THAT APPEARS HEREIN, which is CURRENT AT THE TIME OF PRINTING. ARC-CT assumes neither responsibility nor liability for changes in policy, availability of children, costs, etc., nor the accuracy of the information received.*

*For American citizens who become involved in adopting a foreign orphan while living abroad, International Social Services may sometimes be able to facilitate the child's immigration. See also "Extraordinary Services" in this Report.*

*We make every effort to see that our books are perfect. Human error, however, does creep in. PLEASE LET US KNOW IF YOUR BOOK IS INCOMPLETE SO WE CAN REPLACE IT.*

We very often hear, "We certainly can love and support another child, but we're not rich and we can't afford the fees." *Don't let the fees overwhelm you!* You don't have to have all the money in your hand before you walk in the agency door. Get creative: think about a low-interest loan from your credit union or your church; can your employer offer benefits?; how about your modest inheritance from your Aunt Alice? Can your agency afford to offer you time-payments or to use your credit card? Many cannot, for good and ethical reasons.

And don't forget the \$10,000 Adoption Tax Credit!

### PROSPECTIVE ADOPTERS NEED TO KNOW THAT NOT ALL FEES ARE REQUIRED UP FRONT.

All clients deserve a written list of required fees, to whom they are sent, and when they are to be paid. Sometimes an escrow account in a bank is used for fees as proof that applicants are seriously pursuing an adoption. Adoption sources overseas DO change through no fault of the agency, law firm, or facilitator. ARC-CT has heard of more problems with fees lately, and believes this warning is necessary. Some states are putting fee schedules in their adoption regulations for all licensed agencies.

### NETWORKING:

Programs available through an agency by networking are not listed (because the listings would be twice as long). If your agency is not listed for a particular program, don't hesitate to ask if they can access the program by networking.

### PLEASE NOTE:

When there is more than one agency with the same name, the location (state) appears in parentheses after the name of the agency, for example, Adoption Alliance (CO) and Adoption Alliance (PA). This does NOT mean that the agencies serve only these states, but merely identifies them by location.

When an agency's program serves only a particular state, states, or region, the agency's entry reads, for example under Chile, "Children's Hope (Serving only MICHIGAN)." This notice appears after the agency named for a particular program. If there is no parenthetical note, you may assume that the agency places in all contiguous U.S. states, but not

necessarily Alaska, Hawaii, Guam, Puerto Rico, or the U.S. Virgin Islands.

**IN CASE YOU MOVE, PLEASE REMEMBER:**

The U.S. Post Office doesn't forward bulk mail, so when you move PLEASE inform ARC-CT. It would be most helpful if you'd let us know BOTH old and new addresses.

IF YOU CHOOSE TO CALL agencies on initial inquiry, instead of writing, PLEASE don't feel put out if the person you reach doesn't seem to have time for a casual, lengthy conversation, or doesn't have all the information you want readily available. This hold especially when you want very specific answers or you are in unusual circumstances, such as being

“older,” being a U.S. citizen living abroad, wanting a particular kind of child, etc. Many times the phone people are volunteers (God bless them!) and can only take your name and address and offer to send you the agency's information – which is exactly what you should be gathering at this point in your adoption.

**NOTE TO AGENCIES:**

This initial information should be *very* comprehensive, covering all specific questions a prospective adopter would normally ask: time frame, fee schedule, geographic restrictions, etc. Some initial information we've seen is excellent, but others miss some very important points and use jargon.

NOTICE: Any article in this *Report* may be reprinted in its entirety with credit given both to the individual author and ARC-CT.

*Children don't have to match.  
They don't have to come as babies.  
They don't have to come one at a time,  
And they don't have to be perfect.*

Adoptive and birthparent, Boulder, Colorado

***Disclaimer:***

Although ARC-CT does its very best to screen all agencies listed in this report for quality and reliability, we are not responsible if the parents are disappointed in their chosen placing agency and the service they received.

## ARC-CT POLICY ON INCLUSION OF CHILD-PLACING AGENCIES

A request for inclusion in the ARC-CT listings does not necessarily mean that inclusion will follow. Agencies and like organizations that have, for instance, extremely high fees for their programs compared with other programs in the same country, are carefully questioned and, on occasion, may then be included along with explanatory information. This decision is the responsibility of ARC-CT.

Agencies and like organizations with histories that range from dubious to bordering on illegal are not included.

Agencies and like organizations that announce new programs are, of course, welcome, but ARC-CT would like to hear how such adoptions go and generally how successful a new program is over a period of time. Reputable agencies, of course, don't announce new programs until they're running fairly predictably, *or* the agency makes it *very* clear that the program is a pilot program.

ARC-CT does not report on agencies, organizations, or programs *unless* information is verified through contact with the director or other person of authority within the organization, received directly from the organization's newsletter, or provided in response to our own ARC-CT questionnaire.

ARC-CT publishes information on agencies and like organizations *only* with their written permission.

ARC-CT maintains a file of copies of state-issued licenses and not-for-profit status that provide "permission to practice."

## GUIDELINES FOR AGENCIES

In accordance with the guidelines of the Joint Council on International Children's Service, and in accordance with ARC-CT's policies, ARC-CT requires the following criteria for placing agencies we publish in the *Report on Intercountry Adoption*:

- 1) Agencies will hold a currently valid license.
- 2) Agencies will have a 501(c)(3) status.
- 3) Agencies will have held a license for at least two years with no major complaints.
- 4) Agencies will have placed children (adoptions final) from each of their programs for at least one year in order for that particular program (country) to be published. Exceptions are *new* programs identified as pilot programs.
- 5) We will no longer publish information over a year old.



# THE INTERNET & ADOPTION

*By Cheryl Stotts, Americans for African Adoption*

## *You've Got a Problem!*

Ah, yes, the Internet! Lots of "stuff" on it about adoptions, some of it true, some of it not so true. Most sounds good, lots of positive claims, and lots of photos of waiting children. Those kids' pictures – they get to you; they draw you in.

It is SO critical to remember that anyone can put anything on the Internet.

Does that make it true? Not always!

Does that make it legal? Not always!

Does that mean the person or organization that says they can do an adoption in a specific country for you, really can? Not always!

Does that mean the child is truly an orphan, eligible to receive a visa to enter the United States, Canada or another country? Not always!

Does that mean the child's country of origin allows photos of their waiting children to be on the Internet? Not always!

In the past year AFAA has received many phone calls – "We have a problem, can you help? We paid this person, this facilitator, this "organization", money to do an adoption, from an African country or another country and we didn't receive our child – can you help?"

We probably cannot help but we do have a few suggestions. Do you know if there really is a child? Because you saw a photo of a child on the Internet, does not mean that child is a true orphan, that they can receive a visa to your country, or that they were ever legally free for adoption. Because you received a photo or a videotape of a child, does not mean much other than someone took a photo of a child - maybe many people received the same photo, with a request to sponsor or adopt the same child.

We can make suggestions but that is about all we can do. If you feel you've been scammed, money taken, trouble brewing, you probably have been.

## *Here are some steps to take:*

- 1) Call the state (or country) licensing authorities in the state (or country) of the organization. Is the organization a licensed adoption agency? How long have they been licensed? Has their license been consistent? Have there been complaints against the agency? Do the complaints sound legitimate or like someone who may have expected the sun, moon and stars? You can register a complaint.
- 2) Call the state attorney general's office and the secretary of state's office in the state headquarters of the organization or the Ministry of Social Welfare in the organization's country.
- 3) Ask questions, are there any complaints, is the organization a registered charity in the state or country? You can register a complaint.
- 4) Check with the U.S. IRS (Internal Revenue Service) - if an organization is asking for donations they must be registered in the U.S. as a 501(c)(3) charity. Are they? For how long? Do they file their annual reports every year?
- 5) Call the Better Business Bureau in the city of the office - check out possible complaints. You can register a complaint.
- 6) Call the ARC-CT office in Connecticut at 860-657-2626 – what do they know about the organization?
- 7) Call the Office of Children's Issues at the U.S. Department of State in Washington, D.C., at 202-647-2688 – what do they know about the organization and the people who now have you worried?
- 8) Call the U.S. Department of State at 202-647-4000 and ask to be connected to the "desk officer" for the country you are trying to adopt from. What do they know about the organization or person?
- 9) Call the Counselor Officer in the visa section of the U.S. Embassy in the country you are trying to adopt from – what do they know about the organization or person?
- 10) Call the U.S. Immigration office in the country you are trying to adopt from – what do they know? Any problems with the organization or person?
- 11) Call the Washington, D.C. Embassy for the

country you are trying to adopt from – what can they tell you about adoption procedures for their country? Do they know anything, good or bad, about the organization or person you gave money to?

12) Ask the foreign embassy for the name, address phone, fax and/or e-mail for the Ministry of Social Welfare in the foreign country you are trying to adopt from - make some international contacts, what do they know about the organization or person you are trying to work with? Is the organization or individual approved to do adoptions from their country? Does the country allow photos of their orphan children to be on the Internet? How does the country process adoption? Do they insist an organization be a licensed, non-profit adoption agency?

The Internet is a group of many people, putting many things on it - not everyone tells the truth, not everyone is who they say they are and no one is policing the Internet. You MUST protect yourself, you MUST check out whom you are thinking about working with. You would not invest \$20,000+ for a new car without checking it out. Why would you send your hard earned money off to someone or a group because of a photo on the Internet and a slick appearing web page without first checking it out, really checking it out?

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## READING SOURCES

[www.adoptionbooks.com](http://www.adoptionbooks.com)  
[www.tapestrybooks.com](http://www.tapestrybooks.com)  
[www.adoptshoppe.com](http://www.adoptshoppe.com)  
[www.adopting.com/books.html](http://www.adopting.com/books.html)

## CULTURAL RESOURCES

[www.celebratechild.com](http://www.celebratechild.com)  
[www.cultureforkids.com](http://www.cultureforkids.com)  
[www.nyscc.org/t-rarts/t-rarts.html](http://www.nyscc.org/t-rarts/t-rarts.html)

## NEWSLETTERS and MAGAZINES

Listed below are parent-group newsletters that we have found especially helpful and informative. Some concern themselves primarily with intercountry adoption, and some do not. It has been our experience that some parent-group newsletters focus so exclusively on local issues and happenings that they are not especially interesting to those not living there. Those listed below do not so confine themselves unless starred (\*).

*The Adoption Advocate* 360-452-4777  
Adoption Advocates International (WA) www.adoptionadvocates.org  
401 E. Front Street  
Port Angeles, WA 98362

*Adoption Times* 818-709-4737  
Bal Jagat – Children’s World  
9311 Farralone Ave.  
Chatsworth, CA 91311  
quarterly publication

*Adoption Today Magazine* 888-924-6736  
541 E. Garden Drive, #N  
Windsor, CO 80550  
\$24/year USA, \$29 Canada & Mexico, \$42 overseas. This is beautiful but not pretentious. One of the important ones, and now enfolds The Red Thread and Roots and Wings. Well worth expanding your latitude/attitude on adoption. Contributions welcome, subscribe at [www.adoptinfo.net](http://www.adoptinfo.net).

*Adoptive Families Magazine* 646-366-0830  
42 West 38<sup>th</sup> Street, #901  
New York, NY 10018  
Published bi-monthly, \$29.95/year. Parent’s Choice award winner, one of the nation’s leading magazines for pre and post adoptive families. Insightful personal stories from readers plus articles written by leading adoption professionals; columns on adoption news, legislative updates, single parenting, living with diversity, etc. Subscription number 800-372-3300.

*The African Connection* 317-271-4567  
Americans for African Adoptions, Inc. www.africanadoptions.org  
8910 Timberwood Drive  
Indianapolis, IN 46234-1952

*Childlink* 918-749-4600  
Dillon International, Inc. www.dillonadopt.com  
3227 E. 31<sup>st</sup> Street, #200  
Tulsa, OK 74105  
quarterly; no cost

*FAIR Newsletter (Families Adopting in Response)* 650-856-3513  
PO Box 51436 www.fairfamilies.org  
Palo Alto, CA 94303  
Published 4-6 times a year; membership and newsletter, local support activities. \$30/year. Excellent.

*Filipinas* 800-654-7777  
Filipinas Publishing  
1486 Huntington Ave, #300  
San Francisco, CA 94080  
order at 650-872-8650

*Filipinas* is the only nationally-circulated Filipino-American monthly magazine. It offers stories of heroes, achievers, mavericks, and leaders in the community; translates national issues into community issues; plays the role of community advocate; and has become a trusted resource for Philippine culture, history, business, travel, food, and entertainment. \$18/year (12 issues).

*HI Families* 541-687-2202  
Holt International Children's Services bi-monthly; \$20 annual donation  
PO Box 2280, 1195 City View  
Eugene, OR 97402

*Lifelines* 800-652-7082  
Bethany Christian Services  
Int'l Services office: 2600 5-Mile Road NE  
Grand Rapids, MI 49525

*Newsletter* 954-785-0033  
Universal Aid for Children bi-monthly; \$20 annual donation  
Cypress Village E, 167 SW 6<sup>th</sup> Street  
Pompano Beach, FL 33060

*Star Tracks/Stars of David* 800-STAR-349  
3175 Commercial Ave., #100  
Northbrook, IL 60062-1915

A Jewish adoption information and support network is a non-profit organization providing a compassionate network of support, adoption information, and education to prospective parents, adoptive families, adult adoptees, birth families, and the Jewish community. \$125/year/agency or professional, \$50/year/individual or family.

*Thresholds* 210-479-0300  
Limiar: USA quarterly; \$20 per year.  
111 Broken Bough  
San Antonio, TX 78231

*WACAP Today* 206-575-4550  
PO Box 88948 www.wacap.org  
Seattle, WA 98138  
4 issues/\$25/year

*Wide Horizons* 781-894-5330  
Wide Horizons for Children, Inc.  
38 Edge Mill Road  
Waltham, MA 02541  
Sign up for e-newsletter at [www.whfc.org](http://www.whfc.org)

## QUESTIONS ON INTERCOUNTRY ADOPTION

***WE CANNOT OVER-EMPHASIZE THE IMPORTANCE OF YOUR BEING INVOLVED WITH A PARENT-GROUP BEFORE, DURING, AND AFTER YOUR ADOPTION. PARENT-GROUPS PROVIDE EDUCATION AND SUPPORT THAT WILL GREATLY BENEFIT BOTH YOU AND YOUR CHILD.***

### QUESTIONS FOR PARENTS CONSIDERING INTERCOUNTRY ADOPTIONS

Trans-racial adoption is not for every family, just as adoption is not for every family. Some very nice people are not necessarily good parents at all. Many good parents cannot really accept someone else's child and love it as their own. Many adoptive parents are excellent parents to a child of their own race, but not cut out to be good parents to a child of another race or background.

#### **ADOPTING A CHILD OF A DIFFERENT RACE: WHAT IS INVOLVED FOR THE PARENT AND THE CHILD?**

*1. From the parents' point of view:*

Your family will now be interracial for generations. It is not just a question of an appealing little baby. How do you think and feel about interracial marriage? How does your family think and feel when people assume that you are married to an Asian, a Spaniard, or a Black? How do you think and feel about getting some public attention – positive and negative stares, comments? A possible problem could be that the adopted child gets too much attention and others in the family tend to get “left out.” What are your thoughts about race? What characteristics do you think people of other races have? Do you expect your child to have them? The children become Americanized. Do you raise him to have the same identity as you or your other children? Do you help him develop his own identity? Should he have a foreign name? What relationship will his name have to his sense of who he is? Imagine a child you know and love being sent to a foreign country to be adopted. How would you want him raised? As an American in a foreign country or as a native in that country? How can you learn how it is to be non-white or non-black, and growing up in a white or black society? You don't know this from your own experience, so you'll have to find out how to teach yourself to become sensitive to your child's world. Discrimination against Asians, Indians, and Mestizos is subtler than against Blacks, so it is less obvious to a Caucasian or Black, and will require more sensitivity to subtleties.

*2. From the child's point of view:*

*Pre-School years.* The people he loves best look different from him. It will be natural for him to want to resemble those he loves, or else understand why he looks different, and learn that difference is not a bad thing.

*Latency stage.* The child will need help in understanding his heritage and background so he can explain and feel comfortable about his status with his friends.

*Teenage years.* This is the time he tries to figure out *who am I?* Curiosity about his original parents or background may become stronger. Questions about dating arise, and you should look at your community. Try to guess how many of your friends and neighbors would wholeheartedly accept their child dating yours. How would you feel if your child developed a special interest in his native country, and identified himself as a foreigner, involved himself with a group of Asian, Indian, and Latin American teens, wanted to visit his native land? Hopefully you would have kept alive his interest in, and knowledge of his original country's culture and progress, and feel not in the least threatened by his wanting to identify himself with such others.

*Moving into Adulthood.* “Whom will I marry?” Is rather a different question from “Whom will I date?” Do you have an idea not that your child might marry a Caucasian, an Asian, a Mestizo, an Indian, a Black? Would you recommend for or against an interracial marriage for your child?

## SUMMARY

In addition to your qualities, abilities, thoughts, and feelings as parents, it is important for you to understand your motive for this kind of adoption. Do you feel you are doing a good deed for a poor homeless child? Do you feel that you'd be acquiring a status symbol, a conversation piece? On page 41 of her book, *Adoptions Advisor* (Information House, Hawthorn Books, 1975), Jan McNamara bluntly and accurately remarks, "You are adopting a child, not a tropical house-plant to put in the living room." It is important that you respect the child's country and culture. If you feel that your own values and culture are superior to those of your child, or if you feel that your primary orientation is to help this child become absorbed into your culture at the expense of his own, you might find transracial adoption difficult for both you and your child. It is important to keep in mind that children are removed from their own country ONLY because they essentially have no future in that country, and no possibility of being cared for by permanent, nurturing parents, either by adoptions within that country, or strong long-term foster care. Their only alternative to intercountry adoption would be institutionalization until they reach majority.

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## FINANCIAL ASSISTANCE

*Submitted by JCICS and adapted from the National Adoption Information Clearinghouse. For more information on the costs of adoption please consult the NAIC's [Costs of Adoption: A Fact sheet for Families](http://naic.acf.hhs.gov/pubs/s_cost/index.cfm) ([http://naic.acf.hhs.gov/pubs/s\\_cost/index.cfm](http://naic.acf.hhs.gov/pubs/s_cost/index.cfm)).*

International adoption is a wonderful way to assist a child in need and expand a family, but it is also a considerable financial commitment. Many prospective adoptive parents are concerned about the financial costs of adopting and their ability to meet those costs. While becoming a parent is rarely free of expenses (even pregnancy and childbirth can be relatively expensive if there is inadequate insurance), adoptive parents often are faced with initial costs that can seem challenging.

Costs and waiting times for international adoptions vary significantly depending on the country and adopted child. Costs can range from a low of \$12,000 to a high of \$30,000, although most intercountry adoptions average between \$15,000 and \$25,000. Many agencies offer a reduced fee for special needs children or older children. This wide range reflects the multitude of factors that may affect costs.

### **Factors That Affect Costs:**

Home study expenses. A home study must be completed for all prospective parents, no matter what type of adoption they intend to pursue. The purpose of the home study is to prepare the prospective parents for the adoption, gather information about them so that an appropriate match between the child and parents can be made, and evaluate the fitness of the parents. Home studies culminate in the social worker's written report, which includes a recommendation about whether the prospective parents are qualified to adopt and, if so, what age child or children would be most appropriate. The cost for the home study is generally borne by the prospective parents. For international adoption, the private agency or certified (or licensed) social worker may charge \$1,000 to \$3,000 for the home study. In some cases, the fee for the home study may be included in the overall agency fee. Information about all fees should be provided in writing by the agency or social worker, and prospective parents should ask for such information.

Legal fees. All domestic adoptions and some intercountry adoptions must be finalized in a court in the United States. Some intercountry adoptions are finalized in the child's country of origin. Although not required in these situations, parents often choose also to finalize the placement in a U.S. court to provide additional protection of their child's legal status. All of these procedures incur a cost. The cost for court document preparation within the United States can range from \$500 to \$2,000, while the cost for legal rep-

resentation may range from \$2,500 to \$12,000 or more in some States. (Again, these costs may be reimbursable.) In some jurisdictions an adoption can be finalized without representation.

Intercountry adoption costs: \$7,000 to \$30,000. Agencies that provide intercountry adoption services charge fees that range from \$7,000 to \$30,000. These fees generally include dossier and immigration processing and court costs. In some cases, they may include a required donation to the foreign orphanage or agency. Overall costs may be affected by the type of entity in the foreign country that is responsible for placing the child (e.g., government agency, government orphanage, charitable foundation, attorney, facilitator, or some combination thereof). Many intercountry adoption agencies offer a sliding fee scale.

Depending on the country, there may be additional fees, such as:

- Child foster care (usually in South and Central American adoptions)
- Parents' travel and in-country stay(s) to process the adoption abroad
- Escorting fees, charged when parents do not travel but instead hire escorts to accompany the child on the flight
- Child's medical care and treatment (occasionally in South and Central America)
- Translation fees
- Foreign agency fees
- Foreign attorney fees
- Passport fees
- Visa processing fees and costs of visa medical examination

### **Financial Resources:**

Fortunately, there are a number of ways in which the costs for international adoption may become more manageable for prospective adoptive families. These include tax credits, low interest loans, employer assistance programs and other creative fundraising ideas.

### **Adoption Tax Credit:**

The Hope for Children Act (Public Law 107-16) was passed on May 26, 2001 by both houses of Congress as part of the Economic Growth and Tax Relief Reconciliation Act of 2001. On June 7, 2001 President Bush signed the legislation which went into effect on January 1, 2002.

This adoption tax credit increases the previous \$5,000 adoption tax credit for "qualifying adoption expenses" to \$10,000. It also increases the employer adoption assistance exclusion to \$10,000.

To learn more about the Adoption Tax Credit consult the IRS web page (<http://www.irs.gov/taxtopics/tc607.html>).

### **Other Suggestions:**

- Look into low-interest grants or loans to see if you qualify - - there are a few non-profit foundations that offer such programs. (i.e. A Child Waits Foundation in Pittsfield, Massachusetts at 866-999-2445 or [www.childwaits.org](http://www.childwaits.org).)
- Check with your employer to see if they offer an adoption assistance program. If your employer does not offer this benefit, call Adoption and the Workplace at the National Adoption Center (800-TO-ADOPT) for materials to guide you in requesting this benefit from your employer.

- Be creative – some families institute a fundraising drive at their place of worship or other civic organization to assist with their financial ability to adopt.

### Additional Resources:

For additional information on financial assistance or the cost of adoption please consult the National Adoption Information Clearinghouse resource guide (<http://naic.acf.hhs.gov/parents/prospective/funding/index.cfm>) on the subject. The National Endowment for Financial Education also publishes a booklet, titled “How to Make Adoption an Affordable Option” (<http://www.nefe.org/adoption/>) which includes valuable information, however please note that it is a bit dated and reflects the tax laws of 1997.

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## **ADOPTION: FANTASY OR REALITY?**

**By Joan Worden**

You've decided to adopt, the paper work is completed, you have signed acceptance papers, and your new child's referral picture is never out of your sight. It is then you need to ask yourself, "What is this child really like?"

Each of us has a picture in our mind's eye of our child, our fantasy child. A fantasy child is perfect in every way and perfect in accordance with our own definition of the word. She is the chubby-faced, dark-haired little doll surrounded by pink lace, or he is the beautiful round-faced little boy who will grow up to be the world's greatest soccer player.

Fantasy children never cry, never have milk allergies, diarrhea, colds, or ear infections. They always conform, never throw tantrums, and, most importantly, they want to love us as much as we want to love them. A perfect fantasy child is an enlarged referral picture framed and hanging above the mantel on the fireplace.

Unfortunately, fantasy children do not exist, and real children very often come with what is termed "reality baggage". Reality baggage exists in many forms. It can be as simple as a child's likes and dislikes and mannerisms, or it can be fearful memories that can cause the child much distress. Reality baggage is psychological: anger, fear, and anxiety; or physical: chronic ear infections, milk allergies, and intestinal difficulties. When parents expect a fantasy child, and a real child with much "baggage" arrives, problems are inevitable.

Parents expect that the child will adjust within a few days or weeks, will respond to their love, and will immediately love them back. However,

sometimes children don't adjust quickly. Children very often are confused, angry, and frustrated. Everything in their lives has changed. Food and water taste different, and things smell different. The sense of touch is different and the person whom they have come to love and trust is gone. The child has little control over the situation in which he finds himself.

Children (yes, even very young babies), therefore, become angry, frustrated, and sad. They cry, grieve, and manipulate their environment in any way they can. They can bring adoptive parents to the point of exhaustion and can upset an entire household for months. Parents begin to question their parenting ability. Their problems are compounded when they read stories about other adoptive children and parents who "never had a problem" and who "lived happily ever after". Adoptive parents begin thinking "What's wrong with me? Along with those doubts, quiet anger bubbles up to cause frustration. They begin stifling their thoughts like, "I don't like this child very much." "How much longer can I take this?" "Why did we adopt anyway?" "Why did the agency give me a child like this? I (we) got cheated."

It's at this point that parents need to blame the "baggage" and not the child. They need to see their child much like they might see any other person who came as a guest and ended up staying. Their child is a person with unique personality traits, physical and emotional limitations, and a strong survival will. He is a person whom they as parents will like, accept, and later love in spite of



or because of the "baggage". Parents need to know that their feelings are normal and that it is "okay" not to bond to a child immediately.

Real parents love real children in a realistic length of time. Fantastically unrealistic parents bond to fantasy children immediately.

Somewhere between success and failure, liking and disliking, acceptance and rejection, your child

lives. He lives independently of you and yet is completely dependent on you. He is his "own person" and yet he is, needs to be, and wants to be a part of you and your family. He is the child that will grow up to be the one that challenged you the most and yet gave you the greatest sense of pride and success in yourself and in him.

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## TO JOIN OR NOT TO JOIN

### What do Adoptive Parent Support Groups Have to Offer?

*Excerpts reprinted from Adoption Matters, an information brief published by the Three Rivers Adoption Council (TRAC).*

#### WHY DO I NEED A SUPPORT GROUP?

Even though adoption is a very normal, acceptable way to build a family, it still is not unusual. Therefore, while family and friends can offer a great deal of support, they may not fully understand the questions and concerns of adoptive parents. Adoptive parent groups provide a network of people who share similar experiences. They, too, have struggled with the decision to adopt, worked with strangers to find a child, readjusted their lives after placement, and dealt with the curiosity of strangers. Even though they may have traveled different paths to the point of adoption, and even though they may have adopted very different types of children, members of adoptive parent groups have one very important bond: they love and care for children who live with the painful fact that their birth parents could not or would not keep them. Helping children deal with this loss at different life stages adds a unique dimension to adoptive parenting.

Adoptive parent groups offer a safe and supportive place to raise questions, express uncertainty, vent frustration, brag about successes, and rejoice in the growth and healing of children. *An additional benefit is the opportunity for adopted children to meet one another or children who may believe that adoption has happened only to them, it can be very reassuring to meet other adoptees.*

#### WHAT DO ADOPTIVE PARENT GROUPS DO?

Different groups may emphasize different activities. Most groups, however, offer one or more of the following: Self-help discussion groups: informal discussions where adoptive and/or pre-adoptive parents can exchange experiences, concerns, problems, questions, and advice. Educational sessions: more formal sessions focusing on topics of concern and interest to adoptive parents such as parenting skills, special education, and developmental delays. Social activities: ways that members help others who are working on behalf of children and adoption. Examples include fund-raising, serving as resource families for home study classes, "adoption day" presentations, picnics, and holiday parties.

#### WHEN SHOULD I JOIN?

It is never too early! It is never too late! From the moment adoption becomes a possibility, throughout all phases of preparation and placement, a group can offer information, support, and encouragement in dealing with a wide range of questions.

## PREPARING FOR A CHILD FROM ABROAD

Most children available for adoption have been in an institution and will be used to living with a group of children and following the rules of an institution. In preparing for the arrival of a child, it is important for families to understand that a child will probably have spent all or part of his life in an orphanage. It will be helpful for prospective parents to talk with other parents of institutionalized children and to read about the social, physical, and emotional development of children who have not experienced family life.

While the overseas orphanages provide good health care, proper nutrition, and a program of stimulation, children without one-to-one contact will show certain effects. It is important to understand how a child develops certain strengths and weaknesses as he or she grows up in an orphanage.

A child waiting to travel to his adoptive family has probably never been alone. No single rooms exist in an orphanage. A child will have slept, eaten, and played in a group. Though one might think a child in an orphanage has learned to take care of himself, the opposite is true. Due to the large number of children, independence is not encouraged. Children are spoon-fed and dressed beyond the age in which children born into families learn these skills. Just imagine trying to re-button 20 little smocks or clean up after the attempts of 20 children to feed themselves!

Before a child comes to know and understand his new world, he may feel that he has just found the most indulgent set of caretakers in the world. He may respond to the freedoms, and the constant excitement of the news, by becoming disagreeable. This may be a necessary part of his adjustment. Tantrums, disobedience, disregard of others' possessions, or a general throwing off of restrictions may be difficult for new parents to handle. New parents need to be firm and set some realistic limits before he or she exhausts everyone's good humor!

Children from institutions are used to and comfortable with limits. Even in this radically changed environment, there are still rules.

It is vital not to overwhelm a child too early with many toys and activities, trips and visits to relatives. An institutionalized child's world is of necessity a very orderly and limited one. Many have never ridden in a car or even been outside the grounds of the orphanage. Wise parents will introduce new people, activities, and events slowly. A newly arrived child might be given only two things to choose from at first, not a half dozen.

Children who have been in an orphanage may have trouble showing what we would consider "correct" emotions. They may not seem very happy when receiving a present. They may not be upset when someone leaves. It is important to understand that a child has lived in a world less understandable than one of the average child. For example, food appeared on the table to be eaten though the child may never have seen it cook, shopped for it, or seen it growing in a field. A child reared in a family may see corn grown in a field, help buy it at the store, help clean it, watch it being cooked, and at last sit down to eat it. He or she is getting a handle on the world, on cause and effect that will give him or her confidence and understanding when dealing with more difficult problems.

A child in the family has learned to value certain people and be sorry when they are gone, because they, in turn, have valued him or missed him when he left. A child in an institution has had a succession of caretakers. Even the most loving character vanished for hours of each day or night. A newly adopted child usually assumes that you are just like his old caretakers. Watching a child blossom under the slow-dawning realization that he or she is the center of someone's life is one of the most exquisite joys of adoption.

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## BEING A BOY MEANS HARD TO PLACE

By Cosette Dahlstrom

When we speak of barriers to adoption of a child, what usually comes to mind are things like age, race, color, and disability. We don't usually think of what may be the most pervasive barrier of all: sex discrimination. It may be the most difficult barrier to overcome, because it touches on the very deepest feelings and attitudes we have towards adoption, both as individuals and as a society.

After beginning our family with two girls, we have during the past several years adopted four boys from three countries. But evidently our choice is unusual. Adoption Services of WACAP receives many more requests for girls than for boys from adoptive parents. This holds true whether the family is applying for an infant or an older child. The Korea Program is currently getting five families who want a girl for every one family who wants a boy. The India Program and the Colombia Program have similar problems, especially in finding homes for older boys. And to give one example from another agency: The Black Families Program at Medina currently has several Black families waiting for girls. They do not have a single Black family available for a boy.

I talked with adoption workers from several other agencies and found that the problem seems to be widespread. Opinions varied as to the possible causes, but there were common themes. Mary Struck from Hope Adoption Services said, "I think we're dealing with a stereotype – that boys are more high energy, more aggressive, more likely to get into trouble with the law." She also mentioned the fact that women are usually the primary caregivers, and women may be more comfortable dealing with girls. Women almost always make the first contact with an adoption agency and generally take the more active role during the adoption process.

Marge Booth of Medina Children's Services says that, "Families are a little afraid of the problems older boys can present, such as delinquent behavior." But she feels that older girls coming out of the foster care system come with equal potential

problems, since these girls have more often than boys been sexually abused. In her experience the background of a particular child is more of a factor in the degree of risk than the sex of a child. Medina does have a fairly balanced placement record: during the past two years 60% of the children placed were boys and 40% were girls. Mrs. Booth attributes this to family education during the initial screening process. "We tell them at the outset what kinds of kids are available."

Norma Spoonamoor at Lutheran Social Services describes a similar policy: "At the very beginning we tell families that we are looking for homes for children, not children for families." Lutheran, like other agencies, has more boys referred to them than girls. She finds that most families are willing to be more flexible once they learn more about the adoption picture.

Jill Jasper, director of the Northwest Adoption Exchange, has a broader overview of the U.S. adoption trends. Her central listing exchange gets referrals from six states, only after in-state efforts to place the children have been unsuccessful. Of the 20 children in her book who have waited the longest, 17 are boys. "Girls tend to get placed within their state because so many more families want girls," she says. "There seems to be a feeling among families that girls are easier to raise."

Are girls easier to raise? I asked some adoptive parents and got many different answers. "I think boys are easier," says Leslie Stevens, mother of 16 children, 12 of whom are boys. "I've always gotten along better with boys. And boys are cheaper to raise." The last statement has been confirmed by studies which show that over an 18-year period girls cost parents between one-fourth and one-third more than boys. Another mother of a large adoptive family says there is a special bond between her and her sons.

Marsha Baldwin, who has five birth children and five adopted, echoed that sentiment. "Our boys bonded beautifully," she said. She also reports that her boys did not experience the adoption

identity crisis that her girls went through during adolescence. One of their sons was a 10-year old special needs boy from Korea when he joined the Baldwin family. "I just want to say that adopting an older handicapped boy has been one the greatest joys of our life. He has been such a source of love and pride."

One adoptive father remarked, "Girls are easier when they're little, but when they become teenagers, it's a different story. I wouldn't go through another female adolescence again for anything." Other comments I heard from parents: "Boys are noisier and more active"; "Girls whine more"; "It's nice to have two of the same sex; they have much more in common."

An adoptive parent who is also an adoption worker said, "I've always felt that my son was more difficult than my daughters, but I've heard people say just the opposite. I think it just depends on which one they had the most trouble with in the family."

This seems to be true whether our children are born to us or adopted: our point of view is subjective and is based on our personal experiences in our own family.

Even one of America's most famous adoptive mother, Erma Bombeck, has something to say on the subject of whether girls or boys are harder: "I've had both, so I'll settle the argument for once and for all: it's girls. Girls can slam the door louder, beg longer, turn tears on and off like a faucet, and invented the term; 'You don't trust me'....Boys are honest. Whenever you yell upstairs, 'What's all that thumping about?', you get an up front reply: 'Joey threw the cat down the clothes chute. It was cool.' When my daughter is upstairs playing with dolls and I yell, 'What are you girls doing?', she answers sweetly, 'Nothing.' I have to find out for myself that they're making cookies out of my new bath powder and a \$12.50 jar of moisturizer."<sup>1</sup>

Parents like to compare notes and swap stories, but for many years researchers have tried to put the study of sex differences on a more scientific

basis. Two psychologists from Stanford University, after reviewing over 2000 articles and books on the subject, published the results of their study in 1974. They concluded that out of the hundreds of sex differences that can be examined, only a few could be called "fairly well established."

These were:

1. Boys are more aggressive than girls.
  2. Girls have greater verbal ability.
  3. Boys excel in visual-spatial ability.<sup>2</sup>
- Other behavioral scientists criticized these conclusions, some saying that no trait has ever been proven to be the exclusive consequence of sex, others claiming that there is empirical evidence of many other sex-based differences. The controversy will probably continue indefinitely. To me the most interesting point made was that for every trait studied, the differences within each sex were greater than the average difference between the two sexes.

Whatever the alleged differences may be between boys and girls, they should never be allowed to overshadow the human universals. All children share the same need for love and security. All children have the right to achieve their human potential. Our four boys came to us at different ages: 14, 13, 5, and 4 years old. And they came from widely varying circumstances. Two came from orphanages, one from an abusive situation, and one had been with a series of caretakers. But each of them has expressed in their own way the same feelings of pain and loneliness in not having a permanent caring relationship before they came to us, and each of them has shown us in many ways how much they appreciate having a family.

I can testify from personal experience that boys are every bit as capable of returning love and affection as girls are. In fact, out of our six children, two are over-attached to Mom: those two happen to be boys. And my role as a mother I find is 95% the same. The toys may be different; in spite of my attempts to be a non-sexist parent, it's now transformers, Hot Wheels, and Voltron lions strewn across the floor instead of dolls and tea sets. But the essentials of that most basic hu-

man love relationship, the parent-child bond, are exactly the same.

The odd thing about the preference of adoptive parents for girls, and all the reasons given notwithstanding, is that it is in marked contrast to the first choice of most biological parents. Dr. Nancy Williamson of the Population Council, in reviewing 40 years of research on sex preference noted in 1976 that little has changed. She made the following observations based on statistical data:

1. For an only child, 90% of men and 2/3 of women would choose a boy.
2. 80% of both parents prefer to have a boy for the first-born child.
3. For a three-child family, most would want two boys and a girl.<sup>3</sup>

So why are adoptive families so different? The implications are disturbing. According to Letty Cottin Pogrebin, feminist writer, the implications are obvious:

“In 20<sup>th</sup> century America there is only one category of parents that consistently and overwhelmingly prefer girls: those who want to adopt a child. Only when adoption is between relatives are boys once again the preferred sex. This should not surprise anyone. Patriarchal imperatives apply only when paternity can be assured by blood. An adopted boy would always, in that sense, be another man’s son. An example of this dramatic flip-flop in sex preference is the fact that Jews show the strongest son preference for births, but for adopted children 72% of Jewish families wanted a girl.”<sup>4</sup>

A great deal has been said and written about adopted children being our own as much as the children born to us, and about adoption being an equally viable way of building a family. But the inconsistencies in sex preference are real, and the perhaps subconscious attitudes and prejudices they reveal are real too. So what can we do about

them? Public education is one step. Many families simply aren’t aware of the disproportionate need for homes for boys. Bringing feelings and fears out in the open and talking about them is another. Our mindsets aren’t cast in stone: one of our most redeeming features as human beings is our capacity to change and grow throughout our lives. Hopefully we can continue to grow in acceptance for all children, and continue to work for the right of all children to feel they truly belong.

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“Being a boy is not disorder in need of a cure.”  
Christina Hoff Sommers in *The War Against Boys*.

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1 Erma Bombeck, *Motherhood: the Second Oldest Profession* (McGraw Hill: 1983).

2 E.E. Mccoby and C.N. Jacklin, *The Psychology of Sex Differences* (Stanford University Press, 1974).

3 Dr. N.E. Williamson, *Sons or Daughters: A Cross Cultural Survey of Parental Preferences* (Sage Library of Social Research, 1976).

4 Letty Cottin Pottegrin, *Growing Up Free: Raising Your Child in the '80s* (McGraw Hill, 1980).

# THE RACIAL FACTOR

By Betty Laning

Since our own adopted children are Chinese and came to us a number of years ago when inter-country adoptions were very rare, my husband and I became "pioneers". It seemed perfectly logical to us that we add to our family by adopting children already born who would otherwise grow up in a crowded, poor orphanage. No one could tell us what having a "trans-racial family" really meant or what type of challenge this would be.

Those parents who are light-skinned who take an African American, Asian, or Hispanic child into the supermarket these days may get tired of the stares or gushing remarks they get. Our daughters came as pre-schoolers, and as they grew up we met a number of "incidents" the best we could, often having to make judgments on what we said or did on the spur of the moment. Of course a sense of humor about trans-racial living situations is absolutely necessary! We have a number of what we and our daughters think were very amusing happenings, as well as somewhere they had to stand up for themselves in the face of discrimination against them because of their race.

Along the way, we did some deep thinking about what our goals should be for our girls, but actually these could well be goals for all the children being raised in a caring family. As they grew, we thought of the following things.

## **Children should have confidence in themselves as being worthwhile people:**

Our daughters came with the "orphanage syndrome", meaning they had to be aggressive to get what they wanted (attention to their needs, physical touching, and food). No "shrinking violets" can long survive in an orphanage, but looking out for oneself from babyhood can be used to foster solid self-esteem that will not accept discrimination or being ignored. It does have to be tempered with concern for the rights of others, and being kind to others instead of literally trampling on them! In the orphanage our tiny 18-month-old would push and kick other children aside in order to hold the hand of the worker! The orphanage baby and child may come with the knowledge of how to be absolutely adorable or to cry louder than the rest to get what is their right to have: acceptance

as a person with inalienable rights to love, physical care, and nurturing.

## **Children should have confidence in their talents and abilities:**

One thing that we thought was very important was to raise all our children so that they could follow whatever interests, dreams, or talents they had. Parental support is crucial to this.

Of course, I couldn't see ahead about how much work this would be for parents! We did pursue lots of interests our youngsters had in areas we never would have done otherwise. This included learning to play a variety of musical instruments (sort of!), museum visits to see an Egyptian mummy, lots of trips to local historic sites, waiting patiently (sometimes) at the library, through dance classes, Little League and field hockey games, becoming group leaders when no other parent would, transporting our children and myriads of others to school events, scouting activities, field trips, etc. Some interests of our kids as youngsters lasted two days, others they are still pursuing in their 30's.

Every child can become competent at something. It's crucial that parents be willing to expose them to lots of different hobbies and interests. All this adds to their feeling good about themselves, finds them friends with the same interests, and shows them that their parents love them and support them in following their dreams.

## **Children should have a positive attitude toward adoption:**

Our American culture is ambivalent toward the whole idea of adoption. One attitude is feeling the need to love and help a child without parents, but another is an idea that being born into a family is best. Being adopted may be perceived by some as second rate. (This may come from English law, which very strictly separates the legitimate heirs of a person from those born to couples who are not legally married.) Also, the majority of other cultures in the world emphasize taking responsibility for those needing help only when they are related by blood, but there is little/no responsibility toward people of a different bloodline. This is one reason why there are so many thousands

of orphaned children from other countries who need parents. (Not only are the child's birth parents unable to care for their child, no one else among their relatives is able to help.) It is obvious that adoption by non-relatives isn't a universally accepted custom as a way to solve the problem of children without parents.

Certainly having the adoptive family continue to be active in an adoption support organization is the primary way to show their children (both birth and adopted) that adoption is a very positive way to form a family. The adopted child hears parents talk with approval when other kids are adopted, and at support group family activities they discover that lots of other "neat" kids also are adopted. The non-adopted siblings exchange ideas with others like themselves, and often acquire ideas about how to handle incidents when other children or adults ask about an adopted brother or sister. One parent told me that she found her young children "playing adoption". One was the social worker and the other (dressed in mom's old dress and high heels) a mother consulting with the "worker" about adopting a child. They used the state adoption exchange book (which happened to be kept in that house) to look for a child to adopt! In dating, our birth son had a girlfriend at one point that wanted to tell him a secret: I should tell you I'm adopted. Will you still call me?" He laughingly explained that he had a couple of very nice adopted sisters. She was so relieved!

#### **Children should be comfortable with their physical appearance:**

There is a Korean Church in our community that has been very welcoming to Caucasian families who have adopted Korean children, and has had special services for them a few times a year. Some adoptive families have given the altar flowers at a service at Thanksgiving time. On one occasion I ran up the church steps since I was a little late, and saw a large crowd of these parents standing uncertainly in the vestibule. One mother said she was so glad to see me. "The Korean people are very welcoming, but it feels strange to be in a church with so many who look very different. We waited for you." Later I told them that they had had for one hour, the experience of their child living in a predominantly Caucasian America - being a minority person. This would help them understand what their children face every day. Tips in good grooming are important for all teens, but more so for those who are non-Caucasian. TV and magazines are slow to show

minority race people. Look to your adoptive parent group, to some specialized magazines, and to culture and ethnic family groups. Caucasian parents need to be especially tactful in asking these groups for help, and be very willing to help with group events. One blonde mother of two Korean children at a local Saturday morning Korean School became president of the school's PTA!

#### **Children should be comfortable with their heritage:**

Adopting a child of another race and culture not only is an additional challenge to the family, but also has its positive point of opening up the world to all the family members. American citizens can often be very insular in their outlook and assume all the rest of the world is exactly like us, or should be! Maybe TV news is changing us somewhat, but it is an educational and interesting experience to learn about those of other backgrounds with whom we share this planet. All in the adoptive family benefit when parents share their own backgrounds and information about the heritage of their adopted child. Once they adopt, they are obligated to look for opportunities to do this, to have books and objects in their home, and to support the interests of their children. Just remember that a majority of teens don't like their looks, and assume all problems would be solved if they only looked better (different color hair and eyes, straighter or curlier hair, thinner or more developed body, or had the skill to be on the varsity team, etc.).

#### **Children should have a positive attitude toward planning the future:**

Parents will need to encourage their children to think ahead, not only in family matters but also as far as the child's future is concerned. Holidays, vacations, school and religious events are "milestones" that are important to all children. Their ideas of what they want to be when they grow up can be strange or fantastic, depending upon their ages, but should be taken seriously and supported, if at all possible. Here is where "role models" are very important, and parents need to make the effort to find opportunities for this. Look to your organizations, church or temple fellowship groups, summer camps, sports teams, and conferences of adoptive parents or of your child's racial group. Investigate special magazines, newsletters, and new books by authors of your child's race. If your community isn't multi-racial, then make special efforts to have your children meet and know those of other

backgrounds, especially the adults who are the leaders of the children in these various organizations. One adoptive family in Albany, NY called once saying their two biracial school-age sons were very unhappy at having dark skin and being teased about it. They wanted a multi-racial summer camp for them for two weeks. I found a wonderful YMCA camp in Vermont where the staff and campers were of all races, the fee was low, and the director had adopted transracially. The adoptive father complained that he would have to drive almost 150 miles - too far! So the boys didn't attend.

### **Children should have the ability to handle racial incidents appropriately:**

There's a country-western song about a card player that "has to know when to hold 'em and know when to fold 'em", and anyone in the U.S. who looks "different" needs to be aware that, unfortunately, they are going to meet situations where the other person doesn't like them because of the way they look. They need parents who can help them distinguish when they need to stand up for their rights and when to ignore a situation where the other person is a racial bigot. Helping to build a child's self-esteem over the years is extremely important for all parents of all children.

You need to emphasize that it is the other person who has the problem with accepting someone of a different race, either judging your child in a stereotypical way or assuming their own appearance is the only "normal" one. When your child is young, the adoptive parent needs to be the watchful person and not let a racial incident be ignored. Your child needs to see you as not accepting destructive discrimination against them because of race or ethnic background.

Parents need to set the stage for their children when they are young and encourage them to be in multi-racial groups. Keep open communication when they get older, and when a racial incident happens, encourage them to act in a calm way, but insist on their right to be treated with respect. Be a visitor to your child's school and get to know their teachers each year. In elementary school offer to present a program on your child's cultural heritage. Be aware of course choices in junior high and high school to be sure your child's abilities are recognized by the teacher and they aren't judged only by skin color or eye shape. For post high school education, encourage your young adult to attend an educational program where there are students and faculty of a variety of races. Look for a place where a wide variety of resources are available, even semesters abroad or in other parts of the U.S.

A friend who raised several children through the hectic teenage years once said to me, "What you have to do with teens is never argue, if you can help it, but as an adult, you out-think them!" One of our adopted daughters as a teenager said thoughtfully one afternoon, "You know, Mom, the kids at school say I do so many goody-goody things. I'm in Scouts, in the church fellowship, on the field hockey team, and volunteer at the museum." I replied that she seemed to like these activities. She said, "Oh, yes, I do, and I'm not going to give them up. The kids wonder how I ever got this way." I kept a straight face, bit my tongue, and then said I supposed it was because she was following her interests. She agreed. Parents of teens will have sore tongues as their youngsters sprout wings and begin to be independent. You swallow hard and let them fly!

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## **HOW TO MAKE THE WAIT FOR YOUR CHILD EASIER TO BEAR**

**by Deborah McCurdy, MSW**

When your home study is approved by your local adoption agency and your documents are mailed to your chosen placement agency, you may go through a difficult time. Most adoptive parents start out with a mixture of eager anticipation and fear that something will go wrong. For many people, hope tends to give way to discouragement and occasional despair as the wait lengthens. Even after your child is chosen for

you, you may feel depressed and anxious because he must remain in the care of other people until pre-adoption procedures are completed. There is often an intense feeling of frustration at not being able to control the adoption process personally. Since I have experienced these feelings myself and have seen them often in other adoptive parents, I offer the following



suggestions to help you endure the wait. (You may want to post them where you'll see them often!)

*Expect some frustrations and delays as a normal part of the adoption process.* This applies whether you are working with a U.S.-based agency or a foreign source. There is really no way of accurately predicting how long you will wait for your child. Placement agencies give estimates — often with reluctance — since adoptive parents expect this. However, these estimates are only educated guesses, or projections based on how long people have waited who applied some time ago and are now receiving their children. Unfortunately, even the most promising adoption programs can encounter unexpected setbacks at any time during the wait. There may be delays due to changes in regulations, slowdowns in the courts, a marked increase in applicants, or the introduction of new procedures. Ask the placement agency for the probable maximum wait they would anticipate and focus on that time and beyond, rather than expecting the shortest possible time. Curiously, the wait should prove somewhat easier if you expect it to be a long one (while realizing that you might be pleasantly surprised).

*Don't fight your hope.* Discouragement is especially common in those who have had past disappointments in trying to conceive or adopt. Something seems to happen during the wait that I call "fighting hope." The adoptive parents may start out with confidence that the adoption will work out fairly quickly and easily, but then the delays and frustrations that are common in adoption come their way. Whether or not a child has been assigned, the parents start to despair. In some cases, it seems as though they are trying to protect themselves from another disappointment by refusing to let themselves hope that the adoption will work out. If you find yourself becoming angry and pessimistic, or if you begin to feel that you will never get your child, ask yourself if you could be fighting and defeating your own hope. Then remind yourself that delays are normal, and that nothing can stop you from adopting eventually if you refuse to give up!

*Think of your placement agency as a gate through the wall of paperwork and procedures that separate you from your child, rather than as a part of that wall.* Although the agency is enabling you to obtain your child, anxiety causes some waiting parents to perceive the agency in the opposite way, as part of the system keeping them from their child. When this happens,

the parents' criticisms or complaints can hurt the agency staff and create antagonism. It is very natural for people to be angry when parenthood has already been delayed through infertility, so anger felt toward the placement agency (because of further delays) may be misdirected. Placement agencies work very hard with our own authorities and foreign courts to expedite each adoption, since the process is a complex one. It is often impossible to communicate clearly the reasons for delays or complications over barriers of distance, language, and culture. Dedicated agency directors generally make tremendous sacrifices of their own time and resources to keep their programs going despite unexpected changes in regulations or procedures in foreign countries. When you experience disappointment, your pain is their pain. They get discouraged, too, and they need your understanding and patience. It is not unusual for parents to feel at times that their agency let them down, no matter what agency they have chosen. However, it helps a lot if you can *understand* that delays and setbacks are beyond the agency's control — and often beyond anyone's control.

*Stay committed to your agency and to your child.* Once parents have carefully selected a placement agency, they need to trust it to do its best to arrange their child's adoption on its own. Their understandable desire to be in control needs to be suspended for a time. The agency and its foreign representatives are the ones that are closest to the situation, so parents need to let them determine what can and cannot be done to expedite the adoption. For instance, the agency cannot pressure its overseas representative or the foreign court to speed things up; in most countries this is counterproductive. Nor can the agency insist on the frequent progress reports from overseas that parents would love to have. (Short-staffed foreign orphanages and adoption facilitators generally need to direct their energies to caring for many children and processing as many adoptions as possible.)

Once you accept a particular child (after receiving whatever limited medical information is available), think of that child as yours, just as if he or she had been born to you. The agency cannot guarantee that the child will arrive free of problems, any more than an obstetrician can guarantee that any baby will be born free of birth defects or a difficult personality. Becoming a parent involves taking these risks. Once the legal process is under way to make the child yours,

you and the agency have both made a commitment. Parents are expected to honor this commitment unless the child turns out to have a serious problem that they cannot handle. Similarly, the agency commits itself to doing everything in its power to complete an adoption although parents must prepare themselves for the possibility of losing a child that is assigned to them. (Another will be referred to them if this happens.)

Because of unexpected delays, a child may arrive months older than the parents had planned on. Some parents worry about this so much that they may be tempted to withdraw from the adoption. However, research has shown that most children make an excellent adjustment to loving adoptive parents, given time and patience, even though they may have originally bonded to someone else. It is encouraging to read the magazine *Adoptive Families* (available from Adoptive Families of America; see "Newsletters" in this *Report*). Here you will find pictures of beautiful, smiling children and will be made aware of the trials that their adoptive parents went through before they came. The happy ending is there for all to see!

*Discuss your feelings with your local agency and with those who have adopted.* Your local home study agency, which often is not the agency handling the placement, may be a good resource for helping you endure the wait. (You may feel freer to vent your anger and frustration at the process in the presence of a social worker that knows you well and is not an employee of the agency processing your adoption.) If your home study agency is also serving as your placement agency, you can certainly express your concerns and your distress while clarifying to the agency staff that you are not blaming them for delays or disappointments over which they have no control. If you feel an impulse to withdraw from your adoption, explore this with your social worker. It may represent a desperate attempt to take control and end the uncertainty and sense of powerlessness that go with your situation. It may help a lot to talk to other adoptive parents who have successfully weathered a difficult wait. Locate a local adoptive parents group; its members should support you.

*Give yourself some enjoyable new projects to take your mind off your worries.* Furnish the nursery, study Spanish from cassettes, and do something entirely unrelated to the adoption. Choose things that are fun to do together that you may not have time for after the baby comes. If you take a second honeymoon, be sure to let the placement agency know the dates you'll be away and your vacation phone numbers.

*Think about what you'd do if the worst possible thing happened.* First of all, what is the worst possible outcome? At our lowest ebb, we imagine that we might not get our child at all. However, I do not think that this is a realistic fear. In many years of working in intercountry adoption, I have never known any adoptive parents with an approved home study who did not eventually get a child — provided that they did not give up. Some had to change programs or countries when their first choice of source unexpectedly doped, but all who trusted the adoption process and stayed with it eventually succeeded! So what is the worst thing that could happen? Unfortunately, a child chosen for you could possibly become very sick or even die; this is very rare, in my experience. The child could become unavailable for some other reason, such as a birth-mother's changing her mind before her parental rights were terminated in court. What would you do then? Naturally you would grieve for a time, but as soon as you felt ready to proceed, the placement agency would ordinarily give you preference for the next suitable child. Years ago my husband and I lost the first baby assigned to us, but the wonderful little boy who came to us later is so much a part of our family that we can't imagine any other child in his place. Other parents in our situation tell us the same thing. So don't give up: be patient and persistent. Tell yourself that when you do finally get your child — when, not if — all that you have gone through to become parents will seem well worth the struggle!

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# IMMUNIZATIONS FOR FAMILIES GOING ABROAD TO ADOPT

By Dr. Jane Ellen Aronson

## Chicken Pox (Varicella)

Chicken pox can be a devastating infection in an adult. If you have a clear memory of having chicken pox as a child, then you probably are immune. If you do not have a clear memory of infection with chicken pox, then it would probably be prudent to be vaccinated because you never know when you have been exposed to someone incubating chicken pox. It is most contagious 24 hours before the rash erupts! The chicken pox vaccine was licensed in the U.S. in 1995. It is safe and effective for anyone 13 years and older. There is a 2-vaccine series with life-long immunity.

## Hepatitis A

This is a very common infection when traveling abroad. The infection is acquired from food and water, and from close personal contact with an individual who is currently infected. There is a 2-vaccine series. Immunity is established when the first vaccine is given 24 weeks before travel, then a booster 6-12 months later to achieve lifelong immunity. This licensed for everyone over age 2.

## Hepatitis B

Children adopted from abroad are at risk for Hepatitis B infection. Children from China have a carriage rate of 3-5%. This means that in spite of negative test results in China, 3-5% of the children will test positive for Hepatitis B surface antigen when they arrive in the U.S. Children from Eastern Europe, Southeast Asia, and Central America are also at risk, and the rates may vary from country-to-country. Family members are at risk for in-household transmission of the infection from exposure to blood of those who are carriers, unless they are fully immunized. There is a universal Hepatitis B vaccination program in the U.S. for young infants since 1991, so if families have birth children since then, these children are already protected.

The vaccine is a 3-vaccine series. The first 2 immunizations are given at least a month apart, the 3<sup>rd</sup> usually 6 months later than the 1<sup>st</sup>.

## Influenza Vaccine

If you have lung or heart disease, "flu" vaccine is recommended during the influenza season (November through April). This is given once starting in November and only protects for that season. The effective rate is about 70-80%.

## Measles Booster

Measles is still a problem all over the world. According to data from the Centers for Disease Control and Prevention (CDC), 7-25-98, an estimated 36.5 million cases of measles with 1 million deaths are reported each year worldwide. For those adults born in or after 1957, I recommend a measles booster. If you were born before 1957, you probably had measles as a child and are subsequently protected. If you have concerns regarding immunity, there is a blood test for measles antibodies, but it is less expensive just to have the booster if you have any doubts about your immunity. The preferred booster vaccine is the MMR II (measles, mumps, and rubella) that will boost your mumps and rubella (German measles) titers as well.

## Polio Vaccine

Most of us in the U.S. have had the complete polio vaccine series as children, and the World Health Organizations' Extended Immunization Program has been working diligently to meet their goal of world eradication of polio by the year 2000. There are occasional outbreaks of polio in developing countries, but they are usually associated with war-torn regions, and more inaccessible area. If you can't confirm that you had polio vaccines as a child, then I recommend 1 polio booster in the form of the injectable inactivated polio vaccine. This reduces the possibility of vaccine-associated-paralytic-polio (vapp) infection that is a very low, but real risk with the oral preparation of polio vaccine.

## Tetanus/Diphtheria

You never know when you're going to step on a rusty nail when you are abroad. If you're traveling in Eastern Europe, diphtheria has recently been reported in epidemic proportions. You don't

want to be in the position of needing this shot in a foreign country. If you haven't had a booster in the last 10 years, do it now!

### **Other vaccines (Cholera and Typhoid)**

Many people consult physicians who advise cholera and typhoid vaccines. I wouldn't recommend them across the board unless there are specific regional reports regarding outbreaks. You can get this information through the CDC via their Inter-

national Traveler's Hotline (404-332-4559). They also have a Fax Information Service for international travel and immunization through the CDC (404-332-4565). Remember that this advice should be used along with travel medicine specialist consultation so that your individual needs can be tailored to you by your physician

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## **THE IMPORTANCE OF ORPHANAGE DONATIONS**

**By Jane Najacht Daw**

You have filled out all of the paperwork, done the home study, been approved for a child, and, after what seems an eternity, you see the first picture of your beautiful child.

Parents going through the international adoption process often tell us, "We'd love to take them all." Well, you can't take them all, but you certainly can help many of the kids by hand-carrying donations of clothes, toys, and medical supplies when you travel for your child.

Most orphanages operate on a subsistence level and welcome your thoughtfulness in bringing fuzzy sleepers for cold nights or cool clothes from tropical temperatures. The orphanages are thankful for the rattles and staking rings that promote development, and simple medicines like fever reducers and vitamins are always in short supply. Many of the basic supplies aren't even available in the birth country, and if they do exist the orphanage has no means to buy them.

ICC is often contacted by agencies that work with orphanages that have very specific needs. One call came asking for warm clothes and blankets to keep the babies alive until spring. The orphanage, located in Eastern Europe, has no window glass, no money to buy fuel for heaters, and a woeful lack of warm clothes. Another call asked for bed sheets of any kind. At the maternity hospital in this particular country the moms are giving birth on bare mattresses.

There is a need for powdered formulas for lactose-intolerant little ones who would die without it.

We get requests for art and school supplies for the older children who are fortunate enough to be able to attend school. And sometimes there's the most heart-breaking request for long leg braces for a cerebral palsy or post-polio child so that he'll be up off the floor. It is unlikely that this child will ever be adopted because of his physical challenges even though he's one of the brightest children at the orphanage.

Taking donations to the orphanage is actually much easier than it sounds. (It is important to realize that the donations need to be *taken* to the birth country. Boxes that are sent internationally are often "lost" in customs.) Start by thinking "basic" needs. Ask your agency for ideas. They often know the needs of the particular orphanage. Talk to the agency about airline restrictions and how to pack items. If the agency doesn't have sufficient information, call the airline and ask them the size and weight restrictions for an extra box or luggage.

When it's time to fill the box, don't be afraid to ask your support system for help. Your friends who want to help but don't quite know how could throw a pre-trip shower for the children who still wait. Ask your church for space in the Sunday bulletin or prepare your own flyer. Ask your doctor or dentist for medical supplies. And be sure to talk to your agency. They may already have supplies on hand just waiting for you. (See "Medical Supplies Needed Here and Abroad" in this report for information on orphanage needs.) You may want to take the donations in an expandable duffel, then, on your return trip, fill the duffel with souvenirs and keepsakes for your child from the child's birth country.

Those of us who work with orphanage donations ask a few small favors. We ask that the clothes be clean and in good repair. Look for stains, rips, and tears. Please check to see that the zippers work and that all buttons are accounted for. Medicines cannot be expired. Toys need to have all of their parts, especially puzzles, building toys, and games.

There are great rewards for the donations that are taken to the orphanage. We received a fax from an orphanage in Korea thanking us for a box of oat-meal soap and avo crème. It seems that the orphanage had an outbreak of chicken pox at the time the soap and lotion arrived. The orphanage director told us that these items were a “God-send” and that they would have had a hard time without the soap and lotion. One agency director wept when she opened a box containing a small-donated sterilizer because they were doing cleft surgery in a Latin-American country with instruments that were merely boiled.

A conversation with a family in Colorado, who adopted a 1-year-old girl from China in 1997,

brought joy to my heart. The mom gathered donations from her church, friends, and dentist. A duffel was packed and taken to China. At the orphanage they presented the director with the duffel and, through an interpreter, told her these things were for the children. The director was overwhelmed. She had tears in her eyes as she bowed and thanked them many times for their generous gift. “It was the greatest thing in the world,” the mom said. She pointed out that when you get your first picture of your child, that child is wearing clothing that someone else brought.” This mom feels that “someone took care of my child, so I should help take care of someone else’s child.”

We in America really have no concept of the deprivation and poverty most developing countries deal with daily. When you are actually in your child’s birth country, you will become very aware of the circumstances that are so common and you will wish you’d have been able to bring more.

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## GUIDELINES FOR BEHAVIOR WHILE VISITING ANOTHER CULTURE

The guidelines follow, but first you must know that it is very important to speak by telephone or in person to several families who have traveled to the same country that you will be visiting, and have used the same source, if possible, because they will have the most up-to-date information on customs and other practical matters.

### ● ● DO ● ●

- read up on your host country before you travel (check with your local library for reference and travel books); be patient with the process and be courteous at all times; be considerate and aware that you are in a different culture;
- remember that you are a visitor and guest in *their* country and behave accordingly
- if possible, stay with local people who have been recommended and who may know the adoption procedures;
- listen to the advice of your guide or host;
- show an interest in the host country’s customs and culture and try to adapt to those customs
- go sightseeing if possible (and take plenty of photographs)
- bring small gifts (flowers, candy) for guides, administrators, etc;
- dress appropriately for different occasions (meetings with involved officials, sightseeing, etc);
- be flexible about your length of stay;
- remember, when there is a setback, that with patience and persistence, it will pass and you will go home with your child;
- make apologies for mistakes you make;
- learn some Spanish, Portuguese, or Thai before you travel, and *use it*: your efforts will be appreciated (Latin America Parent Association has information sheets on phrases); bring a Spanish-, Portuguese-, or Thai-English

dictionary with you, and try to learn more of the language while you are there; remember that others will adopt through your source after you. Try to leave the country with a favorable impression.

### ● ● DON'T ● ●

- be impatient;
- be inconsiderate, loud, noisy, or argumentative;
- overdo on alcohol;
- put yourself on a time schedule and/or set deadlines that your host either cannot meet or will have not inclination to try to meet;
- try to “buy” your way for faster service;
- seek or expect to find your culture in the foreign country;
- form a clique with other North Americans and shut out others;
- be afraid to socialize with your hosts;
- make demands and expect everyone to cater to you;
- indulge in political conversation with people in your host country (unless you know them very well, and maybe not even then);
- expect a foreign bureaucracy to work any more efficiently or swiftly than one of ours;
- complain about or criticize different customs and attitudes found in the host country;
- complain about or criticize political events or social conditions in the host country;
- argue if you are told to return tomorrow by the orphanage or passport office, etc;
- expect sterile conditions, but remember your child made it this far, and will survive even if conditions are not up to your standards of cleanliness or newness;
- take offense if you are treated rudely or brusquely: the best way to handle such situations here or there is to rise above them, stay calm, and not respond in kind.

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## CULTURE SHOCK AND OTHER STRESSES IN INTERCOUNTRY ADOPTION

### HOW FAMILIES CAN COPE

by Deborah McCurdy

More and more adoptive parents of foreign-born children see the wisdom of traveling abroad to pick up their new sons and daughters, even when escorts are available. There are great advantages to getting to know your child gradually through pre-placement visits, when permitted, lessening the possibility that he or she will feel kidnapped by strangers, as well as personally arranging a thorough medical evaluation with any appropriate laboratory. It can also be exciting, as well as helpful to the family in later years, to discover your child's country and culture in this way.

As a social worker with a Colombian-born son, I've been on both sides of the desk. I don't profess any expertise on the subject of culture shock, beyond what our agency's adoptive families and our own adoption trip have taught me, but joint experience has been a valuable teacher, so I'm writing as an adoptive mother who is in frequent touch with other adoptive parents.

If your stay abroad is brief and goes well, you may not experience any significant emotional upheaval; you may have a wonderful time. Many, though, feel overwhelmed at some point by a combination of culture

shock and adoption-related stresses. The following suggestions can help you prepare for some of the stressful moments that may arise. Preparation — along with knowing what to expect — is the way to cope.

*Prepare for your trip by learning a little of the language (perhaps with tapes) and by reading at least one comprehensive book on international adoption.* I highly recommend Erischsen's How to Adopt Internationally. An overview and step-by-step explanation of international adoption can alleviate much of the anxiety most parents experience. Also, be sure to read something on the customs and etiquettes on the child's country, so that you may be ideal ambassadors for other North American adoptive parents (My thanks to Jean and Heino Erichsen for this suggestion.) The future of international adoption depends largely on the courtesy and respect shown by adoptive parents facing unfamiliar conditions or frustrations.

*Talk to experienced adoptive parents who have recently returned from your child's country.* Your agency or an adoptive parents' group can probably direct you to families who have expressed a willingness to help. Record their suggestions in an indexed notebook. One woman we spoke with gave us a diary of her trip that showed the sequence of steps; this was invaluable despite the minor changes we encountered. The more we learned from other adoptive parents, the better we felt about our impending trip into the unknown.

*Avoid worry about money or documents by planning ahead to avert a crisis.* Take along twice as much as you think you'll need in travelers' checks, carried in a separate place from your international credit card. Hand-carry an extra set of documents, either signed by the consul of your child's country (sometimes without additional charge) when your original documents are authenticated, or photocopied from your authenticated documents — whichever is recommended for that country in the event your original authenticated papers are lost. Also, take along extra copies of any papers you've received from the Citizenship and Immigration Services or your state government; the latter may not apply in your case. Don't put anything essential in your checked luggage! You may not need the extra money or documents, but having them with you will enable you to sleep better at night.

*Prepare yourself emotionally for the possibility of finding previously undiagnosed medical problems in your child when you arrive in his country.* We discovered that our little Mark had thrush, jaundice, and a bilateral clubfoot condition (later corrected) that had been translated earlier as "pigeon toes". Before you leave home, ask your pediatrician whether the medical information that you have received seems adequate, and what further laboratory tests may be indicated. While taking care not to offend the overseas agency (which may well have provided the best medical care that time and its budget allowed), you may be able to quietly arrange a complete medical evaluation before you bring your child home. This is essential and most urgent if your child keeps vomiting, has diarrhea, or refuses to drink much, because the resulting dehydration could threaten his life.

*Be prepared for distress, anxiety, or anger in your child or in yourselves in response to change, the unknown, frustration, and a sense of loss of control over events, as well as grief in the child's case.* The only security the child has ever known may lie in the people and place that he is now leaving. You know that they were never meant to be permanent, but it may not be possible yet to make your child understand that only you can be his "forever" parents. His fear and sadness may be manifested directly or in withdrawal, clinging, eating or sleeping disturbances, tantrums, or some other troubling form of behavior. It doesn't mean he's always like this! The overseas agency staff can help provide you with some perspective, if needed. Your child may surprise you and adjust with apparent ease, showing affection and good behavior from the start.

As to your own anxiety, anger, or distress, remind yourselves that they are entirely normal reactions to the kinds of stresses you may be facing. These are similar to those your little one is struggling with. You are cut off from all that was familiar and predictable in your life. Something vitally important to you — this adoption, this child — is still in the hands of other people and largely out of your control for the time being. If you have been experiencing the similar feeling of lack of control over your destiny that goes with infertility, even minor frustrations in the adoption process may overwhelm you. In addition you may be coping with unhappiness and insecurity, however temporary, in your new son or daughter. Even if you have learned a little of the language, there may well be times when you feel unable to communicate

with your child and most of his countrymen. Finally, you may be upset by the extreme poverty around you and the sight of homeless street children.

There may be unexpected complications and delays in your child's paperwork. Following our arrival in Bogotá we learned that our adoption would be slowed down by the closing of the courts and offices for all of Holy Week. When they re-opened, I found I had to fly our new son to the city of his birth because his footprint was missing from his original birth certificate. After my husband had to fly home, I spent a full day waiting for a visa at the U.S. Embassy with our sick baby and our active 3-year-old, wondering how I would ever manage the return trip without adult assistance.

*Remain courteous and patient (outwardly at least) when frustrations mount.* Tears, worry and anger are all natural reactions to culture shock and stresses such as those just described. Tears or anxiety often produce sympathy and assistance, but giving vent to anger or impatience will complicate the situation by antagonizing those whose assistance you require. (It may also hurt future adoptions.) At a time like this, you are fortunate if you have a spouse or friend along who is not feeling quite so beleaguered at the moment and can do the talking for you. Try to retain perspective by reminding yourself that your child is finally in your arms, and that it is just a matter of time before the paper work is completed. However tangled the red tape, it can generally be unraveled before long.

*Don't be surprised at your initial feelings for the child — nor his for you.* In your respective states of emotional or physical exhaustion, you may not feel immediate affection and tenderness toward each other. Reality tends to fall short of expectations, particularly when you have eagerly awaited some big event for a long time. Good parents may not feel much of anything toward their child until they have had the opportunity to get to know and love him in a stress-free setting. If you find, however, that your feelings toward your new child are negative as opposed to merely neutral, and you believe that they go beyond the occasional negative reactions that we all have at times to any close family member, be sure to discuss this with your social worker right away. She's there to help you find solutions to your problems.

If your child shows sadness or fear, or withdraws from you, don't take it personally. It may very well reflect a normal, time-limited period of adjustment and mourning, or it may indicate a more long-standing problem that will take longer to overcome. In either case, it doesn't mean that you're doing anything wrong! Remember, you didn't cause your child's unhappiness; on the contrary, you were chosen as the ones who could offer him permanence and an end to grief and insecurity.

*Take your toddler or preschooler with you on your trip and your daily round of appointments.* This was probably the wisest decision we ever made. We knew that our 3-year-old would have been deeply distressed by a separation from her parents at the time of her brother's adoption, and we suspected it might also hurt their long-term relationship. We didn't want to risk it. We brought toys and familiar snacks from home and we prepared her for each new experience by talking about it or playing it out in advance. Like the children in wartime London, she did very well under stress because of being with her parents. We stayed at the Hotel Comendador, a budget hotel located at Carrera 18, #38-41, in a quiet residential area of downtown Bogotá. It looked out on a pretty park and playground, and with other children to join her on the swings and slide, our daughter seemed not to miss home much at all. The major stress for Heather was that she harbored a fear (perhaps unconscious at the time) that we as her birthparents might give her up for adoption, as Mark's first parents had done with him. Had we anticipated this fear, as we now advise parents to do, we could have reassured her and relieved her anxiety before the trip. The most effective reassurance that we provided, however, was taking her with us to Colombia. We realized later, when the fear finally came to light, how disastrous it would have been if we had left her behind at the time she was struggling alone with her fear, without our knowledge.

*Take precautions against physical discomforts and illness.* Foreign bacteria don't always co-exist peacefully with our own. Before you go, ask your doctor for remedies for nausea and diarrhea; just in case, fill the prescriptions before you leave home. Follow the excellent health care suggestions in the Erichsen book concerning what to eat and drink, and what to avoid. This will also help with your child's physical well being. Staying healthy will help you cope.



*Enjoy yourselves.* Do as much sightseeing and museum-going as you feel inclined to do. Take along good books (most especially your Berlitz *Spanish for Travelers* or its equivalent) for your long waits and much needed rest periods. A beginning knowledge of the country's language — including eighty or more essential words — is probably the single most important factor in minimizing culture shock and helping you enjoy your trip and your child. Seek out positive, optimistic people to spend your time with, as chronic complainers may color your outlook. It is usually easy to make friends of various nationalities at budget hotels and guesthouses. Despite our problems and anxiety, nearly all of our time in Colombia was exciting and fun.

*Once you've prepared, try to relax and have faith that everything will work out.* Again, some anxiety and stress are normal when we are in unfamiliar surroundings and unpredictable situations. A mild case of culture shock or adoption-related stress can even be helpful in deepening our understanding of the major long-term adjustment required of the child who is changing his home, his parents, his language, his food, and sometimes even his name (which is best done gradually, if

at all). For an excellent discussion of this subject, with much practical advice, see "Adjustment by the Child". It is reassuring to know that intercountry adoption has come a long way since we arranged our own adoption in 1975. For one thing, visa procedures are usually much simpler and quicker now. You may encounter difficulties, but probably not as many as we did, especially if you use an agency or attorney with experience in intercountry adoption, and if you consult other adopters.

Approach your adoption with the confident expectation that every problem you may encounter has a solution. In your child's country you'll meet kind and helpful people (many of them bilingual) to explain procedures and cut red tape. You need only let them know that you want their assistance.

The greatest satisfaction of your trip can be in reminding yourselves that your long-awaited child is finally with you, that the seemingly endless paper work will end, and that you will be home together when it does. Focus your thoughts on the future, and the present circumstances will seem more manageable — and probably even exciting and enjoyable.

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## SUGGESTIONS TO PROSPECTIVE SINGLE ADOPTERS

These are suggestions to prospective single adopters to help them prepare for the big step of becoming a mom or dad:

1. Have a local "support system" available — i.e., relatives or friends who are close to you and willing to help out. You will have emergencies while raising a child!
2. Have some persons of the opposite sex of the child who are open to being active "role models."
3. Have some experience caring for children of relatives or friends for a few days, or volunteer to help a children's group: YMCA, Boy or Girl Scouts, weekend religious group.
4. Be active in an adoptive family support group — helpful for you and your new child(ren).
5. See a lawyer to make your will and to designate a friend or relative to raise your child(ren) should you not survive until your children's adulthood.

# WHEN ARE YOU “TOO OLD” TO ADOPT?

By Betty Laning

One of the changes seen in the field of adoption these days is that more couples and singles that are over the age of 40 are wishing to adopt. For the past three years the annual New England Adoption Conference has had a special workshop for those who are over 40 to present the options they have in adopting. It's the largest U.S. adoption conference, with 1600 attending, and this workshop has drawn over 150 each year.

In general these prospective adopters wish to adopt infants or possibly children up to the age of 5, and they are childless. Since they have had no parenting experience, they usually do not feel at all qualified to adopt the school age or sibling groups available in the U.S.

A few prospective adopters who have raised younger siblings, or have worked professionally with children as teachers, nurses, pediatricians, or guidance counselors have had the courage to adopt older youngsters. It is a real revelation to the latter group that to be a parent of a child for 24 hours a day is vastly different from working with such youngsters for a specific numbers of hours a day! Usually a school-age child can pull himself together and function on his most mature level for a limited period of time. It's when he hits home that afternoon that he regresses and becomes a younger, much more vulnerable and emotional person.

Those over 40 who wish a white healthy U.S. baby need to realize that they are now in competition with many younger couples. Now that U.S. birthparents are given more choice about where their infant will be placed in an adoptive family, they do seem to prefer the couples under 40. Couples or singles over 40 wait significantly longer to be “chosen” by birthparents.

Sometimes the wait has been a bit shorter when the prospective adopters have decided to find a pregnant woman on their own who will consider placing her child with them. This means advertising in newspapers, putting in an 800-line telephone and other ways of broadcasting the news that they wish to adopt. There are risks in independent adoptions, as a high percentage of birthmothers decide not to release their children after they are born. Those adopting not only lose a child, but also the fees they have paid for services to the birth mother. Check to be sure your state allows independent adoptions, as some state's don't permit them.

## Countries to Consider

The other option in pursuing an infant adoption is to consider countries that are more flexible concerning the age of the adopting parents. For some years, couples up to age 43 have been able to adopt from Korea or India. Those over 43 will find some Latin American countries that take applicants: Chile, Bolivia, Honduras, and Peru. African countries are very flexible on ages of adopters. China wants applicants who *must* be 30 and older, while Russia and Bulgaria have been open to those in their late 40s, especially for preschool age children.

Adopters who are flexible in the age of the child they wish to adopt will receive a quicker placement. This means saying you'll consider a “baby” up to age 2, a sibling group where one is very young, or can accept a child with a mild to moderate physical problem that can be corrected or helped considerably in the U.S. (If the child stays in the orphanage, the chances of his ever-getting medical care are very slim.)

## Challenges of Older Parenthood

Besides deciding on the country from which to adopt, the over-40s need to think about the implications of being an older parent with a very young child. In the past, children born to older parents were stigmatized as being “change of life” babies or “accidents”.

A book *Latecomers – Children of Parents Over 35* by Andrew Yarrow, reported the results of research of adults who grew up with older parents. While later-born children often feel embarrassed about their parents' gray hair or declining physical stamina, they also benefit from having parents who are mature and experienced adults who can provide more stability and attention than younger parents. As children, they remember missing knowing their grandparents, and did have fears that their parents would die early.

Although the book is about children born into families, it does cover issues that are the same for those adopted. Do look for a copy in your public library, or ask your bookstore to order it for you.

Older adopters may have difficulty in finding an agency in their area that will accept them for a home study (pre-adoption preparation) from a licensed agency, which is mandated by federal law. The nearest support organization for adoptive families is the first place to inquire. They may find an agency within their state with an intercountry adoption program, which will accept older

parents. If not, there are licensed adoption agencies in other states that accept applicants from all 50 states. If you use an out-of-state agency program, you must have your home study agency check with them to cover what is needed for a particular country. There is no all-purpose home study report! Each country asks for somewhat different topics to be covered.

You need to be prepared for questions about your health; have the physician whom does your health exam make a comment on expected longevity. If you have a chronic health problem, this doesn't eliminate you, as long as you are under medical care and are faithful in following the required regimen. An agency wishes to be sure that the new child would not have to face another "loss" in the near future.

Costa Rica and Ecuador now are asking for the U.S. adopters to be tested for AIDS. More countries will probably do so in the future. Except for Brazil, Haiti, Dominican Republic, Thailand, and parts of India, the countries from which the foreign-born children come have extremely minimal numbers of AIDS cases, compared to the U.S. Children from the mentioned countries plus those from Africa all are tested repeatedly before coming available for adoption.

### **Plan Ahead**

The over-40s definitely need to make a plan with relatives or close friends to assume responsibility for raising the child should the adoptive parents die before he reaches adulthood. The people you choose need to be a part of your child's life as he grows so that they are not strangers. An adoption agency will ask you about this during your home study.

While caring for a small infant takes lots of energy, and the parents don't get much sleeping for some time into the future, they also need to think ahead to their child's teen years. These are the years when an adolescent is trying out all sorts of interests and talents as he seeks to "find" himself. Parents know it helps to keep youngsters this age busy with whatever positive activities interest them. This is when mom or dad is driving teens to events – and picking them up afterwards. When the teen gets his drivers license, parents don't sleep until that care comes into the driveway. It helps to think back about yourself as a teenager, and remember how much energy you had then.

Teens need tactful parental supervision or parent participation in sports, outdoor activities, social events,

etc. If you are 45 when adopting a baby, you'll be 60 when your child is 15. Make a point having some friends younger than yourself so that they possibly can substitute for you in activities when you find yourself not as young as you used to be!

You need to have advice on planning your finances, as you may well find yourself faced with college expenses just when you are making plans to retire. Also recommended is a tentative plan with your siblings, if you have any, about that care of your own parents when they reach the age of needing support. You are part of the "sandwich" generation – caring for young children when your own parents may be some help, too.

### **What the Children Think**

The results of Yarrow's research found that one-third of those surveyed said raising children late in life was not a good idea – but another third also thought they benefited from older parents. The final third said there were both good and bad points.

The outstanding problems noted were:

1. As children, they always had to explain whom their parents were, and that they weren't their grandparents! It was especially embarrassing when the children were teenagers, at a time when other parents were still pursuing vigorous activities with their children.

2. They had an ever-present fear (even when they were young) for the health of their parents.

3. As young married couples, these children had to become caretakers of aging parents while the parents of their contemporaries were still very active. This, they felt, was unfair and very difficult, as they were also caring for their own young children at the same time.

4. The death of the much older parents was especially traumatic and their own children were cheated of having a long relationship with grandparents. Many of those interviewed, however, did express loving, caring attitudes toward their older parents. As children they knew their parents were wiser than other parents who had children when in their 20s. Some mentioned that today's older parents are much more health conscious, and have more interest in staying on a healthy diet, not smoking, and exercising regularly, than those of previous generations.

# ADJUSTMENT BY THE CHILD

By Richard Darby

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You have decided to add to your family by adopting a child. You must prepare yourself to deal with a child who will come into an entirely new environment with different people, language, and culture from what the child had known all his life. Because of this, the adjustment may be more difficult for older children. Prepare for possible physical and emotional reactions to the new life. These could be temper tantrums, diarrhea, withdrawal, bed-wetting, etc. Many people are surprised at how difficult adjustment can be for even the youngest child. Even an infant can have already developed strong associations with its environment. A disruption from familiar routine may appear as unexpected behavior such as diarrhea, fussiness, and an inability to sleep at night.

Since even a very young child already has a unique personality and experiences, each child will react to the new environment and to you in a unique way. The difficulty for you is to decide exactly what the child's actions mean. You cannot predict what the child will react to most strongly. The same actions can represent different adjustment symptoms in different children. Finally, you must prepare to determine which of your child's actions are adjustments, and which manifest such other factors as personality and health.

You must realize that some of your child's actions may be involuntary, while others may be entirely deliberate. At any time after placement, the child may decide to test the new parents by negative behavior that one often sees in a child adjusting to a new family. Such testing typifies all children, rather than just adopted children. For an adopted child, however, it may be a way for the child to discover how much the adoptive parents really care, and whether they will keep him no matter how "bad" he is.

This discussion of adjustment is not intended to frighten prospective parents. It is in keeping with our attempt to prepare you as much as possible for the integration of your adopted child into your family.

Parenting is not an easy matter, especially if you have not had a child. So, we hope that you can benefit from the cumulative experiences of many other adoptive parents.

You will find different types of adjustment reactions described further on. For each of these, we explore possible reasons and present ways of dealing with them. Since every child and every family is unique, be alert to the uniqueness of each child's adjustment. For all problems discussed, keep in mind two key factors: you must allow each child to adjust at his own pace, and you must be able to determine when and how to set limits. Once your child understands the limits you set, and when he feels secure in your family, you can gently discipline him when he breaks the limits. "Time out" in a comfortable chair within your hearing, for a few minutes only, provides secure limits, without isolating the child at a time when he fears separation from you.

## *Withdrawal, Shyness, Passivity*

Not surprisingly, your child may be withdrawn after arrival into your home. Many children act as though a parent had died. Some are shy, bewildered, and fear the unknown that surrounds them. Others are passive, not only from such fear, but often from being institutionalized. Many who have come from an orphanage don't yet know how to be spontaneous or even how to interact on a normal emotional level. This can be very pronounced when coupled with the bewilderment of being in an entirely new environment. Equally important, your new child may simply distrust you, despite your kindness. The child has probably already met kind people before: in the orphanage, in a foster home, as an escort from a familiar place into a new and terrifying place. These people may have been kind, but they were also the ones who sent the child away, who brought him to this strange place. So, kindness may represent deceit as well as impermanence.

The key here is to let the child become comfortable with the new surroundings while becoming accustomed to your presence. For as long as necessary, we recommend that you expose the child to as few new people as possible. Let the child become acquainted with the new family first.

### *Clinging*

Many children at first feel secure with only a few members of the family, or even only one. This person may be a parent, or even a new sibling. In many adoptions, the child may cling to the parent who went to the birth country to bring the child back. Although this person is also a stranger, this is still the only personal link that the child has with the past. Some have responded to new people while recoiling from a certain member of the family. This is especially painful for the rejected person. It may be that the onslaught of new people, places, and things is complex enough. The child, needing affection and security, nonetheless tries to simplify the new environment as much as possible by relating with only a few people.

Clinging can also be difficult for the person the child clings to. This person obviously has things to do without the new child. Paradoxically, the child will become independent and trusting sooner if separations are not forced in the early months. Make sure to show that you and the child are all part of the family, and that you all interact with one another. Gradually provide the child with the opportunity to interact with the others he first rejected. Begin in simple ways in which the child will not feel threatened. For example, if the child reacts in a very negative manner to one person, first bring the child to feel comfortable with that person in the room, then next to the child, then touching the child. It is better to let the relationship develop gradually, than to take the chance the child will form a long-lasting negative attitude.

### *Sibling Rivalry and Jealousy*

Sibling rivalry and jealousy may be expressed by the adopted child or by the siblings who have been part of the family. We often find it first among the latter children, particularly in the child closest in age to the new adopted child. When the new child arrives, he naturally receives much attention. Not surprisingly, the other child may respond by clinging, being moody, or wetting the bed, etc. If you have another

child or children, you should discuss how the new child would become part of your family. It is often advisable to give the present child “responsibilities” that he will now have with the new sibling. Occasionally a child already in the family, learning that parents give up their children for adoption, may fear that this will happen to him. It is important to explain to your older children that your adopted child had “first parents” but you are the “forever parents” to them as well as to the adoptive child, and nothing could ever cause you to give up any of them. Many parents choose to keep one or two things special with the first child. Make sure to follow through with this after the new child arrives.

On the other hand, the new child may begin to experience sibling rivalry when he realizes that he must compete for attention. The child came from an environment where he may have been one of hundreds of other children. Suddenly he receives a lot of attention, which must be a heady, though confusing experience. Pictures are being taken, and the orphanage people are talking about a new home in a strange place. Suddenly, again, the child is in an environment with only two, or one, attention-giving adults and only a few other children. Your new child has probably had to be aggressive to survive in the orphanage. He knew how to get the attention he wanted – and now he has much less competition.

### *Sleeping*

There are many ways in which a child’s sleeping habits can change as the child adjusts to your family. The child may be unable to sleep regularly. He may have nightmares, or be unable to sleep alone, or be unwilling to sleep in the bed you have for him. He may cry while sleeping, or fight against being wakened.

Much of this is a reaction to insecurity and fright. It is also possible that the new child is simply not accustomed to sleeping in a bed alone, let alone having a separate room. The child may not have slept in a bed before coming to you. As with other symptoms showing fear or anxiety, reassure the child that everything is all right. Consider having the child sleep with you or in your room at first, gradually introducing him to his own bed. If the child is unfamiliar with a bed, or accustomed to a mattress on the floor (as in Korea), let the child sleep in his habitual way for a while, then gradually introduce him to his own bed.

One family did this in a clever way. On the first night, the family members slept on the living room floor with the new child. Each night one member would leave the living room to sleep in a bed. When all the family had left the living room floor, the new child readily accepted a bed.

### *Elimination*

Many children who were reportedly toilet-trained often regress after arrival into the new family. This regression often takes the form of bed-wetting. It's easy to understand how fear and anxiety can lead to this. On the other hand, it can also express anger. You are the person who has forced this child to leave a familiar world. The child cannot return on his own, but he can express the resultant anger and frustration very openly. At the same time, be aware that your other children may take to bed-wetting after the new child has arrived. This is a common way to express negative feelings. It should pass as the underlying feelings disappear.

Then, all you can do is change the beds and begin regular toilet training. See that the child eliminates after eating and before bed, and use a rubber sheet, training pants, or diapers at night. One must never shame or punish a child for bed-wetting. Often the cause is unconscious and is usually beyond the child's control. At the same time, be aware that problems with elimination may have a medical cause. Many children experience diarrhea soon after arrival, simply because the water and food are different from that in their birth country. Others may have parasites that disrupt digestion.

IAI warns parents, particularly, about a long-incubating parasite that could surface up to six months after your child arrives. Don't be satisfied with a single stool sample taken as part of the physical by your pediatrician upon the child's arrival. Rather, have a sample tested every four weeks or so for six months.

### *Eating*

Your new child may react to food in many ways, emotionally as well as physically through the digestive system. Many children overreact to the new abundance of food in their lives. Understandably, this can represent a security that they have never felt. Many children put more food on their plate than they can pos-

sibly eat. Many over-eat; others hoard what they can't eat, in unexpected places. For the child's health, it is critical to maintain an appropriate diet. At meals, don't let the child take his own food, but dish out servings for him. Assure him that there is enough food, that not all of it must be eaten at once. Consider giving the child his own dish, to create the security that you will continue to give food to him. You can store some of it on the dish in the refrigerator. Show him the food on the dish, and show that it will still be there when mealtime comes again. For some children, this pre-occupation with food lasts for years.

### *Belongings*

While some children hoard food, others hoard belongings. Most have come from an environment where they were lucky to see the necessities. They are now in an environment where there are many attractive objects. Indeed, it may seem that these objects are waiting to be gathered up. An interesting reversal on this is that some children tend to over-share. Since your child has probably come from an environment with many other children, he may have not developed *any* sense of ownership. He has never had anything of his own, having had to give back or share not only toys, but also clothes. The child may not have developed a sense of responsibility in taking care of things. It is wise to begin as soon as possible to guide the child in understanding what belongs to him and what belongs to others that he can use – and when – and what he cannot touch. Show him where he can keep his own belongings, and how to care for them.

### *Changes in mood: tantrums, hyperactivity*

By now you probably realize that dealing with even simple matters requires much communication. You and your child will both experience much frustration as you become adjusted to one another. For example, your child may exhibit changes in mood, especially when required to do something different from what he has been doing. He may have tantrums, exhibit hyperactivity, or engage in what may be considered vulgar activities. We have found that such actions may be partly frustration, and partly survival mechanisms. In the child's past, aggressiveness, even lying and manipulation, could have meant more food, more attention, and relief from physical abuse. All this can be strongly embedded in the child's mind. Much of

this will subside as the child develops trust and learns English.

### *Feelings of inadequacy*

Older children often feel inadequate, often many years after being adopted. These feelings especially occur with children who lived in several different homes before coming to you. There is a feeling that “I am bad because so many have rejected me.” Other children feel that they are second best because they had to wait until they were older before they were assigned to adoptive parents. For both of these, the child may take on an intense drive for perfection. He may try to compensate for a sense of badness. This may become compulsive, and require significant attention on your part, or it may be put aside as he realizes that perfection is impossible.

There are many ways in which you can show your child that he is not inadequate. The first is to show him that he is in your heart as well as in your family. Be aware that his life was disrupted, probably more than once, at the time in life where stability and security were critical. No matter how loving your family is, emotional ties with his first caretakers are naturally strong.

As appropriate, explain to him that, although he was born in a different place, you believe that he was born for you. Many adoptive parents can recount how long it takes to find an agency with a child available, how long it takes to go through the adoption process. Some parents keep a detailed file of correspondence, newspaper clippings about adoption, and documents to show their child when he can understand what the papers mean.

At the same time, it is good to explain that the child’s biological parents wanted the best for him. In most of the cases that we deal with, the birth parent gives up a child because of harsh economic pressures. The parent hopes that the child will at least have a chance of something better with someone else. You have accepted that responsibility and you will always be his parents no matter what; you never have to worry about being as poor as the birth mother. Never say, “Your first mother gave you up because she loved you.” (This could make him fear your love!) Prepare a “life book” that presents, at a four-year-old level,

the events and pictures to explain the birth parents’ problems and show your joy in welcoming the child.

It is a good idea to show the child that all individuals go through unhappy experiences. Everyone has experienced losing loved ones and disruption from familiar things. This is not meant to minimize his feelings, but it can possibly help him in dealing with those feelings. Teach him that new loves can be as good as old ones.

### *Search for identity*

As a child gets older, he may develop a drive to discover whom he “really” is. An adopted child knows that he actually did come from somewhere else. There was the real possibility that his life could have been very different if you hadn’t come along. Sometimes, he may begin to idealize his birth parents and wish that he had never left his birthplace. He may try to learn everything possible about his birthplace, and even assume some of the traditions. On the other hand, he may try intensely to identify himself with U.S. culture, totally rejecting everything that is different. If being alike means acceptance, being different can mean rejection. Some children actually go so far as to forget their native language and experiences of their original country they should have been able to remember. In their drive to identify themselves with new surroundings, some children have presented pictures of abuse in the orphanages. This may make it easier for them to forget their past, despite how pleasant, or unpleasant it may have been.

There is no key to determine the “correct” balance between a child’s interest in the U.S. and his birth country. As you know, people separated from their homeland by generations can feel an intense identity with their ancestral country. We encourage at least some exploration of the child’s original culture. It is important for you to help him become proud of his origins, his race, his culture, and his birth parents. It is equally important for parents to show that they believe it is exciting and interesting that people are different. You will probably find many interesting customs that you and your child can both enjoy. Be alert to the possibility that your child may someday want to visit or return to his birth country. If your child wants to forget his original country, be sure that this is not a sign of feeling inferior because of being different.

### *Appearance of “No reaction”*

Some parents have said that their child went through no adjustment reaction. The child is pleasant, smiling, and obedient. This may or may not be a good thing. There is no such thing as “no reaction”. Your child is a human being and all human beings respond in some way or another to new situations. If you see no adjustment problems, this can mean that your child simply adjusts well and quickly.

On the other hand, it can mean that he is suppressing an unpleasant reaction to your family and home. Even young children can suppress anxiety by being withdrawn and passive. This can easily be interpreted as being a nice, quiet child. Your responsibility is to make sure that, although quiet, your child interacts with the rest of the family and learns about his new home. If the passivity means that the child has been unable to form positive relationships, you or someone else must help him to develop this capacity.

Finally, passivity may also mean that there is something physically or emotionally wrong with your child. After having a quiet child for almost a year, one couple discovered that their daughter was deaf in one ear. They had noticed that she was learning very few

words, and finally had her hearing tested. Even though adoption workers here and abroad try to detect such problems, this is sometimes impossible because of understaffing and lack of funds for adequate equipment. Foreign adoption workers may not have the time or training to detect latent or existing emotional problems. On the other hand, the child may be too young for some problems to be obvious at the time of placement. The child may come to you already emotionally troubled, or the shock of coming into an entirely different environment may be too difficult to handle. In these cases, the child will need ongoing help in overcoming the problem, and possibly learning to trust you.

We hope that this has added to your assessment of your ability to bring a child into your family. Imagine yourself in these situations. Decide whether you can allow a child to adjust at his own pace and whether you can set gentle limits when appropriate.

Always feel free to approach your social worker, as well as your parent-group, with your questions. Read *Helping Children Cope with Separation and Loss* by Claudia Jewett. Above all, be prepared to get psychotherapy for yourselves and the child when problems are especially distressing and long lasting.

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## **The Complicated Grief of Internationally Adopted Children**

Karen L. Carney, RN, LCSW, CT

*Karen L. Carney is the author and the illustrator of the Barkley and Eve series of coloring books for children. She is a psychotherapist in private practice and the bereavement program director for the D’Esopo Resource Center. She has received national recognition for her clinical work and oncology social work.*

Twenty-six pages of “unknown.” That is what my son will see when he is old enough to read the medical history of his birthmother. Among the other items on the long list of unknowns, is any and all information about his birthfather.

Adult adoptees are teaching us that there is a tremendous need to know. . . that withholding information about their adoption and the circumstances of their birth and birth families is hurtful and potentially damaging. We know that children can learn to adjust to any of life’s challenges when they are told the truth, in small, age-appropriate sound bites. But how do you deal with so many unknowns?

It is well documented that children of all ages are able to cope and adapt to enormously difficult challenges and losses when they are informed. A complication for our children is that so much information is missing. Think of all the questions that you had, have and will continue to have about your child’s birth family his-



tory. Everything from genetics to ethnic traditions is fraught with questions. Many of those questions may be answered, but many may not. Learning to live with so many mysteries about their own background and the background of their genetic ancestors will be challenging. They will have a better chance at rising to this challenge if we, their parents, acknowledge and support their need for answers.

### **Deal with Jealousy**

One of the most important aspects of helping our children develop a healthy self-concept is to make sure that we are not threatened by the fact that our children have birthparents, birth families and life histories that include the time before they came home to us. We continue to hear from adolescents and adults who were adopted as infants and children that they are reluctant to bring up such questions with their parents for fear of “hurting” them. Some of them will secretly try to find their birthparents, and if they do, they react in fear that their parents will “find out.”

It is natural to feel territorial and jealous. That is part of human nature. It becomes a problem when we fail to acknowledge it, and either directly or indirectly give our children messages that they have all they need right here with us, so why is there a need to seek their birthparents and birth histories? Jealousy, left unchecked, is destructive. It sets up barriers to communication and promotes deceitful behaviors. Jealousy doesn't just go away because we want it to go away. The more appropriate, common sense way to handle it is to talk with someone who can help you work through your fear. What IF our children found out what and whom they were looking for? Are we afraid that they will emotionally, or even physically, abandon us? That is not likely to happen if we don't emotionally abandon them by ignoring or refusing to acknowledge and embrace their need to know.

### **Establish a Foundation of Support**

One of the most important aspects of helping children adjust to life's challenges, is reassuring them that their basic needs for food, clothing, safety, shelter, belonging and love will be met. Yet, here again, many of our children have personal histories of deprivation, malnutrition, and other potential threats to their survival. Yes, they now have their basic needs met, but imprinted on their brain may be the fear that hunger, abandonment, and maybe even abuse, could happen to them again. Establish a foundation of support, first by helping them to work out possible abandonment issues. These may manifest in attachment sensitivities or disorders, and intervention with a therapist who specializes in adoption and attachment may be invaluable. Once they are confident that we will be here for them, no matter what, they will be better able to handle whatever information they do or do not find.

### **What is Their Current Understanding?**

What do they know? What do they remember? Some children may remember some of their early months or years. Are they aware of any grief over leaving the people, places and things that were familiar to them in their first months/years of life. . . when they were the most vulnerable?

Acknowledge that they may be grieving things that they don't remember, as well as things they do remember. Ask them to tell you what they remember and what they know about their life before they came home to their forever family. You may be surprised at that they say. Sometimes, in an effort to fill in the gaps of information, children will use their imaginations to complete the puzzle that is their birth history. Affirm their accurate perceptions and gently correct any misinformation or misinterpretation.

## Comfort Them, Don't Pity Them

As you mutually tell stories of their lives and share memories, there may be moments of deep emotion which include fear, sadness, anger, as well as happiness and joy. Allow them to express these feelings, validate them, but do not pity them! Offering support and comfort is done best when we can see ourselves as coaches who believe in our children and their ability to rise to any challenge. Be careful not to send the “tsk, tsk, you poor thing” message, as that will cause children to feel damaged and may foster the development of an angry persona.

## What Do They Need to Know?

Some of our children may not show any interest in exploring their birth histories. That is not a problem as long as they know that you will support them should they change their minds. Let them guide the process. Help them to find the answers they may be looking for, but be careful not to be pushy, and let them tell you when it's time to start seeking answers. When they let you know that it's time, mutually develop a plan, which may include a vacation to their birth country, if possible.

## Anticipate

Discuss the possibilities of what they may or may not find out, and explore the emotional reactions depending on the scenario. In other words, help them to be prepared for their own, as well as your, emotional and physical response to what they may learn. Part of this is to anticipate the “stupid things that well-meaning people may say” both here and by their birth family and those who are from their birth country.

## Adoption: The Happiest/Saddest Thing

Think about it. . . adoption is one of the happiest yet saddest things that could happen to a child. Imagine being an infant, totally dependent on adults for your very survival. Your survival is threatened because, for a variety of complicated reasons, the family you were born in to is not able to provide your basic needs for food, clothing and shelter. Your birthmother makes an adoption plan, which she hopes will assure your survival through infancy and childhood. She hopes that you will live to be an old man or woman with opportunities that she, your birthfather, and their families, have never known. You're growing up, and you have questions.

I pray that my son will be confident enough to ask questions, and that I will be mother enough to help him seek answers.

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## BONDING – THE DEVELOPMENT OF EMOTIONAL ATTACHMENT

*From an article by Terri Larson*

Human bonding is an attachment of trust that develops as your children learn you will love them and protect them. The parent's decision to adopt to reach out to a child, to meet his needs, is an act of love. This form of love is developed through an intellectual decision and the will to parent and nurture a child. The action of nurturing a child will eventually

result in emotional response from the child and the caretaker to each other. Bonding is one of the most important parts of a child's development – it is not a one-time, do-it-or-lose-it experience!

Some factors that may slow down the bonding process are important for adoptive parents to

know in order to prepare for some of the first adjustments the new family will face. All adopted children, whether placed within a few days or years, do experience grief and post-adoption depression.

Each time children experience a change in caretaker, their secure, familiar environment changes. One very common and necessary reaction to the loss of security is grief. Some children grieve for short periods every day; some grieve for long periods several times a day or several times a week; some withdraw from close physical contact; and some grieve by clinging. Most parents, when alerted to this factor, can and do recognize the grief response.

Much has been written about post-partum depression after childbirth. Few adoptive parents expect post-adoption depression, but many experience it! Months and often years of preparation, anxiety, and excitement have preceded your child's arrival. Then you are immediately responsible for the total care of the child. Adjustments to the day-to-day responsibilities, and the many changes your child makes in your lives can be stressful, leading to post-placement depression. New parents need to discuss their feelings with others who have experienced it – and can be reassured that this is normal. Understanding it can happen, and recognizing it when it appears, will decrease the effect it has on the bonding process.

Fostering bonding and dealing with a baby or a child, who has had bonds in the past, whether weak or strong, is the awesome responsibility of the adoptive parents. Here are some suggestions:

1. **Limit introduction of new people** – you are a total stranger to your child, who may well have had numerous adults in and out of his young life. A new family is enough strangers for a while. Have your relatives and friends wait to meet your child. Give him a little “honeymoon” time with you. Time is needed just being together and following a daily routine.
2. **Practice being physically close** – gently but firmly. Lay your baby directly against your flesh so he can sense your breathing and heartbeat and use a gentle voice and touch. For a toddler or slightly older child, hugging and kissing at bedtime is a good way to begin if the child is comfortable with this level of “togetherness.” Bathing and hair care are good times for

nurturing and touching. If he is reluctant, make a game of “5 minutes on dad’s lap, 5 minutes on mom’s lap” (look at a picture book, do a puzzle, dress a doll, etc.) Newly adopted older children especially teens, may have mixed feelings about physical closeness, so special sensitivity will be needed to find and develop a comfortable level. Some children may be eager to “make up” for the cuddling they missed in early years, others may resist hugging and kissing, and many are apt to be inconsistent in their reactions to your affection. A good way to begin is to establish eye contact whenever speaking or listening to your child. This assures the child that he has your attention, that he is important, and that you care about him. Other forms of closeness will follow.

3. **Increase your confidence as new parents** – read about child rearing practices. Baby-sit for other adoptive parents who have children of the age you will adopt, talk to other adoptive families, and subscribe to publications about adoption and parenting.
4. **Try to duplicate former environments** – lights on for sleeping? Type of bed? Mattress on the floor? Limit space to help the child become familiar with his room. Allow gradual exploration of your home. Start with a few toys for play. Introduce pets gradually. Keep food familiar – ethnic food for a foreign child. Let an older child occasionally help with menu planning – you will soon know what his favorite foods are.
5. **Study each other’s faces by face-to-face interaction** – as when feeding an infant. Hold an older child in your lap when eating “fun food” like popcorn, apple slices, raisins, and play “one for you and one for me.” With teens or pre-teens, use an instant camera to take close-up pictures of each other’s faces, showing various expressions (happy, sad, angry). Then make a collage of the pictures.
6. **Even tantrums can provide an opportunity to bond.** Do not completely isolate the child. Walk away, but leave the door of the room open. Afterwards, your child is open to being close. Talk about love and anger quietly while holding your child in your lap. Tell him you love him, but his behavior is not acceptable and needs to improve.

The attachment process is different for each baby or child; it takes time and cannot be hurried. Every

child in a family, by birth or adoption, needs parents who love and think he is the most wonderful child in the world. Research shows that the child who has the most difficult time is the one who says: "I never felt I

belonged. I never could do anything right. I always felt left out." This is true of biological as well as adopted children. Time and trust will help the bond that we want to last forever.

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## ADJUSTMENT: CREATION OF A FAMILY

Here are some commonly-asked questions about intercountry adoption, and guidelines to assist your family to adjust to a new arrival, particularly the "older child" from two upwards in age.

### WHAT WILL THE BACKGROUND FOR OUR CHILD BE? HOW WILL IT BEHAVE?

Your child may have lived with his mother or other relatives prior to release for adoption. The mother may have died, or the father may be unable to support another child. Illness, unemployment, trouble with the law – a myriad of social reasons will have been the deciding factor in this adoption. If the mother was unmarried, it may have been the only alternative for her and her family: customs in some countries ostracize an unwed mother. These children will mostly have had a relatively satisfactory early life. They were probably breast-fed, and although underweight by our standards, are basically healthy, and do have confidence and trust in adults.

Infants or toddlers who were "fostered" at a very early age also will have had a similar stable life and a feeling of trust. These children will have bonded to their foster-family, and may well suffer from grief at the separation from familiar caring adults and other children in the family. They may cry uncontrollably at times, for no apparent reason (sudden memories come back to them). Some cry, although apparently asleep! Parents or older siblings should try holding the child over their shoulder (not looking directly at him), walking around, rocking, singing quiet songs, listening to soft and quiet music, gentle back-rubs, lying down with the child, etc., and have *lots* of patience! When lying with your child, play "spoons", *i.e.*, lie on your side with your child's back to you, and cuddle around him.

Your child may have been a "street-child" in the care of an older sibling, possibly not much older than himself. A history of abandonment by an ill or

disinterested parent may accompany this child, and maybe abuse, both physical and mental. He may have been handed from relative to relative, or been cared for in a succession of formal or informal foster homes. Patience and time will reassure these children that they are really "at home" in a family who accepts them and loves them. They may be very demanding, wanting *much* intensive "mothering" to catch up on wasted years, be pre-occupied with food, and need reassurance that adequate amounts are going to appear at stated times. Routines in an average family home (such as bathing, dressing, toilet manners, etc.) could be harder for these children to accept. They do not have the confidence of adults to accept new and strange ways of behaving. Start off slowly, and be aware of social customs in your child's birth country (like sleeping on the floor, or with other siblings in bed, being carried on adult's or sibling's back, not wearing shoes indoors, not being accustomed to electrical appliances inside the home, dangerous electrical outlets, etc.).

Your child may have lived most of his life in an institution. He was probably protected and cared for, but hasn't formed any emotional bonds with adults. He may appear to be "everyone's child" and goes readily to apparent strangers. This child will need to be very sure of your continued presence in his life before he can give you his heart. The first time he cries when you leave him, *rejoice* because he is starting to love you! Children in institutions may not have known *any* men, and they may be afraid of their new father at first. Male doctors or any man in a white coat may frighten them, since they remember "shots". Because institutionalized children are regimented, he may well be passive because of a strict routine with little opportunity to think for himself, and/or be aggressive since he knows that the first one in line gets

the best handout (either for attention or material things). Since he had few possessions of his own, and no private place to put them, he may not have developed a sense of responsibility towards property. He may hoard toys and food for himself. However, as his confidence grows, these behavior patterns will diminish.

### **HOW CAN WE COPE WITH OUR NEW CHILD'S BEWILDERMENT AND UNHAPPINESS AT BEING TAKEN TO A STRANGE COUNTRY?**

Many of the circumstances that precipitated the adoption will fall outside your own experience. You will need to develop skills in dealing with children so they will believe you when you speak about their past life. Because of many shifts in this past life, some children may be wary of close relationships. Your child may feel deserted and frustrated and express these feelings in emotional outbursts or emotional isolation. The key to resolving grief is *time*. When adults experience grief or loss, they often give themselves adequate time (perhaps a year) to recover. Yet, they often expect a child to resolve just as deep a loss in a few weeks!

Try not to overwhelm your child with attention, particularly if your family meets him for the first time at an airport. Only the immediate family should be there, and they should allow the child to make friends at his own pace. Language will be harder for the child who is age four and up. Children learn more quickly than adults, but his family should learn key words in his language (I love you, Mother, Father, Brother, Sister, toilet, come here, water, stop, etc.). See life through *his eyes*, and then *you* adjust accordingly. Don't forget sign language and smiles! Some knowledge of his birth country, its culture, and customs is *very* important, as it will help you with his assimilation into every day life with respect for his past experiences. It will also lay foundations for future communication on his origins and background.

Sometimes children want to be accepted so much that they will stop speaking their native language quiet quickly. In his thinking, to be different may mean he cannot be accepted. The following statement shows vividly the hurt and bewilderment of one four-year-old boy from Korea a short time after adoption:

“...he told her [Korean adoption worker] he was very unhappy and angry at his mother for sending him away. He said he knows the new people were good and that they wanted to be nice to him, but they were not very intelligent. They didn't understand him when he talked ... and they were always talking in that other language ... gabble, gabble, gabble ... and he couldn't understand a word! Also, he couldn't understand why he *wasn't* living in America, as he had been promised. In America, as everybody knew, there were thousands of toys for everyone, and everyone had his own television set. Here, there was only one fore the entire family! By and large, he did not like living here, and if he couldn't go back to Korea, at lease he would like somebody to sleep with him as his mother did. No – not the new lady! He wanted the new Daddy!”

It is the overwhelming experience of families that intercountry adoption is a most joyful experience, with the satisfaction far outweighing any problems of initial adjustment. With time and understanding, the adoption process will be a valuable growth period in the life of your emerging new family.

From *SNAP MAGAZINE*, Adoptive Parents Association of Canberra, Australia.

## PRACTICAL HINTS TO HELP WITH THE ADJUSTMENT OF ADOPTED FOREIGN-BORN CHILDREN

### ***BEFORE YOUR CHILD ARRIVES:***

Start thinking about how your child will react to all the differences between U.S. family life and his past life:

1. Learn as much as possible about the developmental stage your child will be passing through when he/she comes to you: reading, observing, practical experience (“borrowing” children, helping at nursery schools, attending adoptive family activities, etc.).
2. Practice “getting inside a child’s thinking process” to explain his/her behavior when dishwashers roar, toilets flush, etc.
3. Learn as much as possible about the general and specific details of your child’s background (cultural treatment of infants and toddlers, child’s history, care in foster home or orphanage, etc.).
4. Evaluate medical and health information about your child: consult physician experienced with adopted foreign children.
5. Learn some crucial words in child’s language: I love you, Pretty baby (girl/boy), Toilet, Water, What do you want?, Come here, Stop, Mother, Father, Sister, Brother, etc.).
6. Send pictures of family and pets in “Family Book” for toddlers and possibly a “letter” on tape in child’s language.

### ***YOUR FIRST MEETING WITH YOUR CHILD:***

1. Prepare for child’s reaction of being frightened and unresponsive, or overly excited and hyperactive.
2. Ask that the child’s caretaker explain in the child’s language that you are the parents, and then gradually withdraw. Contact with the caretaker should end as soon as tactfully possible.
3. Keep the meeting *low key* (only the immediate family); mother receives baby or child; cautiously introduces father and siblings.
4. Bring copies of pictures in the Family Book sent to an older child.
5. Father or other relative should get as much information as possible from caretaker: eating and sleeping facts, any medications, special fears, fever or diarrhea symptoms, etc. Use a

tape recorder if possible, because you may be too emotional to remember.

6. *See a physician immediately* if the child has a fever, diarrhea, or breathing difficulties within 24 hours.
7. Even babies see the differences in the mother figure: hold the baby over the shoulder; walk fast to stop crying. Don’t cuddle, put your face close to the child, or hug and kiss excessively.
8. Baby feeding: some foreign baby formulas are very sweet so the new parents can add a tiny bit of sugar, and then decrease the amount. Custom may have been that the mother figures don’t look at babies while they eat.
9. Use lollipops (soft stick), small toy cars, toy wristwatches, and the like, as gifts to toddlers. *No stuffed animals or fancy or rag dolls.*

### ***FIRST DAYS AT HOME:***

1. Child’s reactions at home: temper tantrums; quiet looking at the floor; gives hugs immediately without emotion; clinging close to mother day and night (she might disappear as other “mothers” have done). New father may be frightening because the child may not have seen many men. Siblings may be preferred to the father.
2. Toddler benefits from having foreign social worker visit as soon as possible: worker can explain problems to child in his language and learn more about child’s background.
3. Foreign country customs unknown to parents: children do not talk at the table; adults always touch child when speaking to him/her; Asian boys seen as superior to girls; gesture of waving “good-bye” means “come here” to Asians; kissing may not be common in other cultures; child may imitate sexual intercourse because his first family slept together in one room; raw vegetables and fruit are not eaten in some countries; babies are not given solid food until they are almost a year; etc.
4. Family pets: send pictures to toddler showing friendly pets; keep pets away at first, then introduce them slowly because pets in foreign countries usually do not live indoors.
5. If you feel it is important to change the child’s name, consider giving an American first name and keeping the child’s name as the middle name. Later, the child can choose. Please see the companion article, “Choosing a Name”.

6. Play copy of tape sent to child: it explains who this new family is.
7. Explain telephone use to toddlers and older children; keep telephones high up!
8. Bedtime routine is very helpful: use lots of night lights, have a soothing ritual bath; story or music box; sleep in parents room at first (bed or floor mat). Slowly change to bed in own room.

### ***STARTING NURSERY SCHOOL/DAY CARE***

1. Adoption agencies urge a "leave of absence" for new mothers of up to six months in order to foster "bonding" to the new parents.
2. Encourage parent-child activities at home: water and sandbox play, records, making cookies, stroller trips, and home playgroup.

3. Avoid big family parties, overnight vacation trips, sleeping in strange beds, big changes in daily routines or food.
4. Arrange for short absences of the mother to accustom the child to staying with his father and/or babysitter (*ease* into this!)
5. Visit school/day care center several times before starting child in program. Have him attend two or three times a week at first. The mother may have to remain with the child for a week or so.
6. If the child is hospitalized, the mother *must* remain with him/her to avoid the child developing a life-threatening clinical depression.
7. Use adoptive parent groups to find additional tips to help with your child's adjustment, as well as *Adoptive Families Magazine* published by Adoptive Families of America. The magazine also lists helpful books, toys, etc., that can be ordered by mail.

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## **CHOOSING A NAME FOR YOUR FOREIGN-BORN CHILD**

**By Deborah McCurdy**

Naming a child is such a personal matter that parents are bound to have strong feelings about making their own choice without outside influence. The following guidelines (based on the needs of foreign-born children) leave enough options open that parents still have a wide range of choices - especially when naming an infant. There may be times, however, when our personal taste in names will have to take second place to the child's needs or desires because names are so closely tied to self-image and self-esteem.

Choosing a first name or a middle name from your child's country affirms your child's cultural and national heritage as an important part of him. It demonstrates to your child and to the world that his original cultural identity is a source of pride. It is an open acknowledgement of a positive kind of difference that will always be a part of your child. It may be especially important as your child grows older, but having a typical American name as well may be just as important. Your child can then have the best of both his worlds!

I have read differing opinions as to whether the birth-country name should be chosen as the first name or the middle name. There are those who feel strongly

that the name the child came with should be retained as the first name, if it "works." Others point out that there will be times when your child will want to have a simple, familiar American name to feel more like the other kids in the neighborhood. For this reason, many adoptive parents give their infant an American first name (or else a birth-country name — such as Lee, Lin, Julia, Andrea, or Daniel — that is also an American name). A birth-country name combined with an American name gives the child the opportunity to affirm either side of his or her cultural identity, depending on the child's mood and stage of development. Mary Kim may wish to be called by both her names at certain times, as her parents now do. At other stages she may wish to introduce herself simply as "Mary" or "Kim". Two short, simple names allow her these options. A boy named John Carlos Clark could have the alternatives of John C. Clark or J. Carlos Clark, depending on his preference at different ages. (You can find names in books and articles about your child's birth country at a city library.)

There is another reason to keep all names short and simple. It is a burden for children and teenagers to frequently spell out a long, complicated name for others when meeting new people, registering for camp,

etc. It is much easier to be Lee Johnson or Lee Paul Johnson than Gareth Byeong Johnson-Phillips. According to research done by psychologist Rom Harre and others, children with an unusual, unfamiliar name can feel different in a negative way. Our children will already have two major differences to deal with: being adopted and (often) being of a minority race. While we will be helping them to see these two differences as very positive ones, we can choose to minimize other differences by giving them short, simple, familiar names.

How do adopted teenagers feel about their names? There are probably no reliable polls on this question, but I've heard remarks that indicate that some adoptees of this age want a part of their name to reflect their original cultural identity. One girl commented that the best thing her adoptive parents had done for her was to retain her Korean name. On another occasion, an Asian teenager on an adoptee panel exclaimed indignantly, "I'm no Amy!" If she had been named Lin Amy or Amy Lin, she might have felt more validated as a Korean-American. A teenager who has both an American first name and a middle name from his birth-country can be offered the option of reversing these names if he develops a strong interest in affirming his original cultural identity. But some teenagers will value an American name more than their birth-country name (another argument for giving both!).

Many adoption workers and psychologists feel that if your child is age two or older, it is vitally important to call him by the name he is accustomed to, at least until he is ready to make a major change on his own. (Check with the foster mother or orphanage, as a Maria Cristina may be called "Cristi.") Those adopting a school-age child should eventually ask the child his preference as to being called by his original name or choosing an American name, since this could have an effect on his self-esteem. If your child chooses an American name, it should be selected from a list of simple, familiar names that you have prepared for him or her. The "old" name can then become a middle name so that the child does not lose an important part of himself. (Discourage him from rejecting it altogether even if he chooses not to use it for a time.)

When children and teenagers experiment with rearranging their names, there's no need to rush into a legal change of name. Legally your child can go by any name he chooses. By adulthood he may be back to the names you chose for him!

Deborah McCurdy, MSW is Adoption Supervisor at Beacon Adoption Center in Great Barrington, MA, and has a Colombian-born son.

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## LANGUAGE DEVELOPMENT AFTER INTERCOUNTRY ADOPTION

*Paul Wang, M.D. & Leslie Sude, M.D. Leslie Sude and Paul Wang are both pediatricians, and they are parents of two girls whom they adopted from China. Leslie is a general pediatrician who has over 5 years of experience with children who are adopted internationally. Paul is a developmental-behavioral pediatrician whose research interests center on language development.*

The ability to communicate is one of the most important skills that children learn. It's almost a miracle that most children learn this skill as easily as they do, considering all the components that must be in place for normal speech and language to develop. These include good hearing, and the neurological abilities to decode and process sounds so that their meaning can be grasped, to translate thoughts and ideas into words and sentences, and to control lips, tongue, palate, throat, and breathing muscles precisely in order to produce clear speech sounds. Furthermore, the environment must also be adequate for language to develop appropriately. Children need to be exposed to language starting at an early age. Engaging them in conversation and other interactions allows them to learn the meaning of words and sentences, and how to use them effectively in interpersonal communication.



## **Risk Factors for Internationally Adopted Children**

Children who are adopted from non-English-speaking countries to the United States face many challenges that can delay language development. Potential medical issues include illnesses and birth defects that affect hearing and speech. Frequent or untreated ear infections, cleft lip, or palate, and hearing impairments (which may be undiagnosed) are obvious examples. Conditions that affect the nervous system also pose risks to language development. Examples of these include hydrocephalus, brain hemorrhages (most common in infants born prematurely), and cerebral palsy. Other health risks, such as malnutrition, iron deficiency, and lead poisoning, can also have significant effects on development in general, and on language development in particular. Some children have risk factors that no one is aware of, such as a genetic predisposition to language delays and learning disabilities, which can be inherited from the biological parents.

Environmental factors are of equal or greater importance to language development in international adoptees. Although many infants are adopted before they begin to speak, they should have already started to acquire language. Even before they say their first words, infants are learning the sounds of their language, practicing the sounds (by cooing and babbling), and interpreting the meaning of words that caregivers say to them. Without adequate verbal stimulation, the development of these early skills will be impaired. Problems associated with inadequate stimulation continue into the toddler and pre-school years, when new words would normally be learned at an accelerating rate, and grammar starts to develop.

Because language development starts so early, even infants can be language-delayed when they are adopted to the U.S.A. In their country of origin, they were learning their native language even if they had not yet started to speak. For example, a child exposed to Mandarin Chinese might have learned that “ma” can mean either mother or horse or “to scold,” depending on intonation. When that child starts to learn English, she must “unlearn” what she already knows, and appreciate that “ma” means mother, no matter what intonation is used. Similarly, an infant who has lived just a few months in a Spanish-speaking country might think that the double-OO sound in “look” or “book” is used only in playful gibberish, since Spanish words never use this sound. When that infant starts hearing English, she must learn that “book” is a real word, not playful but nonsensical babble.

## **Language Development after Arrival**

Research is just beginning on how, and at what rate, children learn English after they are adopted internationally to the U.S.A. Researchers are hoping especially to define “typical” versus “atypical” rates and patterns of English acquisition, so that those children who need expert language therapy can be identified early. While a handful of studies on this topic have been published, much work remains to be done, and the guidelines for referral to speech-language therapy should be considered preliminary.

It is no surprise that children who are adopted at a younger age tend to catch up more quickly than those who are adopted later. In a study of children born in Eastern Europe, Glennen and Masters found that children who were adopted before 12 months of age showed essentially no delay in their spoken English vocabulary. Children who were adopted at later ages showed delays early on, but they were roughly caught up by around age 3. In the area of grammatical skills, however, the group of children who were adopted after 12 months of age remained below the norms at age 3 (the oldest age reported in this publication), although they were making strong progress.

Roberts and colleagues, in a study of pre-school children who had been adopted from China as infants and toddlers, also found that English language skills were related to age at the time of adoption. In addition, language skills were correlated independently with the amount of time spent in the permanent home. Thus, effects were evident from both a risk factor (time spent in the orphanage) and from a resilience factor (time spent in the permanent home). The children adopted from China, as a group, showed above average scores

for both vocabulary and for grammar skills, perhaps a reflection of the extremely high socio-economic status of their parents (85% college graduates, of whom 57% had advanced degrees).

The results of these two studies cannot be generalized to every child adopted internationally. Because risk factors (both known and unknown) and resilience factors are individual, the rate of language development in each child will be unique. Indeed, the pace of language development often seems uneven for internationally adopted children. Over the first few months, there may be little spoken language, even though the newly arrived child is listening intently and starting to understand her new language. Among older children who were fluent in their native language, there can be a short shut down period during which they refuse to speak their first language, and they have not yet learned the new one. In most cases, however, the pace of development appears to accelerate a few months or so after arrival.

There is almost no research yet on the level of language ability that children adopted internationally will attain as older children and as adults. Most children become good communicators, understanding the request that parents, teachers, and other children make, and effectively expressing their own thoughts to others. As children advance in school however, these “basic interpersonal communication skills” are not enough, and language must be used more abstractly. Children need to learn how to “read between the lines,” interpreting subtle or implied ideas in the conversation of others, and comprehending longer and more complex texts for academic purposes. Some research suggests that some individuals who are adopted internationally are unable to master these “abstract” or “higher order” language skills, but further research is needed. It also is not clear whether these difficulties are purely language issues, or if they reflect a broader disability. A small amount of research on children adopted in the mid-1900’s from Asia to Europe indicates that ultimate outcomes can be quite good.

## **Getting Help**

It is natural for children to go through a period of adjustment when they are adopted into their new homes. They must adapt to new surroundings, new food, new schedules, new caregivers, and a new language. The adjustment process is even more difficult for children who are older or have medical conditions or disabilities. For the first few weeks, parents should understand that their child is getting used to their new environment and may not make noticeable progress in learning their new language. All children adopted to the U.S.A should have hearing screening if there is any concern at all about their language development, but otherwise it is reasonable to defer consideration of special therapies for at least a few weeks.

Many children adopted internationally, especially those who are adopted as infants, will not need speech therapy. For these children, the communication that most parents naturally exchange with their child will be sufficient to develop good English skills.

This communication consists of talking to the child, telling her what she is seeing and doing, reading aloud to her, and verbal exchanges. For many toddler and older adoptees (1-4 years old), it also may be enough to provide this type of normal language environment. It is also helpful for children to interact with other children – try as they might, adults have a hard time relating to children in the way that other children easily do. Interaction can be informal, in playgroups and on playgrounds, or more structured, as in music classes, story hours, and the like.

It is difficult to determine which children will need speech-language therapy, and when to start it. Therapists and pediatricians generally agree that a speech-language evaluation should be performed in the native language for adoptees who are 2 years or older and who are delayed in their native language. (Of course, this information is not always available.) Children who have not started to show progress in English after several weeks in their new home, and children who are known to have biological risk factors for developmental delays, should also be evaluated.

## Bilingualism

Many parents today hope that their children will be bilingual. For children adopted internationally, the desire for bilingualism may be even stronger, and it would seem that the path to bilingualism might be easier. When parents do not speak the child's native language, however, it is very quickly forgotten. Researchers have not yet determined whether children who heard a language only during infancy will be able to re-learn that language more easily in the future.

Many parents also wonder whether it is helpful for them to speak to their newly-adopted child in her native language. The answer depends on the degree of parental fluency. If one parent is truly fluent, and the family wishes to preserve the child's command of the native language, then many therapists suggest that one parent speak only in the native language and the other parent speak only in English. If neither parent is truly fluent, then it may be confusing for the child to hear a mixture of English and broken Russian or broken Chinese, etc. A few key phrases in the native language, used to convey assurances of love and comfort, may still be helpful. For children with significant delays in learning English, most speech therapists would suggest focusing solely on English and deferring attempts to teach another language.

## In the Long Run

Research on language development in international adoptees has just started to take off. As studies continue in the coming years, much will be learned about the typical pattern of new language development in these children. Hopefully this knowledge will result in clear guidelines for determining which children will need speech-language therapy, and when. Despite the limitations in our knowledge today, it appears that most internationally-adopted youngsters will grow up to be good communicators.

## Further Reading

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## ARE WE HAVING FUN YET?

By Barbara Holtan

Parents who have adopted older children often allude to the phenomenon that their newly arrived child seems not to have a sense of what is fun (pleasurable) and what is not. They seem not to know what hurts and what doesn't. They seem not to have the "sense" to know when to wear a heavy coat and when to wear light clothes; they don't "know" hot from cold. And a big complaint of parents is that the children have no

idea of how to make a decision: they cannot choose between the simplest things.

Parents chalk this up to confusion during the beginning weeks. They pin it on the climate the child came from (an Indian child never knew cold before, so how would he know to wear his winter jacket?). They attribute it to language deficits. They chuckle affectionately – for a while.

When these behaviors persist though, the parents begin to worry: they begin to become irritated. It is hard not to worry when a 9-year-old cuts his finger and doesn't seem to register pain. It is hard not to become furious when the 10-year-old slumps through Disney World with no indication that she is enjoying it. It is hard to remain understanding when the 11-year-old is bundled up to the chin in a lovely warm spring day. Parents silently (or not so silently) say, "*He should know better than this!*"

It all has to do with acquiring skills.

When our children are babies, we unconsciously teach them what is fun and what is not. The two-year-old who is brought to the edge of the lake by a deliriously delighted papa takes in the parent's body language, and facial expression, and words, all of which indicate that this is joyful. "Aren't we having fun now?" We exclaim. "Doesn't the water feel nice on our feet?" "Isn't the sun warm on our backs!"

When the child careens across the room and falls flat on his rump, the solicitous parent croons, "Oh, that must have really hurt! Here, let me hug you!" The child looks, hears, and registers: that was pain, that was not pleasure.

Americans are big on decision-making. We hold up two outfits for our 18-month-old and ask, "Which would you like to wear today, the overalls or the dress?" We ask them at lunchtime, "Grilled cheese today or peanut butter?" We ask three and four-year-olds what they want Santa to bring them.

All of these skills – knowing pleasure from pain, knowing sensation, and knowing how to make a choice – are acquired, learned. For the "older" kids who come to us by adoption, it is often the case that they never learned these things. Perhaps there was no one there to teach them. Perhaps they were so emotionally traumatized that the learning could not take place. Whole blocks of skills that are usually mastered during the toddler years are often missing in these children.

Gazing at that tall, lanky 11-year-old and realizing that he needs to master two-year-old skills is difficult for us. For the orphanage child, these attributes may not only have been untaught but also positively frowned

upon! It is very hard to accept diffidence, uncertainty, and vacillation in a child who is older. It is very hard to understand that the kid who is slumping through Disneyland – or worse, who is acting like a crazed person – may not be ungrateful or character-disordered. He just may be suffering from sensory burnout. If he were two years old and fell apart after two hours, we would cluck and croon and take him back to the hotel for a nap and quiet time. We would not resent the money we had spent on the entrance tickets. We would not chalk him up as mean-spirited. We would know that it was just too much all at once.

Human beings know "cold" and "hot" and "fun" and "pain" and "tastes good" and "yucky" from being taught. Parents label things and emotions as the child grows. The older child comes into this situation big in body but small in acquired skills.

We've all heard how the foreign child "will learn English within six months." True, most have mastered the necessary nouns and verbs by then. She can follow simple commands. She can ask for "more cookies." But it takes much longer to be able to talk of feelings and even to know what feelings they are experiencing! The child who is constantly asking for food or complaining of hunger may not be experiencing physical hunger at all. It may be an empty feeling loneliness – a sense of fear. We parents need to label those feelings for her. Part of it may indeed be a language deficit but it may also be a skill deficit operating too.

So many of these necessary skills are taught and learned unconsciously. When we figure out that our son who came home at 7 from an orphanage didn't know when things were fun and when they weren't, we began an experiment. Every night at dinnertime, each of us was expected to tell three good things that had happened to him or her that day. When it was his turn, Seth was silent for many nights running. He truly had no idea how to separate the good from the not so good. Gradually, as we identified things ranging over "Amy gave me two stickers at school," "We had a whole half hour of free play today because it was sunny," "I made a base hit at baseball practice," "That presentation I gave at the conference went quite well," Seth began to make the connection that life has categories. We can classify our experience under different names.

The kaleidoscope of life began to take form, to show patterns for him. When, at last, at his turn he mumbled, "I liked lunch today," we were jubilant. We did the same thing for bad things that had happened and decisions we had made during the day.

undoubtedly acquired many survival skills – in some cases many more than we would wish. But he may not have the foggiest notion of the answer to the question, "Are we having fun now?" He may not even know how to ask.

The Indian child who comes from a prison or the foster child who is now entering his eighth home has

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## THE SIGNIFICANCE OF POST PLACEMENT REPORTS

By Jessica Clark, JCICS

*Ms. Jessica Clark is a part-time administrative assistant for Joint Council on International Children's Services (JCICS). After living and working in Botosani, Romania at the Speranta Copiilor Group Home for Abandoned Children for a year, Ms. Clark joined JCICS in September 2004. Ms. Clark graduated from James Madison University in 2003 with a BA in English.*

The adoption process requires so much emotional and physical energy that post placement services are often pushed to the back of adoptive parents' minds. It is not uncommon for parents to comment that post-placement services are vastly different from services provided for biological children and their families. Hospitals rarely request a visit with a family or require additional paperwork after they have been discharged. Knowing the benefits and components of this service will help you to better understand the process and value quality service.

In part, post-placement reports were created to standardize the information that sending countries require about children who have been adopted abroad. In the past many families have chosen to send pictures or brief anecdotes about their child to the country of birth. People connected with your child before her adoption and officials abroad value this information, but all too often it is inconsistent or incomplete in painting an overall picture of a child's well being. Frequently it falls short of meeting post-placement requirements as established by the country of origin. Through post-placement reports your placement agency is able to create a comprehensive document about your adopted child's new life.

It is important to realize that your placement agency has the best interests of you and your child in mind. Social workers care about the children involved and ultimately about your family. Post-placement reporting is a constructive way to close the adoption process and move on to the next steps in your child's development.

For an idea of what questions might be addressed in a post-placement visit, the following examples have been provided by Special Additions International, Inc. (Stilwell, Kansas):

- HEALTH  
What is the child's physical condition? Who is her doctor? What major illnesses or surgeries have occurred? Are her immunizations current? Does she have any allergies?
- DEVELOPMENT  
What developmental milestones have been reached? How are the child's gross and fine motor skills developing? How is her speech progressing?

- ROUTINE

What occurs in a normal day for the child? Who does she spend her time with? What are her eating habits?

- SOCIAL

How does she interact with peers, family, neighbors, strangers? With friends, does she play well, share, etc.?

- FAMILY

How is the family adjusting to having a new child in the home? How are siblings, extended family doing with her in the home? How does the family address discipline? Have there been any major changes to the household since the child arrived?

*What, where, how many?*

The truth about post-placement reports is that only your agency can tell you exactly how many you will need, or what they will entail. Every agency has different methods for completing the reports. Some post-placement visits are done in the home while others can be completed at another location. Plan to include our entire family in some aspect of the visits. Often agencies will need to include siblings, both parents and other family members living your home in their report.

While additional post-placement reports might be required by your state or agency, most sending countries have their own requirements. In helping your placement agency to complete these reports, you are fulfilling your commitment as an adoptive parent as well as taking an important role in maintaining a positive relationship between the US and countries abroad. These reports go a long way in assuring foreign officials that children who come to the United States are well cared for. They help make it possible for other children to be adopted in the future.

*What can parents do to facilitate their post-placement visits?*

Understandably, parents sometimes feel apprehensive about repeated visits from a social worker after the adoption is complete. Some might feel that their parenting abilities are being monitored or even critiqued. It is important to remember that post-placement reports are a necessary extension of the process as a whole.

As a parent, you can make certain that you are informed from the outset. Be proactive in encouraging your social worker to provide you with all available information about what will occur in your post-placement visits. He or she is there for your benefit. You will be more comfortable with post-placement visits if you know what to expect from the beginning.

Also keep in mind that the social worker conducting the post-placement report is not looking for flawlessness. Post-placement visits do not evaluate whether or not toys are picked up or how much dirty laundry is in your home. Representatives from your placement agency are very familiar with families that have recently welcomed a new child. They expect the changes that occur when a newborn enters a household and know to expect possible drastic changes with a 2-year-old, 5-year-old or 10-year-old.

*What advantages does it offer to parents?*

Often post-placement visits are a way for a family to connect with resources. Use them as an opportunity to ask about what services are available to you. This final phase of the adoption process is the first in a child's life in the US. Through post-placement parents can discover ways to connect their child with internationally adopted peers, cultural activities and health resources.

Home visits are meant to ease the post-placement process for parents. This is why your placement agency will usually be willing to work around your schedule in completing the report.

It is true that post-placement services are unique to adopted children. Though not every child has the benefit of this extra support when they become part of a family, perhaps more should. All aspects of post-placement provide for closure to the adoption process and mark the beginning of your new life as a family.

For the first part of your internationally adopted child's life she had an entire network of people who cared for her. Foster parents, orphanage workers, adoption officials and, of course, you and your placement agency each had a hand in your child's existence. Post-placement reports are a chance for everyone to be informed of what you already know: your child is growing, safe and most importantly... loved!

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## **NOW THAT YOU'RE A FAMILY . . . POST ADOPTION LEGAL ISSUES**

By Douglas I. Fishman, Esq.

First, congratulations to you and your child. Whether you are a first time parent or you have just adopted your sixth child, whether your child was born in your home town, or you traveled half-way around the world for her, whether your child is ostensibly healthy or has known medical issues, there are legal issues which will effect you and your family. Some of these issues are unique to adoptive families. Some of them apply only to international adoptions. Some of them apply to all parents, and are just as often overlooked by parents whose children are born to them as those who create their families through adoption. This article will explore a number of these issues. Please note that in this article I shall, for the sake of convenience, refer to adopted children as "she," and adoptive parent(s) as "you," which may refer to individuals or couples.

### **Time Off from Work, and Medical Coverage**

#### **Family and Medical Leave Act**

You have just adopted your child, and you need time to become a family, and to bond and get to know each other. As an adoptive parent, chances are that you, your partner, or both of you, have a job. If you work for a private employer with at least 50 local employees, have been employed there for at least twelve months, and have worked at least 1,250 hours during the past year, you are probably eligible for leave under the Family and Medical Leave Act (FMLA), a federal law which established certain requirements for unpaid family and medical leave for permanent employees.

For those of you whose employment situations meet these eligibility criteria, your employer must allow you up to twelve workweeks of leave during any 12-month period for a number of reasons, including the adoption of a child. FMLA entitles a worker to unpaid leave, not paid leave, and such leave must be taken in a single, continuous span of time unless otherwise agreed to by the employer. Further, FMLA requires that the employer must restore you to your position (or its equivalent) upon your return from leave, except in very specific circumstances. Lastly, FMLA requires that your employer must maintain your medical coverage during your leave. If your medical plan requires that you contribute, then you must continue to make your contributions during your leave.

#### **Medical Coverage**

There are two broad classifications of medical insurance plans under which you might be covered: individual or group plans. Individual plans are regulated at the state level and, as such, will not be covered here. If you

are covered under an individual plan, you should consult with your state's insurance department or attorney general's office if you believe that your child is being denied coverage rightfully due him or her.

If your medical insurance is provided through a group plan, your adopted child is almost certainly eligible for medical coverage under your group medical plan from the moment of adoption or placement for adoption. Placement is defined as the point at which your child comes to live with you. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), is federal legislation which controls large and small group plans. Under this Act, medical insurance coverage may not be delayed or denied based upon preexisting conditions for a child under the age of eighteen who is adopted (or placed for adoption) and who is enrolled in a health benefit plan within 30 days of the date of adoption (or placement of adoption). This provision applies to both domestic and international adoptions. Furthermore, if you lose your job during the adoption process and have elected COBRA coverage, your child will also be eligible for coverage.

### **International Adoption: Immigration Status & Citizenship**

#### **Child Citizenship Act of 2000 & Visas**

Your internationally adopted child is automatically a citizen of the United State if all five of the following conditions are met: (1) at least one of your child's adoptive parents is a U.S. citizen; (2) your child is under age 18; (3) your child lives in the U.S. in the physical and legal custody of your, the citizen parent; (4) your child is a lawful permanent resident of the United States; and (5) your child meets the requirements applicable to adopted children under immigration law. This is true for all internationally adopted children who had not reached the age of eighteen as of February 27, 2001.

Internationally adopted children whose U.S. citizen parents live in the United States will enter the United States on one of two visa types: IR-3 or IR-4. "IR" stands for "Immediate Relative." If your child enters the United States on an IR-3 visa, then she has automatic citizenship. An IR-3 visa will be issued when all parents saw the child prior to the adoption procedure in the sending country. For example, if you (a single parent) or you and your spouse (married couple) traveled to China and saw your child before the adoption procedures were done, then your child would travel to her new home on an IR-3 visa, and would automatically become a citizen. The bureau of Citizenship and Immigration (CIS) has initiated a new procedure under which children who enter the country on an IR-3 visa will be automatically issued a Certificate of Citizenship instead of a Permanent Resident Card, informally known as a Green Card. It is CIS's goal to provide the Certificate of Citizenship within 45 days of entry into the U.S.

If your child entered the United States on an IR-4 visa, then her adoption must be finalized in a court of the home state of the parent(s); your child will not be accorded automatic citizenship, and will receive a Permanent Resident Card upon entry into the U.S. Again, to provide an example, if you (a single parent) or you and your spouse (married couple) travel to Guatemala to adopt your child, and you did not meet your child prior to the adoption procedure, your child will travel to her new home on an IR-4 visa, and you will have to finalize your child's adoption in your home state. It is important to understand that all parent must meet the child prior to the foreign adoption procedure – if only one spouse sees a child, then the child will enter the country on an IR-4 and you will have to finalize the adoption here. The same would be true for the adoption of a child born in Korea and escorted to the United States; the child will enter the U.S. on an IR-4 visa, and you will finalize the adoption in a court in your home state.

Despite the fact of automatic citizenship when the criteria listed above are met, most adoption professionals continue to recommend that adoptive parents file the N-600 Application for Certification of Citizenship, which currently has a \$200 filing fee, on behalf of their children. Processing of these Applications may take up to a year or more. A quick way to secure proof-positive that your child is an American citizen is to apply for and receive a United States passport for your child. Only citizens may carry a United States passport, and this document can be used for proof of citizenship whenever and wherever such proof is required.



However, while a United States passport is absolute proof of citizenship, a passport requires renewal, may be lost or stolen, and, in the case of multiracial families, may not be accepted without question simply because some people may not think that you “look like a family.” A Certificate of Citizenship, on the other hand, will never expire and is less likely to be challenged by someone who does not understand the legal underpinnings of a passport.

### **Social Security**

Remember to register your child with the Social Security office, either by visiting a local branch or by filing an SS-5. You will need to submit evidence of age, identity, and U.S. citizenship or lawful alien status for your child, along with evidence of your identity. The Social Security Administration will want to see your child’s original foreign birth certificate to verify her date of birth. If you do not have a birth certificate for your child, they can accept other evidence showing your child’s date of birth, such as the adoption decree, your child’s passport, or the document issued by your child by the Department of Homeland Security.

### **Readoption or Finalization**

If your child travels to the United States on an IR-4 visa, the adoption must be finalized in a court of competent jurisdiction in your home state. When a child is not seen by all of her adoptive parents prior to the foreign adoption proceedings, or when the prospective parents are given only guardianship or legal custody in the sending country, the adoption must be finalized in a court in your home state. In these cases, your children are not granted automatic citizenship until the court of your home state grants a decree of adoption.

If your home state does not recognize adoption in a foreign country as a full and final adoption, you must likewise finalize your adoption in your home state’s court.

By now, you may be thinking that all of these immigration issues are making you dizzy, and you will not be alone. The simplest way to envision these immigration issues are making you dizzy, and you will not be alone. The simplest way to envision these immigration issues is to treat it as a three-way intersection. The first road is the foreign country and its laws. The second road is United States immigration law and procedure, which is federal law that is managed by the Bureau of Citizenship and Immigration (CIS.) The third and final road is state law. In order to adopt a child who was born in another country and bring her home, the laws of your child’s birth country and CIS must be honored. In order for your child to become a citizen of the United States, federal law must be honored. In order for you, your child, and your family unit to be fully protected under state and federal law, your state’s adoption law must be honored.

It is for these reasons that many adoption professionals continue to recommend that all parents readopt their children in their home state courts. There are a number of reasons for doing this, including:

- The adoption decree will be in English, and certified copies will be readily available in the future;
- An adoption decree from your state court will be recognized by all other states, even those which might not honor the decree of your child’s birth country. If, in the future, you move to another state, you can be sure that your adoption will be recognized in your new home state;
- Parents who choose to will be able to rename their children at the time of the readoption;
- Some federal law, such as social security, can refer to state law. Having an adoption decree from your home state will solidify your child’s standing in this event;
- A state-issued “birth record” (similar to a birth certificate) will become available for your child, and this document will make school registration and other activities requiring birth certificates easier;

- A final adoption decree from your home state court will provide additional assurance, protection, and peace of mind should the adoption laws of your child's birth country ever change, or if anybody ever challenges the adoption. Carrying a certified copy of an adoption decree issued by your state court will also serve to support your family's status under United States law if you travel to your child's birth country, or anywhere else in the world.

If you do not readopt your child here, what could happen? Most people are not aware that the 1996 Immigration and Naturalization Act included a provision requiring automatic deportation of non-citizen immigrants who are convicted of a felony charge. Imagine a situation where an adopted child arrived in the United States on an IR-4 visa, and whose parents subsequently failed to finalize her adoption. In this scenario, the child would never have become a United States citizen, and could be detained by the Department of Homeland Security and sent back to his or her country of birth following a felony conviction.

### **Guardianship and Financial Considerations**

#### **Wills**

Do you have a current Will? Was it drafted before or after you had children? Does it name the appropriate people to care for your children in the case of your death? Does it specifically include your adopted children in all of its considerations? If you have been divorced previously, was your Will drafted after the divorce? If the answer to any of these questions is No, then you should immediately consult with your attorney. Your Will is a crucial document in your plan to care for and provide for your children. If you wait too long to create execute your Will, you will not be around to do it, and somebody else will be making these critical decisions for your children.

All parents should have a Last Will and Testament. If you are married, it is not enough for only one spouse to have a Will. Your Will should be drafted by a competent attorney, and should be reviewed periodically for completeness and to ensure that its provisions are current. The function of your Will is to distribute your assets and plan for the care and support of your children in the event that you are not around to do so yourself.

#### **Guardianship**

Arguably, the single most important function of your Will is to designate appropriate people to care for your children in the event of your death. The Guardian you name must be someone you know and trust, someone who is understanding of the issues surrounding adoption, and whose age and health will not pose obstacles to their ability to assume this responsibility. On top of this, you must be able to designate a second, or Successor Guardian, who can step in and assume this role should your primary designate be unable to accept the guardianship of your children. In my practice, I usually have suggested that parents designate a second Successor Guardian, just in case there is a problem with the first two designations.

#### **Trusts**

After the issue of guardianship, your ability to provide financial security for your children is the next most important function of your will. Your attorney and/or financial planner should assist you in developing a rational plan to provide for your children in the event of your death. Your Will should establish trusts for your children, which will hold your assets (whether in the form of cash or property), and designate an appropriate trustee to manage the Trust for the benefit of your children. As with Guardians, your Will should designate one or more Successor trustees. These designees may be the same people you appoint as Guardian, but need not be so. You may be fortunate enough to know the perfect Guardian, but have another person who will be a better manager of your money and assets.

Remember, you will not be able to change these provisions after you die- the time to do so is now.

## **Other Considerations**

- Life Insurance – update your named beneficiaries to include your children’s trust, in the event that our primary beneficiary (presumably your spouse) does not survive you.
- Springing Power of Attorney – have your attorney draft a Springing Power of Attorney, which will designate another person to act with your authority, and on your behalf, should you become incapacitated and unable to act for yourself. A Springing Power of Attorney does not spring into action until and unless you are incapacitated.
- Designation of Conservator – have your attorney draft a Designation of Conservator of both your person and your estate. Should you become incapacitated, this document will allow the court to grant your designees full authority to act in your place. It is a more legally complete power than a Power of Attorney.

## **Tax Credits & Employer Reimbursement**

At the time this article was written, a federal tax credit of up to \$10,160 is available for qualifying adoption-related expenses. Domestic special needs adoptions qualify for expanded credits, however international special needs adoptions are not eligible for these expanded benefits. The key issues here are the definitions of qualifying adoption expense, and the timing of when these credits can be taken.

Qualifying adoption expense are reasonable and necessary adoption fees, court costs, attorney fees, traveling expenses, and other expenses directly related to, and principally for, the adoption of an eligible child. The amount of the credit is not an annual limit, but is a per-adopted-child limit. The amount of credit your are eligible to claim is based on your income, and declines for incomes in excess of approximately \$152,000 for married couples.

For domestic adoptions, qualifying expenses may be claimed in the tax year in which they were incurred. These credits may be claimed even if an adoption is not finalized. For international adoptions, these expenses may not be claimed in any year prior to that in which the adoption is finalized. An adoption is considered final when completed in the foreign country if your child travels to the United States on an IR-3 visa. If your child travels on an IR-4 visa, the adoption will be considered final at the time a court in the parents’ home state issues its decree.

For international adoptions, any expenses incurred in a year previous to the finalization should be claimed in the year the adoption is finalized. Expenses incurred in years subsequent to the finalization should be claimed in the years they are incurred. If this credit exceeds the amount of your net tax burden in that year, the remainder of the credit may be carried forward for up to five more years. Remember, this is a tax credit, not an exemption; whereas a tax exemption would reduce your taxable income by a certain dollar amount, this credit will reduce your net tax burden in the year it is claimed. Your tax bill will be reduced by the amount of the credit your claim. In other words, if your tax bill is \$15,000 and you claim an adoption tax credit of \$10,000, your federal income tax bill for that year would be reduced to \$5,000. To claim the exemption, file a Form 8839 along with your regular 1040 or 1040A. For further information, see IRS publication 968.

## **Employer Reimbursement**

Your employer may offer an adoption assistance program. This assistance is in addition to, and not in place of, the federal adoption tax credit. You should consult with your employer’s Human Resources department for information about any assistance offered.

### **529 Educational Savings Plan**

We are all confident that our child is destined to receive competing offers of full academic scholarships to three or more Ivy League universities, but it is never too early to start saving for college. Sometimes others do not perceive the special qualities we know our children to possess. Educational savings plans, known as 529 plans, are sponsored by individual states. These accounts provide for favorable investment and federal taxation provisions, so long as the funds are withdrawn for qualifying higher educational purposes. In contrast to traditional custodial accounts, the parents retain control over 529 plan accounts even after their child reaches the age of majority. These accounts are also counted as parental assets, not assets of the child, for needs-based financial aid purposes.

### **Now That You're a Family...**

Adoption is for life. It is a process, and as such, will require your constant care and attention. The legal issues briefly discussed here are important parts of this process. Some are common to all families, and some are unique to those of us who build our families through adoption. No matter which stage in the process you are in, the adoption community has developed, and continues to develop, a great array of resources from which we can all learn and receive support. It is my hope that this article has provided you, the adoptive parent, with some food for thought, and is another one of those resources from which we may all benefit.

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## **GRACIOUS ANSWERS TO AWKWARD QUESTIONS ABOUT OUR ADOPTED KIDS**

**By Deborah McCurdy, MSW**

When we adopt a child who looks different from us, we generally feel we can handle the stares and loss of privacy that go with the territory. We may find, however, that the frequent questions and comments of strangers and relatives sometimes annoy and worry us. At the heart of our anger and anxiety is the fear that our adopted child will be hurt by thoughtless questions, or that their older siblings, who look less exotic, will feel neglected, but this need not happen.

It is reassuring to realize that even seemingly insensitive questions are nearly always well intentioned, and that they actually provide AN EXCELLENT OPPORTUNITY TO EXPRESS OUR DELIGHT AND PRIDE in our adopted children (as well as in their siblings who were born to us). The attention that our children receive is generally very positive, even when the inquirer's choice of words is not ideal.

Our answers to questions about a foreign-born child should also include any bio-kids who are present:

Q: Where did you get this dear little one? Where is she from?

A: She was born in Korea, and her brother here was born in Albany. (Most people will pick up on your inclusion of the older child and start including him, too, if you furnish answers about both to EACH question asked about the adopted child.)

We can start early to practice answers that will AFFIRM THE CHILDREN, preparing for the day when they will be old enough to understand:

Q: Isn't she a lucky little girl? What wonderful people you are!

A: We're the lucky ones, to have such a wonderful child!

Q: And do you also have children of your own?

A: Just these two. (This affirms adopted kids as our own.)

Q: Are they REAL brother and sister?

A: They are NOW! (This clarifies that adoption makes us a real family.)

Q: Where did he get that beautiful tan?

A: God gave it to him.

Q: How could the mother have given up such a lovely child?

A: It was very hard for the birthmother, but she just couldn't take care of ANY baby. (This reassures the child that there was nothing wrong with him or her.)

Q: What do you know about the real parents?

A: Well, we're his real parents, actually, since we're bringing him up.

Q: Oh, of course--I meant the natural parents.

A: We don't know very much about the birthparents. How have you been? How was your summer?

In nearly all cases, the questions reflect pleasure and delight in our families, and they can generally be answered very briefly and cheerfully, with a smile. If you are out shopping, it is fairly easy to avoid prolonging the discussion by saying, "Bye, now!" and

moving from the peaches to the potatoes. If we are trapped into a longer conversation in a supermarket line or in a social situation

(and the children are old enough to understand what is said), we have several options:

- 1) Give a constructive response, and then change the subject.
- 2) Answer with, "I'm glad you're interested in adoption. Let me give you my phone number and we can talk later. Can you call me tonight?"
- 3) Give an oblique answer, rather than a direct one, if it seems a direct answer to a particular question would be awkward for the questioner, the children, or us:

Q: How much does an adoption cost these days?

A: It's about the same as giving birth in a hospital, if you don't have maternity coverage and allow for complications.

Q: Do you have any pictures of his parents?

A: Oh, yes, we've got albums of our whole family.

Responses such as the above can gently educate others, especially if said with a smile. **BUT WE ARE ANSWERING PRIMARILY FOR OUR CHILDREN'S EARS.** In the few seconds that we have to prepare our response, we need to make a quick decision as to what words will best support our child's self-esteem, protect the child's privacy about his origins, and/or clarify that adoption builds "real" families with their "own" children. (The right answers come more quickly with practice.) Until more people learn the modern vocabulary of "birthparents" and "children by birth" we're bound to be asked occasional seemingly insensitive questions about the child's "real parents" and our "own" children. I believe that the fault is really in our outdated language more than in the person asking an awkward question. True, some people are not as sensitive as they might be, but usually they have a genuine interest and we would rather not embarrass them (and risk making things worse). We can generally find a gracious answer that will affirm the child without sounding critical of the person asking the question.

The key to a successful response is one that we can say in a friendly, matter-of-fact voice, without showing impatience or anger. It is easier to avoid annoyance with questions and remarks if we remember that

(1) we have chosen to build a family in a way that inevitably attracts attention but may help other children to be adopted, and

(2) the children needn't be hurt by others' questions and remarks if we respond appropriately.

An angry or rude retort on our part (even when it seems justified) is much more likely to cause our child distress and anxiety than anything a stranger, friend, or relative might say. It could signal to the child that there is something upsetting to us about him or his adoption. In a pinch, humor can save the day:

Q: Are you babysitting?

A: No time for that, now that I have these two of my own!

Q: Whose little darlings are these?

A: Ours! We adopted the big boys from Korea, and the two-year-old is homemade. (Some of us may find it helpful to volunteer all this information to forestall a subsequent question about whether the child who matches us is "our own".)

There are times when we may need to let a particular comment pass and help our child to understand it later. Recently my husband and I were entertaining one of his important clients, and our Colombian-born son was present. The client remarked that she had friends who had adopted two Korean children and later had had two children "of their own." It seemed best not to risk offending the woman by correcting her choice of words. The next day I asked our son if he had been bothered by the remark, explaining it as a problem in our language. He replied that he hadn't minded it at all. I felt reassured that whatever damage might be done by others is within my power to assess, and to repair if necessary.

This incident was also a reminder to me that our kids are often more resilient than we imagine when it comes to weathering an occasional unfortunate remark. In our early discussions with our children about birthparents, we can explain that "real parents" are actually people who are bringing up children who are THEIR OWN by birth or adoption, and that many people are confused about this. This point should ideally be made before kindergarten, where other children may question our children about their "real parents" when we're not there to explain that THAT'S WHO WE ARE!

If we are upset by the frequency of well-intentioned friendly remarks, we can ask ourselves why this is so. Are we naturally rather private people who feel we weren't sufficiently warned by our agency or friends that a loss of anonymity is almost inevitable when our child is of a different race? Are we simply tired of explaining to new people, feeling that somehow they should know the answers that we've given to so many others? Is it painful to be reminded so often of our infertility by questions that focus on the fact our child is different? Our agencies stand ready to assist us with any post-finalization problems we may have, and our adoptive parent support group can help as well.

Although we may not always feel comfortable about having our family the center of so much attention, the situation certainly does have its benefits. For one thing, the subject of adoption comes up naturally on many occasions, so we develop comfort in discussing adoption in our children's presence even before they understand the concept. Also, the encounters give us frequent opportunities to say positive, supportive things about our children (and about adoption) within their hearing. Some people have observed that adopted children who do not resemble their families often tend to feel more positive about their adoption than those who match their adoptive parents. This is presumably because the fact of adoption is so obvious that the subject has necessarily been an open one from the time of the child's arrival. It is something the child has always known, rather than a subject to be broached someday with trepidation as a potentially shocking fact of life.

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## **KIDS AREN'T PERFECT, EVEN IF THEY'RE BORN AS "HEALTHY INFANTS"**

**By Christine Adamec**

One aspect of adoption that continues to distress me is my belief that some people are seeking the perfect child to adopt. They don't want a child with special needs, and they don't want any problems down the road. They adopt their healthy infant and presume life will be great. After all, their child has no medical problems, was not born to a drug or alcohol-addicted mother, and the doctor says the baby is just fine. In fact, the baby's perfect.

But children aren't perfect. As pro-adoption as I am (and I am!), I think it's important to realize that your healthy baby could develop problems in the future, and you cannot and should not presume that everything will be just fine forever. Parenthood implies inherent risks, and this fact needs to be recognized.

### **Unpredictable futures**

One of my friends adopted a baby who doctors said was healthy. Later the child was diagnosed with cerebral palsy, necessitating medical treatment. But when my friend tried to tell people in her adoptive parent group about this problem, they were not interested. Not at all. "We don't want to adopt a child with special needs," she was told. Her words, "But my child was born healthy!" fell on deaf ears. My friend was severely frustrated.

My biological daughter, now 15, was born as a healthy infant and was progressing along well. Then she was derailed by puberty. She now suffers from major depression and must see a psychiatrist for her chemical imbalance. Who could have predicted that? Not me. Not her teachers. Not her doctor. Nor anybody.

The last thing I want to do is take away from the joy of adoptive parents who are so thrilled with their new baby. But with this great happiness that you now celebrate at finally adopting your beautiful child, maybe the thought that parenthood is a big risk-taking endeavor could be tucked away some-

where in the back of your mind. Maybe you could also think about how you love this child so much that you'll do everything you can to help him or her if there are any problems down the line.

### **The difficulty of parenting**

I think it's important to understand that parenthood is a tough job. You shouldn't sign up unless you're willing to tackle the hard times as well as the fun ones. Sometimes this fact doesn't sink into prospective adoptive parents. There is an up side to parenthood and also a down side, and it's important to accept both aspects.

When you adopt a child with special needs, you know it may be difficult and you are (hopefully) prepared. But I wonder how many People who adopt healthy infants – or who bear them – realize that their children could possibly develop problems in the future.

To avoid confusion, I'm not saying all adoptive parents should adopt children with special needs. Adopt a child with special needs only if you believe your family can provide the right kind of care and only if you want to parent a child with special needs.

I am also not saying that your beautiful baby is a ticking time bomb who will develop some dread disease in the future. In most cases, the healthy baby of today will be the healthy child and adolescent of the future. But allow for the fact that there could be problems. Parenthood conveys great responsibilities.

Perhaps adoptive parents are better prepared than most biological parents because we are forced to do some self-analysis and undergo the scrutiny of a social worker. I hope that we can also realize that situations change, and we must be flexible and adaptable.

I hope that people seeking to adopt the "perfect" child will re-examine their motives and

their expectations. There are no perfect children, whether they are born to you or adopted by you. I believe our children are gifts from God, and we are entrusted with the extremely serious responsibility

of doing the best job we can parenting them. If we will start by throwing out this idea of the "perfect child," we will be doing our children and ourselves a big favor.

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## ADOPTIVE PARENTS = REAL PARENTS

### Teaching This Equation at School and at Home

By Deborah McCurdy

"They're not your real parents!"

The little girl's words were not meant to hurt. At 8, she was struggling to understand her own adoption. But our adopted son was hearing these words for the first time, at the age of 5. And he was devastated.

For weeks, Mark could not bring himself to share the incident, or his pain, with us. What terrible thing might happen if he did? His behavior showed he was troubled, but even when he came to our room at night complaining of monsters, he could not speak of his underlying fears. One evening, as he lay with his head on my lap, with my hand stroking his forehead, Mark broke into sobs and burst out with his terrible discovery: "Becky says you're not my real parents!"

I hugged and reassured him. He had known for a long time that he was adopted and that this meant his "first parents" could not take care of him. He knew that we had become his "forever parents" because we were able to provide food and toys and clothes, and because we very much wanted a little boy like him. As a social worker in adoption, I had read all about "telling" and had thought that our explanations had covered all the bases. But we had never dealt with the question of "real" parentage. It simply had not occurred to us that other children would openly assert that "forever parents" were not real parents. Yet this has happened to Mark at least three times in the years he has been in school.

Mark knows what to answer now. "Yes, they are my real parents," he will insist, "Because they are the ones who are bringing me up." If the other child persists, he will say, "You're confused about that!" It is not only the children who experience this confusion. Their parents and other adults tend to define adoption as something that happens when your "real parents" can't keep you. The problem is largely with our language, since the term "birthparents" is

not yet in common parlance and it is the first parents who traditionally have been referred to as real parents.

Of course, our language reflects the perceptions and values of past generations, and it has not caught up with our more modern concepts of adoption. I have often heard preadoptive parents say, "We have two children of our own and now we'd like to adopt." These parents are caught by the limitations of outdated language, which does not yet reflect their own progressive thinking and feeling. Although they may already think of the children to be adopted as their own, they can find no words besides "own" to distinguish children born to them from those they plan to adopt.

What can adoptive parents and teachers and other concerned adults do to help adopted children feel fully a part of their families? Several suggestions come to mind:

**1. Work on the problem of language.** In the course of the adoption process, adoptive parents learn to say, "Sarah and John were born to us, and Maria was adopted," when they are asked which children are their own. They are urged to help their families, and the parents and teachers of their child's playmates, to avoid the use of "real parents" when talking about birth parents. I now make a point of asking new adoptive parents to tell their children before kindergarten that they are their real parents by adoption and to add that other people "may be confused about this." This needs to be gone over more than once. The point to stress to your child is that "real parents are the people who bring you up," and that the child is your own child, by adoption.

**2. Keep the birthparents' role in the past.** The first parents must be spoken of sympathetically, as adopted children need to feel pride in their origins. They need to feel that their birth parents would certainly have kept them if they could have. But they



should be told they have new parents now. It is very important for adopted children to know that they are where they are meant to be — that the first parents made a loving plan for them to be with their adoptive families forever.

I believe that it is a mistake to make the birth parents too real by speaking of them frequently, or glowingly, or in great detail, when children are small. Although birthparents have their own reality, we do not want our children to worry that there are people out there who have a claim on them and may try to take them back. There are simple ways to clarify that you are the child's real parents now. Some adoptive parents refer to the birthparents by their first names, if known. Others may feel comfortable with the term "first parents," used in conjunction with "forever parents." There will be plenty of time later on to help curious older children get a clearer, more detailed understanding of their birthparents. (Adoption workers do recommend that adoptive parents try to obtain as much specific non-identifying information as possible about the birthparents and their circumstances, and that they present this information in a favorable light as the child seems ready for it.)

**3. Speak positively about adoption as one good way that children come to parents.** It is best for adults not to speak of adopted children as "special" or "chosen," lest the child come to feel over the years that those adults overemphasized their differences. Every adoption is a story of pain and loss, as well as a story of fulfillment and love. Thoughtful

parents speak with pride of their adoption and the pleasure the child has brought them. At the same time, they need to be open to hearing the child's concerns about having been given up by the birth parents. These concerns tend to surface when a child is about eight or ten, no matter how well the adoption has been handled. "Adaptive grieving" is a normal process, entailing some uncertainty and confusion and — for some children — a degree of sadness over the loss of birthparents. It is important for parents to let their children know that these are normal feelings for adopted children to have, and that they will get through this time of uncertainty or sadness. If the feelings are strong and persist a long time, parents can have their child evaluated as to whether brief psychotherapy may be helpful. Parents should realize that their child's feelings do not indicate that they are doing something wrong. Adoptive parents generally do a good job if they feel like real parents, with children who are fully their own whether or not they match them in race and color. As long as these parents are open about adoption, speak freely and naturally on the subject, and think of adoption as a truly positive alternative to childbirth, their children will learn to view their adoption with pride and should feel fully a part of their families.

(This article was originally published in *The Boston Parents' Paper* in February 1986 under the title "They're Not Your Real Parents! It may be reproduced without special permission if *The Boston Parents' Paper* is credited.)

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## DO ADOPTIVE FAMILIES LIVE HAPPILY EVER AFTER?

By Betty Laning

Hopefully, all of them do! Every family, though, has its ups and downs over the years, and raising children is not easy these days. Your adoption agency cannot guarantee that all will be rosy after your adopted child joins your family — there also are risks in raising children born to you.

In the past when an adopted child finally reaches his new family, the adoption was legalized in court, and everyone just assumed the child would grow up in the family, just as a birth-child would.

No additional help was offered to the youngster or the parents.

The adopted child, though, is "different" — not second best to a child by birth, but he did come into the family through a process dissimilar to birth. Research with adopted youngsters in recent years indicates that the adopted child's understanding of "adoption" grows over the years, and it isn't until he is in junior high that the youngster understands the full implication of being born to another set of par-

ents. Agencies do urge that children be told the story of their adoption right from the beginning – possibly in the form of a “Life Book” with pictures or drawings to explain their lives before adoption and how they came into their particular family. Toddlers can say the word “adopted” long before they fully understand the reasons they are growing up in a different family from their birth family.

Young children usually see themselves as the “center” of their lives, and often believe they are the cause of things that happen to them. It isn’t unusual for them to think their first parents rejected them because they cried too much, weren’t a pretty child, were a “bad” child, etc. If adoptive parents do explain that their new child was available for adoption because their birth parents were too poor or too young to care for them, then children can fantasize that “when” the birthparents have some money and are older, they will reclaim them! The older sibling of a pair of sisters often told the younger one that she wasn’t really wanted; the adoptive parents just intended to adopt one child, but felt sorry for the younger one who was “left over” at the airport! (A lesson in how the older girl was building up her self-esteem by putting the younger one in an inferior position!)

Help for adoptive families and their children are slowly becoming available through the urgent lobbying by adoptive parent organizations throughout the U.S. and Canada. The first places to find help and support are:

1. **Adoptive Family Organizations:** there are now more than 500 of these, and prospective adopters as well as those who already have children are urged to become active and stay active as their youngsters grow. These groups of experienced adoptive families can offer much understanding and support to new adoptive families, since they’ve been living 24 hours a day with their adopted youngsters. Parents can talk over their concerns with those having children just a bit older who have already been through the state that may be puzzling, new parents. The family parties, potluck dinners, camping weekends, etc., help adopted children feel positive about being an adopted person. Hearing parents “talk adoption” with other gives the whole idea a positive atmosphere, and can open the way for adoptees to feel comfortable about dis-

cussing how they entered the family. *Do consult ARC-CT* for information about adoptive family groups near you, and go out of your way to become involved! It helps!

2. **Special Discussion Groups:** often the adoptive family groups, adoption agencies, and other social service agencies offer discussion sessions about behaviors typical of certain ages (babies, toddlers, pre-teen or teen), or ways to help youngsters be proud of their ethnic heritage. Do take advantage of these!

3. **Support Groups for Adopted Youngsters:** agencies and parent organizations are finding such groups helpful, as adopted children often feel that only another adopted person can really understand their unique position. Often these are organized for a particular age (play-groups for pre-schoolers, discussion groups for older children) or for children of a particular ethnic heritage. Parents need to make time to assist their children to participate. Discussions and activities are organized to cover the normative issues of growing up, and how adoption affects these issues. Time spent will pay dividends in the future!

4. **Family Counseling and Individual Therapy:** for families with adopted children of any age who are having continued difficulties that are disrupting the whole family unit. At last the mental health communities are becoming aware that in some instances adoption can bring with it more severe problems, due to emotional and/or physical trauma the child suffered before coming to the adoptive family. (No one “becomes adoptable” for happy reasons. The birth family was having very serious problems.) Play therapy can be used with very young children, while directed discussion can be helpful with older children, siblings, and parents. *The big problem is finding* mental health consultants who understand the unique issues of an adoptive family. *Do consult with your adoptive family group and your agency for referrals. Ask to talk with adoptive families who have been helped by particular consultants.*

Some organizations that have been of help to adoptive families (and possibly can suggest resources in your community) are:

Center for Adoptive Families  
67 Irving Place  
New York, NY 10003  
212-420-8811

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## ADOPTION FORGES A LIFETIME LINKAGE

By Joan D. Ramos, MSW, Seattle, Washington

Once a child is placed with his or her U.S. family, is it okay to forget about the child's country of birth? From my experiences in my professional work with adoptive and prospective families, as well as in my own life as an adoptive parent, I believe not. As we raise our kids to be part of a multicultural U.S. family in a multicultural nation, we need to help them understand and value their origins. While their national origin and adoption should not be the sole focus of their (or of our) lives, I believe that by undertaking an international adoption, parents take on special responsibilities both to their child and to their child's birthplace.

Recently, some concern has been expressed about the "baby body parts" rumor once again circulating in certain countries and the negative effect it is having on the approval of international adoptions. While trying to counter these rumors by producing graphic documentation showing that children are happy and healthy in their new homes in the United States, facilitators for some international adoptions complained about the post-placement documentation requirements – sending back photos and letters – they must follow for nations such as Honduras and Brazil. These facilitators seemed to feel that adopters had "paid their dues" through the arduous – and expensive – adoption process, and that no further obligation to, or contact with, the child's homeland was necessary.

"Keeping in touch" is not only important from the viewpoint of those who helped us become families and to the officials who approved our adoptions, but also for our children, who can see how much we value their homeland and maintain this connection with their "roots." It is also important for international adoptive parents to help support other kinds of child welfare projects in their child's homeland because the needs are so great and because of our "special connection" to that country. However, some people have told me that they felt I was being unrealistic in such an expectation of my fellow adoptive parents, and that the most important thing now was for them to "get on with things" here in the States, as they raised their own 100% American children.

Why, some of them asked me, do I think that adoptive parents should feel any more ties or obligations to their child's homeland than a biological parent should feel to the hospital where she gave birth? Country X, Y, or Z was simply the "hospital" they had used, just a place to get a baby from!

The denial of adults who describe adoption this way is a concern just as great as the issues of international understanding raised by such an analogy. Furthermore, the solid sense of entitlement that bonds adoptive parents and their children needs to be based on honestly addressing the core issues of adoption, not on obliterating the child's origins.

We need to recognize the global interconnections that relate to each and every one of us. As parents of children adopted internationally, we have even more vital links. If we can't face this reality and think of "giving something back" because of our relative positions of good fortune, the specter is grim indeed that inequalities between groups of people will deepen, both within the United States and between the United States and other nations. We need to show that we care, not just for selfish interests, but also because the future depends on us.

We sink or swim together, whether at home or in the global sense. The alternative is a scary one indeed, and its ramifications extend far beyond the realm of adoption.

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## **ADOPTION AGENCIES AND HOW THEY WORK FOR YOU**

**By Deborah McCurdy**

*This article has been reprinted, with permission, from OURS, January/February 1988, and updated by the author.*

In addition to being an adoptive parent, I have worked for several adoption agencies over the years as a social worker, supervisor, and administrator. I've found that each agency does things a little differently, and that there are as many kinds of agencies as there are people. Finding an agency that is right for you can be time-consuming, but is certainly worth the time spent. After all, you'll be dealing with the agency you choose for as much as two or more years between your application and your adoption finalization.

### **FINDING THE RIGHT AGENCY**

WRITE OR PHONE AS MANY AGENCIES AS YOU CAN LOCATE through your state social service department, the yellow pages, other adoptive parents, and the resources mentioned later in this article. Some agencies may be two or three hours away but may still serve your area. Be cautious about agencies you know only through their web sites, especially since some may not be licensed or authorized in their states.

WHEN YOU FIRST INQUIRE, don't be surprised if the intake worker or receptionist suggests sending you introductory literature to answer your initial questions. Often agencies are unable to spend much time on your first phone call, since they receive many inquiries that are not followed through, and since most have age or marriage requirements for adoptive parents that disqualify some potential applicants. Restrictions and policies will be explained fully in each agency's introductory written material or at its orientation meeting for prospective applicants.

TRY TO ATTEND ORIENTATION MEETINGS at more than one agency before making your

choice. Don't rule out an agency simply because you feel that you got a brusque reception on your first call; the adoption worker who eventually will be assigned to you will give you a great deal of his or her time and answer your many questions at length.

TALK TO AS MANY ADOPTIVE PARENTS AS YOU CAN before selecting an agency. The negative experience of one couple may be counteracted by the positive experience of others who went through the same agency. No agency is perfect, and some social workers may seem more sensitive and efficient than others. We like to think we are all concerned and caring, but the power we have over others can sometimes make us seem threatening. (Much as I liked my own adoption worker, I was never completely at ease with her.)

DON'T BE DISCOURAGED if the first agencies you contact have restrictions that rule out your family because of age, length of marriage, prior divorces, marital status, or some other seemingly arbitrary requirement. Often the par-

ticular foreign governments or orphanages with which your local agency is working impose these restrictions. Keep trying! Another agency in your area may be dealing with other sources, within the same country or in another country, with fewer restrictions--or none--on age and marital status.

### **CHOOSING A SOURCE**

A source is an agency, orphanage, or attorney--often in another state or country--that has children available for adoption. For some adoptions, choosing a source is separate from finding a local home study agency.

Some local agencies offer only American infants, often with a wait of five or more years, but others deal with one or more foreign or domestic sources that have an estimated waiting period of only six to

eighteen months from time of application. Most local home study agencies have very few American babies released to them. Many work primarily with foreign sources that place Asian or Latin American children from infancy up, or out-of-state or in-state agencies that place school age or handicapped ("special needs") American children.

If your local home study agencies have no foreign or out-of-state sources of their own, you can agree to take full responsibility for locating your child through a more distant agency if the local agency will provide you with the home study required by law. Even if your local agency generally confines itself to a few placements of American babies a year and has a long waiting list for those infants, it may be happy to provide you with a priority home study if your research has uncovered a specific source able to place a foreign-born infant or American special-needs child with you without a long wait.

Local home study agencies that are inexperienced in foreign or interstate adoption may be reluctant to take on this responsibility, for fear they will be blamed if something goes wrong. But if there is no other option for you than to go through such an agency for your home study, you can contact the adoption supervisor, explain that you know of children who are available through another source, and offer to sign an agreement that would exempt the agency from liability if you have problems obtaining a child through your chosen source. Even very traditional agencies are generally made up of compassionate individuals who are eager to help place children from anywhere in the world--if they don't have to worry about their liability.

While making inquiries, you may be told by someone that "there are very few children available for adoption right now." This is certainly not the case, and anyone who tells you this is simply not aware of the thousands of children available worldwide, and how to go about finding them. So don't be discouraged by what others may tell you; just keep making inquiries. Get a list of licensed adoption agencies from your State Department of Social Services. There is an agency somewhere that will welcome your application, even if you are over 50, previously divorced, married only a year or two, single, an atheist, handicapped, on a tight budget, the parents of six children, and/or living in an isolated rural area!

The agencies that work with overseas sources, or that have special-needs children to place, are generally not nearly as restrictive as those who have a small number of white American infants. These more flexible agencies try their best to dispense with arbitrary requirements in order to find loving, committed parents for all their children. In reality, most agencies would like to be more flexible, but even those who work overseas may be limited by the requirements of the particular governments or sources with which they work.

### **UNDERSTANDING THE HOMESTUDY**

The home study process can be intimidating, since there is always the possibility of being turned down. But it's a remote one; agencies are much more interested in bringing families together than in keeping them apart. Naturally, they will ask many routine questions and do police checks to protect children against the one couple among dozens that might abuse a child or provide a less than adequate home. But unless you have a criminal record, unstable marriage, life-threatening medical condition, history of mental illness, or current chemical dependency, you are very likely to be approved if you meet the up-front eligibility requirements.

Agencies prefer to do most of their applicant screening at the very beginning, before clients have spent much time or money; the home study can then focus on preparation for adoptive parenthood--something much more enjoyable, for both the social worker and the applicants! Adoption workers are ordinarily very nice people anxious to be perceived as non-threatening and helpful. I wish we could change the term "home study" to something that would clarify that this required series of interviews focuses on preparing families for a new experience, and on helping them evaluate their own readiness for adoption.

Although each home study agency is different, you can expect the application forms and interviews to cover something about your family of origin, your thoughts on child-rearing and discipline, your marriage and other relationships, your home and finances, your feelings about infertility and adoption, and the type of child you feel is best suited to your family. Local agencies need this information not only to insure--and help you insure--that adoption is

right for you at this time, but also to prove this to the source. Responsible child-placing agencies or orphanages in any country will look for a favorable detailed home study report so that they can feel confident that their children are going to good homes. Once your home study is approved, you can generally count on a report that will present you in a very favorable light.

When people are eager to become parents, it is hard to wait for a home study to begin and, later on, for the adoption to be processed. These waiting periods are due to in part to staff limitations, the number of parents who apply, and the sheer amount of paper work that agencies must handle.

In some cases the checklist in the couple's file lists 20 or more documents that the home study agency must prepare for its state authorities and the foreign source or obtain from doctors, references, parents, and the placement agency. For every hour spent face-to-face with the applicants, there may be 10 or more hours of paper work and telephone time for the social worker and administrative staff.

A large part of the adoptive parent's service fee goes to help pay the cost of operating the agency, since many adoption agencies have no endowment or United Way funding. This helps explain why agency fees sometimes seem very high to adoptive parents in relation to the number of hours that they actually spend in contact with the social worker.

### **COPING WITH DELAYS AND TENSION**

After the home study is completed, parents may face a wait of many months before a child is found for them, particularly if they are requesting an infant. Sources have no way of knowing the ages and characteristics of the children who will be released for adoption in the near future. They try to build an adequate pool of parents open to various kinds of

children, so that parents will wait a moderate length of time, in preference to children waiting for families.

This system does not always work smoothly, and parents may have a wait that is much longer than was originally estimated. This is especially true when a foreign government changes its regulations, or there are unexpected delays in the courts, or a large number of adoptive parents apply at the same time. The source may have the same problems with formidable paper work and time-consuming government regulations that the stateside agency has. Dedicated orphanage workers may have to postpone their paper work at times to care for their children and to meet their basic needs.

It is hard to be patient with delays, especially when you have learned of a specific child and have his or her picture. But delays are generally beyond anyone's control. Keep in mind that agency workers, as well as adoptive parents, experience feelings of powerlessness and anxiety at such times; this can ease the tensions that may develop over delays.

Adoption workers would like you to see them as friends and partners in furthering your shared goal of a loving home for every child. There are usually good reasons for whatever agency policy or procedure may be making you feel frustrated, angry, or subjected to unfair scrutiny. Agencies will generally explain their reasons if you ask, and it will make you feel better to clear the air if there is a problem or misunderstanding.

Your worker may not fully understand your tensions and vulnerabilities. When you can bring yourself to be open about your feelings, despite the power your agency has in your life, the result is often a fruitful dialogue that can lead to constructive change in the worker-client relationship.

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## **WHAT SHOULD YOU EXPECT FROM YOUR AGENCY?**

**By Jeannene Smith**

Founder of Reaching Out Thru International Adoption

As an adoptive parent you have much more control than you think. This is *your* adoption, *you* are paying for a service, and, as with any other business,

you have the right to insist on a certain quality of service. However, before saying that the agency is or is not working up to snuff, you should have a

clear understanding of what the agency's role is and what is in their control.

So, from an "agency person," let's discuss some of the issues that *are* and *are not* in control of an agency:

Processing and approval time in foreign government offices and courts;

Shipping delays. Sometimes dossiers do get lost en route. As long as reputable carriers such as FedEx send the dossier, tracking is usually accomplished easily and the dossier is rerouted correctly;

Absolute health of the child. Yes, all known medical conditions should be disclosed at the time of referral however sometimes things change, or a child could develop a condition as he develops that wasn't evident at referral;

Temporary hiatus or suspension of adoption processing in a given country. This includes closing for holidays, vacations, new rules and regulations, etc., which often causes delays in the process;

U.S. embassy or other "official" processing: no matter how much we'd like to, we cannot influence or control the processing within offices and courts handling adoptions.

### **Things that *you* and your agency *can* control:**

Quality of service: there is no excuse for being treated rudely, there is no excuse for not having phone calls returned (within reason), there is no excuse for being told you will have a referral and never getting one, even allowing for normal delays resulting from slowdowns;

You are paying for the service of your agency. You are *not* paying for a child, but for service: that means you have the right to discuss concerns in the quality of service you are receiving without being threatened with the loss of the child you have been referred;

From an agency perspective, I can say that sometimes we wish adoptive parents would be more open and honest with us. We take quality of service very seriously. We send out surveys to adoptive parents asking them for their honest opinions about what services are important to them, and 90% of them don't answer the questionnaire, even though they are anonymous;

The old saying holds true: if someone doesn't know there is a problem, they can't correct it. So, I strongly suggest to all adoptive families that if you aren't receiving the kind of service you believe you deserve, you should *call your agency*.

Deal with the agency directly, and most importantly, kindly. If you approach the staff in a very level-headed way and state, "There are some areas which are causing me concern, and I'd like to discuss them with you to find a possible solution", you'll probably find willing ears, but if you start yelling or blaming you immediately put the other party on the defensive.

### **Attorneys:**

Again, you are paying for a service. If the agency is telling you that the attorney never got back to them, or that your documents have been sitting on the attorney's desk for weeks or months, or the attorney is having difficulty in your child's country, these are red flags. The agency and you have the right to demand attention. If the attorney doesn't perform well, inquire about switching to another. Agencies have choices as to whom they choose to represent them and their clients. Agencies also have the ability to hire someone knowledgeable to help expedite the process such as having that person do a lot of the legwork instead of waiting for the attorney to "get around to it". Ask questions, educate yourselves as to exactly what the delay is, and ask about ways to work around it.

### **Care of your child:**

Once you have a referral you should request periodic follow-up medical information and photos. If you notice that the child doesn't seem to be thriving, bring it to the attention of your agency. Ask for additional information. If he is not thriving and gaining weight, could you send vitamins or formula to insure that your child receives proper nutrition? If your child is in an orphanage, could your agency arrange to have the child moved to private foster care? Ask your agency, "What can we do to help our child?" Most importantly, *look* at the photo and don't just read the medical report that says the child is healthy and doing fine. Look for yourself. Compare recent medical reports with past reports; look for increased weight and height. If there are concerns, request photos with and without clothing. Have the reports reviewed by one of the many physicians in the U.S. who specialize in reviewing medical reports of foreign children for adoptive parents such as Dr. Jane Ellen Aronson, Dr. Jeri Jenista, and Dr. Dana Johnson. Experts are out there who can help you.

In addition, if there are serious concerns, remember that, with some countries, you have the right to visit your child and observe him. Traveling

to the country may give you a much different perspective on the process. Once you see and meet those involved, you may have a better understanding of exactly what they are dealing with in the country.

Put your complaints in writing to the supervisor, the executive director, or the board of the agency. Sometimes if you are dealing with particular staff members, there may be a conflict of personalities. Once the conflict occurs sometimes things are never quite the same, and you feel uneasy dealing with a certain person. Often the supervisor and executive director may not even be aware that there is a problem with your adoption. I think I can safely say, as an agency representative, that a family's experiences and impressions are vital to an agency. Agencies depend on you to spread the word if you have had a good experience, and they also know that you will definitely spread the word if you had a bad experience. Most agencies would go out of their way to help you resolve any problems, personality conflicts, or other issues within their control.

Before you blame an agency, stop and think about whether you believe it is something that they

can control or correct; for instance, don't say that your adoption experience was horrible because a third party, such as your home-study social worker, was terrible if they don't work for the agency. Keep in mind, though, that often your placement agency can get involved with third parties (such as a home-study agency, CIS, or other U.S. government body) to intervene on your behalf. Don't call your Congressperson to ask for intervention in a foreign process.

Above all, ask for help: talk to your agency. If you don't believe you are getting the correct information, educate yourself. Ask other families and/or other agencies for input on the subject. Ask local support organizations. We often find that those families who have take the time to really educate themselves about the process and how it works usually have a much easier time. Learn what you can control, what your agency can control, and what is out of the control of everyone involved.

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## COMPARISON OF DOMESTIC AND INTERCOUNTRY ADOPTION

*"I know I want to adopt an older child. Should I adopt from the U.S. or abroad?"*

The question above is one that has been asked, is being asked, and probably will continue to be asked by many prospective parents. In response, Norma Lucas, founder of PLAN in Oregon, prepared a simple comparison of the typical characteristics of older children adopted from in-country sources as compared to those adopted from other countries.

The list is not meant to stereotype any child, for there are always exceptions, but rather to provide an overall insight into some noticeable differences between the two.

The most important point to remember is that there is no "right" answer to the question; there are children here and in other countries, all of which share the same longing, the same losses, and the same capacity for love and joy:

### DOMESTIC

1. basic nutritional needs satisfied
2. poor
3. schooling of some sort
4. usually mandated review of status
5. necessary/advisable medical care
6. foster care

7. result: invisible institution
8. isolated from family (unless siblings placed together)
9. self-centered
10. trouble with relationships
11. manipulative
12. handicapping conditions being aided
13. relative physical peace
14. often emotionally troubled



## INTERCOUNTRY

1. food restricted; may have malnutrition or under-nutrition
2. often extreme poverty
3. little or no schooling or institutional instruction
4. case system; orphans socially unacceptable
5. often little or no medical care
6. few material comforts in some cases

7. result: street life or visible institution
8. part of a group, albeit not biologically related
9. has learned to share
10. understands interdependence
11. may help others
12. little or no aid available
13. of the physical conflict, upheaval
14. relative emotional stability

*Reprinted with the kind permission of Norma Lucas*

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### *I am the Child Left Behind*

I have watched others be chosen. I have been ignored.  
I have hoped. I have waited.  
Sometimes they want girls; sometimes boys.  
Sometimes they wanted a brother or sister under five.  
I am too old  
I am too young.  
Sometimes they look for a child who has round eyes.  
Sometimes they look for a child who has curly hair.

They look and whisper that I am too short.  
They say I am too fat.  
Sometimes I am too tall and “not quite right”.

I wish that someone would come and see me and choose me.  
I don't have much hope anymore.

They take some away.  
They take little babies. They take pretty girls.  
They take young boys.  
I am not sure where they take them.  
They say some go to America.  
They say some go to other countries.  
When I had hope, I hoped to go to America.  
That was before I knew that was too old and too young and too tall and too short and too fat, or “not quite right”.  
My hope has gone.  
*Reprinted with the kind permission of Mary Graves, Love the Children.*

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## THE FAMILY DOCTOR

**By Charles J. Zelnick, M.D.**

What kind of doctor will I need for my adopted child and how should I best make use of him or her? Those expecting the arrival of an adopted child, especially one from overseas, often ask this question. Finding a physician is a very personal decision. Usually, the type of doctor you choose is not as important as the individual physician's style and attitudes. It is fairly easy to check on the competence of a physician you have in mind. You should rely heavily upon the past experiences of friends and family and, especially, ask other adoptive parents for the name of a good

physician. Once you have a doctor in mind, you may want to check to see if the doctor is Board Certified, which means the physician has completed post-medical school residency training and examination in his or her specialty. You may also want to call the physician's office and ask the staff if the physician has special training and what types of education he or she has had.

However, for the adoptive family, the most important factors are probably the physician's attitude toward adoption and his or her

openness to dealing with the special problems of adding a new family member. A family can best determine the physician's attitudes by making an appointment to discuss these points as soon as the agency refers the child to the family. Think of this visit as an investment and as part of the creative labor of waiting for your child's arrival – 15 or 20 minutes spent with your physician at this time may be very helpful by laying the groundwork for your relationship before the mad rush of arrival.

Make a list of specific questions to discuss with your physician. What is your physician's attitude toward adoption? Can he or she see it as a valid way of building a family, or is it viewed as something "second best"? Would your physician be open to reading articles or materials, which you may provide, that specifically relate to your case? For example, would he or she be open to changing a child's birth date, if it was not specifically known, based on clinical information? Does the physician have access to information or consultation to help with any special problems? What is the physician's attitude toward the specific referral that you have been given? Will he or she be tolerant of a child that may arrive in less than perfect condition? Will the doctor and staff support a child that may have multiple known or unknown medical problems prior to arrival? Finally, what is the physician's philosophy in regard to the risk involved in adopting? It is important that your physician be comfortable with the amount of risk that your family may be able to take in accepting a child for adoption. Obviously, if your physician feels that adopting a child is kind of a crazy thing

to do, think about looking for another physician. Most importantly of all, do you and your physician communicate well? Can you understand what the physician says and does the physician understand your family situation and motivations for adopting?

Once you have completed this visit and found a physician you are comfortable with, the next step is to make an appointment as soon as you know the child's expected arrival time. For example, if you were notified that your child will arrive at the airport in 10 days, it would be a good idea to make an appointment to see your physician within 24 hours or so of the expected arrival. Even children who are expected to be in good health on arrival may turn out to have problems or questions for which you would like to see your physician. This initial visit will allow your physician and your child to meet each other and is often reassuring for the entire family. Follow-up visits should pay special attention to making sure a child's immunizations are up-to-date, performing appropriate screening tests, and allowing you and your physician to talk about the child's developmental progress after a period of observation.

In summary, look for a doctor who will listen sympathetically, who supports adoption, and who speaks in a language you understand. When you find this wonderful person, be sure to tell other adoptive parents about your good experience!

*Edited and reprinted with the kind permission of WACAP.*

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### **MEDICAL NOTICE FOR ADULT KOREAN ADOPTEES**

Koreans age 18+: PLEASE have a bone marrow test (a few drops of blood) for possible donation in a marrow transplant. This could save lives.

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# **MEDICAL CONCERNS FOR INTERNATIONAL ADOPTEES**

## **A Guide for Pediatricians and other Health Care Providers**

*Sandra L. Iverson, MS, RN, CPNP, and Dana E. Johnson, M.D., Ph.D.*

The past twenty years have shown tremendous growth in the number of U.S. families adopting internationally. The high rate of involuntary infertility along with a decrease in the number of U.S. born infants available for adoption have significantly increased international adoptions. Approximately 8,000 children were adopted by American families in 1984; that number rose to more than 20,000 in 2002. The countries from which children are being adopted have also changed during that time. Twenty years ago, the majority of children were adopted from Korea with fewer from India, Latin America and the Philippines; at the current time, most children come from Eastern Europe and China. Children from Korea are usually well cared for in foster homes, while most children from Eastern Europe and China have lived in institutions. Lack of medical and financial resources are common in institutional care, as is a shortage of caregivers so necessary for normal growth and development of children. Because of the increase in the numbers of international adoptions, most physicians and other primary care providers for children will be caring for these children in their practices. However, due to the small numbers of internationally adopted children in a given medical practice, along with the special needs of post-institutionalized children, most providers have not had extensive exposure to the process of international adoption and the variety of health issues that may affect these children.

### **The Pre-adoption Evaluation**

The purpose of the pre-adoption evaluation is to assist families in choosing a child they feel capable of parenting. Helping the family understand the specific needs of a given child and assessing if they have the desire and resources available to parent that child are crucial in the pre-adoption process. Unfortunately, it is difficult to do a thorough evaluation from afar for a number of reasons.

A family usually receives a referral packet that contains some information on the background of the child, his present condition, and one or two photos or perhaps a video. The medical information the parents receive varies in quantity and quality. Some international adoption agencies provide extensive information on the biological parents, circumstances surrounding the birth, a medical history of the child, sequential growth parameters, and the results of a recent physical examination and developmental assessment. At other times, the information may be minimal with only a statement about the child's general health, such as "healthy" or "mild developmental delays." The accuracy of the information varies greatly. Children adopted from countries with good medical facilities and well-trained health providers will be able to provide a more thorough health assessment. However, most children arrive from countries and institutions where good medical and diagnostic services may not be available.

The referral diagnoses for Eastern European children are very different from those used in Western countries. Common diagnoses use many neurological terms, including "Perinatal Encephalopathy," "Hydrocephalic Syndrome" and "Developmental Delays." However, a study published in JAMA by Albers et al. found that although 91% of reviewed referrals from Eastern Europe had neurologic diagnoses on arrival, no child when examined had a neurologic problem – although most were developmentally delayed and many had significant undocumented problems.

Countries vary in the amount and type of information they provide parents before a family commits to a specific child. While a video of a child may be helpful in assessing certain conditions, it is illegal to send videos abroad in some countries. Some families are given no information until they actually visit the country to choose a child. In this case, a family is placed in the difficult and very emotional situation of having to make a life-altering decision far away from home without medical guidance.

Developmental status is difficult to assess from afar. We expect children who have been cared for in institutions to have some delay in all areas of development: large motor, fine motor, speech and emotional. As a general guideline, we expect children to have about a one-month delay for each three months in institutional care up to the age of 12 months and then catch-up through 18 months. A one-month delay in speech development is common for each three months in institutional care throughout the duration of confinement. A videotape of the child may be available; however, a segment of videotape of a child shows only a tiny fraction of the child's life. Generally, the video is made to compel rather than inform. It is rarely well enough made or of sufficient quality to assess development. Almost impossible to assess beforehand are the child's emotional, behavioral and cognitive development. Child-care traditions also affect the child's development. Children who are held the majority of the time during their first few months of life, rather than having the opportunity to explore on their own, may develop their milestones in gross motor development somewhat later. This is apparent in children cared for in foster homes in Korea and Guatemala. Once the child is given the opportunity to move around and explore, he quickly catches up.

Growth information can be very helpful in assessing a child's health. Birth measurements including height, weight and head circumference may be available. Full-term newborns with appropriate growth parameters have the best chance for normal growth and development in the future. Low birth weight is more difficult to assess as it may be caused by prematurity or other prenatal factors such as malnutrition, infection, and maternal smoking and/or drug/alcohol use. While infants who are well cared for in foster homes and receive good nutrition usually thrive, generalized failure to thrive is inevitable in institutionalized children during infancy. Children fall behind one month of linear growth for every three months in institutional care, irrespective of duration. The head circumference is the most important measurement to follow in the pre-adoption evaluation. This measurement is the most accurate reflection of brain growth during the first years of life. Long-term studies show that children who have suffered severe malnutrition during their first year have a higher incidence of future learning disabilities. Parents occasionally receive inaccurate measurements, especially head circumference. It is easy to under-measure a head circumference if the tape measure does not encircle the head across the forehead to the widest point of the occiput. Families can sometimes request another set of measurements if they are concerned about the child's growth. Families who make an initial trip to see the child before they make their final decision can also be taught to measure head circumference at the time of that visit.

Maternal alcohol use is very common in Eastern Europe. This has become a major health concern for children adopted from these countries. Health-care providers are often asked to look for fetal alcohol syndrome in their evaluation of a given child. Classic facial features can sometimes be seen with a photo or videotape. However, the facial features caused by maternal alcohol use during pregnancy are only evident in a certain percentage of those affected. The disease is a spectrum disorder ranging from mild behavioral and/or learning disabilities with normal facies and growth to prevalence of facial features of fetal alcohol syndrome along with growth failure, microcephaly, and cognitive and behavioral issues. Criteria for the diagnosis have been established by the University of Washington and the Centers for Disease Control.

Adopting an older child and/or sibling group can be a challenge to families. Emotional issues can be significant due to the child's past history. Children who have been abandoned may come with only an estimated age. Physical neglect and abuse are not uncommon. The effects of chronic malnutrition and/or maltreatment put the child at risk for future intellectual development and behavioral disorders.

In counseling families during the pre-adoption process, it is important to help families understand the health risks of a referred child. When it appears that the child may have major long-term medical issues, the family needs to have as much knowledge as possible beforehand about the condition and what care the child will need. It is very difficult for families to turn down a referral, and physicians need to be sensitive to this issue. Helping the family understand their own capabilities and resources in a nonjudgmental way will help make their decision easier and will facilitate the best match between a family and child. At the University of Min-

nesota International Adoption Clinic, after reviewing thousands of referrals, it is very apparent that families who make an informed decision and are prepared beforehand do better once the child arrives, and feel more positive about the adoption. Resources are available to help prepare families. While agencies vary in what they provide to families regarding preparation, many will suggest that a family discuss their referral with a physician/health provider before accepting a child. Although the turn-round time may be very short, families may be given extra time to make a decision regarding children with identified special needs. Additional health information can sometimes be requested. The International Adoption Clinic was started in 1986 as the first clinic to help counsel parents and prepare for the specific health needs of internationally adopted children. Since that time, the United States now has more than fifty clinics where families can have a pre-adoption consultation done by a medical expert in the field. Due to the high-risk status of children adopted from institutions, it is helpful to consult with a clinic specializing in international adoption.

### **The Post-Adoption Evaluation Medical, Growth and Developmental Issues**

Once a child arrives home, he should have a comprehensive health evaluation to look at his medical, growth and developmental status. First of all, the health care provider needs to evaluate the child's medical status, which includes the medical history, physical examination and specific laboratory tests. As was mentioned previously, the medical history is not very helpful due to incomplete and/or inaccurate information. However, significant medical diagnoses made in the child's country of origin need to be evaluated. If there is written documentation for immunizations given before the adoption, a decision should be made on whether to accept the vaccines as given or repeat them. While BCG, diphtheria and tetanus toxoids, pertussis, poliovirus, measles and hepatitis B are often documented, it is less common to find evidence of *Haemophilus influenzae* type b, varicella, mumps, rubella and *Streptococcus pneumoniae*. Written documentation of vaccines alone should not be the criteria for acceptance of the vaccine as given appropriately. There is always the question of vaccine potency, storage and handling, age when given and reliability of accurate records. The Academy of Pediatrics suggests two alternatives to this problem: either serologic testing may be done to determine whether protective antibody levels are present, or the child may be re-immunized. Most often the child will need some vaccines after arrival to meet the recommendations set forth in the Red Book: Report of the Committee on Infectious Diseases by the American Academy of Pediatrics.

The physical examination of a newly arrived child can be helpful to identify some specific diagnoses, but will miss major medical issues that may not be apparent on examination. Cutaneous infections are quite common and are found world-wide. Scabies are prevalent among the children seen in our clinic. They can be intensely pruritic and stubborn to treat. Because the incubation period can be up to 6-8 weeks, the diagnosis can be missed if the child develops the lesions after he arrives in his new home. Scabies can also be confused with impetigo and eczema due to the itching and secondary skin infections that may develop. Evidence of rickets and bony abnormalities may also be seen on the initial medical evaluation. Evidence of past physical and/or sexual abuse should always be considered, especially when an older child is extremely frightened during the exam. An interpreter, if available, can be especially helpful for older children who do not speak English. Evidence of past abuse can be revealed by scars. Some children have been tied to their cribs in institutions to prevent them from falling, and ligature scars encircling their ankles are seen. X-rays may be appropriate to document past abuse if there is concern about injuries or fractures.

Laboratory screening tests are a crucial part of the initial medical evaluation. The health-care provider needs to ensure that the child is free of diseases that could have an adverse affect on long-term health, and evaluate medical conditions previously known to be present so that appropriate treatment can be provided. Although some children have had laboratory tests done in their country of origin, certain tests need to be repeated once the child is home. Testing in the country of origin is not reliable even if there is good documentation. There is always the concern that the test may not have been performed accurately or at the ap-

appropriate time. The following screening tests for infectious diseases in International Adoptees have been recommended by the American Academy of Pediatrics:

- Hepatitis B virus serologic testing
  - Hepatitis B surface antigen (HbsAg)
  - Hepatitis B surface antibody (HbsAB)
  - Hepatitis B core antibody (HbcAB)
- Hepatitis C virus serologic testing
- Syphilis serologic testing
  - Nontreponemal test (RPR, VDRL, ART)
  - Treponemal test (MHA-TP, FTA-ABS)
- HIV 1 and 2 serologic testing
- Complete blood cell count with red blood cell indices
- Stool examination for ova and parasites (3 specimens)
- Stool examination for Giardia lamblia and Cryptosporidia antigen
- Tuberculin skin test (PPD)

In addition, we would add thyroid testing with a TSH because of possible iodine deficiency and a lead level. Due to possible exposure right before departure from the country of origin or poor nutrition, it is recommended that the hepatitis B, hepatitis C, HIV 1 and 2, and a PPD skin test be repeated six months after arrival.

There is sometimes confusion on the need to place a Tuberculin skin test if the child has had a history of BCG vaccine. Having received bacilli Calmette Guerin (BCG) is not a contraindication for placing a PPD, and a positive PPD should not be attributed to BCG. Further exploration is necessary in these children to see if tuberculosis is present. The only time we postpone placement of the PPD in our clinic is when there is evidence of a freshly placed BCG (a scabbed or open lesion.)

Vision and hearing evaluations are essential for newly arrived internationally adopted children. A recent study of children evaluated in our International Adoption Clinic during 2002 revealed a high incidence of both vision and hearing loss. All children were referred to an audiologist and ophthalmologist for evaluation. Thirteen percent of those evaluated had hearing loss and twenty-seven percent had vision problems.

The growth of a newly adopted child is the next area of evaluation. As was mentioned before it is common for children coming from adverse environments to fall behind in growth. Growth parameters, including height, weight and head circumference, need to be monitored closely. Most children grow rapidly after placement in adoptive families. However, if the child does not show signs of catch-up growth during the first 6 months after arrival, further investigation is warranted. Chronic, infectious, metabolic and genetic diseases may be the cause, as well as Fetal Alcohol Spectrum Disorder.

A developmental examination should be included as part of the initial evaluation a child receives soon after arriving home. However, this is not a time for standardized developmental and cognitive testing as we expect children to be initially behind. The Initial developmental screening is the time to identify those factors that will influence the child's long-term development. If the child has nutritional or medical issues that need to be addressed, these may affect his strength and endurance. Vision and hearing abnormalities may certainly influence speech development, balance and fine and gross motor development. Therefore, a joint neurodevelopmental and medical assessment is the most helpful initially. If neurological factors such as abnormal muscle tone are involved, the child may require more extensive evaluation sooner. Otherwise, it is better to reassess the child after he has transitioned to the new home. Our experience shows that most children make wonderful developmental gains during their first three to six months in their adoptive families. After that time, if concerns still exist, it would be helpful to refer for further evaluation.

Providing health care for internationally adopted children can be extremely rewarding and challenging to health-care professionals. The children are delightful, and we have found from experience that the parents become strong advocates for their child's care. These children do have special needs, however, due to their past environment and other risk factors. While most of the children do extremely well in their new homes, a small percentage have ongoing health and behavioral issues and will need comprehensive care to achieve optimal physical health, growth and development.

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## FOREIGN WAITING CHILDREN

While we believe most of you are familiar with the term "special-needs" referring to U.S. children, we think a short article on foreign waiting children is in order.

These are basically three situations that, taken singly, or in any combination, can classify a foreign-born child as waiting:

- 1) the child is over school-age (4 –5 years); often there are no physical/medical concerns;
- 2) the child is part of a sibling group (any ages) that needs to have a permanent home together; and/or
- 3) the child (any age) has a correctable or non-correctable medical condition.

A classic case was in the ICC *Listing Service*: a sibling group of 4 children, one of whom was over 5, and one of whom was deaf. Children who have different fathers and the same mother are generally considered as siblings because the mother has raised them as such.

Regarding #3, a bit of explanation needs to be done on the different kinds of handicapping conditions we are seeing in foreign-born children; you need to realize that a correctable handicap is not necessarily corrected in the child's birth-country, thus we are experiencing such eminently correctable conditions as:

- Club foot/feet
- Cleft palate/cleft lip
- Need for open-heart surgery
- Malnutrition or under nutrition
- Epilepsy (medically controllable)

Scarring from burns

Cataracts

Tumors, cysts, etc.

Missing limbs

Delayed development

Other conditions which we cannot totally correct are often present:

Post-polio effects: therapy, surgery, and correct sized braces are available here; Cerebral palsy- ranging from only mild spasticity in one limb to severe quadriplegia requiring a special wheel chair, having no self-help skills (often alert and highly intelligent children);

Spina bifida- again a wide range of affect- edness;

Blindness- partial or total, possibility cor- rectable;

Deafness- partial or total (hearing aids are available here);

Unknown prognosis- "something is wrong and we just can't put our finger on it," or "she came into care diagnosed as healthy but her foster mother says she's a bit slow." This is probably the most difficult. Agencies make every possible effort to obtain a clear prognosis.

Generally, we should expect that a child simply does not know how to live in a family because he has never had the experience, having been institutionalized for all or a good part of his life.

## MEDICAL CONSIDERATIONS

### AGE VERSUS SIZE DISCREPANCIES

For those of you who are considering adopting a child of any age from a foreign country, please be aware that your new child will most likely be physically smaller and developmentally slower than a U.S. child of the same age. There are several possible reasons for this, one or all of which may be the case with your new child:

1. Any degree of malnutrition will inhibit growth to various extents. *Note:* head circumference may be smaller than what is considered “normal” for U.S. children. American pediatricians who overlook this difference sometimes are fearful that this indicates mental retardation.
2. If your new son or daughter has not had stimulation, play, cuddling, etc., he or she may seem to be “slow.”
3. Your new child’s birth parents were most likely people of similar stature, although U.S. food and vitamins will do wonders!
4. If your child has been in an orphanage or like institution, he or she may seem somewhat depressed, and upon arrival, of course, quite bewildered. On the other hand, your child may react exactly the opposite and display hyperactive and aggressive behavior. A child must be assertive in an orphanage in order to survive. Hoarding or “stealing” of food, toys and possessions is very common.

Give your new child space to adjust and lots of TLC. A healthy, vitamin-fortified diet high in protein will surely help, but keep it plain for a while, gradually adding the richer American foods. Your new little one may very likely show intolerance to whole cow’s milk. Start cautiously with room-temperature skimmed milk or yogurt. As one parent said, “Just because a piece of paper says this kid is 5 years old doesn’t mean he’s immediately ready to be an *American* 5-year-old, and doesn’t necessarily mean he’s ready for kindergar-

ten.” A year (or more) of nursery school may be just the thing for this child to develop language, and to be with children who are closer to his size. Some parents have had their child’s age lowered appropriately (and legally) on the new birth certificate.

This section was added to encourage you to consider raising the maximum age you wish your new son or daughter to be. Birth-order need not be interrupted even if you would then have two children the same age. The seven-year-old you already have in your family would still be older in U.S. terms than your new “7-year-old,” and it’s very unlikely that you would have a pair of twins.

Please keep these points in mind when your family is thinking about the age range for your new child.

### MEDICAL AND PSYCHOLOGICAL EVALUATION

We urge all of you to get at least two or three medical and psychological evaluations by professionals who are recommended by the U.S. Embassy or Consulate, and not to depend only on those evaluations done by persons the lawyer recommends.

*For additional information* see the material on special-needs children, the bilingual medical forms, and “Dealing with the Unexpected” about Hepatitis-B, all in this *Report*.

### HEALTH REGULATIONS

Regulations of the U.S. Citizenship and Immigration Services on the health of all immigrants, including orphans, require that all immigrants entering the U.S. will be screened as follows for health problems before being issued a visa:

1. for all immigrants over age 15:
  - chest x-ray
  - syphilis test
  - test for AIDS antibodies
2. for all immigrants:



general physical exam  
specific exam for signs of AIDS  
any exam the physician believes necessary  
to rule out any dangerous infection

The test for AIDS antibodies can be done in either of two places: in a foreign at a test facility approved by U.S.-trained physicians on U.S. Embassy staffs, or in a regional testing center to be

established by the U.S. Testing Center for Asia (could be in Hawaii, for instance).

As yet no one can predict whether the new testing procedure will add any appreciable time to the wait for children to come to U.S. families.

*Thanks to Jerrie Jenista "Opportunities in Adoption" Conference, Sept. 12, 1987 Cleveland, Ohio.*

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## IS THERE LIFE AFTER HEPATITIS B?

Or

Myths You Can Live Without

*By Jerri Ann Jenista, MD*

### **MYTH**

**If your child is healthy and growing well, he does not have Hepatitis B.**

### **FACT**

Don't be fooled. Hepatitis B is completely without symptoms in almost all children, especially infants. There is no way to detect Hepatitis B by looking at a person or even by doing a physical examination. Although some pre-adoption settings are higher risk for Hepatitis B, there are almost no circumstances that entirely preclude the disease. Hepatitis B exists in all countries and cultures. Even in our country where the rate of Hepatitis B is low (less than 1% of the population is chronically infected), it is considered good obstetric practice to screen all pregnant women for Hepatitis B.

Adopted children who have lived in any type of institutional setting or who have received blood products or any kind of injection such as medication, IV fluids, or even an immunization are also at risk of Hepatitis B.

If your child was born in the U.S., Canada or a westernized nation such as Japan, the mother had good prenatal care with documented Hepatitis B screening during the pregnancy, *and* the baby was immunized at birth with the first doses of Hepatitis B vaccine, then you can probably safely skip screening. All other children should be screened

for Hepatitis B at least once six months after arrival in the adoptive home. Most families also prefer to have a screening test immediately after adoptive placement, although that test cannot definitively rule out all cases of Hepatitis B.

### **MYTH**

**Family doctors and pediatricians are well informed about Hepatitis B.**

### **FACT**

Because Hepatitis B vaccine is now routinely recommended for all babies born in the U.S., doctors who care for children are becoming better educated about the disease. However, don't depend on your physician for completely accurate advice unless he deals with the disease often or has looked up recent references on the topic. Knowledge about Hepatitis B is changing almost daily. It is nearly impossible for the physician who was trained even five or ten years ago to keep current. Even most textbooks are two to three years out-of-date by the time they are published.

If you have any questions about the information your doctor has provided about Hepatitis B, ask for a referral to a pediatric infectious disease consultant or gastroenterologist. The county public health department is often helpful or can refer you to a local expert. The Centers for Disease Control and Prevention in Atlanta also has a Hepatitis Hotline for the general public. Most

parents find that *they* become the experts on Hepatitis B, bringing in the latest information for their own doctors to read!

### **MYTH**

**Chronic Hepatitis B is a death sentence.**

### **FACT**

In the pre-Hepatitis B vaccine days, physicians did not do a lot of Hepatitis B screening except of blood donors. Since there was no treatment or prevention for the infection, there was no reason to test for it. Thus, the only persons with Hepatitis B who came to medical attention were those with serious or life-threatening complications. These same patients were those written up in medical journals and textbooks. Thus, entire generations of physicians learned about Hepatitis B from the sickest patients.

Now that screening of otherwise well people is far more common, we have begun to realize that not all Hepatitis B is a disaster waiting to happen. Although complete data are not in, we realize that the majority of chronic carriers will never have any adverse effect of their infection at all. Methods for detecting and treating complications of Hepatitis B are improving every year. With careful follow-up, most children with chronic Hepatitis B can look forward to a full and normal life.

### **MYTH**

**There is no treatment for chronic Hepatitis B.**

### **FACT**

There is no cure for Hepatitis B. Even getting a new liver won't do it; the infection just comes back in the new liver. However, treatment with interferon does suppress infection in some adults and even allows the body's natural immune system to completely eradicate all signs of infection in a few of those adults. New drugs and combinations of drugs are under study in adults and the first U.S. trials of interferon in children are under way. Although no one expects to eliminate Hepatitis B in the world by drug treatment, there is certainly room for optimism for control of the complications of infection in the next few years.

### **MYTH**

**Hepatitis B is highly contagious.**

### **FACT**

You can't get Hepatitis B by sitting next to somebody with the disease in the doctor's office, by playing with an infected child, or by sharing eating utensils. However, you can get influenza, measles, mumps, chicken pox, or a lot of other viruses those ways. Thus, Hepatitis B is not highly contagious via the casual contacts of daily life. If you are not immune to Hepatitis B and even a microscopic amount of virus comes into contact with your blood stream you are quite likely to develop the infection. Thus, with *parenteral*\* exposure to the virus, Hepatitis B is quite contagious.

<sup>5</sup>This is why you will hear conflicting messages about Hepatitis B from health care professionals. When we are trying to convince people that they should be immunized against Hepatitis B, we want them to understand the high risk of infection following an actual parenteral or sexual exposure to the virus. When we are talking to chronic carriers about contagion, we can be far more reassuring as we know that the usual activities of daily life are not risky for transmission of Hepatitis B.

Adoptive families with infected children should recognize that there is almost no risk of contagion in the usual kid-type activities, *i.e.*, going to school, sleeping over at a friend's house or making lunch. High-risk incidents occur rarely and can most often be prevented or managed, *i.e.*, biting or scratching to draw blood, medical or dental procedures or sharing razors and toothbrushes. If anyone is at risk of acquiring Hepatitis B from your child, it is most likely to be you. In the pre-vaccine days, studies were done of adoptive families in Minnesota, Washington and Sweden. All showed that even when no precautions against Hepatitis B were taken, the transmission rates were very low, between one and five percent. Most of the infected persons were the mothers or grandmothers who had the most intimate and continuous contact with the child.

### **MYTH**

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\**Parenteral* means that the virus must somehow come in contact with your bloodstream either by transfusion, through use of contaminated needles or medical or dental instruments, via sexual contact, or through open sores on the skin, or in mucous membranes such as the gums or the vagina.

**You must wear gloves when changing the diaper of a child with Hepatitis B.**

**FACT**

Hepatitis B is not transmitted through contact with stool or urine. Even when there is visible or microscopic blood present in stool or urine, Hepatitis B is not a risk unless the person changing the diaper also has open sores on the hands. Even in that situation, vigorous hand washing is probably sufficient protection. However, common sense should eliminate this concern to an adoptive parent. Anyone who lives in the household with the child, especially the adult caretakers, should be immunized against Hepatitis B. Everyone should be washing his or her hands after changing any diaper. If you have open sores on your hands, you probably ought to be wearing gloves when changing diapers, not to protect against Hepatitis B, but to protect against all the other germs that are present in stool!

**MYTH**

**You should not share food with or kiss a person with Hepatitis B.**

**FACT**

Hepatitis B is not transmitted sharing food from the same plate or using the same eating utensils. It is not transmitted by dry kisses on the lips or face. Hepatitis B may be transmitted by sharing chewing gum or toothbrushes or by giving food pre-chewed by an infected adult. Hepatitis B is not transmitted by spitting (even in the eye), but it may be transmitted by enthusiastic kisses if either of the parties has orthodontic braces on the teeth. It is not transmitted from baby to mother by breast-feeding unless the mother has bleeding nipples but it may be transmitted from mother to baby by breast-feeding.

The message is: If there is potential parenteral contact with an infected person's body fluids, don't do it. In this day of newly discovered viruses at every turn, the wise parent should be teaching his or her child *not* to do any of these things anyway.

**MYTH**

**You must inform everyone who comes in contact with your child of the potential for contagion.**

**FACT**

Despite the guilt that some people will make you feel (usually your relatives, day care provider, or best friend), there is no reason to inform everyone in your child's environment of his Hepatitis B status. That information is something private that belongs to your child and once the news is out, you can never take it back. You would not tell everyone and his brother if you knew that your child was the product of incest or had some other negative history. So why tell the world if he or she has Hepatitis B?

Remember that most activities of daily living are of absolutely no risk to people outside of your household. Household-like settings such as a full-time family day care home may be of slightly increased risk if the child is pre-school aged, but even there neither the CDC nor day care infection experts routinely recommend informing the day care provider. Sunday school teachers, dance classes, and the like do not need to be informed.

*Do* tell medical and dental workers, especially in the emergency room or when an aesthetic or other drug will be used. It is not your responsibility to prevent contagion to them. You are informing these health care providers so that they can choose medications that will not risk additional harm to your child's liver.

Remember that it is not your responsibility to protect every person in the world from every possible contact with your child. People at high risk of acquiring infection (household contacts and health care workers) are supposed to be immunized. In the unlikely event of a risky exposure to someone else, say a bloody accident on the school playground, the exposed persons can be protected even after the fact with an injection of Hepatitis B immune globulin (HBIG). You know about your child's infection but there are far more infected people out in that same world who do not know they are infected. That is why any sensible person alive today should treat all bodily fluids as potentially infected, not just those from your child.

### **MYTH**

**Schools can impose special requirements or restrictions on children with Hepatitis B.**

### **FACT**

If your child attends public school or any program that receives federal funds, the school cannot do anything to discriminate against your child merely because he has Hepatitis B. This is the ruling of a case that went to the Supreme Court. The child cannot be placed in a special class, he cannot be restricted from the same activities as other children, he cannot be required to wash his hands more often or to do anything else that is not required of all children in the same setting.

If your child has abnormal behavior, that is, he is aggressive with biting or scratching to draw blood, or cannot control his bodily fluids because of a mental or physical handicap, the school is allowed to call a meeting of parents, school authorities and medical consultants to decide on a plan of action for safety in the school. However, the child still cannot be excluded from a normal classroom. The decisions of such meetings are usually to change the child's actions with a behavior modification plan or to immunize likely contacts if parenteral exposure seems inevitable.

Some authorities feel that there is no need for schools to be informed of chronic carrier children who have none of the above risk factors because, for every known infected child, there are many unknown infected children in the same environment. Those experts recommend that schools treat all body fluids from all persons as potentially infected. Most enlightened school districts have adopted exactly those guidelines as their AIDS-in-school policy.

### **MYTH**

**Your child's choice of careers is limited by Hepatitis B.**

### **FACT**

There is no reason why a child with chronic Hepatitis B cannot aspire to any profession. Admittedly, it is difficult to work as an orthodontist, dentist, or surgeon without getting cut now and again and, obviously, special precautions must be taken in those situations. Occupations with exposure to liver-toxic chemicals such as certain painters, artists, or engineers should be adequately protected by occupational health standards developed to prevent harmful exposures to all persons.

### ***Where to go for more advice?***

#### *Read:*

“Adoption of children from countries with endemic Hepatitis B: transmission risk and medical issues.” RC Hershov, *et al. Pediatric Infectious Disease Journal*, 6: 431-437, 1987.

#### *Write:*

Hepatitis B Coalition  
417 University Avenue West  
St. Paul, MN 55103-1934.

Ask for the helpful free pamphlet “Questions frequently asked about Hepatitis B.”

#### *Call:*

CDC Disease Hotline  
404-332-4555

You must have a touch-tone phone to use this service.

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## NEEDLE TIPS & THE HEPATITIS B COALITION NEWS

This is "a semi-annual publication for individuals and organizations concerned about Hepatitis B and all other vaccine-preventable diseases." This is a fine, broad-based effort. It is available for a donation of \$25/year from the Immunization Action Coalition at 1573 Seibly Ave #229, St. Paul, MN 55104.

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### "OLDER CHILD" DOES NOT EQUAL ATTACHMENT DISORDER

*by Deborah Hage, MSW*

Twenty-four years ago my husband and I adopted an infant from Peru whose behaviors were unusual. He arched his back and all but leapt out of my arms when I tried to snuggle him. He threw massive tantrums, smeared feces, refused eye contact and, in general, made it very clear he did not consider me anyone he wanted to get close to. With two children we had given birth to we knew this behavior was not natural. After years of trying different therapies we went to a national adoption conference in 1982 looking for answers and met Dr. Foster Cline. He described children just like our son and called them "attachment disordered." Relieved to know we were not alone we began holding therapy and experienced miraculous results. Enthusiastic from our success we adopted seven more children, five of them with attachment disorders. This experience sent us on a promotional tour to find more information about this diagnosis and to help others whose children had it.

Initially, we were very frustrated to discover very little was known - and local practitioners knew even less. Adoption agencies appeared to be practically negligent in their lack of information about attachment disorder as they blithely placed children with severe emotional and behavioral disturbances into unsuspecting families. Informing the public became a crusade for me, to the point where I went back to school to get a Master's Degree in Social Work to gain credibility for my work and to become part of the therapeutic solution. In short, for the last 20 plus years I have been researching the issue of "attachment disorders" and the processes of "bonding" in order to help both the children and their families gain insight and find help.

For most of that time it has been a very lonely struggle, with professionals and peers who shared my zeal numbering less than a dozen. With the influx of children from Romania and the massive amount of media attention given them, the situation over the last few years has radically changed. Rather than "Reactive Attachment Disorder" being an unknown diagnosis, the public now looks for it everywhere. The term "RAD" is bandied about with a familiarity that used to be reserved for the flu. The pendulum of public awareness and concern has swung from ignorance to fearful hyper vigilance. It is the disease of the day.... and the cause of older child adoption has suffered for it.

While the adoption of infants has always been more common than the adoption of older children, now, the adoption of a baby is believed to ward off the evils of attachment disorder. The statistics are not in, yet my private practice would indicate that is not true. All children who are separated from their birth mothers have abandonment issues. Most of them manage to work through them in good emotional shape when placed in healthy homes. Some, a small minority, lose their way.

There are older children whose bodies and souls have been subjected to cruelties beyond description that pull themselves together and grow up to be functioning members of society. Others have suffered only the mildest form of neglect and yet become scourges of their neighborhood. There are children in my private practice, adopted as infants into wonderful homes, who display severe emotional and behavioral issues. Similarly, the

news is filled with children, raised by their warm, loving birthparents, who take automatic rifles and attempt to wipe out entire school bodies. There is no known test for what has become labeled "the resiliency factor," that big unknown in children's psyche that allows some children to rise above their history of abuse and neglect and others to succumb to it.

Certainly, there are markers that everyone is well aware of. Lack of eye contact, inability to accept nurture, cruelty to animals, destructive, obsession with blood and gore, etc, coupled with an early history of multiple caregivers, raises a red flag of concern that the child may be prone to an attachment disorder. What is not acknowledged is that even without these markers many children display very "unattached" behavior!

So, how can orphanages, agencies and parents predict which children will navigate the path of living successfully in society and which ones will flounder? They can't! Most children adopted as infants will be fine. Some won't. Most children who are adopted at older ages who do not demonstrate the targeted behaviors will be fine, some won't.

What adoptive parents need to realize is that there are huge numbers of children in orphanages around the world who are no longer infants but would still make wonderful additions to their family and community. Being initially raised in an orphanage is not a death knell for a child's emotional stability. Age and history, while markers, are not the determining factor of whether or not a child's behaviors will be problematic. The number of moves a child makes is of far more critical concern than age or history and children in orphanages are not generally moved except from the birth mother to the facility. The environment of the orphanage and the current functioning of the child are much more reliable markers. Is the child receiving nurturing care? Then the child, in all probability, will accept nurturing care from new parents. Is the child well adjusted in the orphanage? Then the child, in all probability will adjust well in a new home. Is the child healthy, happy, and curious? Then the child, in all probability will be healthy, happy and curious in their new home.

The care in most orphanages where I have been fortunate to visit is consistent, loving and very present. The news releases regarding Romania do not depict the norm for orphanages around the world. Orphanage care, particularly those supervised by MAPS, for the most part is excellent. Parents who hire personal nannies cannot predict their child will be cared for as tenderly as the staff in some orphanages care for their children of all ages. Furthermore, there is the possibility that children who are spending their first years in an orphanage are getting more of their attachment needs met than children whose birthparents leave them in poorly run day care situations. Adopting an infant in order to avoid attachment issues then placing the baby in day care is a poor recipe for success as it layers move upon move upon move - exactly what the consistent care of a single orphanage avoids.

The benefit of adopting a child who is already walking is that the orphanage staff can assess behavior more readily. Visiting MAPS staff members can interact with an older child and can see for themselves which children have the qualities which will successfully enable them to make the transfer to a new home. Health risks and disabilities are more readily diagnosed in older children than in infants.

While in Nepal I met a beautiful girl, age 9, who, with her bright smile and lilting British accent, would be the perfect addition to any family. Is the family who has decided to adopt her fearful of "attachment disorder"? Not particularly. They have explored the possibility and decided it is not a predominant factor. This young woman is well liked in her orphanage by both the children and staff. She is hard working in school. She has no history of cruel or bizarre behavior. Yet, at some point in her life she fell in a fire and burned off the major portion of her right hand. She has endured great pain and has risen above it.

For many children in foreign orphanages this is the norm, not the exception. The orphanage environment and the resiliency and current functioning of the older children are far more important factors to consider than their early history of abandonment by birth parents. Certainly, if it had been possible, it would have been great to have

adopted these children at younger ages. The fact of the matter, however, is they weren't. That does not mean they are somehow damaged and doomed to suffer from "reactive attachment disorder." The reality is, more likely than not, they are vastly stronger. They know what it means to be alone, poor and uneducated. They do not want that for themselves. The orphanage has taught them the value of working hard and they are eager for success. They understand intuitively the reciprocity of healthy relationships. They have become attached to caregivers and other children in the orphanage and, rather than being rejecting of parents, they very much want parents. They are not unattached. They are waiting for parents to attach to! Their resilience has been tested and they have come out winners.

Couples where both parents have meaningful careers would do well to explore adopting a child who is already old enough to be in school. Parents, whose children are adolescents, would do well with older children who are more capable of fitting in with their siblings. Children adopted at older ages often have a language skill and an understanding of their culture, which will stand them in good stead as an adult. There is a distinct possibility that the ego strengths of older children make a move less traumatic for them rather than more so. Rather than knowing less about themselves because they were adopted as infants and removed from their roots at fragile stages of personality development, they know more about themselves and who they are. Older children have

more opportunities to consent to their adoption. They enter into the new relationships willingly, rather than, as an infant, having the sense that the adoption was something done to them.

Parents who have adopted older children report that they love their children and could not possibly have become more attached with them even if they had adopted them as infants.

Does this mean that adopting older children from foreign orphanages is all romantic, gushy good feelings, without problems? Absolutely not. The risks are still there. The personality evaluations still need to be done. The markers for attachment disorders still need to be searched out. The problems are just different and need to be worked through in partnership with the child.

Can it be done! Yes!

Successfully? Yes, beyond a parent's wildest dreams!

It is a risk to love...and what if it doesn't work out? Ah...but what if it does!

**For more information on attachment disorders, go to [www.deborahhage.com](http://www.deborahhage.com).**

*Deborah Hage, MSW, is Director of the MAPS Colorado Office, and an experience long-time therapeutic foster-parent.*

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## INTERNATIONAL SPECIAL NEEDS

By Teri Bell

There are many questions those of you who are considering the adoption of a child with special needs, would like answered. Over twenty years of working directly with over 1000 children with special needs and their families have helped me form the opinion that no absolutes exist when looking for adoption answers regarding this population of children. In the following pages, I have attempted to lay out for you, the potential adoptive parent(s), some issues to reflect upon and suggestions you may find

useful.

### REFERRAL INFORMATION

Adoptive families often wonder how much information they should expect in a referral of a child from overseas. As child care standards and medical care differs significantly from, country to country and often from program to program within the same country, each program has its own limitations as to the information they provide. Therefore, it is impossible to say what should constitute a realistic expect-

tation. You should assess the standard referral information provided by the program you are considering and if you are comfortable with it, this program may be a good option for you. At this point, I suggest that you talk to other families who have adopted through this program. If you feel that certain information must be included in your referral for you to proceed with a placement, it will be necessary for you to ask your US agency if your chosen program includes that information.

I suggest that you consider the following when choosing a program:

-What kind of medical information does your agency expect to receive from the international program you are interested in (e.g. birth history, medical concerns, medical treatment medical/developmental test results)?

-Does the overseas agency have the ability to obtain more information if you or your medical doctor requests it?

-Is the US agency receptive to asking questions of their representative on your behalf?

-Who does the agency representative, or the international agency; consult with overseas regarding the special needs children, and what are their qualifications?

-What experience does the person identifying the children have in special needs adoption?

The first thing you will probably think of doing, is taking your referral to a doctor that you trust. I have found however, that families can be frustrated and overwhelmed by their initial contacts with the medical community even when they consult with someone they trust. It is often difficult for families to know what questions to ask once they meet with their doctor. Those who have the most success in this area are adopters who have prepared ahead of time and have done their homework regarding the information they have received on the child's referral. If the child, who has been referred, has a specific handicapping condition, I suggest that you visit your local library and/or contact the appropriate organization, to inform yourself about that condition. The information you accumulate within the first few

days of doing this "homework" may be startling. Remember, that there are varying degrees of severity that appear for different diagnoses. What is encompassed under one label can range from mild to severe and, before panic sets in, a clear picture of where the child you are considering fits in that continuum is important. This time spent information gathering, will better prepare you to discuss the child's prognosis with your doctor as she/he explains how the diagnosis affects this particular child.

Involvement with parent groups that meet to discuss the concerns of children similar to the child whose referral you are holding, is very important. This will help you immensely in putting the medical information into perspective by learning about the day-to-day lives of these children. Parents both by birth and by adoption offer their support in a non-threatening environment. Through these conversations, you will be receiving a great deal of new information and it is an emotional time. Please reflect upon what you have heard and learned before you make any final decisions.

## **MEDICAL RESOURCES**

There are many questions that the doctor may want to ask you, and there are many questions you will wish to ask the doctor. Before you get to these however, I feel that it is imperative that from the outset you make it clear to your doctor that you have already made the decision to proceed with an international adoption, that you have already made the decision to accept the referral of a special needs child, and that what you want from this doctor is the information and guidance she/he would give to any family who entered the office with their birth child, asking the same types of questions. Explain to the doctor that you understand that she/he is not making the decision for you; she/he is only helping you to become informed. Explain that you are not asking whether or not you should proceed with that child. **REMEMBER:** The decision you made to proceed or not to proceed with a child referral is a decision only YOU can make!

Many people are angry or frustrated when the doctor they consult does not give them definitive answers. Please understand, that the medical doctor who is giving information on a child from another country is put into a precarious position. First of all, the doctor you are consulting obviously has not



made the original diagnosis, and is being asked to give opinions on someone else's expertise. This doctor does not usually know specifically how this child was diagnosed, what tests were given to reach the diagnosis, what equipment was used for these tests, whether the x-rays, EKG's, echoes, sonograms, or EEG's were interpreted accurately, whether the blood chemistry was examined accurately, and whether there are genetic or chromosomal factors which may play a part in this child's diagnosis. Certainly, this all explains that there are hazards to interpretations of test results or readings by another doctor. As a result your consulting doctor is likely to qualify her/his statements regarding this child and the child's present and future situation.

## **SECOND OPINION?**

Families who are adopting children with special needs often raise the question of seeking a second opinion. It is my opinion that, if you are considering adding a child with a medical concern, you should check with more than one physician. Medicine is not an exact science and there are usually many different opinions on any one issue, especially when that issue is seen infrequently in the United States. I suggest that you ask the physician you are consulting, if they have had professional experience with children from other countries or cultures.

You may find that as you talk to a variety of medical people, you will come to realize that diverse philosophies and treatments for the same condition in the same community can exist. Before making your final decision, it is important for you to take all of the information you have received from the specialists and decide how much, if any, of this information contains adoption bias by the doctor who was answering your questions. Remember that physicians can hold the same prejudices against foreign and special needs children that others in the community hold. International adoption is NOT without controversy.

## **REQUESTS FOR ADDITIONAL INFORMATION**

Frequently, the medical personnel consulted request further information regarding the child's medical condition. In some programs, this would just not be possible and in those instances you will need to make a final decision with the information you already have. Often, the tests or information which

have been requested are either not within the capabilities of the medical or social work staff of the country where the child is presently living, or test facilities and/or equipment are unavailable. You will need to ask the advice of your agency as to whether the information requested is appropriate and realistic for your particular program. It is your right to request any and all information you feel you may need in order to make a decision regarding a particular referral. It is the agency's responsibility to be knowledgeable regarding the international agency's attitudes towards requests for more medical information. You and your agency must be aware of the sensitivities of the country from which the referral was sent, and how this request will be received.

Even if you cannot handle, and are not ready to accept, the medical concerns of the child being referred, this child may be perfect for another family. This is not to say that the request for additional information is inappropriate. In many cases, this information is not only appropriate, but is often appreciated by the overseas agency who will have an opportunity to learn more about this child and other children with similar medical concerns. At the same time, indecision might hold up or take away an opportunity for the child's placement or referral to another family, so when you make that request, do so, with serious intent on proceeding.

## **DECISION-MAKING**

Can you truthfully say that you have looked at all your concerns objectively? You may still be concerned about some issues, but do you feel deep down that this is the right decision? This is the time to question your choice. If the unanswered questions at this point are extremely disturbing, this may not be the right child for you. It is wonderful to believe that the child who has not thrived in his or her homeland will respond to your love and attention. This has proved to be true in many cases, but not all of them. Realistic expectations are a must, because unfortunately, love does not conquer all!

A failure-to-thrive or institutionalized child, a developmentally delayed child, or a child with a parental history of substance abuse, may not respond, catch up and accomplish the dreams you have envisioned. That child may always remain delayed or unstable. So many people can spend long hours, days or months working with a child when they feel the

outcome will be a positive one. Can you still feel that child is a part of you, if the outcome is not as positive as you had hoped?

A wonderful aid in decision-making is to spend some time with children who have similar physical challenges to the child you have on referral. Visit the child at their home or school, if possible. If you see no problem accepting what you observe at this point, project some of your fantasies to the teen years, or visit with a teen and their parents. Are you still comfortable? All of us have images of ourselves that we hope are true. We look at children and families that have "made it" and we say we can do that too. We want to see ourselves as strong enough and capable enough to endure whatever challenges life presents. Be sure that you are being realistic regarding your strengths and weaknesses.

You must feel comfortable proceeding with your adoption plans. It is imperative that you remember that adoption, like birth, is a lifetime commitment

**SUMMARY**

I have worked with over 1000 children with special needs and their adoptive families during my career. I have occasionally seen families experience heart-ache, disruption and divorce. Some of these families feel that the major stress in their lives began with the addition of their child with special needs. The majority of families however, feel that the addition of their child with special needs was one of the greatest experiences of their lives. Much of what I

have written here may appear to be disheartening and pessimistic. I truly don't mean it to be that. The point I am trying to get across, more than any other, is that adding a child with special needs to your family requires realistic and objective decision-making.

There is no parenting that is easy and without problems. The addition of a child with special needs can enhance the difficulties and the problems faced in parenting, but done correctly, it can also be a joyous experience. An informed decision can make the difficult times easier to manage and be the most rewarding and fulfilling decision in the lives of both you and your new child.

*ABOUT THE AUTHOR: Teri Bell is presently the Special Needs Coordinator for Americans for International Aid and Adoption in Michigan. She is a licensed social worker who holds a masters degree in Early Childhood Special Education and has worked internationally for the adoption of special needs children for over twenty years.*

*First printed in Adoptive Families magazine, July/August 1996. Reprinted by permission.*

Reliable medical information can be obtained from one of several sources experienced in intercountry adoption. Please call ARC-CT for the one nearest you.

A donation of \$50 - \$100 to the clinic of your choice would be much appreciated.

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**Family's Opinion of Possible Acceptance of Child With Special Medical Needs**

	Yes/No/Maybe		Yes/No/Maybe
Low Birth Weight		Malformations:	
2 lbs. & under:	___/___/___	Webbing of fingers,	
2 – 5 lbs.:	___/___/___	Toes, both:	___/___/___
Premature Birth:	___/___/___	Partially formed	
Birthmark on visible		Fingers, toes, both:	___/___/___
part		Club foot, feet:	___/___/___
Of Body:	___/___/___		

Heart Defect:		Missing/malformed Ears:	___/___/___
Major (requires open Heart surgery):	___/___/___	Missing/malformed Fingers, toes, both:	___/___/___
Minor:	___/___/___	Vision:	
Hepatitis B carrier:	___/___/___	Totally Blind:	___/___/___
Blood Disorders	___/___/___	One eye removed, Other OK:	___/___/___
Thalassemia:	___/___/___	One eye removed, Other poor:	___/___/___
Sickle Cell Anemia:	___/___/___	Poor, unstable vision:	___/___/___
Hemophilia (Bleeder):	___/___/___	Hearing:	
Child Needing Sex Change:		Totally deaf, no speech:	___/___/___
Due to injury or birth defect:	___/___/___	Partial Hearing, Unstable:	___/___/___
Child With Missing Limb Due To accident:	___/___/___	Partial hearing, Stable:	___/___/___
Child Requiring Wheelchair Living:	___/___/___	Diabetes:	___/___/___
Spina Bifida: Walk With. Help, crutches, braces, etc.:	___/___/___	Seizure Disorder (Epilepsy):	
Cerebral Palsy:		Mild:	___/___/___
Mild:	___/___/___	Severe:	___/___/___
Severe:	___/___/___	Controlled with Medication:	___/___/___
Post-Polio:		Cleft Lip:	
Mild:	___/___/___	Cleft palate:	___/___/___
Severe:	___/___/___		

Orthopedic Problem: (now later	Correctable using braces or crutches or can later	___/___/___	Cleft lip and palate:	___/___/___
	Uncorrectable:	___/___/___	Severe Malnutrition:	___/___/___
Kidney Malfunction:	Mild:	___/___/___	Learning Disability:	Mild: ___/___/___
	Severe:	___/___/___		Severe ___/___/___
Burns (Needing Plastic Surgery):	On arms and legs:	___/___/___	Speech:	No speech (cause Uncertain, outcome
	On face:	___/___/___		Uncertain: ___/___/___
	Mild:	___/___/___		No speech, Permanent: ___/___/___
	Severe:	___/___/___		Stuttering: ___/___/___
Developmental Delay (behind Emotionally, physically, and/ Or socially, cause be- lieved Environmental but if, or when, Child will catch up to age Level is uncertain:	Mild:	___/___/___	Past History of Meningitis, Oxencephalitis, Menin- goence- phalitis (Brain Infection):	___/___/___
	Severe:	___/___/___	T.B., Noninfectious (under treatment):	___/___/___
Emotional Problems:	Mild:	___/___/___	Multiple Birth Defects:	___/___/___
	Severe:	___/___/___	Dwarfism:	___/___/___
Positive VDRL (Con- genital Syphilis):		___/___/___	Open to Discussing Other Genetic Problems:	___/___/___
Family Background: Family history of			Race:	Black: ___/___/___
				Asian (Korean, Chinese, Filipino): ___/___/___

Medical problems:      \_\_\_/\_\_\_/\_\_\_  
 Mentally ill parent:      \_\_\_/\_\_\_/\_\_\_  
 One parent mentally retarded:      \_\_\_/\_\_\_/\_\_\_  
 Both parents Mentally retarded:      \_\_\_/\_\_\_/\_\_\_  
 Hyperactivity:  
     Mild:      \_\_\_/\_\_\_/\_\_\_  
     Severe:      \_\_\_/\_\_\_/\_\_\_

East Indian:      \_\_\_/\_\_\_/\_\_\_  
 Mestizo (Spanish/Indian):      \_\_\_/\_\_\_/\_\_\_  
 Mestizo/Black:      \_\_\_/\_\_\_/\_\_\_  
 Black/Korean:      \_\_\_/\_\_\_/\_\_\_

**Note:**

There are service organizations that address specific physical medical problems, and may very well be able to provide low- or no-cost treatment. An example is Shriner's Hospitals providing service for orthopedic problems, burn scars, etc.

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## **HELPING ADOPTED KIDS GET HEALTH COVERAGE**

*Taken from an article by Kathy Kristof for the Los Angeles Times Syndicate and appearing in The Digest, June 23, 1994.*

Thousands of parents who have had difficulty securing health coverage for their adopted children are expected to benefit from little-noticed provisions in the Omnibus Budget Reconciliation Act of 1993—the bill that raised taxes for wealthy folks and Social Security recipients.

In addition to altering the nation's tax rates, OBRA tightened loopholes in the Employee Retirement Income Security Act of 1974. That act governs many company-sponsored employee benefits; including company health plans and certain pension programs.

The aim of the 1993 revision was to put adopted children on an even keel with kids born into a family. In effect, the law says that if your health plan provides coverage for birth-children, it must provide substantially identical coverage for adopted children. Additionally, the coverage must start from the moment the parents assume "total or partial" financial

obligation for the child rather than when the adoption is finalized. That point is pivotal because many adoptions take months, sometimes years, before they are finalized. In the past insurers were able to deny coverage during the post-placement period, and if a medical condition cropped up before the adoption was final, they could bar reimbursements related to that condition indefinitely.

It's worth noting that many states already have insurance laws that bar discriminating against adopted children. However, state insurance laws generally do not apply to self-insured companies that are regulated by the federal ERISA law, says Steve Humerickhouse, legislative affairs director with Adoptive Families of America, Inc., a support group based in Minneapolis. Some experts estimate that these companies employ roughly 40% of the nation's workers. Some note that their insurers had to be notified about the new law before they would agree to coverage.

An adoptive parent says she sent a copy of the law to her insurer when she realized the company planned to deny coverage for her son's heart condition. He was born with a small hole in a heart muscle. If he was her birth-child coverage would be automatic, but the insurer previously imposed an 11-month waiting period for coverage of adopted children's pre-existing conditions.

"There are still many insurance companies that haven't figured the law out yet," Humerickhouse notes. Adoptive Families of America suggests parents to get copies of the law to send to recalcitrant insurers. Usually, after receiving the information, the adopted child's medical expenses are reimbursed, he notes, but there are exceptions. Despite the law some insurers can and do deny coverage because of exceptions to the law and because of the technical provisions in the law.

First, the law's exceptions: the law does not cover plans offered by federal, state, or local governments, including military plans. It also exempts churches and church-related organizations that are not covered by ERISA. If you buy private insurance, in other words, your coverage is not provided through an employer, your health plan may also be exempted. (State laws cover some of these plans, however.)

Provisions in the federal law also provide insurers with a way to exclude coverage for some kids. How so? The law says you can't discriminate against adopted kids by covering an ailment for the family's newborn but not for their adopted child. But, if you exclude coverage for both birth and adopted children, there's no discrimination. That's legal. In other words, the insurer can deny coverage to children who are HIV infected as long as the rule applies to birth kids as well as adopted kids, says Humerickhouse.

Additionally, some insurers say all children are covered as long as they are IRS dependents. That test isn't necessarily discriminatory, but it primarily ex-

cludes adoptees. That's because working parents are generally assumed to be the primary source of support for their newborns.

Adopted domestic children, however, particularly those who are adopted with special needs, may not qualify. That's because the parents are frequently provided with some government subsidy to offset the cost of the adoption, counseling, or special schooling.

### **Enforcing your rights**

How do you enforce your rights if your insurer denies coverage for a child who should be covered under the new federal law?

**Inform:** The law requiring parity between adopted children and birth-children is a small and frequently overlooked part of a larger law, called the Omnibus Reconciliation Act of 1993.

Your insurer may simply need to be informed about the law, which amended ERISA section 609. Adoptive Families of America can provide you with a free copy of the law and an explanation of what it does and doesn't cover. Call or write AFA at 3333 Highway 100 N, Minneapolis, MN 55422. 612-535-4829.

**Appeal:** Group health policies all have a right of appeal if you are denied coverage. Sometimes taking dispute through the appeals process (the process is usually spelled out on the back of claims forms) gets the problem resolved simply because a second review board takes an independent look at the claim.

**Sue:** The Department of Labor's pension and welfare benefits division regulates the application of this law, but it does not enforce it. To enforce your rights you may have to go to court to get a "qualified medical child support order," says Bruce Ashton, a partner at the Los Angeles law firm of Reish & Luftman. The order essentially compels insurer to provide coverage as stipulated by the law.

## NOTE ON INTERCOUNTRY ADOPTIONS

*All of you need to understand that due to circumstances beyond the control of any agency, the possibility exists that your adoption process could be discontinued by foreign nations, governmental action, or judicial decrees beyond the control of the agency. You must further understand that it is necessary to advance some funds to accomplish agency objectives and the portion of those funds already utilized very possibly cannot be recovered in the event of such discontinuance. You need also to understand that in spite of information to the contrary, the child, when received, might have some undiagnosed physical or mental problem or might develop such a problem at a later date. You need to know, finally, that despite agency efforts to work with competent and honest lawyers, their actions are beyond agency control. This is by no means meant to scare you, but to tell you simple facts of life about intercountry adoptions.*

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## CHILD CITIZENSHIP ACT OF 2000

On October 30, 2000, President Clinton signed into law H.R. 2883, the Child Citizenship Act of 2000. The new law, Public Law 106-395, amends the Immigration and Nationality Act (INA) to permit foreign-born children- including adopted children to acquire citizenship automatically if they meet certain requirements. It became effective February 27, 2001.

To implement the new law, the Citizenship and Immigration Services (CIS) drafted regulations that are published in the Federal Register.

To be eligible, a child must meet the definition of “child” for naturalization purposes under immigration law, and must also meet the following requirements:

- The child is *under* 18 years old;
- The child has at least one United States citizen parent (by birth or naturalization);
- The United States citizen parent has been physically present in the United States for at least five years, at least two of which were after age 14 or the United States parent has a citizen parent who has been physically present in the United States for at least five years, at least two of which were after age 14;
- The child is residing outside of the United States in the legal and physical custody of the United States citizen parent;
- The child is temporarily present in the United States having entered the United States lawfully and maintaining lawful status in the United States;
- An adopted child meets the requirements applicable to adopted children under immigration law;
- The naturalization application is approved; the child must take the same oath of allegiance administered to adult naturalization applicants. If the child is too young to understand the oath, CIS may waive the oath requirement.

This is a short version from CIS. You may access more information from [www.house.gov/delahunt](http://www.house.gov/delahunt) or [www.house.gov/adoptfaq.htm](http://www.house.gov/adoptfaq.htm) (faq is frequently asked questions)

# ADOPTION FEES

By Deborah McCurdy

## WHERE DOES YOUR MONEY GO?

Adoption agency fees are often a source of hidden tension between clients and their adoption agencies, particularly when social workers do not explain them and adoptive parents are (understandably) afraid to ask for an explanation. Clients may feel that the agency is adding insult to injury by asking them to pay a substantial amount to prove themselves as parents, when most people can have babies for free - if they're insured - without anyone's permission. This is, admittedly, one of the sad injustices of life. However, agencies and orphanages all over the world are mandated to ensure that every adoptable child finds a secure home. And none of us would have it any other way.

I can remember being resentful of the high per-hour charge for our own home study interviews, which took place many years ago. It wasn't until my husband and I started our own local service agency that we fully appreciated "the hidden costs of doing business" - which translates to in-person interviews with adoptive parents, many, many hours of agency paper work assistance with documents, phone calls, bookkeeping, supervision, and travel on the clients' behalf. We had to base our fees not only on such direct services behind the scenes to each family, but also on the shared expenses of keeping the agency alive and functioning well. These shared expenses include the costs of insurance, salaries, accountants, attorneys, licensing studies, office equipment, advertising, other recruitment efforts, supplies, rent, utilities, continuing education and the mandated donations to other nonprofit organizations.

Agencies that have their own placement programs overseas have even greater costs - and therefore higher fees - than local service agencies like ours, which provide home studies and post-placement services to some of their clients. This is because placing agency staff need to travel abroad frequently to develop and maintain programs, to keep up with other countries' ever changing regulations, to aid orphanages, to arrange each child's placement, to assist parents with their dossiers and travel, to coordinate with bureaucracies and orphanages in sev-

eral countries, and to absorb the major losses that occur when a placement disrupts or a country suddenly declares a moratorium on adoptions. (I have the greatest admiration for the courageous and dedicated agency personnel that take on the incredibly complex, often overwhelming responsibility of locating and placing children from other countries.)

It may be a comfort to adoptive parents to realize that most of the people employed by adoption agencies are sharing in their financial sacrifice. A social worker specializing in inter-country adoption typically earns far less than he or she would in private practice or another agency setting, and his or her hours tend to be longer. Most adoption agencies make good use of volunteers, and many agency directors and staff members are essentially volunteers for a good part of their workweek, if not all.

Try to think of your agency's staff as your partners and willing helpers, who need to deal with the realities of running a business at the same time they see work as a service - to you and to the many children who need the loving homes you provide.

*This article first appeared in Adoptive Families.*

*Deborah McCurdy, MSW, is the Adoption supervisor at Beacon Adoption Center in Great Barrington, Massachusetts.*

### ***Editor's note:***

As mentioned in the previous article, agencies maintaining their own foreign programs have many more expenses than Local Service agencies. When you see "foreign fees" listed in the fee breakdown in your initial information from agencies, translate a large percentage of that to in-country support: see the excerpt from Los Niños International below. That money is not just "good business" or bribes - this support means that your child will come home in better physical condition because of immunizations, availability of a special diet, or a tight roof over his head. It means that children left



behind will have a better life while they wait, and the children who will never be adopted because of age or physical challenges will continue to be fed, cared for, and in treatment if possible.

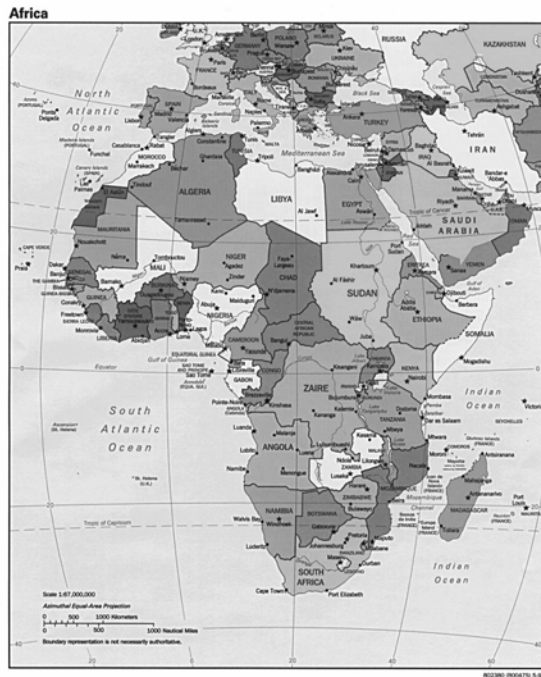
**SOME EXAMPLES OF WHERE YOUR MONEY GOES:**

**Russia:** \$50,000 to remodel an orphanage. \$1,000 to fix a roof. \$3,000 for food.

**China:** Washing machines, window screens, air conditioners, and heaters as needed.

*Courtesy Los Niños International*

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## AFRICA

**Ethiopia, Kenya, Liberia, Mali, Sierra Leone, South Africa**

**OVERALL RULES AND REGULATIONS ARE LISTED BELOW AND NOT REPEATED IN PROGRAM DESCRIPTIONS. EXCEPTIONS AND ADDITIONAL INFORMATION ARE NOTED IN AGENCY PROGRAMS.**

***PLEASE READ CAREFULLY***

- 1. Only licensed agencies approved by the governments are able to place children.**
- 2. Children of all ages are predominantly healthy and tested for AIDS, Hepatitis B, TB, and syphilis.**
- 3. Large families are accepted.**
- 4. Children are escorted.**

The African children are basically health and strong – survivors, as usual. Many of their peers have died of simple medical problems (diarrhea, etc.).

If these kids are able to go to school they are doing well, since learning is highly valued, and they are on a par with or possibly above U.S. grade level. School is often three or more miles away and the classes are huge. English language classes begin in grade 1; after grade 6 all classes are conducted in English.

Testing is done twice several months apart for TB, AIDS, and Hepatitis B. Teeth are usually great. Personalities are usually bubbly and bright, and these children are not severely malnourished.

## **ETHIOPIA**

### **ADOPTION ADVOCATES INTERNATIONAL (WA)**

AVAILABLE: ages a few months – 12 years, many sibling groups and other waiting children also available.  
COST: \$5500 - \$6500 depending on age for 1 child, not including local service, dossier, CIS, or escort.  
TIME: infants usually 3 - 6 months after dossier there to referral, 4-8 months to travel.  
FACTS: single women, yes; couples married two years, maximum age difference 43 years (more flexible for waiting children), not eligible if you already have children from three different countries; travel or escort.

### **ADOPTIONS FROM THE HEART**

AVAILABLE: infants, older children. Sibling groups.  
COST: \$10750 (excludes home study fee, dossier preparation fees, travel or escort fee, INS fee.)  
TIME: Referrals 3-6 months after dossier submission. Travel 2-5 months after referral accepted.  
FACTS: family can travel to bring child home (about 1 week travel) or can have child escorted. Married couples ages 25-50; single women eligible; applicants over age 50 may adopt child over age 4.

### **AMERICANS FOR AFRICAN ADOPTIONS, INC.**

AVAILABLE: 0-14 years, some siblings; children are in foster care or orphanage; tested twice over several months for hepatitis B, HIV, and syphilis.  
COST: \$6250, not including a child's one-way airfare and escort expenses of \$1500 or foster care.  
TIME: 6-10 months after dossier is completed.  
FACTS: ages 25-53; if married prefer 2 years; families select child from photos and brief information; travel not required, escorting available.

### **DOVE ADOPTIONS INTERNATIONAL, INC.**

COST: \$11000  
TIME: under 12 months.  
FACTS: children from private orphanages.

### **WIDE HORIZONS FOR CHILDREN, INC.**

AVAILABLE: all ages, sibling groups also.  
COST: \$6700 plus agency fees and travel or escort fee.  
TIME: 1-3 months to referral, 4-6 months to travel/escort.  
FACTS: ages 20-55; travel or escort. Single women accepted.

## **KENYA**

### **AMERICANS FOR AFRICAN ADOPTIONS, INC.**

AVAILABLE: ages 0-14 years; children in foster care or orphanages; tested twice for hepatitis B, HIV, and syphilis.  
COST: \$5000 or foster care  
TIME: 6-12 months after dossier complete.  
FACTS: single women, 25+; couples ages 25-55; if married, at least two years. Families must live in Nairobi with the child for three months, then adoption process will begin.

## **LIBERIA**

### **AMERICANS FOR AFRICAN ADOPTIONS, INC.**

AVAILABLE: ages 5-12 years+ (occasional infants, toddlers); some siblings (twins, occ. Triplets); children are in foster care; tested twice for HIV, and syphilis; most English speaking.  
COST: \$4000, not including child's one-way airfare and escort expenses of \$1500 or foster care.

TIME: 6-10 months after dossier complete.

FACTS: single women, 25+; ages 21-60; if married prefer two years; families select child from photos and brief information; travel not required, escorting recommended.

## **MALI**

AMERICANS FOR AFRICAN ADOPTIONS, INC.

AVAILABLE: ages 5-14 years, usually healthy; tested twice for hepatitis B, HIV, and syphilis.

COST: \$5000, not including child's one-way airfare.

TIME: 6-10 months after dossier complete.

FACTS: single women, 25+; couples 25-60, married two years; travel not required, escorting. Not placing in Canada.

## ASIA



**Cambodia, China, Hong Kong, India, Japan, Kazakhstan, Korea, Mongolia, Nepal, Pakistan, Philippines, Sri Lanka, Taiwan, Thailand, Vietnam.**

### CAMBODIA

*No new applications at present.*

*The following agencies have previously offered a program in Cambodia. When Cambodia reopens, these agencies would be a good place to start:*

ADOPTIONS TOGETHER

ALLIANCE FOR CHILDREN

CHILDREN'S HOUSE INTERNATIONAL

FOCUS ON CHILDREN

WELCOME HOUSE ADOPTION PROGRAM OF PEARL S BUCK INTERNATIONAL

WIDE HORIZIONS FOR CHILDREN, INC.

### CHINA

- 1. Licensed agencies only are able to place children.*
- 2. Single parents will only be accepted up to age 50.*
- 3. Parent(s) aged 30-45 are acceptable for healthy infants.*
- 4. A family may already have up to 4 minor children.*
- 5. Travel is usually around 2 weeks.*
- 6. Heterosexual singles only.*
- 7. New applications from singles limited in number unless for waiting children.*
- 8. Adoption of waiting children (medical issues and/ or 6 + years) will be expedited.*

ACCEPT – AN ADOPTION & COUNSELING CENTER (serving only northern California)

AVAILABLE: ages infant to 2 years, mostly under 1 year, usual testing.

COST: \$9800 not including agency fee, local service, or travel.

TIME: up to 8 months to referral, up to 23 weeks from referral to travel.

FACTS: very limited for single women; under 45 for infant.

#### ACROSS THE WORLD ADOPTIONS

AVAILABLE: ages 7 months through 15 years.  
COST: \$12850 not including local service or travel.  
TIME: about 7-8 months to referral, 6-8 weeks to travel.  
FACTS: singles limited; travel for about 12 days.

#### ADOPT INTERNATIONAL

AVAILABLE: mostly ages 9-15 months, mostly girls; TB, hepatitis B testing.  
COST: \$10700, not including local service or travel.  
TIME: 6-8 months to referral, 6-8 weeks to travel.  
FACTS: AIDS-testing required; travel about 12-14 days; singles limited.

#### ADOPTION ADVOCATES INTERNATIONAL (WA)

AVAILABLE: mostly infant girls; healthy up to 6 years old. China special needs program - with correctable/noncorrectable medical considerations – infants to 12 years old.  
COST: \$8285, not including local service or travel.  
TIME: around 6 months to referral for healthy infants (less than 3+ or minor medical issues), 4-6 weeks to travel.  
FACTS: up to age 55; couples married 2 year; AIDS-testing required; travel for 8-12 days.

#### ADOPTION ASSOCIATES INC (MI)

AVAILABLE: mostly under 15 months. Special waiting children also.  
COST: \$12750, not including local service or travel.  
TIME: usually around 8 months from submission of dossier, to travel.  
FACTS: waiting list available for single women; no more than 2 divorces; travel 15 days; also have special needs accreditation.

#### ADOPTION CENTER OF WASHINGTON

AVAILABLE: ages 10 months +.  
COST: approximately \$16000 not including local service or travel.  
TIME: 7 months to referral, 4-6 weeks to travel.  
FACTS: couples ages 25-50; married 3 years; 2 divorces ok.

#### ADOPTION HORIZIONS (CA)

AVAILABLE: 6 months-15 years, mostly girls.  
COST: \$10000 – up not including local service or travel.  
TIME: 13 months to referral, 2 months to travel.  
FACTS: couples married 1 year; travel 1 parent for 2 weeks.

#### ADOPTION UNLIMITED INC. (serving only Pennsylvania)

AVAILABLE: mostly ages 6 months-5 years, full blood tests, HIV testing.  
COST: \$9400 not including local service or travel.  
TIME: 12-18 months to referral, 2-4 months to travel.  
FACTS: single women, yes; under age 55; couples married 2 years; 2 divorces ok; no more than 4 children already.

#### ADOPTIONS FROM THE HEART

AVAILABLE: mostly girls, mostly 7-12 months, hepatitis-B tested (AIDS tested on request).  
COST: \$18000 including travel & accommodations and local service.  
TIME: 10-12 months to referral, 2 months to travel.  
FACTS: couples only; married 1 year; travel for one parent.

#### ADOPTIONS INTERNATIONAL, INC.

AVAILABLE: ages 6 months-2 years (mostly 6 months+), waiting children also, AIDS-tested.

COST: \$15000 (New York City & PA), \$13250 (out-of-area) not including travel.

TIME: 6-10 months to referral, 2 months to travel.

FACTS: couples only; ages 30-45 for healthy infants; older parents for waiting children; travel 10-14 days fully accompanied.

#### ADOPTIONS TOGETHER

AVAILABLE: 0-6 years, mostly girls, waiting children also.

COST: \$5500 agency fee; \$7000, not including local service or travel.

TIME: 6-8 months after dossier submitted.

FACTS: couples married 1 year; travel for 14-16 days fully accompanied.

#### ADOPTIONS UNLIMITED

COST: \$13500, not including local service or travel.

TIME: usually 6-10 months to referral, 3-4 months to travel.

FACTS: single women, yes; ages 35-60; couples married 2 years; travel 2-3 weeks. Not placing in New York.

#### ALLIANCE FOR CHILDREN

AVAILABLE: all ages, hepatitis B, HIV-tested.

COST: \$5800, not including local service or travel, or orphanage donation.

TIME: 6-7 months to referral, 4-6 weeks to travel.

FACTS: limited number of singles; 1 parent travels for less than 2 weeks.

#### BAL JAGAT – CHILDREN'S WORLD

AVAILABLE: mostly ages 6-12 months (but up to 14 years); more girls, a few boys with correctable/non-correctable medicals; HIV, hepatitis-B, and syphilis tested; waiting children also.

COST: \$10000, not including program fees, local service, CIS, or travel.

TIME: usually 1 year to referral, then 1 month to travel.

FACTS: no singles; couples married 2 years; 1 divorce ok; under 45 for infant; flexible for "under-30"; travel for 15 days. Excellent program. Very successful, popular, highly recommended program.

#### THE BARKER FOUNDATION

AVAILABLE: 8 months +.

COST: \$16000, including local service, not including travel.

TIME: 1 year +.

FACTS: single women, limited.

#### BETHANY CHRISTIAN SERVICES

AVAILABLE: ages 8 months-10 years, mostly girls, some boys with minor medical needs. One of the few agencies selected to place waiting children.

COST: \$12290 not including local service and travel.

TIME: up to 6-7 months to referral, up to 2 months to travel.

FACTS: for single women, limited basis; couples married 2 years; no religious restrictions by agency; travel for up to 14 days. Must use a Bethany office for local service.

#### BRIGHTSIDE FOR FAMILIES AND CHILDREN

AVAILABLE: ages 8 months +, mostly girls, occasionally boys and twins. Waiting children program available for couples and qualified singles.

COST: \$10950, plus local service, immigration fees, authentication, and travel

TIME: 6 months from DTC; waiting child program is expedited; expedited process for Chinese-American families.

FACTS: Waiting Child Program available for qualified couples and singles.

[www.brightsideadoption.org/china](http://www.brightsideadoption.org/china)

#### CASI FOUNDATION FOR CHILDREN

AVAILABLE: 9 months +.

COST: \$10900 not including local service or travel.

TIME: 6-8 months to referral; 6-10 weeks travel.

FACTS: married couples, 30-56 years; no more than 4 children currently in home; both parents travel (10-14 days in country), participate in pre-adoption training classes.

#### CASI FOUNDATION FOR CHILDREN (CHINA SPECIAL NEEDS)

AVAILABLE: 10 months – 5 years with minor and/or correctable needs

COST: \$9900, not including local service or travel.

TIME: 6-8 months to referral; 6-10 weeks travel.

FACTS: married couples, 30-56 years; singles accepted for addition under waiting list; both parents travel, participate in pre-adoption training classes.

#### CHILDREN'S HOPE INTERNATIONAL (MO)

AVAILABLE: ages 8 months-14 years, some waiting children, 95% girls.

COST: \$11300, without travel; \$16530 with travel.

TIME: 6-12 months to referral, approx. 2 months to travel.

FACTS: 1 parent travel 14 days (prefer both go); see state's guidelines if only one parent travels.

#### CHILDREN'S HOUSE INTERNATIONAL

AVAILABLE: ages 6 months +, mostly girls.

COST: \$10350 not including local service.

TIME: 7-9 months to referral; 1 month to travel.

FACTS: ages 30-55; couples married 1 year; travel for both up to 2 weeks.

#### CHINESE CHILDREN ADOPTION INTERNATIONAL

AVAILABLE: ages 7 months-10 years.

COST: \$16000 including travel and accommodations, and local service for Colorado, Florida, and Georgia residents (out-of-state \$14500-\$15999, not including home study or post-placement services.)

TIME: approx. 6 months to referral, 5-8 weeks to travel.

FACTS: married couples ages 30-55 (older children for older parents); for 2<sup>nd</sup> child you may submit paperwork to China 1 year after you return with 1<sup>st</sup> child.

#### CHRISTIAN WORLD ADOPTION, INC.

AVAILABLE: 6 month to 13 years, mostly girls; waiting children also, AIDS-tested.

COST: \$10865-\$11365, not including local service, travel, CIS, and medical fees.

TIME: Referral 6 months after paperwork received in China. Travel 6-8 weeks after referral.

FACTS: married only; ages 30-45 for infants, 46-55 for 2+years; limited single women ages 30-50; travel for 1 or both for 2 weeks.

#### COMMONWEALTH ADOPTIONS INTERNATIONAL

AVAILABLE: mostly girls, infant to 12 years.

COST: \$12000 not including CIS, local service, or travel expenses.

TIME: 8-10 months from dossier submittal.

FACTS: travel for 1 parent for 1-2 weeks.



#### COORDINATORS/2, INC.

AVAILABLE: 9-12 months.

COST: \$8500 includes orphanage donation – does not include local service or travel.

TIME: 7 months to referral, 4-6 weeks to travel.

FACTS: couples married 1 year; HIV, HEP B, TB, testing required.

#### DILLION INTERNATIONAL, INC.

AVAILABLE: 7 months to 2 years, nearly all girls, some waiting children.

COST: \$10850, not including local service or travel.

TIME: 6-7 months after dossier submission, 4-6 weeks to travel.

FACTS: single women, limited number; couples age 30-50; couples married 2 years (5 if previous divorce); minimum annual income \$10000/family member (including new child); AIDS, TB, VD-testing required; Christian or Jewish; prefer parental leave for 6 weeks.

#### EUROPEAN ADOPTION CONSULTANTS

AVAILABLE: mostly 8-15 months, girls. Also special needs available.

COST: \$13000, not including travel, visas, medical exams, local service.

TIME: 6-7 months to referral, 6-8 weeks to travel.

FACTS: couples only; usual China regulations; 3 divorces ok; HIV, hepatitis, TB-testing required; travel 10-14 days.

#### FAMILIES THRU INTERNATIONAL ADOPTION

AVAILABLE: healthy infants to 14 years, some special needs children, hepatitis B, syphilis, HIV tested.

COST: \$9600, not including local service or travel.

TIME: approx. 6 months to referral, 6-8 weeks to travel.

FACTS: ages 30-55; travel for one parent (encourage both), limited single women.

#### FAMILY AND CHILDREN'S AGENCY

AVAILABLE: ages 0-5. Waiting children with correctible special needs.

COST: \$15000-\$18000, including travel and local service.

TIME: At present, 7 months for referral and 2 months to travel.

FACTS: minimum annual income \$25000; 1 parent travel for 2 weeks. Escorted groups.

#### GREAT WALL CHINA ADOPTION

AVAILABLE: ages 6-24 months; older children and special needs children placed as well, up to 13 years.

COST: Multiple plans available beginning 2005.

TIME: 6-8 months to referral, 6-8 weeks to travel.

FACTS: couples and single women only at present; ages 35-55 (outside age limit can adopt medicals or older); travel for 1 parent up to 2 weeks.

#### HEARTSENT ADOPTIONS, INC.

AVAILABLE: ages 6 months – 12 years, waiting children also; most AIDS and hepatitis B tested.

COST: \$9500, not including local service or travel.

TIME: 6-7 months to referral, 1 month to travel (shorter for waiting children). Can be expedited in some cases.

FACTS: ages 30-50; travel for 12 days.

#### HEAVEN SENT CHILDREN

AVAILABLE: all ages.

COST: \$15000 including intercountry travel and expenses.

TIME: 8 months from dossier in China to referral, about 1 month to travel.

FACTS: couples only; married 2 years; travel for 10-12 days.

#### A HELPING HAND ADOPTION AGENCY

AVAILABLE: 6 months +.

COST: \$16000 total.

TIME: 6 months after dossier submitted to referral, 2 months to travel.

FACTS: singles, yes; ages 30-55 (older children for older parents); couples married 1 year usually; AIDS-testing required; travel for 1 parent (prefer both) for 12 days.

#### HOLT INTERNATIONAL CHILDREN'S SERVICES

AVAILABLE: ages 1 – 6 years (average 10-14 months at time of placement).

COST: \$15185, not including local service or travel.

TIME: varies.

FACTS: singles must be added to a waiting list; couples 30-50 for regular process, 30-55 years for special needs.

#### HOMESTUDIES & ADOPTION PLACEMENT SERVICES, INC.

AVAILABLE: mostly girls all ages, hepatitis B tested.

COST: \$13000, including local service for NJ residents, not including travel and accommodations.

TIME: up to 1 year for referral.

FACTS: couples age 30+; travel for 1 parent for 10 days.

#### LIFELINK ADOPTION SERVICE

AVAILABLE: mostly girls, age 6 months – 8 years; waiting children also.

COST: \$7165+, not including local service or travel.

TIME: 8 months after dossier submitted.

FACTS: single women, yes; 30-45 for under 15 months; couples married 1 year; travel for 1 parent for 10-14 days. Couples 45-54, singles 45-50 for toddler or pre-school aged children.

#### LOS NIÑOS (CHILDREN'S) INTERNATIONAL ADOPTION CENTER

AVAILABLE: girls 9 months – 8 years.

COST: \$11350, not including local service or travel and accommodations.

TIME: 7 months from submission of documents to referral; 2 months to travel. Ethnic Chinese wait only 5 months.

FACTS: singles, yes (men 40+); couples married 1 year; age 30-45 for healthy infant; 46-49 for 1-3 year old; 50-55 for 3-4 year old; travel for both, for two weeks. One of the first agencies approved in China (1991.)

#### LUTHERAN SOCIAL SERVICES OF NEW ENGLAND

AVAILABLE: ages 6 months +, mostly girls.

COST: \$10550, not including local service or travel.

TIME: 1 year + to referral, 2-3 months to travel.

FACTS: heterosexual singles, yes; up to age 50, otherwise may ask for waiting children; couples married 2 years; 2 divorces ok; no more than 5 children already; travel, yes.

#### NEW BEGINNINGS FAMILY & CHILDREN'S SERVICES, INC.

AVAILABLE: ages 12-15 months at time of placement, mostly girls.

COST: \$19000, including local service, travel, CIS, etc.

TIME: 15-18 months.

FACTS: heterosexual singles, yes; ages 30-45 for infant; for age 50+ child 18 months +; travel for 1 for 10-14 days.

#### THE OPEN DOOR ADOPTION AGENCY, INC.

AVAILABLE: ages 6 months – 4 years.

COST: \$14600 not including local service or travel.

TIME: 10 months to referral, 2 months to travel.

FACTS: single women, yes; couples married 2 ½ years; require statement of Christian faith with personal relation with Jesus.

#### SPECIAL ADDITIONS, INC.

AVAILABLE: ages 6 months to teens, mostly girls; waiting children also.

COST: \$12000, not including travel.

TIME: 6 months to referral, 6-8 weeks to travel.

FACTS: singles, yes; travel for 7-10 days.

#### SPENCE-CHAPIN SERVICES

AVAILABLE: infants +.

COST: \$6600, not including local service, travel, CIS, agency fee (sliding scale).

TIME: currently 6 months to referral.

FACTS: travel for 2 weeks.

#### SUNNY RIDGE FAMILY CENTER

AVAILABLE: ages 10 months +, waiting children also.

COST: \$17000-\$18000 including local service and travel (accompanied by staff).

TIME: 8 months to referral.

FACTS: minimum annual income \$10000/spous; at least one parent is required to travel; one 16-day trip.

#### SUNSHINE ADOPTION, INC.

AVAILABLE: 7 mos +

COST: \$7000

TIME: 7-8 months to referral when dossier received in country. Travel 16 days.

FACTS: married couples; up to 45 yrs – infant, 55 years max; single women case by case. 1 parent can travel.

#### UNITING FAMILIES FOUNDATION

AVAILABLE: ages 6 months+, mostly girls.

COST: \$15700, including dossier preparation, incountry travel, not including local service or airfare.

TIME: 5-10 months after dossier submission to referral, 2-3 months to travel.

FACTS: couples age 30; married 1 year; minimum income \$30000; travel 10-14 days.

#### VILLA HOPE

AVAILABLE: ages infant+, mostly girls.

COST: \$13415, not including travel or lodging. Please contact office for current fee schedule.

TIME: approx. 6 months to referral after documents are in China, 5-6 weeks to travel after referral is received.

FACTS: couples, usual China rules and regulations apply. Single, heterosexual applicants accepted.

#### VOICE FOR INTERNATIONAL DEVELOPMENT AND ADOPTION (VIDA)

AVAILABLE: ages 0-14 years.

COST: \$12500-\$14500, not including local service or travel.

TIME: 9 months to referral; children with special needs given priority and placed more quickly.

FACTS: couples married 3 years.

#### WASATCH INTERNATIONAL ADOPTIONS, INC.

AVAILABLE: mostly girls ages 10 months-5 years.

COST: \$13000, not including local service or travel.

TIME: 6 mos from dossier submission to referral, 4 weeks from referral acceptance to travel.

FACTS: married couples, single women, travel for 1 parent – 10 days in country.

#### WELCOME HOUSE ADOPTION PROGRAM OF PEARL S BUCK INTERNATIONAL

AVAILABLE: ages 10 months to 5 years, mostly girls.

COST: \$17700 - \$19500 including local service and 2-parent travel.

TIME: usually 6-8 weeks from referral to travel.

FACTS: couples married 2 years; travel required for 1 parent (includes extensive in-country touring).

#### WIDE HORIZONS FOR CHILDREN, INC.

AVAILABLE: mostly infant girls; some toddlers and pre-schoolers.

COST: \$7165, (including most in-country fees), plus agency fees and travel.

TIME: 6-8 months to referral, about 2-3 months to travel.

FACTS: parents outside age range for waiting children; travel for 1 for 10-14 days.

#### WORLD CHILD

AVAILABLE: mostly infants, mostly girls.

COST: \$12000, not including local service or travel.

TIME: 13-14 months to referral, 5-8 weeks to travel.

FACTS: single women, yes; up to 47 for infant; couples married 5 years; travel for 9-13 days.

### **HONG KONG**

#### ADOPTIONS UNLIMITED

AVAILABLE: infants +.

COST: \$11250, not including local service or travel.

TIME: 6-12 months.

FACTS: couples ages 25-45; travel 3-7 working days.

#### BETHANY CHRISTIAN SERVICES

AVAILABLE: ages 1-15 years, all waiting children, with special needs, many with Down's syndrome.

COST: Approximately \$7000 including local service, not including optional travel/escort expense.

TIME: very short to referral, 6-8 months to travel/escorting.

FACTS: singles, yes; ages 25-50; couples married 2 years (3 if divorced); no religious restrictions by agency; travel optional.

#### HEARTSENT ADOPTIONS, INC.

AVAILABLE: ages 3 years +, waiting children also, AIDS-tested.

COST: \$13000, not including local service.

TIME: 8 months or so to referral, 1 month to travel.

FACTS: couples under 42, married 3-5 years; AIDS-tested; up to 5 children already; prefer 1 parent at home for a time after placement; travel 1 week or so.

#### LIFELINK ADOPTION SERVICE

AVAILABLE: ages 3-14 years.

COST: \$4000, not including local service or travel.

TIME: from referral to travel is 6-12 months.

FACTS: couples 25-50, married 3 years (5 if previous divorce); travel for 1 for 1 week.

### **INDIA**

ACCEPT – AN ADOPTION & COUNSELING CENTER (serving only northern California for non-resident Indian families)

AVAILABLE: mostly infants, some waiting children.

COST: \$500 plus orphanage fees and donation.

FACTS: couples under 45 for infant.

#### ADOPTIONS FROM THE HEART (serving only families with at least one parent of East Indian ethnicity)

AVAILABLE: ages 12-18 months.

COST: \$12060 including local service, not including travel.

TIME: processing is up to 9 months.

FACTS: 2 trips or 1 trip of 3 weeks.

#### ADOPTIONS UNLIMITED

AVAILABLE: all ages; waiting children also.

COST: \$10050, not including local service or escort.

TIME: 6-8 months to referral, 4-6 months to escort.

FACTS: single women, yes; age 25-45; couples married 3 years. Not placing in New York.

#### ALLIANCE FOR CHILDREN (**Program on Hold**)

AVAILABLE: ages 5 months +; hepatitis b, HIV, TB tested.

COST: \$12000, not including local service or travel, including orphanage donation.

TIME: up to 3 months to referral, up to 5 months to travel.

FACTS: single women, yes; under 42 for infant; couples married 2 years; no more than 2 children already; travel for 3-4 weeks or escort.

#### AMERICANS FOR INTERNATIONAL AID AND ADOPTION

AVAILABLE: infants, toddlers, and older children, some with medical considerations.

COST: \$9975 (subsidies available for certain waiting children).

TIME: 6-9 months.

FACTS: couples up to 45 (composite age no greater than 85), married 2 years, no previous divorce, up to 1 child already for healthy preschoolers. Open to consideration for children with significant medical considerations, and older children; travel for 1 parent.

#### BAL JAGAT – CHILDREN'S WORLD (serving only southern California except for East Indian families)

AVAILABLE: mostly 14-16 months (younger for East Indian families), some waiting children; AIDS, hepatitis B, and TB-tested.

COST: \$15000 not including local service, program fees, travel, CIS (possible reduction for East Indian families).

FACTS: couples generally under 45, married 3 years, 1 divorce ok; infertility must be diagnosed; opposite sex child if you have 1 child already; much more flexible for East Indian descent (and placing in all states for East Indians); travel for both for 10-12 days.

#### THE BARKER FOUNDATION

AVAILABLE: ages 6 months +, toddlers, older children, siblings.

COST: \$13500 including local service, not including travel.

TIME: 12 months +.

FACTS: singles, yes; up to age 45 for infants; travel very short.

#### BETHANY CHRISTIAN SERVICES

AVAILABLE: 2-14 years, waiting children only.

COST: Approximately \$12000, including local service, not including travel or child's fare.

TIME: very short to referral, 6-8 months to arrival.

FACTS: singles, yes; 25-45; couples married 3 years; childless; no religious restriction by agency.

#### CHILDREN'S HOPE INTERNATIONAL (MO)

AVAILABLE: all ages, mostly 10-18 months, waiting children also, AIDS, TB, etc.-tested.

COST: \$13000 not including travel.

TIME: 3-4 months to referral, 8-12 months to travel.

FACTS: single women, yes; ages 25-55 (exceptions for waiting children); couples married 2 years; no sex-preference for childless.

#### CHILDREN'S HOUSE INTERNATIONAL

AVAILABLE: 12 months +, older children also.

COST: \$15800 not including local service or travel.

TIME: approximately 9-12 months to referral, 3-5 months to travel/escort.

FACTS: singles, yes; ages under 40 for infant (under 50 for older child); couples married 3 years; travel very short.

#### COMMONWEALTH ADOPTIONS INTERNATIONAL

AVAILABLE: ages 3 months to 12 years.

COST: \$12000 not including CIS, local service or travel expenses.

TIME: up to 2 years from dossier submittal to referral. Girls referred quicker than boys.

FACTS: single women, yes; ages up to 35 (or total of both ages of 80); married 3 years; travel for 1 parent for 2-3 weeks.

#### DILLON INTERNATIONAL, INC.

AVAILABLE: mostly ages 10-14 months, some waiting children also.

COST: \$10910, not including local service or travel.

TIME: 12-14 months to referral, 4-7 months to travel.

FACTS: single women living alone, yes (minimum annual income \$25000); ages 30-33 (couples combined ages not to exceed 83); couples married 2 years (5 if previous divorce), \$30000 annual income; 2 children already ok; HIV-testing required; prefer parental leave for 6 weeks; travel for 7 days. Non-resident Indian (NRI) program available; 6 month wait time for a referral.

#### FAMILIES THRU INTERNATIONAL ADOPTION

AVAILABLE: age 1 year+; some siblings; HIV and Hepatitis B tested.

COST: \$16800, not including local service or travel.

TIME: 4-6 months to referral, 4-6 months to travel or escort.

FACTS: some singles; adopting parents under 46 years for infant.

#### HOLT INTERNATIONAL CHILDREN'S SERVICES

AVAILABLE: Indo-American couples are generally eligible for healthy children 1+ years. Non-Indian parents are generally eligible for children 2+ years.

COST: \$10985, not including local service or travel.

TIME: from application through placement averages 13 months.

FACTS: couples 25-49 (40 years age difference maximum); couples married 3 years (may begin process at 4 years); 1 divorce each accepted; prefer childless (flexible for waiting children); travel or escorting (may require travel for child 3+ years).

#### ILLIEN ADOPTIONS INTERNATIONAL, INC.

AVAILABLE: mostly girls, some waiting children.

COST: \$10500, not including local service or travel.

TIME: very short to referral, processing time varies.

FACTS: single women, yes; up to age 50 (some exceptions); escorting available. Infants for East Indian families only.

## SPECIAL ADDITIONS, INC.

AVAILABLE: ages 1 year +, mostly girls.

COST: \$13750, not including travel.

TIME: at least 6 months to referral, 4-6 months to escort.

FACTS: singles for some regions; under 45 for infant; couples married 3-5 years; travel twice or escorting. Special Additions specializes in work with NRI families.

## SPENCE-CHAPIN SERVICES

AVAILABLE: infants +, older children also.

COST: \$1200, not including local service, travel, CIS, agency fees (sliding scale).

TIME: 9-12 months.

FACTS: travel.

## WIDE HORIZONS FOR CHILDREN, INC.

AVAILABLE: infants; some older children.

COST: \$4000-\$5000, plus \$3500 escort fee or travel plus agency fees.

TIME: up to 1 year to referral, 3-4 months to travel/escort.

FACTS: up to age 50 for school-age children (under 40 for infant); childless or only 1 child strongly preferred; proof of infertility may be required; fees reduced for East Indian clients from all states; travel or escort. No singles accepted.

## JAPAN

### VOICE FOR INTERNATIONAL DEVELOPMENT AND ADOPTION (VIDA)

AVAILABLE: infants only.

COST: Approximately \$30000, not including travel-related expenses.

TIME: 1 year.

FACTS: prefer couples; travel 1 week or escort.

## KAZAKHSTAN

### ACROSS THE WORLD ADOPTIONS

AVAILABLE: ages 6 months – 15 years, some siblings and other waiting children; HIV and hepatitis tested; Eastern European, Asian, or mixed heritage.

COST: \$16400, not including local service or travel (reductions for older child adoptions.)

TIME: 2-3 months to referral, about 3-4 months to travel after dossier submitted.

FACTS: singles, yes; travel about 6 weeks for one trip or 2 trips, or escort possible for some portion of travel.

### ADOPTION ALLIANCE

AVAILABLE: healthy infants, toddlers, older children.

COST: \$12000, not including local service or travel.

TIME: time varies to referral, 4-6 months to travel.

FACTS: singles, yes; travel for about 3 weeks.

### ADOPTION CENTER OF WASHINGTON

AVAILABLE: Ages 6 months +

COST: Approx \$20,000 not including local service or travel.

TIME: 1 month to referral; 4-6 weeks to travel; 2 week in country visitation required.

FACTS: Couples and single women accepted.

### ADOPTION OPTIONS, INC. (CA)

AVAILABLE: ages infant to 15 years, waiting children also.  
COST: \$8800-\$17800, not including local service or travel.  
TIME: very short to referral, up to 6 weeks to travel.  
FACTS: single women, yes; couples married 1 year; travel 3-5 weeks.

#### ADOPTIONS FROM THE HEART

AVAILABLE: ages 5 months – 3 years.  
COST: \$16650, not including local service or travel.  
TIME: up to 9 months.  
FACTS: single women, yes; younger spouse up to 45 years older than the child; travel for about 1 month (one parent may return after 2 weeks). All applicants must be U.S. citizens.

#### BAL JAGAT – CHILDREN’S WORLD (serving only southern California)

AVAILABLE: ages 6+ months up; HIV and hepatitis B tested; Asian/Russian ethnicity, Asian features.  
COST: \$14000, not including program fees, local service, and travel.  
FACTS: single women, yes; travel for both 4-6 weeks, one parent can come back.

#### CASI FOUNDATION FOR CHILDREN

AVAILABLE: ages 7 months +.  
COST: \$20600, not including local service or travel.  
TIME: 6-10 months total.  
FACTS: singles, yes; married couples; both parents travel and participate in pre-adoption training classes.

#### CHILDREN AT HEART ADOPTION SERVICES

AVAILABLE: mostly 6 months to 4 years, waiting children also, AIDS-tested.  
COST: \$18000-\$19500, not including local service or travel, including donations and translations.  
TIME: travel shortly after preparing dossier.  
FACTS: singles, yes; travel, yes.

#### CHILDREN’S HOPE INTERNATIONAL

AVAILABLE: ages 18 mos and younger for parents 40 and younger; 24 mo+ for parents 41+.  
COST: \$20200 without travel; \$26650 with travel.  
TIME: most adoptions complete in one year; 4-7 months to referral; one trip at least 30 days but two trips can be arranged.  
FACTS: singles and couples ages 25-55 years old.

#### CHILDREN’S HOUSE INTERNATIONAL

AVAILABLE: 8 months +.  
COST: \$18800, not including local service or travel.  
TIME: up to 6 months to referral, up to 2 months to travel.  
FACTS: singles, yes; ages 25-45; 2 trips.

#### CHRISTIAN WORLD ADOPTION

AVAILABLE: 6 months+, mostly boys. Siblings or multiple unrelated children available.  
TIME: Referral 3-5 months after dossier received. Travel 3-6 weeks after referral.  
FACTS: Married couples, singles – 25-50 years of age. Single women must be at least 16+ years older than child. No more than 2 divorces. 14-day period to meet child on a daily basis.

#### COMMONWEALTH ADOPTIONS INTERNATIONAL

AVAILABLE: ages 6 months to 12 years.  
COST: \$16500, not including CIS, local service, or travel expenses.  
TIME: up to 8 months from dossier submission.



FACTS: travel for about 1 month. Single women may adopt.

#### COORDINATORS/2, INC.

AVAILABLE: 5 months +, Caucasian and Asian; HIV, hepatitis B, syphilis-tested.

COST: \$10,000-\$13,000 not including local service or travel.

TIME: 3-6 months for referral, 4-6 weeks to travel.

FACTS: Singles yes; 1 trip, 4-6 weeks.

#### EUROPEAN ADOPTION CONSULTANTS

AVAILABLE: 8 months up to 14 years. Also special needs available.

COST: \$22000-\$25000, not including travel, visas or local service.

TIME: 3-5 travel after paperwork submitted. No referrals.

FACTS: single women, yes; travel for 5 weeks or twice for 21 days, then 3-5 days.

#### HANDS ACROSS THE WATER

AVAILABLE: 5 months – 10 years.

COST: \$21000, not including local service or travel.

TIME: 2 trips of 2 weeks each or 1 long trip.

FACTS: single women, yes; under age 55; couples married 1 year; 2 divorces ok, no more than 3 children already; travel required.

#### HEARTSENT ADOPTIONS, INC.

AVAILABLE: ages 6 months – 10 years, older children and infant boys are waiting.

COST: \$18000, not including local service or travel.

TIME: about 3 months to referral, about 6 months to travel.

FACTS: singles, yes; travel for 2-3 weeks.

#### HOMESTUDIES & ADOPTION PLACEMENT SERVICES, INC.

AVAILABLE: infants, toddlers & older children, Hepatitis, HIV, TB, VDRL tested.

COST: \$17000 + travel and accommodations.

TIME: approximately 3 months after dossier is sent.

FACTS: married couples or single females are accepted. Age 25-45 for infants; otherwise no more than 45 years older than child (flexible). Travel – both parents must appear at court hearing, one parent must stay entire time (4-6 weeks.)

#### INTEGRITY, INC.

AVAILABLE: infants and toddlers, some siblings and older waiting children.

COST: \$8060-\$15010, not including local service or travel (less for older children).

TIME: 1 month + to referral.

FACTS: singles, yes; ages 23-55; couples married 2 years; travel 21-30 days.

#### KARING ANGELS INTERNATIONAL ADOPTIONS, INC.

AVAILABLE: infants –7 years.

COST: 0-5 years: \$18100, not including local service and travel; over 5: \$16100 not including local service and travel.

TIME: up to 6 months to referral; 2 months to travel.

FACTS: First trip 3 weeks, 2<sup>nd</sup> trip approx. 2 weeks.

#### LOS NIÑOS (CHILDREN'S) INTERNATIONAL ADOPTION CENTER

AVAILABLE: 6 months to 8 years. More boys available than girls.

COST: \$13550, not including local service or travel.

TIME: 2-3 months to referral, 2-4 months to travel.

FACTS: single women, yes; couples ages 25-55; couples married 1 year; travel for 5-7 weeks (1 parent may leave earlier), or two trips of 2 weeks then 1-2 weeks. 4 years experience in Kazakhstan.

#### SPENCE-CHAPIN SERVICES

AVAILABLE: infants+, older children also.

COST: \$15000, not including local service, travel, CIS, agency fees (sliding scale).

TIME: 12 months to referral.

FACTS: On-site referral. Travel for 3-5 weeks.

#### SUNSHINE ADOPTION, INC.

AVAILABLE: 7 months +.

COST: \$11500. 2<sup>nd</sup> child \$7000.

TIME: 1-6 months referral when dossier arrives in country. Travel 5-6 weeks.

FACTS: up to 50 years of age; single women case by case. One trip of 6-7 weeks or 2 trips.

#### VILLA HOPE (serving only Alabama)

AVAILABLE: Asian or Asian/Caucasian, all age

COST: \$21300 - \$16,800 including travel. Please contact office for fee schedule.

TIME: Application through placement: 8-10 months.

FACTS: singles, yes; ages 25+ (up to 50 for infant); travel for about 3 weeks.

#### WASATCH INTERNATIONAL ADOPTIONS, INC.

AVAILABLE: ages 3 months – 14 years.

COST: \$10500-\$17500, not including local service or travel.

FACTS: single women, yes; 45 years maximum older than child; travel required.

#### WORLD CHILD

AVAILABLE: mostly ages 6+ months, and older children.

COST: \$9050-\$13050 (depending on child's age), not including local service or travel.

TIME: up to 6 months to referral, travel up to 6 weeks later.

FACTS: single women, yes; under 45 for infant; HIV, hepatitis B-testing required; travel.

#### WORLD PARTNERS ADOPTION, INC.

AVAILABLE: ages 6 months to 8 years, waiting children also, some siblings.

COST: \$28000-\$33000 total.

TIME: 7-8 months to referral (immediate for waiting children), 2-3 months to travel.

FACTS: childless single women, yes; mom up to 48 for under 3; 2 divorces ok; up to 3 children already ok; travel is two trip process for some regions, one trip 3-6 weeks depending on region. WPA is the largest child placement agency in Kazakhstan. We work in 13 different cities.

#### KOREA

1. Licensed agencies only may place children.
2. Agencies with Korean contracts will place only within their direct, full-service areas, usually their own states. Agencies may be able to be more flexible for waiting children.
3. Abandoned children will be held in Korea for 6 months to allow time for a relative to come forward. This does not apply to relinquished children.
4. Single parents may not adopt.
5. Parents ages are 25 – 45, married 3 years, no more than 4 children already unless requesting a waiting child.
6. Some agencies may impose weight restrictions: parents may not weigh more than 30% over “normal” for a given height. “Weight restrictions appear under FACTS.
7. Escorting is available.

ADOPTION SERVICE INFORMATION AGENCY (ASIA) (serving only DC, MD, VA, NC, & WV)

AVAILABLE: mostly infants.

COST: \$11000-\$13500 (sliding scale) including local service, not including escort of \$1850 or parent travel.

TIME: usually 1 year.

FACTS: married 3 years; weight restrictions; 44 maximum age at time of application.

AMERICANS FOR INTERNATIONAL AID AND ADOPTION (serving only Michigan & New York; and see under Facts)

AVAILABLE: mostly infants & toddlers with minor/correctable to significant medical problems.

COST: \$20815, including escort, not including local service.

TIME: 9-12 months.

FACTS: high school education. Placing in all states for families open to minor/correctable medical conditions (minimally defined as premature and low birth weight).

ASSOCIATED CATHOLIC CHARITIES OF BALTIMORE (serving only Maryland and Louisiana.)

AVAILABLE: up to age 2; some waiting children.

COST: \$15715, not including local service, including escorting.

TIME: average 12-15 months from application.

FACTS: couples 25-44 for healthy infant; 1 previous divorce accepted; no religious restrictions; minimum income \$20000/year; no sex preference unless already have opposite sex child; parental leave 3 months/infants, 6 months/toddlers; escorting.

THE BARKER FOUNDATION

AVAILABLE: ages 7-10 months.

COST: \$21000, not including travel, but including escort and child's airfare.

TIME: 8-12 months.

FACTS: couples married 3 years; travel for 5 days or escort to Washington, DC. Oldest spouse not more than 44 years of age.

BETHANY CHRISTIAN SERVICES (serving only GA, IL, IN, MI, & WI for healthy; all states for waiting child)

AVAILABLE: infants +, waiting children also.

COST: \$10500, not including local service, (fee reduction possible for waiting children.)

TIME: 8-10 months to referral, longer wait for girls; 3-6 months to escort.

FACTS: couples 25-43 for healthy infant; married 3 years; no religious restriction by agency; no more than 4 children already for healthy child; escorting.

DILLON INTERNATIONAL, INC. (serving only AR, KS, MO, OK, TX for basically healthy children)

AVAILABLE: mostly ages 4-8 months, some waiting children.

COST: \$13350, not including local service or travel/escort.

TIME: 5-7 months to referral for boys, 12-15 months for girls, 3-5 months to travel.

FACTS: couples 25-45 years; married 3 years; 10 years maximum age difference; Christian or Jewish; AIDS, TB, VD-testing required; minimum annual income \$30000; weight restriction; prefer parental leave for 6 weeks; escort available. All states for waiting children.

DILLON SOUTHWEST (serving only Arizona and California on a case-by-case basis.)

AVAILABLE: ages 0 - 1; full Korean; occasionally special needs and siblings.

COST: \$13400, not including local service or travel/escort.

TIME: up to one year to referral, approximately 4 months to travel/escort.

FACTS: couples 2-43 ½; must accept conventional medical care; prefer no sex-preference for 1<sup>st</sup> child unless already have opposite sex child; usually no more than 4 children already in family; weight restriction; parental leave for 6 weeks.

**FAMILY & CHILDREN'S AGENCY** (serving all states)

AVAILABLE: ages 0-1.

COST: \$23000, including escort and local service.

TIME: Very short. At present 2-5 months. Child arrives at JFK airport.

FACTS: couples married 3 years; ages 25-44; annual income \$25000; up to 4 children already ok. Couples must be in good health.

**LIFELINK ADOPTION SERVICE** (serving only Illinois, Iowa, and Wisconsin)

AVAILABLE: ages 6-8 months.

COST: \$10000, not including local service or travel/escort.

TIME: 15+ months to referral, 2-5 months to travel/escort.

FACTS: up to age 42; married 3 years; high school graduate & some college credits; no more than 2 children already unless requesting special needs child; weight restriction; minimum income \$30000; travel for 3-4 days or escort.

**SPENCE-CHAPIN SERVICES**

AVAILABLE: infants +.

COST: \$14540, not including travel, CIS, or agency fees (sliding scale).

TIME: about 3 months to referral.

FACTS: travel for 5 business days or escort.

**WELCOME HOUSE ADOPTION PROGRAM OF PEARL S BUCK INTERNATIONAL** (serving only DE, PA, and VA)

AVAILABLE: mostly healthy infants, age 4-9 months at placement, some waiting children.

COST: \$21295, if not traveling – agency, overseas and escorting; \$19,445, if traveling- and travel expenses, including agency and overseas fees.

TIME: 2-4 months from home study to referral and 3-5 months from match to arrival.

FACTS: couples married 3 years; families may travel or children are escorted. Couples must be 25-44 at time of referral. Families who do not have children may not state a preference for the sex of the child.

There may be no more than 15 years age difference between spouses. Families may not have more than 4 children in the home. At least one applicant must be a U.S. citizen.

**WIDE HORIZONS FOR CHILDREN, INC.** (serving only CT, FL, MA, ME, NH, NY, RI, VT)

AVAILABLE: primarily infants and toddlers with special needs.

COST: \$13035, including escorting, \$11335 if parents travel, plus agency fees.

TIME: 3-8 months to referral, 3-5 months to travel/escort.

FACTS: ages 25-43; singles not accepted.

**WORLD ASSOCIATION FOR CHILDREN & PARENTS (WACAP)** (serving only Alaska, Idaho, Utah, Washington, North Carolina)

AVAILABLE: mostly infants from 4-6 months at placement, also waiting toddlers.

COST: \$14625, not including local service or travel.

TIME: 11-15 months to referral.

FACTS: couples 25-44; married 3 years.

**MONGOLIA**

**HOLT INTERNATIONAL CHILDREN'S SERVICES**

AVAILABLE: ages 18-36 months at time of placement.

COST: \$12355, not including local service or travel.

TIME: 16-24 months to placement.

FACTS: couples 30-49; married 5 years.

## NEPAL

1. *All adoptions go through Nepal Children's Organization. Private adoptions are allowed.*
2. *Single women 35 – 55 may adopt.*
3. *Couples married 4 years, ages 25 and up for most areas of the country, infertile (but see 5).*
4. *Children will usually be 6 years or older.*
5. *You may ask for an opposite-sex child no matter how many same-sex children are already in the family (if you have one or several sons, you may ask for a daughter and vice versa); however, if you have one of each sex you may not adopt.*

## ADOPT INTERNATIONAL

AVAILABLE: ages infant to 8 years; infants and toddlers are in foster care.

COST: \$12800, not including local service or travel.

TIME: up to 6 months to referral.

FACTS: single women, yes; opposite sex children only; parents may stay 2-3 months and parent child.

## BAL JAGAT – CHILDREN'S WORLD

AVAILABLE: toddlers and up.

COST: \$10000, not including local service or travel.

FACTS: single women, yes; parent(s) under age 45; travel for 2 weeks or so, may be 2 trips, may have to stay longer. Unpredictable program.

## CHILDREN'S HOUSE INTERNATIONAL

AVAILABLE: ages 1-6 years.

COST: \$15800 not including local service or travel.

TIME: 2-6 months to referral; 1-6 months to travel.

FACTS: singles ages 35+; married 30-55; one travels, two ten-day trips.

## ILLIEN ADOPTIONS INTERNATIONAL, INC.

AVAILABLE: all ages.

COST: \$10500, not including local service or travel.

TIME: travel usually within 9 months of referral.

FACTS: single women, yes; couples married 4+ years; ages up to 55; 1 boy and 1 girl already in family ok; travel for about 3+ weeks.

## PAKISTAN

### BAL JAGAT – CHILDREN'S WORLD (serving only southern California)

AVAILABLE: mostly girls.

FACTS: Pakistani Muslim childless couples with strong connections; travel 3-4 weeks for both. New program, very small.

## PHILIPPINES

1. *Licensed agencies only may place children.*
2. *Single parents may adopt older or other waiting children.*
3. *Couples will be married at least 3 years, 5 years if there has been a divorce.*

## ADOPTIONS FROM THE HEART

AVAILABLE: 6 mos+. Sibling groups available.

COST: \$9950, not including home study, travel, INS or dossier preparation fees.

TIME: From dossier: 11-13 months for boys, 18-20 months for girls (shorter for ages 3+); travel 3-5 months from referral.

FACTS: couples ages 27-45 can adopt children under age; singles can adopt ages 4+; no more than 3 children in home; couples adopting infants must practice same religion; short travel – 2-3 days.

#### ASSOCIATED CATHOLIC CHARITIES OF BALTIMORE (serving only DE, MD, MO, LA, NJ, PA, VA, & IN)

AVAILABLE: ages 1-14, more boys than girls; sibling groups.

COST: \$14130, not including local service, including estimated travel.

TIME: 12-15 months, less for waiting children and for ethnic Filipinos.

FACTS: couples 25-47; minimum income of \$20000; prefer Christians; parental leave 3 months/infants, 6 months/toddlers; travel for under 1 week.

#### BETHANY CHRISTIAN SERVICES

AVAILABLE: age 2-14 years, waiting children also.

COST: Approximately \$12000.

TIME: 12-24 months to referral, 4-6 months to travel.

FACTS: couples 27-45; married 3 years; no religious restriction by agency; travel for 3-7 days.

#### HOLT INTERNATIONAL CHILDREN'S SERVICES

AVAILABLE: ages 18 months – 5 years at placement.

COST: \$11000, not including direct service travel, or CIS fees.

TIME: average 12-18 months to referral; 3-5 months to travel.

FACTS: under age 42; no more than 1 divorce each; if requesting child under 2, not more than 2 children already; travel for one parent, 5 days.

#### HOPE ADOPTION & FAMILY SERVICES INTERNATIONAL, INC.

AVAILABLE: toddlers +, some waiting children.

COST: \$6500, not including local service or travel.

TIME: 2 years to referral, 6 months to travel.

FACTS: couples no more than 40 years older than child; no more than 2 children already; may ask for girl after adopting at least 2 boys; no Jehovah's Witness or Mormon; travel for up to 1 week.

#### LIFELINK ADOPTION SERVICE

AVAILABLE: ages 1 to 15 years, siblings and waiting children.

COST: \$7280, not including local service or travel.

TIME: 6-18 months to referral, 3-4 months to travel.

FACTS: couples; age 27+; maximum age difference 45 years between parent and child; married 3 years (5 if previous divorce); Christian; travel at least 4 days.

#### VOICE FOR INTERNATIONAL DEVELOPMENT AND ADOPTION (VIDA)

AVAILABLE: infants – 6 years, waiting children, siblings. Prefer families with male children.

COST: \$2500-\$3000, not including travel or escorting.

TIME: 12-18 months.

FACTS: couples married 5 years; age 28+; more flexible for waiting children. Singles accepted on a case-by-case basis.

#### WELCOME HOUSE ADOPTION PROGRAM OF PEARL S BUCK INTERNATIONAL

AVAILABLE: mostly boys 1+ year, girls 3+ years, waiting children also, generally good health.

COST: \$11750 including home study and post placement.

TIME: usually 12-24 months to referral, 3-5 months to travel.

FACTS: single women for 5+ children; couples married 3 years; 1 parent travels.

## WIDE HORIZONS FOR CHILDREN, INC.

AVAILABLE: all ages, waiting children and siblings also.

COST: \$5900, plus agency fees and travel.

TIME: 12 to 18 months for referral for infant (shorter for waiting children), 3-5 months to travel.

FACTS: couples 27-45 for infants; ages 27-47 up to 2 years; no more than 3 children already (more flexible for older and siblings); same religious practice for both parents adopting infants; short travel. Single women accepted for ages 4+; single men accepted for boys only, ages 6+.

## SRI LANKA

BAL JAGAT – CHILDREN’S WORLD (serving only southern California for families of Sri Lankan ethnicity)

COST: \$10000, not including local service or travel.

FACTS: travel for 2 weeks. Pilot program.

## TAIWAN

COMMONWEALTH ADOPTIONS INTERNATIONAL

AVAILABLE: ages 6 months to 12 years.

COST: \$15200 not including CIS, local service, or travel expenses.

TIME: 3-12 months from dossier submission (varies depending on child’s age and sex).

FACTS: only one parent has to travel 3-5 days.

FAMILY AND CHILDREN’S AGENCY

AVAILABLE: 0-2 years old.

COST: \$20000, not including travel/escort. Escort service is available but most couples travel.

TIME: 6 months after referral, 2 months travel.

FACTS: couples married 5+ years; ages 25-44; annual income \$25000; up to 4 children already ok.

HEARTSENT ADOPTIONS, INC.

AVAILABLE: ages 3 months – 8 years.

COST: \$16000-\$18000, not including local service or travel.

TIME: 1 - 3 months for referral. Travel to Taiwan, 4–5 days.

FACTS: singles considered; prefer some parental leave; travel 5 days. Married couples under 50 preferred.

## THAILAND

1. *Prefer childless, under age 45, married 5 years.*
2. *Travel is necessary for 2 weeks.*

ADOPTION ADVOCATES INTERNATIONAL (WA)

AVAILABLE: mostly ages 2-8 years, healthy or with medical issues; more boys than girls.

COST: \$3500, not including local service or travel.

TIME: 18-24 months/girls after dossier is complete to referral, (12-18 months/boys), 6-8 months processing time for waiting children, 3-4 months to travel.

FACTS: single women, yes; ages 25-55; couples married 2 years; no more than 2 divorces; prefer small families; both travel for 10 days. Waiting time much shorter for waiting children. Video is available for \$10 of many children under age 6 with minor medicals.

ADOPTION SERVICE INFORMATION AGENCY (ASIA)

AVAILABLE: toddlers and preschool-age children.

COST: \$7500-\$8500, not including local service.

TIME: 9-12 months.

BAL JAGAT – CHILDREN’S WORLD (serving only southern California)

AVAILABLE: children 1 year + upon arrival; hepatitis B and HIV-tested.

COST: \$10000, not including travel, CIS, program fees.

TIME: 12-24 months for referral after dossier complete (shorter for boys).

FACTS: couples only; under 45 for infant; 1 divorce ok; 1 child ok, or 2 of same sex and asking for opposite sex; minimum annual income \$30000; travel for 2 weeks. Very slow. Only good for Thai families.

HEARTSENT ADOPTIONS, INC.

AVAILABLE: 1 ½ - 14 years.

COST: \$16000.

TIME: 1 year total.

FACTS: couples only.

HOLT INTERNATIONAL CHILDREN’S SERVICES

AVAILABLE: ages 1-6 years at placement time; HIV, hepatitis B-tested (other tests on request).

Children over 3 years old may have special needs.

COST: \$11000, not including direct service, travel, or CIS fees.

TIME: form application through placement averages 18 months.

FACTS: couples ages 25+; married 3 years; 1 divorce each ok; no more than 2 children already unless requesting a waiting child; for ages 1-3 prefer 1 or 2 children or with Thai children already; up to 40 years between younger parent and child; no gender preference if you already have a girl; travel for both for 8 days.

ILLIEN ADOPTIONS INTERNATIONAL, INC.

FACTS: No new applications at present. Program very slow.

## VIETNAM

*Currently closed.*

*The following agencies have previously offered a program in Vietnam. When Vietnam reopens, these agencies would be a good place to start:*

ACCEPT – AN ADOPTION & COUNSELING CENTER (serving only northern California)

ADOPTION CENTER OF WASHINGTON

ADOPTIONS FROM THE HEART

ADOPTIONS TOGETHER

ADOPTIONS UNLIMITED

ALLIANCE FOR CHILDREN

BAL JAGAT – CHILDREN’S WORLD

CHILDREN’S HOPE INTERNATIONAL (MO)

CHILDREN’S HOUSE INTERNATIONAL

DILLON INTERNATIONAL, INC.

EUROPEAN ADOPTION CONSULTANTS

FAMILIES THRU INTERNATIONAL ADOPTION

HEARTSENT ADOPTIONS, INC.

HOLT INTERNATIONAL CHILDREN’S SERVICES

HOPE’S PROMISE

LAVIDA INTERNATIONAL ADOPTION AGENCY

LUTHERAN SOCIAL SERVICES OF NEW ENGLAND

NEW HORIZONS ADOPTION AGENCY, INC. (MN)

SPENCE-CHAPIN SERVICES



## KOREA: STATE CONTRACTS

### INDEX BY STATE OF AGENCIES WITH KOREAN CONTRACTS.

For waiting children there will be more flexibility.

If you live in:

You may use:

Alabama	Holt International Children's Services (waiting children)
Alaska	World Association for Children & Parents (WACAP) (unable to verify)
Arizona	Dillon Southwest; Holt International (waiting children)
Arkansas	Dillon International, Little Rock; Holt International
California	Dillon Southwest; Holt International
Colorado	Holt International (waiting children)
Connecticut	Family & Children's Agency; New Beginnings (thru Spence-Chapin); Spence-Chapin Services; Wide Horizons for Children
Delaware	Welcome House Adoption Program of Pearl S Buck Foundation
District of Columbia	Adoption Service Information Agency (ASIA); Barker Foundation (thru Spence-Chapin); Holt International (waiting children)
Florida	Lifelink Child and Family Services (thru FC&A (CT)); Intercountry Adoption Center (thru Wide Horizons for Children); New Beginnings (direct service); & thru Spence-Chapin Florida Homestudies & Adoption
Georgia	Adoption Planning (thru FC&A (CT)); Bethany Christian Services; Lutheran Ministries of Georgia (thru AIAA)
Guam/Hawaii	Holt International (waiting children) - Hawaii only
Idaho	World Association for Children & Parents (WACAP) (unable to verify)
Illinois	Bethany Christian Services; The Cradle - works with AIAA and CHSMN Lifelink Adoption Service; Holt International (waiting children) - outside 60 mile radius of Chicago
Indiana	Bethany Christian Services Holt
Iowa	Holt International; Lifelink Adoption Service
Kansas	Holt International (waiting children); Dillon International, Inc; Special Additions - works with AIAA
Kentucky	Bluegrass Christian thru Holt for minor/mod meds; Holt International (waiting children)
Louisiana	Catholic Community Services of Baton Rouge 225-336-8708 thru Associated Catholic Charities; Associated Catholic Charities of New Orleans 504-523-3755 thru Associated Catholic Charities
Maine	Wide Horizons for Children
Maryland	Adoption Service Information Agency (ASIA); Associated Catholic Charities; Barker Foundation (thru Spence-Chapin)
Massachusetts	Family & Children's Agency; Wide Horizons for Children
Michigan	Americans for Int'l Aid and Adoption (AIAA); Bethany Christian Services; Family Adoption Consultants
Minnesota	Children's Home Society of Minnesota; Holt International (waiting children)
Mississippi	Holt International (waiting children)
Missouri	Dillon International, Inc; Holt International (waiting children); Special Additions - works with AIAA Eastern
Montana	Holt International (waiting children); A New Arrival - works with AIAA
Nebraska	Holt International

Nevada	Holt International (waiting children)
New Hampshire	Wide Horizons for Children Holt
New Jersey	Holt International; New Beginnings thru Spence-Chapin; Spence-Chapin Services
New Mexico	Holt International (waiting children);
New York	American's for Int'l Aid & Adoption; New Beginnings (through Spence-Chapin); Spence-Chapin Services; Wide Horizons for Children; Family & Children's Agency
North Carolina	Bethany Christian Services (thru FC&A (CT)); Adoption Service Information Agency (thru Lutheran Families Services); World Association for Children & Parents (WACAP) (unable to verify)
North Dakota	Holt International (waiting children) Holt
Ohio	Holt International (waiting children)
Oklahoma	Dillon International; Holt International (waiting children)
Oregon	Holt International
Pennsylvania	Catholic Social Services/Philadelphia; New Beginnings Family & Children's Services; Welcome House - Pearl S Buck Foundation; Adoption Horizons (thru AIAA) Eastern
Puerto Rico	None
Rhode Island	Wide Horizons for Children
South Carolina	Holt International (waiting children)
South Dakota	Holt International
Tennessee	Holt International (waiting children); Mid-South Christian Services (waiting children) (affiliated with Bethany Christian Services); United Methodists, Memphis, thru Holt, min/mod meds
Texas	Adoption Resource Consultants (thru Holt); Dillon International; Holt International; Lutheran Social Services (thru Holt)
Utah	World Association for Children & Parents (WACAP) (unable to verify)
Vermont	Wide Horizons for Children, Inc.; Family & Children's Agency - Note, VT families will need a local home study done
Virgin Islands	None
Virginia	Adoption Service Information Agency (ASIA); Welcome House of Pearl S Buck Foundation; Barker Foundation (thru Spence-Chapin)
Washington	World Association for Children & Parents (WACAP); Catholic Community Services, Seattle - 206-328-5920 (unable to verify)
West Virginia	Holt International (waiting children); Adoption Service Information Agency (thru United Methodist)
Wisconsin	Bethany Christian Services; Children's Home Society of Minnesota - Western WI only for non-special needs placements; Lifelink Adoption Service - 16 southern counties
Wyoming	Holt International (waiting children)

# EUROPE



**Albania, Armenia, Azerbaijan, Belarus, Bulgaria, Georgia, Latvia, Lithuania, Moldova, Poland, Romania, Russian Republic, Ukraine, Yugoslavia**

## **ALBANIA**

### **BETHANY CHRISTIAN SERVICES**

AVAILABLE: ages 18 months-15 years, healthy, special needs and siblings.

COST: \$9500 country fee not including local fees or travel.

TIME: referral time varies, 2-4 months to travel.

FACTS: singles, yes; ages 25-50; couples married 2 years; no religious restriction by agency; children already varies; travel for 4-5 weeks.

## **ARMENIA**

### **BAL JAGAT – CHILDREN’S WORLD**

AVAILABLE: ages 6+ months and up.

COST: \$16000, not including program fees, local service, CIS, travel.

FACTS: travel for 10 days. Only for Armenian families.

### **HANDS ACROSS THE WATER**

AVAILABLE: 6 months + and older.

COST: \$15000, not including travel.

FACTS: single women, yes; couples; must travel.

## **AZERBAIJAN**

## ADOPTIONS TOGETHER

AVAILABLE: infants and older children; primarily Muslim population.  
COST: \$5500 Agency fee; \$11000, not including local service or travel.  
TIME: up to 6 months after dossier submitted.  
FACTS: 2 trips of 1 week each.

## CASI FOUNDATION FOR CHILDREN

AVAILABLE: ages 4 months +; sibling groups.  
COST: 20350, not including local service or travel.  
TIME: 7-12 months total.  
FACTS: single women, yes; married couples; ages 25+, both parents travel, participate in pre-adoption training classes.

## BULGARIA

### ADOPT INTERNATIONAL

AVAILABLE: 18 months +.  
COST: \$15000; not including travel and in-country expenses.  
TIME: 8-10 months after dossier registered parents receive a referral; 2-3 months after referral accepted parents travel to meet child; 2-4 months later parent (s) travel to bring child home.  
FACTS: new program; singles ok; 2 trips of 5-7 days each; children in orphanages.

### ADOPTIONS FROM THE HEART

AVAILABLE: ages 1 year +, Eastern European or E.European/Asian/Turkish/Gypsy.  
COST: \$16610, not including local service or travel.  
TIME: usually 1 year after paperwork is done.  
FACTS: single women, yes (45+ for child 3 years+); couples with birth children for 3 years + (with adopted children 1 year +); 2 trips of 2 weeks, then 3 days.

### AMERICANS FOR INTERNATIONAL AID AND ADOPTION

AVAILABLE: mostly ages 1-4 years, usually Gypsy and Turkish or Bulgarian.  
COST: \$13225, not including local service or travel and accommodations (less for waiting children).  
TIME: 10-12 months from acceptance and submission of dossier.  
FACTS: single women, yes; 1 child already ok (exceptions for waiting children); 45 or under for child under 5 years; 1 trip for both, then 1 trip for 1 parent of 4-5 days each.

### BAL JAGAT – CHILDREN’S WORLD (serving only southern California)

AVAILABLE: mostly healthy gypsy or Turkish children.  
FACTS: childless couples only; 2 trips of 1 week each. Home studies only.

### CHRISTIAN WORLD ADOPTION, INC.

AVAILABLE: ages 12 months and older. Special needs under 12 months available.  
COST: \$19000, not including local service, travel, CIS, medical fees.  
TIME: 8-12 months.  
FACTS: married couples or single women 25-50; many travel options.

### CHILDREN’S HOUSE INTERNATIONAL

AVAILABLE: ages 12 months +  
COST: \$15,800 not including local service or travel.  
TIME: approx. 8 months to referral: up to one month to travel.  
FACT: singles, yes; ages flexible; travel for one parent, two trips; no new applicants at present.

## HANDS ACROSS THE WATER

**This program is currently on hold.**

## HOLT INTERNATIONAL CHILDREN'S SERVICES

AVAILABLE: ages 1 to 4 years at time of referral. 22 months to 5 years at time of placement.

COST: \$16185, not including local service or travel.

TIME: varies.

FACTS: singles, yes; ages 25-55. No more than 45 years between parents and child; couples and singles with 0-2 children are eligible for a child 1+ years at time of referral; families with 3+ children considered for a child 3+ years at referral. Two trips; required by 1 parent; travel by both parents strongly encouraged; 5-7 days each trip.

## ILLIEN ADOPTIONS INTERNATIONAL, INC.

AVAILABLE: all ages, mostly 4+ years; sibling groups, some younger.

COST: \$18500 for ages 4+ years, \$20500 for under 4s, small additional fee for siblings.

TIME: usually within 9 months from start to finish.

FACTS: single women, yes; couples married 4+ years; 1 trip, under 1 week, then 1 week (optional 2<sup>nd</sup> trip).

## INTERNATIONAL ADOPTION CENTER

AVAILABLE: 18 months +; waiting children also.

COST: \$17500, not including local service or travel.

TIME: 1-4 months to referral, 6-10 months to travel.

FACTS: singles ok; divorce ok.

## LIFELINK ADOPTION SERVICE (**ON HOLD**)

AVAILABLE: ages 1-8 years, some sibling groups.

COST: \$13500, not including local service or travel.

TIME: from referral to travel is 6-12 months.

FACTS: single women, yes; travel twice for a total of 7 days.

## LOS NIÑOS (CHILDREN'S) INTERNATIONAL ADOPTION CENTER

AVAILABLE: ages 1-8 years, Russian/Bulgarian/Turkish/Gypsy.

COST: \$19650, not including local service or travel and accommodations.

TIME: 3-5 months to referral, 4-5 months for final adoption.

FACTS: couples married 1 year; childless unless want waiting child; ages 25-50 (50+ for child 4+); travel for 1 week, then 1 week at finalization. 6 years experience in Bulgaria.

## LUTHERAN SOCIAL SERVICES OF NEW ENGLAND

AVAILABLE: ages 1-5 years.

COST: \$16000, not including local service or travel.

TIME: 2-3 months to referral, at least 9 months to travel.

FACTS: single women, yes; age up to 50; couples married 2 years; previous divorce ok; childless; travel.

## SPECIAL ADDITIONS, INC.

AVAILABLE: mostly ages 18 months-3 years, more boys.

COST: \$15000, not including local service or travel.

TIME: usually 3-6 months to referral, 6-9 months to travel.

FACTS: childless couples married 1 year; travel for both, then for 1 parent or escort.

## SPENCE-CHAPIN SERVICES

Please call 212-369-0300 for current information.

**SUNSHINE ADOPTION, Inc.**

AVAILABLE: 12 mo-3 years childless couples; 3+ years couples with children, singles.  
COST: \$4600-\$11800 depending on age and health of child.  
TIME: 12 months to referral when dossier arrives in country. 2 trips.  
FACTS: No age limit; childless couples preferred.

**VOICE FOR INTERNATIONAL DEVELOPMENT AND ADOPTION (VIDA)**

AVAILABLE: ages 2+, with special consideration for waiting children.  
COST: \$11500 for healthy younger children, not including local service or travel.  
TIME: usually one year.

**WASATCH INTERNATIONAL ADOPTIONS, INC.**

AVAILABLE: ages 2-14 years.  
COST: \$15400-\$17400, not including local service or travel.  
TIME: 8-10 months.  
FACTS: single women, yes; age up to 50 years; travel required.

**WORLD PARTNERS ADOPTION, INC.**

AVAILABLE: ages 1.5 – years old.  
COST: \$21000 - \$24000.  
TIME: 9-12 months.

**GEORGIA**

**CASI FOUNDATION FOR CHILDREN**

AVAILABLE: 3 months +.  
COST: \$21400, not including local service or travel.  
TIME: 7-14 months.  
FACTS: single women, yes; married couples; age 25+' both parents travel, 10 days in country; participate in pre-adoption training classes.

**HUNGARY**

**CHILDREN'S HOUSE INTERNATIONAL**

AVAILABLE: ages 10 months+  
COST: \$21600, not including local service or travel.  
TIME: 2-4 months to referral; 1 month to travel.  
FACTS: single ages 25-35; couples 25-55; both travel up to a week.

**LITHUANIA**

**ADOPTIONS FROM THE HEART**

AVAILABLE: ages 2 years +, above average health care and nutrition.  
COST: \$19000-\$20000, includes travel, accommodations, immigration fees.  
TIME: 18-24 months to travel (longer for younger children).  
FACTS: single women for girls 6 years +; couples ages 25-47 (more flexible maximum for children 3+ years); travel usually twice for 12-14 days each trip.

**ADOPTIONS TOGETHER**

AVAILABLE: ages 2-12 years, waiting children also; AIDS-tested.  
COST: \$5500 Agency Fee; \$13000-\$15000, not including local service or travel.  
TIME: Varies.

FACTS: single women, yes; couples married 1 year; 45 years maximum age difference; 2 trips.

#### BETHANY CHRISTIAN SERVICES

AVAILABLE: ages 1-15 years. Healthy, special needs and siblings.

COST: Country fee (not including local fee or travel): \$11500 – non Lithuanian heritage; \$9500 – persons of documented Lithuanian heritage, or persons adopting special needs.

TIME: Non-Lithuanian - up to 2 years to referral, Lithuanian – 6-12 months for referral; 2-4 months to travel.

FACTS: couples 25-48; married 2 years; children already varies; no religious restriction by agency; travel twice for 1 week each. Age difference between child and oldest parent no more than 45 years. Single women accepted for children 6+ years or with special needs.

#### HANDS ACROSS THE WATER

AVAILABLE: children under 1 year; siblings also.

COST: \$13000, not including local service or travel.

FACTS: Pilot program.

#### ILLIEN ADOPTIONS INTERNATIONAL, INC.

AVAILABLE: all ages, mostly 4 years +; many sibling groups (some with under 4s).

COST: \$10500 for ages 4 years +, \$12500 for under 4s, not including local service or travel; small additional fees for siblings.

TIME: usually within 9 months start to finish for 4 years + and waiting children (longer for younger children).

FACTS: couples only; age up to 50 (but some exceptions); travel for both for 3+ weeks.

#### INTERNATIONAL ADOPTION CENTER

AVAILABLE: ages 6 months +.

COST: \$14000, not including local service or travel.

TIME: 4-6 months to referral, up to 2 months to travel.

FACTS: singles ok; divorce ok.

#### VOICES FOR INTERNATIONAL DEVELOPMENT & ADOPTION (VIDA)

AVAILABLE: children 3+ years; special consideration given for siblings and special needs.

COST: \$14500 Euros.

TIME: 2 years following registration of documents for a child to be referred, and then travel.

FACTS: Stay can be up to one month or two trips. Couples preferred.

#### MOLDOVA

##### BAL JAGAT – CHILDREN'S WORLD (serving only southern California)

AVAILABLE: toddlers and up.

COST: \$14000 not including travel.

FACTS: single women, yes; travel for 3 weeks, or 2 short trips. No new applications at present.

##### CHILDREN'S HOUSE INTERNATIONAL

AVAILABLE: 6 months +.

COST: \$17800, not including local service or travel.

TIME: 3-6 months to referral, 1-2 months to travel.

FACTS: singles, yes; ages 25-50; couples married 1 year; travel for 2-3 weeks.

##### HAND IN HAND

AVAILABLE: ages infant to 15 years.

COST: \$16050, not including local service or travel.  
TIME: 3-10 months from application to travel.  
FACTS: singles, yes; travel for 3-4 weeks or 2 trips of 2-3 days each.

#### SPECIAL ADDITIONS, INC.

AVAILABLE: ages 1 year +, lots of little boys, some siblings.  
COST: \$15000, not including local service or travel.  
TIME: at least 6 months to referral, 3 months to travel.  
FACTS: couples under 45 for infant; 2 trips of 5-7 days each (only 1 need do 2<sup>nd</sup> trip).

#### SPENCE-CHAPIN SERVICES

FACTS: Please call 212-369-0300 for current information.

### **POLAND**

#### ADOPTION UNLIMITED, INC.

AVAILABLE: ages 18 months to 6 years, many sibling groups.  
COST: \$16000, (up to 5 siblings), not including local service or travel.  
FACTS: single women, yes; 2 trips.

#### SUNNY RIDGE FAMILY CENTER

AVAILABLE: children ages 6-14 years including single children and sibling groups; younger children available as part of sibling group.  
COST \$ 15100 plus travel, food & lodging.  
FACTS: married couples and singles; 2 trips are required to complete adoption process.

### **ROMANIA**

*Currently closed.*

*These agencies have previously offered a program in Romania. When Romania reopens, these agencies would be a good place to start:*

BAL JAGAT – CHILDREN’S WORLD  
CHILDREN’S HOUSE INTERNATIONAL  
CHRISTIAN WORLD ADOPTION, INC.  
HOMESTUDIES & ADOPTION PLACEMENT SERVICES, INC.  
ILLIEN ADOPTIONS INTERNATIONAL, INC.  
LUTHERAN SOCIAL SERVICES OF NEW ENGLAND  
SUNNY RIDGE FAMILY CENTER  
WORLD CHILD

### **RUSSIA**

*Russia now requires its own accreditation of agencies that place Russian children. Check [www.jcics.org](http://www.jcics.org) for currently accredited US agencies.*

#### AAA PARTNERS IN ADOPTION

AVAILABLE: infants, toddlers, and children.  
COST: \$20,000 - \$25,000, including travel.  
TIME: 1-2 months to referral, 6 months to travel.  
FACTS: singles, yes; in Russia, 1 trip Russian regions; travel 1-2 weeks, varies.

ACCEPT – AN ADOPTION & COUNSELING CENTER (serving only northern California)



AVAILABLE: all ages, AIDS-tested.

COST: \$16500, not including local service or travel.

TIME: up to 6 months to referral, up to 6 months to travel.

FACTS: single women, yes; up to 45 for infant, 45+ for toddler; travel for 2 weeks (most regions require 2 trips, 2<sup>nd</sup> trip of 2 weeks).

#### ACROSS THE WORLD ADOPTIONS

AVAILABLE: ages 9 months – 15 years.

COST: \$19000 not including local service or travel. Reductions for older child adoptions.

TIME: 1-3 months to referral, about 8 weeks to travel after submitting dossier.

FACTS: single women, yes; AIDS-testing required; travel – 1 trip of 19-21 days for Moscow, 2 trips for Mari-El.

#### ADOPT-A-CHILD

AVAILABLE: mostly 8 months – 2 years, waiting children also; HIV, syphilis, hepatitis B, C-tested.

COST: \$22500, not including travel.

TIME: 9 – 12 months to complete adoption after submitting application.

FACTS: single women, yes; couples married 1 year.

#### ADOPTION ASSOCIATES INC (MI)

AVAILABLE: infants, toddlers, and older children; some waiting children.

COST: \$19500 for under 2 years, \$16500 for 2+, not including local service or travel.

TIME: referral time very short, average of 5 months to travel.

FACTS: single women, yes; ages 25-45 for infant; travel twice (up to 2 weeks on 2<sup>nd</sup> trip).

#### ADOPTION CENTER OF WASHINGTON

AVAILABLE: ages 6 months +; HIV, hepatitis B, syphilis-tested.

COST: approximately \$20000, not including local service or travel.

TIME: 2-6 months to referral, 6 weeks-3 months to travel.

FACTS: singles, yes; ages 25-50; HIV negative required; parental leave encouraged; travel twice for 1 week, then 2 weeks.

#### ADOPTION OPTIONS, INC. (CA)

AVAILABLE: infants – 15 years, waiting children also; AIDS-tested.

COST: \$10800-\$17800 (depends on child's age), not including local service or travel.

TIME: very short to referral, up to 6 weeks to travel.

FACTS: single women living alone; couples married 2 years; minimum annual income \$45000. Two trips of a few days each.

#### ADOPTION UNLIMITED INC.

AVAILABLE: mostly 8 months – 2 years, some waiting children and older; blood work, urinalysis, HIV-testing.

COST: \$22750, not including local service or travel.

TIME: up to 4 months to referral, 6-10 months to travel.

FACTS: single women, yes; ages 25-60; couples married 2 years; 2 divorces each ok; travel for up to 2 weeks.

#### ADOPTIONS FROM THE HEART

AVAILABLE: infants 8 mos+, toddlers and older children. Sibling groups.

COST: \$22050 not including home study, dossier preparation, INS or travel.

TIME: From dossier submission: 0-6 months, longer wait for girls; referral to travel 3-6 months.

FACTS: married couples and singles under age 45; childless applicants cannot state gender preference; two trips – both parents first trip- 1 week, 2<sup>nd</sup> trip (1 parent can travel) 1-3 months later and is 1-3 weeks long.

#### ADOPTIONS TOGETHER

AVAILABLE: ages 6 months – 12 years, waiting children also; AIDS-tested.

COST: Agency fee \$5500. Ranges from \$10500 – 13000, not including travel and dossier fees.

TIME: Varies due to age and gender of child.

FACTS: singles, yes; couples married 1 year; 45 years maximum age difference between younger parent and child; 2.

#### ALLIANCE FOR CHILDREN

AVAILABLE: all ages, HIV, hepatitis B, TB-tested.

COST: \$14750, not including local service or travel, including donation.

TIME: 3-4 months to referral, travel time varies.

FACTS: singles up to age 48; 1 spouse under 48, other up to 54 for infants (some flexibility for older children); travel requirements vary by region.

#### BAL JAGAT – CHILDREN'S WORLD (serving only southern California)

AVAILABLE: ages 0-14 years, healthy, normal; AIDS and hepatitis B-tested. Video provided.

COST: \$16000, not including program fees, local service, and travel.

TIME: 6-12 months for referral, 2 months to travel.

FACTS: single women, yes; couples married 2 years; 1 divorce only; under 45 for infant; sex-preference ok; prefer no more than 2 children already; large families not considered; 2 trips, 3 weeks then 1 week with a one trip option for Russia.

#### BETHANY CHRISTIAN SERVICES

AVAILABLE: ages 9 months to 15 years.

COST: \$10500-\$15000, foreign fee not including local service, translation, travel or accommodation.

TIME: Usually 4-6 months to referral depending on age of child; 2-3 months to travel.

FACTS: singles, yes; ages 25-47; couples married 2 years; children already varies; no religious restrictions by agency for some programs; travel twice for week, then 10 days-3 weeks. Seven programs.

#### CASI FOUNDATION FOR CHILDREN

AVAILABLE: ages 8 months +; siblings also.

COST: \$24100, not including local service or travel.

TIME: 4-12 months total

FACTS: single women yes; married couples; age 25+; both parents travel twice, participate in pre-adoption training classes.

#### CHILDREN AT HEART ADOPTION SERVICES

AVAILABLE: mostly 6 months – 12 years, waiting children also; AIDS-tested. Many of the children have handicaps for which fees are lowered.

COST: \$16000-\$18000, not including travel, including donations, translations, etc.

TIME: up to 6 months to referral, up to 3 months to travel.

FACTS: singles, yes; travel, yes.

#### CHILDREN'S HOPE INTERNATIONAL (MO)

AVAILABLE: 24 months and under for parents 25-40; parents 41-55 need to be open to older children.

COST: \$19700 plus \$6000 travel cost. \$1200 home-study NY.

TIME: 1<sup>st</sup> trip 5-9 months after dossier to Russia. 2<sup>nd</sup> trip 2-3 months later.

FACTS: singles living alone, yes; married couples ages 25-55; **Operation Hope** – 3 week stay of children 7-12 years old in home of perspective adoptive family.

#### CHILDREN'S HOUSE INTERNATIONAL

AVAILABLE: 6 months +.

COST: \$18800, not including local service or travel.

TIME: 0-2 months (boys), 4-8 months (girls) to referral; 2-4 weeks to travel.

FACTS: couples under 50 (maximum age difference 25 years); couples married 1 year; travel twice for both for about 2 weeks.

#### CHRISTIAN WORLD ADOPTION, INC.

AVAILABLE: ages infants to young teens.

COST: \$14125-\$18625, not including local service, travel, CIS, medical fees.

TIME: 8-12 months.

FACTS: singles, yes; 2 trips for both (time varies by region).

#### COMMONWEALTH ADOPTIONS INTERNATIONAL

AVAILABLE: ages 6 months – 14 years, waiting children also.

COST: \$17000, not including CIS, local service or travel expenses.

TIME: usually 6-10 months from dossier submission.

FACTS: single women, yes; age 25+; travel for both parents 1-3 weeks; may require 2 trips.

#### COORDINATORS/2, INC.

AVAILABLE: 8+ months; HIV, HepB syphilis tested.

COST: \$11000-15000 depending on child's age, not including local service or travel.

TIME: 1-2 month referral for boys, 5 months for girls; 3-6 weeks to travel

TRAVEL: 2 trips, 4 –7 days then 7-10 days.

FACTS: singles, yes; couples married 1 year, under 46 for infant; minimum annual income \$45000; travel for both for 2 trips.

#### THE CRADLE

AVAILABLE: ages 6 + months, healthy and waiting children.

COST: \$16500, including in country travel, not including local costs.

TIME: 1-6 months to referral, 1 month to travel.

FACTS: single women up to age 45 (men considered individually); ages 25-55; couples married 2 years; 2 trips.

#### DOVE ADOPTIONS INTERNATIONAL, INC.

AVAILABLE: ages 6 months – 15 years, many waiting children; AIDS-tested.

COST: \$10000-\$16500, not including CIS fees or travel.

TIME: 3-12 months.

FACTS: single women case-by-case; ages 21+; couples married 2 years; AIDS-testing required; prefer Christian; travel for 1-2 weeks.

#### EUROPEAN ADOPTION CONSULTANTS

AVAILABLE: mostly 6 months to 14 years, many waiting children, and siblings. Also special needs available.

COST: \$19000-24000, not including travel, translations, visas, medical exams, or local service.

TIME: up to 4 months to referral for boys, up to 8 months referral time for girls; up to 4 months to travel.

FACTS: single women, yes; travel twice for 5-7 days, then 1-2 weeks. Some age requirements apply.

#### FAMILIES THRU INTERNATIONAL ADOPTION

AVAILABLE: ages infants to 14 years, some siblings, HIV and Hepatitis B tested.

COST: \$18000, not including local service or travel.

TIME: 2-7 months to referral, travel in 4-8 weeks, then 8-12 weeks.

FACTS: single women, yes; ages 25-55; 2 trips.

#### FAMILY & CHILDREN'S AGENCY

AVAILABLE: ages 1 year +, waiting children also; AIDS-tested.

COST: \$22000-\$28000, including travel, not including local service. Two trips required.

TIME: quite short for boys age 12 months +, several months longer wait for girls.

FACTS: singles, yes; couples married 2+ years; 45 maximum between younger parent and child; minimum annual income \$25000; travel twice about 6 weeks apart.

#### HANDS ACROSS THE WATER

AVAILABLE: 5 months – 10 years; siblings.

COST: \$21000, not including local service or travel.

TIME: 2 trips; 1<sup>st</sup> 5-7 days; 2<sup>nd</sup> 10-21 days.

FACTS: single women, yes; under age 55; couples married 1 year; 2 divorces ok; no more than 3 children already; travel required.

#### HEARTSENT ADOPTIONS, INC.

AVAILABLE: ages 6 months – 10 years, waiting older children.

COST: \$17000, not including local service or travel.

TIME: 1 month to referral, 2-3 months to travel.

FACTS: single women, yes; travel for 2-3 weeks.

#### HOMESTUDIES & ADOPTION PLACEMENT SERVICES, INC.

AVAILABLE: 5 months to 6 years + (average youngest referral is 7-10 months), also healthy older and waiting children; AIDS, hepatitis B, syphilis-tested.

COST: \$16000, including local service for NJ residents, not including travel and accommodations.

TIME: up to 6 months to referral of child 0-18 months old; shorter for older.

FACTS: single women, yes; maximum 40-45 years older than child (flexible); two trips required. Both parents must be present for hearing on 2<sup>nd</sup> trip.

#### ILLIEN ADOPTIONS INTERNATIONAL, INC.

AVAILABLE: mostly 1-3 years, some sibling groups.

COST: \$15500, not including local service or travel. Fees reduced for large sibling groups and waiting children.

TIME: usually within 7 months from start to finish.

FACTS: single women, yes; 2 trips of up to 1 week, then 2 ½ weeks.

#### LOS NIÑOS (CHILDREN'S) INTERNATIONAL ADOPTION CENTER

AVAILABLE: ages 6 months – 8 years.

COST: \$17050, not including local service or travel.

TIME: 2-3 months to referral, 2 trips of 7-17 days each.

FACTS: single women, yes; couples married 1 year; ages 25-45 for ages 0-2, 45-50 for ages 2-8; travel for both 2 weeks (some regions require 2 trips). Flexibility in terms of age and health. Agency accredited for the 4<sup>th</sup> time – 13+ years experience in Russia.

#### NEW HORIZONS ADOPTION AGENCY, INC. (MN)

AVAILABLE: ages 6 months – 6 years, waiting children also, AIDS tested.

COST: \$18500, not including local service or travel.

TIME: up to 2 months to referral, up to 6 weeks to travel.

FACTS: single women, yes; couples married 1 year; 2 trips (a few regions, trip.) Parental leave for 2 months. Active in Christian faith.

#### THE OPEN DOOR ADOPTION AGENCY, INC.

AVAILABLE: ages 6 months – 15 years.

COST: \$19000, not including local service or travel.

TIME: 1-3 months to referral, approx. 3 months to travel.

FACTS: single women, yes; ages 25+; couples married 2 years; Christian; travel twice for 6 days, then 10 days.

#### SUNNY RIDGE FAMILY CENTER

AVAILABLE: toddlers and older children, sibling groups.

COST: \$20250 plus food, travel, lodging.

TIME: 12 months.

FACTS: married couples and singles, yes; 2 trips required to complete adoption process.

#### SUNSHINE ADOPTION, INC.

AVAILABLE: 8 months +

COST: \$7000-\$14000 depending on age of child.

TIME: 2-10 months to referral; boys quicker. 2 trips, 1<sup>st</sup> 1 week – 2<sup>nd</sup> 7-21 days.

FACTS: Single women, ok.

#### VILLA HOPE (serving only Alabama)

AVAILABLE: all ages, waiting children also.

COST: \$25300 - \$34,300 including travel (not including local services.) Please contact office for current fee schedule.

TIME: up to 6 months from completion of dossier to referral.

FACTS: singles (women to age 45, men to age 50 for child up to 1 year) yes; ages 25 + (up to 45 for infant); couples married 1 year; travel for 3 weeks (some areas require 2 trips).

#### VOICE FOR INTERNATIONAL DEVELOPMENT AND ADOPTION (VIDA)

AVAILABLE: all ages.

COST: \$15500, not including local service or travel.

TIME: 3 months after registration of documents.

FACTS: single women, yes; ages 25-55; couples married 1 year; 2-4 short trips.

#### WELCOME HOUSE ADOPTION PROGRAM OF PEARL S. BUCK INT'L

AVAILABLE: children 10 months- 12 years; both boys and girls; sibling groups available.

COST: \$20600-\$34800; agency fees and travel expenses for adopting single child and 2 parent travel-costs vary by age and number of children, time of year traveling, and region.

TIME: from submission of preliminary package to completion of adoption 6-12 months depending on age of child and region.

FACTS: for residents of DE, NJ, PA, VA. Russian adoption program is offered through collaboration with Commonwealth Adoptions International.

#### WIDE HORIZONS FOR CHILDREN, INC.

AVAILABLE: all ages; some with minor medicals, some siblings.

COST: \$15000 plus agency fees and travel.

TIME: up to 4 months to referral, up to 3 months to travel.

FACTS: Youngest spouse not more than 45 years older than child. Single women primarily.

#### WORLD CHILD

AVAILABLE: mostly infants, waiting children also (some with minor medical considerations); HIV, TB, hepatitis B, syphilis-tested.

COST: \$12450 - \$18650, not including local service or travel (depending on age of children).

TIME: up to 4 months to referral, up to 2 months to travel.

FACTS: single women, yes; usually mother under 45 for infant; couples married 1 year; HIV, hepatitis B-testing required; 2 trips of 7 days, then 10-14 days.

#### WORLD PARTNERS ADOPTION, INC.

AVAILABLE: ages 9 months – 15 years.

COST: \$29000 - \$33500 total.

TIME: 8-9 months process; approximately 7 months to approval plus 2 months to travel.

FACTS: single women, yes; up to age 48 for under 1 year; no more than 4 children already; 2 trips for both for 1 week, then up to 10 days.

#### WYOMING CHILDREN'S SOCIETY

AVAILABLE: 4 months – 14 years.

COST: \$18400, not including local service or travel.

TIME: 6 months total to travel.

FACTS: single women, yes; flexible on age and marriage length; TB, VD, HIV-testing required; 2 trips.

#### UKRAINE

*Healthy children will be at least 1 year old before being available for intercountry adoption.*

*Once your dossier is accepted by Ukraine, you are given an invitation to come identify your child.*

#### ADOPT INTERNATIONAL

AVAILABLE: 12 months +.

COST: \$15000, not including travel and in-country costs.

TIME: 4-5 months after the dossier is received; family travel to Ukraine to meet child.

FACTS: currently couples only; 1 trip of 2 ½ weeks; children in orphanages.

#### ADOPTION CENTER OF WASHINGTON

AVAILABLE: 13 months +

COST: Approx \$20,000 not including local service or travel.

TIME: 3-6 months to referral. 3 weeks in country.

FACTS: Couples only.

#### ADOPTIONS FROM THE HEART

AVAILABLE: ages 14 months to 4 years.

COST: \$21000, including local service, travel, accommodations, etc.

TIME: 4-5 months total time frame.

FACTS: singles, yes; travel for 3 weeks.

#### ALLIANCE FOR CHILDREN **(Program on Hold)**

AVAILABLE: ages 1 year +; hepatitis B, HIV, TB-tested.

COST: \$15850, not including local service or travel, including orphanage donation.

TIME: up to 4 months to referral, up to 6 weeks to travel.

FACTS: singles, yes; ages flexible; travel requirements vary.

#### AMERICANS FOR INTERNATIONAL AID & ADOPTION

AVAILABLE: 13 months + at time of referral; special needs and siblings.

COST: \$14375, not including travel & living expenses.

TIME: travel appointment in approximately 2 months from time of dossier submission.

FACTS: travel required minimum 3 weeks.

#### BAL JAGAT – CHILDREN’S WORLD (serving only southern California)

AVAILABLE: ages 2 + years; child is selected in person.

COST: \$14000, not including travel, CIS, program fees.

TIME: 6-8 months for referral. Child selection in person.

FACTS: singles, yes; travel for 12-15 days.

#### BETHANY CHRISTIAN SERVICES

AVAILABLE: ages 18 months – 15 years.

COST: \$15000 foreign fee includes intercountry travel and accommodations. Does not include local service, translation and travel to Ukraine.

TIME: 4-6 months to travel after dossier completed.

FACTS: single women, yes; 45 year maximum age difference between parent(s) and child; couples married 2 years, children already varies; travel up to 4 weeks.

#### CASI FOUNDATION FOR CHILDREN

AVAILABLE: 15 months +; sibling groups.

COST: \$17600, not including local service or travel.

TIME: 4-8 months from referral.

FACTS: single women, yes, married couples, yes; age 25+; both parents travel, must stay in-country up to 21 days; participate in pre-adoption training classes.

#### CHILDREN’S HOUSE INTERNATIONAL

AVAILABLE: 14 months +.

COST: \$13300, not including local service or travel.

TIME: 2-3 months to referral; 2 months to travel.

FACTS: singles, yes (men ok); ages flexible; both travel up to 3 weeks.

#### CHRISTIAN WORLD ADOPTION, INC.

AVAILABLE: ages 14 months +. Sibling groups available.

COST: \$14625 - \$15125, not including local service, travel, CIS, medical fees.

TIME: 8-10 months.

FACTS: married couples; parent(s) 25-45 for ages 5 and under; older children parent age up to 55; travel for both for 2-3 weeks.

#### COMMONWEALTH ADOPTIONS INTERNATIONAL

AVAILABLE: ages 18 months to 12 years, siblings.

COST: \$12000, not including CIS, local service, or travel expenses.

TIME: 4-6 months from dossier submittal.

FACTS: single women, yes; travel for both parents for 3-5 weeks.

#### COORDINATORS/2, INC.

AVAILABLE: ages 14 months +.

COST: \$12000-\$13000, depending on child’s age, not including local service or travel.

TIME: 4 months to referral, then 1-2 months after referral accepted.

FACTS: married couple; ages flexible; travel for 2-3 weeks.

#### DILLON INTERNATIONAL, INC.

AVAILABLE: ages 14 months to 5 years.

COST: \$17685, not including local service or travel.

TIME: 2-3 months to referral, 1-2 months to travel.

FACTS: ages 25-50; couples married 2 years (5 if previous divorce); 2 divorces ok; Christian or Jewish; AIDS, TB, VD-testing required; prefer parental leave 6 weeks; travel for 14 days.

#### DOVE ADOPTIONS INTERNATIONAL, INC.

COST: \$11000-\$12000

TIME: under 12 months.

#### EUROPEAN ADOPTION CONSULTANTS

AVAILABLE: 13 months to 14 years, siblings. Also special needs available.

COST: \$19,000-\$21,000, not including travel, visas, medical exams and local service.

TIME: 2-4 months travel from the time paperwork is submitted. No referrals.

FACTS: Couples only; Travel is 1 trip of about 3 weeks, or 2 trips.

#### FAMILY & CHILDREN'S AGENCY

AVAILABLE: ages 15-18 months, healthy; HIV, hepatitis B-tested.

COST: \$20000, including travel, not including local service.

TIME: 6-8 months to invitation. Usually 2 weeks in Ukraine.

FACTS: No singles; ages flexible; annual income \$25000 +; travel.

#### FINALLY FAMILY ADOPTION AGENCY

COST: \$17850, not including local service or travel.

TIME: up to 2 months to invitation.

FACTS: singles, yes (men need a psychological assessment); 45 years maximum age difference; 2 trips. ARC-CT would like to hear.

#### HANDS ACROSS THE WATER

AVAILABLE: children 1+ years, some siblings.

COST: \$8000, not including local service or travel.

TIME: 3-4 weeks in country.

FACTS: single women, yes; under age 55; couples married 1 year; 2 divorces ok; no more than 3 children already; travel required.

#### HEARTSENT ADOPTIONS, INC.

AVAILABLE: ages up to 10 years, waiting older children.

COST: \$15000, not including local service or travel.

TIME: 1 month to referral, 2-3 months to travel.

FACTS: single women, yes; travel for 2-3 weeks.

#### ILLIEN ADOPTIONS INTERNATIONAL, INC.

AVAILABLE: all ages, sibling groups also.

COST: \$18500, not including local service or travel.

TIME: usually within 9 months from start to finish.

FACTS: singles, yes (limited number of single men); travel once for 3 + weeks, or 2 trips of 2 weeks, then 1 week.

#### LIFELINK ADOPTION SERVICE

AVAILABLE: 14 months – 15 years, twins, other sibling groups.

COST: \$12000 for couples, \$16100 for singles, not including local service or travel.



TIME: travel 5-8 months after dossier submitted.  
FACTS: couples only; age flexible; travel for both for up to 2 ½ weeks.

#### LOS NIÑOS (CHILDREN'S) INTERNATIONAL ADOPTION CENTER

AVAILABLE: 15 months – 8 years.  
COST: \$16050, not including local service or travel, including in country travel, hotel, legal fees, and orphanage donation.  
TIME: 3-6 months to referral, 2 months to travel.  
FACTS: Ages 25-60; couples married 1 year; travel for 2-3 weeks. 6 years experience in the Ukraine.

#### LUTHERAN SOCIAL SERVICES OF NEW ENGLAND

AVAILABLE: mostly ages 1-8 years.  
COST: average is \$10800, not including local service or travel.  
TIME: 3 months + to referral, 3 months + to travel.  
FACTS: singles, yes; age up to 55; couples married 2 years; previous divorce ok; travel.

#### NEW HORIZONS ADOPTION AGENCY, INC. (MN)

AVAILABLE: some waiting children.  
COST: \$12900-\$14900, not including local service, including travel.  
TIME: average referral time is 3-6 months, up to 3 months to travel.  
FACTS: single women, yes; ages 22+; couples married 2 years; active in Christian faith; parental leave for 2 months; both travel for 3 weeks.

#### THE OPEN DOOR ADOPTION AGENCY, INC.

AVAILABLE: ages 1-15 years.  
COST: \$19300, not including local service or travel.  
TIME: up to 2 months to referral, approx. 4 weeks to travel.  
FACTS: single women, yes; ages 25-55; couples married 2 ½ years; Christian; travel for 4 weeks.

#### SUNNY RIDGE FAMILY CENTER

AVAILABLE: children 14 months +, sibling groups.  
COST: \$19250, plus travel, food, lodging.  
TIME: 12 months.  
FACTS: married couples and single women, yes; 1 trip (approx. 3 weeks) is required to complete adoption process.

#### SUNSHINE ADOPTION, INC.

AVAILABLE: 16 months +.  
COST: \$9000-\$16500 depending on age and health of child and marital status of parent.  
TIME: 1-5 months to referral. 3-4 weeks travel.  
FACTS: Singles allowed on case-by-case basis. No more than 45 years older than child.

#### VILLA HOPE (serving only Alabama)

AVAILABLE: ages 15 months +.  
COST: \$29200 - \$33200, not including local service. Please contact office for current fee schedule.  
TIME: 3-6 months to travel from completion of the dossier.  
FACTS: singles, yes (men for boys only); up to age 50 for infant; 1 or 2 trips.

#### VOICES FOR INTERNATIONAL DEVELOPMENT AND ADOPTION (VIDA)

AVAILABLE: children 1-5 years generally.  
COST: \$14500 USD.

TIME: 3 –6 months to be given initiation to travel and accept child and then 3-6 weeks processing time.

FACTS: Single and couples welcome.

#### WASATCH INTERNATIONAL ADOPTIONS, INC.

AVAILABLE: 12 months +.

COST: \$17000-\$18000 not including travel and in-country expenses.

TIME: 9-12 months.

#### WIDE HORIZONS FOR CHILDREN, INC.

AVAILABLE: toddlers 18 months+, older children and sibling groups also.

COST: \$11000 plus agency fees and travel.

TIME: varies from 5-10 months.

FACTS: married couples only; 1 trip of 4-7 weeks, or 2 trips for 1 week each (one parent may return home after 7-10 days).

#### WORLD CHILD

AVAILABLE: ages 14 + months.

COST: \$14650-\$15950, not including local service or travel.

TIME: travel about 3 months after dossier is submitted.

FACTS: singles, yes; travel 2 to 3 weeks.

#### WORLD PARTNERS ADOPTION, INC.

AVAILABLE: ages 1 ½ to 16 years.

COST: \$26000-\$29000 total.

TIME: 8-9 months process time; travel comes 2-3 months after dossier submission.

FACTS: single women, yes; u to age 48; travel for both for 23-25 days (one parent may leave after court or 14 days).

## ADOPTING A CHILD FROM LATIN AMERICA

*By Kathi Zamboni*

As the proud parent of two children born in Latin America, I want the option of Latin American adoptions much better known. In light of the slowing of Korean adoptions and the increased efforts by those concerned with homeless children the world over, I believe the number of adoptions from Latin America and India will increase. I believe the adoption process, the heritage and characteristics of the child, and the geography and social milieu of the Latin American greatly differ from those of the Korean/Asian child.

However, the basic needs for food, medical care, human closeness, love, and security are the same for all children. Culture determines, in part, the way a mother/parent meets these needs. While the Asian infant may be used to being carried on his mother's (or foster mother's) back, the Latin American infant may also have been carried, but snugly wrapped in a woven *rebozo*, and placed on his mother's back or across her breast, next to her heart. Babies around the world respond happily to this type of warm, close body contact. The child who spends his life in an orphanage has probably missed this experience, and will crave it even more.

The Latin American child, like the Asian child, may have a dark, pigmented area at the base of his spine. This bluish patch, the Mongolia spot, reflects his ethnic origins (Black, Asian, or Mediterranean, including the Latin countries), and is *not* related to "mongolism" (Downs Syndrome). The pigmentation tends to fade with age, and is generally not apparent in adults.

The physical characteristics of the people reflect the history of Latin America. The Spanish and Portuguese settled all of Latin America and intermarried with indigenous Indians. There are also areas with a predominance of other European types (e.g. German, French). The mix of European and Indian produced the *mestizo* – by far the most common ethnic group, whose skin shades are a variety of browns. Spanish has several words used to differentiate the various shades of skin color: *moreno*, *café*, *carmelito*, *pardo*,

*castaño*, *triqueño*, *claro*, and *oscuro*. Because of the slave trade, Blacks are most often found in the coastal areas of Colombia, Brazil, and Honduras. Many of them, too, intermarried with Indian, creating the Creole.

We must be aware of our geographical neighbors during the adoption process – spell names correctly (*Colombia*, *Chile*), respect their methods and options, and even be more courteous than we usually are. The words "Latin America" refer to all of the countries south of the U.S.A. First comes México, then the Central American countries; Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, Panamá, and Belize. The continent of South American includes 13 countries: Colombia, Ecuador, [el] Perú, Chile, [la] Argentina, Brazil, Paraguay, Uruguay, Venezuela, Bolivia, Guyana, Surinam, and French Guiana. Each of these countries is a separate republic with its own government, adoption laws, and national pride. Not all Latinos are "Mexicans," nor do they all eat tortillas, and none likes to be lumped into a catch-all category. Each takes pride in his unique cuisine, his dance, his music, and his national folkloric costume. He even has his own distinct vocabulary within the Spanish language – a *guagua* in Ecuador is a baby, but in Cuba a *guagua* is a bus; a baby in El Salvador is a *tiernito* (a young, tender thing), but in other places a baby might be a *bebé* or *infante*, etc.

An intercountry adoption offers the perfect opportunity to increase one's awareness of others. It urges one to get out the language books and the globe, to introduce your other children and relatives to "the family of man," and to further develop a positive and accepting philosophy toward differences. For example, there is more than one way to cook the world's staples of corn, potatoes, or rice; more than one way to convey these foods to your mouth (chopsticks, spoon, fork, lettuce leaf, tortilla). While each social group may believe that its way is "the way" and that it represents "the people," the hope for world peace lies in respect, even love, for others, even though they may do and believe differently.

The laws of most Latin American countries require at least one parent to travel to the foreign country to meet with the agency or the juvenile court judge and to be presented with the child. An applicant may be hesitant to do this for a variety of reasons, including the fear of political and social upheaval within the country. Remember that one reason there are orphans is that the national government and its people do not have the resources within the country to give the orphans the permanent, loving care that they are known to need. For this reason, it is determined that for the child's well being, he be declared eligible for international adoption. I perceive the requirement to travel as an opportunity akin to going into the delivery room for the birth of one's child. You have the unique opportunity to see your child in the environment most familiar to him. You may become more empathetic to how he will feel upon coming home to the U.S.A. – even the young baby perceives the difference in smells, noises, sights,

tastes, and feels of the new environment. Yu will be able to relate the wonder of it all to your child as part of his birth story. (We were told by the director in the foreign country that the moment of our child was put into our arms was truly his birthday.)

A child from Latin America may have specific health problems such as under-nutrition, parasites, or ear infections that are usually temporary. These are less disturbing when read about ahead of time, and arrangements have already been made for the child to be seen by a pediatrician immediately upon arrival home. The specific needs (physical and psychological) are dealt with very clearly elsewhere in this *Report* and in books and reports found in the "Reading List." There also are personal accounts in adoptive parent and agency newsletters herein.

*Revised and reprinted by permission of the author from the JCICS Bulletin, November 1986.*

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## HIGH ALTITUDE MEDICAL CONCERNS BILINGUAL MEDICAL FORMS

### HIGH ALTITUDE MEDICAL CONCERNS

#### *Acute Mountain Sickness (AMS):*

Incidence and severity of AMS are related to altitude, speed of ascent, physical exertion, and prior acclimatization. Some people are particularly susceptible and experience similar episodes with each exposure. Symptoms of headache, anorexia or nausea, general weakness, difficult breathing, and "flu-like" malaise may begin 6 to 48 hours after ascent, but sometimes occur later. Rapid ascent to 12,000 is followed by headache in over 50% of unacclimatized subjects, and severe AMS with incapacitating headache and severe nausea and vomiting, occurs in about 10%. Symptoms usually subside in 1 to 7 days.

#### *Prevention:*

Most effective preventive measure is acclimatization by a 2-4 day stay at an intermediate altitude (6000-8000 feet) and gradual ascent to higher elevations; sleeping altitude appears to be especially important in determining whether symptoms develop. Alcohol, hypnotic drugs, and tobacco should be avoided because they may decrease ventilation and intensify hypoxemia. Physical conditioning at sea level does not prevent AMS; on the contrary, the young and energetic appear to be the most susceptible. (All travelers should rest the first 2 days of their stay).

#### *Treatment:*

Please consult your doctor about prescriptions of Acetazolamide (Diamox and others), Dexamethasone (Decadron and others) or both. Supplemental oxygen may be helpful especially during sleep. *DO NOT* use

the common Bolivian remedy, *mate de coca*, a tea that tastes like wet hay and is made of coca leaves (unrefined cocaine).

*Abnormally high hemoglobin:*

Typical Altiplano (high plateau) dwellers have tremendous lung development as well as 40% more red corpuscles (high hemoglobin) in the blood. Bear this in mind if you adopt an older child. The children can still be anemic, however, and anemia in a child with high hemoglobin may be cause for concern.

*If you have a severe respiratory or heart disorder, do not travel to Bolivia!*

## **BILINGUAL MEDICAL FORMS**

Deborah McCurdy developed a Spanish-English medical form for use in Spanish-speaking countries. Building Families Through Adoption supplied a Portuguese translation for use with Brazilian adoptions. All other agencies are welcome to use them as they are, or to modify them for their own purposes. They should also meet a need in parent-initiated adoptions for individual families, if they are dealing with foreign placing agencies or attorneys who are receptive; the parents can point out that they are clear, comprehensive, easy to fill out, and very easy to translate quickly. The Spanish-English form was prepared with the assistance of two bilingual physicians, and is based on the American Academy of Pediatrics form, but it's much shorter and easier to fill out.

Here are some other benefits of a bilingual medical form:

- 1) It doesn't depend on a foreign-speaking doctor's knowledge of English nor the adoptive parent's knowledge of Spanish or Portuguese. The physician answers the questions in his language and at the same time, in most cases, automatically gives the English translation.
- 2) Each form is in simple language and doesn't depend on the translator's knowledge of medical terms in either language. There's less chance of an error in translation.
- 3) The most important parts, which deal with whether the child is normal, are clear and essentially self-translating since the doctor simply answers "Yes" or "No" in his own language or uses the international symbols O and X for normal and abnormal.
- 4) The form allows for differences between U.S. and Latin American standards for "normal" height, weight, and head circumference. This form asks the doctor, who has knowledge of his county's standards of normalcy, whether the child's measurements and weight are normal in his opinion, and whether he or she is likely to develop normally, even if developmentally delayed (presumably, in many cases, because of insufficient food and attention). This certainly clarifies the picture for the parents, the American agency, and the agency's doctor.

We would like your comments on your experience with these forms, and your suggestions about how to improve them.

PLEASE FEEL FREE TO DUPLICATE AS NEEDED.

THANKS TO: *Deborah McCurdy, MSW, and Pam Reinert.*

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## REPORTE CLÍNICO (ESPAÑOL-INGLÉS)

### REPORTE CLÍNICO (ESPAÑOL-INGLÉS) DEL NIÑO QUE SERA ADOPTADO (Spanish-English Medical Report on Child to be Adopted)

NOMBRE Y APELLIDO DEL NIÑO (Name of child):  
\_\_\_\_\_

FECHA DE NACIMIENTO (Date of birth): \_\_\_/\_\_\_/\_\_\_ SEXO: \_\_\_M\_\_\_F

EXAMEN FÍSICO (Physical examination) FECHA (Date) \_\_\_\_\_

ESTATURA (Height) \_\_\_\_\_ cm. PESO (Weight) \_\_\_\_\_ Kg. O (or) \_\_\_\_\_ gm.  
CIRCUNFERENCIA DE LA CABEZA, SI LA EDAD DEL NIÑO ES APROPIADA (Head  
circumference as age appropriate): \_\_\_\_\_ cm.

SON LAS MEDIDAS DE ARRIBA NORMALES PARA LA EDAD DEL NIÑO? (Are the above  
measurements normal for the child's age?) \_\_\_\_\_ SÍ (yes) \_\_\_\_\_ NO

EN LOS PUNTOS DE ABAJO, PONGA LA O SI ES NORMAL O LA X SI ES ANORMAL (For the  
following, put "O" if normal or "X" if abnormal)

PIEL (skin) \_\_\_\_\_ DIENTES (teeth) \_\_\_\_\_ ESPALDA (back) \_\_\_\_\_  
VISIÓN \_\_\_\_\_ CUELLO (neck) \_\_\_\_\_ ABDOMEN \_\_\_\_\_  
OJOS (eyes) \_\_\_\_\_ PULMONES (lungs) \_\_\_\_\_ GENITALES (genitals) \_\_\_\_\_  
OÍDO (hearing) \_\_\_\_\_ CORAZÓN (heart) \_\_\_\_\_ EXTREMIDADES (extremities) \_\_\_\_\_  
OREJAS (ears) \_\_\_\_\_ NARIZ (nose) \_\_\_\_\_ GARGANTA (throat) \_\_\_\_\_  
NEUROLÓGICA (neurological) \_\_\_\_\_

POR FAVOR DESCRIBA LAS ANORMALIDADES (Please describe any abnormalities):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LA TRADUCCIÓN EN INGLÉS (English translation):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ES EL CRECIMIENTO DEL NIÑO AL NIVEL ESPERADO PARA SU EDAD? (Is the child at the  
expected level of development for his age?) \_\_\_\_\_ SÍ (yes) \_\_\_\_\_ NO  
SI NO, POR FAVOR EXPLÍQUELO (If not, please explain):  
\_\_\_\_\_  
\_\_\_\_\_

LA TRADUCCIÓN EN INGLÉS (Translation):  
\_\_\_\_\_  
\_\_\_\_\_

SI EL CRECIMIENTO NO ES AL NIVEL ESPERADO PARA SU EDAD, PUEDE EL NIÑO EN SU  
OPINION CRECER NORMALMENTE SI RECIBE BUENA NUTRICIÓN Y BUEN CUIDADO  
EN UNA CASA ADOPTIVA Y CARINOSA? (If the child is not at the expected level of development for  
his age, can he, in your opinion, grow normally if he receives good nutrition and good care in a loving  
adoptive home?)  
\_\_\_\_\_ SÍ (yes) \_\_\_\_\_ NO

POR FAVOR DESCRIBA ENFERMADADES QUE HA TENIDO LA FAMILIA DEL NIÑO O PROBLEMAS CON EL EMBARAZO O EL NACIMIENTO, SI LO SABE (Please describe any illnesses in the child's family or problems with the pregnancy or birth, if known):

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LA TRADUCCIÓN (Translation):

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ESTATURA Y PESO AL NACIMIENTO, SI LO SABE (Height and weight at birth, if known):

\_\_\_\_\_ cm. \_\_\_\_\_ gm.

POR FAVOR DESCRIBA ENFERMADADES QUE HA TENIDO EL NIÑO Y DROGAS QUE HA TENIDO, SI LO SABE (Please describe any illnesses and drugs the child has had, if known):

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LA TRADUCCIÓN (Translation):

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POR FAVOR ENUMERE LAS INMUNIZACIONES CON LAS FECHAS QUE HA TENIDO EL NIÑO (Please specify immunizations the child has had, with dates):

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LA TRADUCCIÓN (Translation):

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SI EL NIÑO HA TENIDO EXÁMENES DE LABORATORIO, POR FAVOR ESCRIBA LAS FECHAS Y LOS RESULTADOS (If the child has had laboratory tests, please give dates and results):

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LA TRADUCCIÓN (Translation):

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SI EL NIÑO TIENE UNA CONDICION QUE NECESITA UN TRATAMIENTO CONTINUADO, POR FAVOR DESCRÍBALO (If the child has a condition that requires continuing medical treatment, please describe):

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LA TRADUCCIÓN (Translation):

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NOMBRE Y APELLIDO DEL MÉDICO (Doctor's name):

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DIRECCIÓN DEL MÉDICO (Doctor's address):

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# INFORME MÉDICO (PORTUGUÊS-INGLÊS)

## INFORME MÉDICO (PORTUGUÊS-INGLÊS) DA CRIANÇA A SER ADOTADA (Portuguese-English Medical Report on Child to be Adopted)

NOME E APELIDO DA CRIANÇA (Name of child): \_\_\_\_\_

DATA DO NASCIMENTO (Date of birth): \_\_\_\_\_

EXAME FÍSICO (Physical examination) \_\_\_\_\_ DATA (Date): \_\_\_\_\_

ESTATURA (Height): \_\_\_\_\_ cm      PÊSO (Weight): \_\_\_\_\_ Kg. Ou (or) \_\_\_\_\_ gm.  
CIRCUNFERENCIA DA CABECA, SE A IDADE DA CRIANÇA É APROPRIADA (Head  
circumference, as age appropriate): \_\_\_\_\_ cm.

SAO ESTAS MEDIDAS NORMAIS PARA A IDADE DE CRIANÇA (Are these measurements normal  
for the child's age)? \_\_\_\_\_ SIM (yes) \_\_\_\_\_ NAO (no)

NA INFORMACAO ABAIXO, ESCREVA O SE É NORMAL E X SE É ANORMAL (For the  
following, put "O" if normal or "X" if abnormal):

PELE (skin) _____	DENTES (teeth) _____	COSTAS (back) _____
VISÃO (vision) _____	PESCOCO (neck) _____	ABDOMEM (abdomen) _____
ÓLHOS (eyes) _____	PULMOES (lungs) _____	GENITAIS (genitals) _____
OUVIDO (hearing) _____	CORACÃO (heart) _____	EXTREMIDADES (extremities) _____
ORELHAS (ears) _____	NARIZ (nose) _____	GARGANTA (throat) _____
NEUROLOGICO (neurological)		

POR FAVOR DESCREVA AS ANORMALIDADES (Please describe any abnormalities): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRADUÇÃO AO INGLÊS (English translation): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E O NÍVEL DO CRESCIMENTO DA CRIANÇA É ESPERADO PARA A SUA IDADE (Is the child at  
the expected level of development for his age)? \_\_\_\_\_ SIM (yes) \_\_\_\_\_ NAO (no)

SE NAO, POR FAVOR EXPLIQUE-O (If not, please explain):

\_\_\_\_\_  
\_\_\_\_\_

TRADUÇÃO AO INGLÊS (Translation):

\_\_\_\_\_  
\_\_\_\_\_

SE O CRESCIMENTO NAO É O DO NÍVEL ESPERADO PARA A SUA IDADE, NA SUA  
OPINIAO, ESSA CRIANÇA PODE CRESCER NORMALMENTE SE ELA RECEBE UMA  
NUTRICAO ADEQUADA E UM BOM CUIDADO NUMA CASA ADOTIVA CARINHOSA (If the  
child is not at the expected level of development for his age, can he, in your opinion, grow normally if he  
receives good nutrition and good care in a loving adoptive home)? \_\_\_\_\_ SIM (yes) \_\_\_\_\_ NAO (no)



POR FAVOR DESCREVA AS DOENCAS QUE A FAMILIA DA CRIANÇA TEVE OU PROBLEMAS COM A GRAVIDEZ OU O NASCIMENTO, SE SABE (Please describe any illnesses in the child's family or problems with the pregnancy or birth, if known):

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TRADUÇÃO (translation):

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ALTURA E PÊSO DA CRIANÇA AO NACER, SE SABE (Height and weight at birth, if known):

\_\_\_\_cm. \_\_\_\_gm.

POR FAVOR DESCREVA AS DOENCAS QUE A CRIANÇA TEVE E QUE REMEDIOS TOMOU, SE SABE (Please describe illnesses and drugs child has had, if known):

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TRADUÇÃO (translation):

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POR FAVOR NUMERE AS VACINAS QUE A CRIANÇA TOMOU E AS DATAS (Please specify immunizations child has had, with dates)

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TRADUÇÃO (translation):

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POR FAVOR NUMERE OS EXAMENS DE LABORATORIO DA CRIANÇA COM AS DATAS E OS RESULTADOS (Please list any laboratory tests with dates and results):

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TRADUÇÃO (translation):

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SE A CRIANÇA TEM UMA CONDIÇÃO QUE NECESSITE DE UM TRATAMENTO CONTINUADO, POR FAVOR DESCREVA-O (If the child has a condition that requires continuing medical treatment, please describe):

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TRADUÇÃO (translation):

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NOME E APELIDO DO MEDICO (Doctor's name):

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ENDERECO DO MEDICO (Doctor's address):

## LATIN AMERICA



**Bolivia, Brazil, Chile, Colombia, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Panama, Peru**

### **BOLIVIA**

*No new applications at present.*

#### CHILDREN'S HOUSE INTERNATIONAL

AVAILABLE: ages 6 months +, AIDS-tested.

COST: \$11600, not including local service or travel.

TIME: up to 8 months to referral, up to 3 weeks to travel.

FACTS: couples ages 25-50; married 1 year; travel for 3-5 weeks.

#### WORLD CHILD

AVAILABLE: infants and toddlers, some siblings.

COST: \$11500, not including travel.

TIME: up to 6 months to referral, up to 1 month to travel.

FACTS: couples 25-55 for child 0-6 years; married 2 years; travel for up to 6 weeks. No new applications at present.

### **BRAZIL**

*It appears that Brazil will begin working with a list of approved agencies.*

#### CHILDREN AT HEART ADOPTION SERVICES

AVAILABLE: 2 mos – 12 years; waiting children also; AIDS tested.

COST: Under \$25000, including all local services, travel, translations, donations, etc.

FACTS: Singles, yes; travel, yes. Pilot program.

#### COMMONWEALTH ADOPTIONS INTERNATIONAL

AVAILABLE: 4 years old & up of both sexes. Children under 4 require much longer referral time.  
COST: \$12000, not including CIS, local service, or travel expenses.  
TIME: 4-9 months from dossier submittal.  
FACT: travel for one or both parents for about 1 month. Our newest program.

#### FAMILIES THRU INTERNATIONAL ADOPTION

AVAILABLE: 6 years+; sibling groups available; HIV and Hepatitis B tested.  
COST: \$13885, not including local service or travel.  
TIME: 6-9 months to referral, 4-6 months to travel.  
FACTS: singles, yes.

#### HANDS ACROSS THE WATER

AVAILABLE: ages infant to 15 years.  
COST: \$12000 not including travel.  
TIME: 3 – 10 months from application to travel.  
FACTS: single women, yes; travel for 3-4 weeks.

#### ILLIEN ADOPTIONS INTERNATIONAL, INC.

AVAILABLE: all ages.  
COST: \$12500, not including local service or travel.  
TIME: varies.  
FACTS: travel, yes; no new applications at present.

#### INTERNATIONAL ADOPTION CENTER

AVAILABLE: ages 4-12 years, waiting children also.  
COST: \$15500, not including local service or travel.  
TIME: 4-6 months to referral, up to 2 months to travel.  
FACTS: singles, ye; age 25+; 1 divorce ok; travel.

#### WASATCH INTERNATIONAL ADOPTIONS, INC.

AVAILABLE: 2 years and up.  
COST: \$5800  
TIME: 9 months to 1 year.  
FACTS: couples, single men and women.

### CHILE

#### ILLIEN ADOPTIONS INTERNATIONAL, INC.

AVAILABLE: all ages.  
COST: \$12500, not including local service or travel.  
TIME: varies.  
FACTS: couples only; travel, yes. No new applications at present.

### COLOMBIA

1. *Licensed agencies only may place children.*
2. *Couples will be married 3-5 years.*
3. *Parents may have 1 birth child or 2 adopted children already.*
4. *Travel is 2 weeks to 2 months depending on court assignments.*

#### ADOPTIONS UNLIMITED

AVAILABLE: usually older and waiting children, HIV-tested.

COST: \$10050, not including local service, foster care, or travel.  
TIME: 8-12 months.  
FACTS: single women, yes; couples married 2 years; travel 8-12 weeks.

#### ALLIANCE FOR CHILDREN

AVAILABLE: mostly infants, HIV and hepatitis B-tested, foster care.  
COST: \$12500, not including local service or travel, including orphanage donation.  
TIME: 12-24 months to referral, up to 3 weeks to travel.  
FACTS: couples under 40; married 1 year; both travel 4-6 weeks (1 may return home after 10 days).

#### THE BARKER FOUNDATION (serving only Washington DC, Maryland, and Virginia)

AVAILABLE: 2 months to 2 years.  
COST: \$16500, including local service, not including travel.  
TIME: 12-18 months to referral.  
FACTS: couples no more than 39 years older than child; married 2 ½ years; for infants, no more than 1 child already; sex preference discouraged; parental leave 3 months for infant/toddler; travel for 4-6 weeks.

#### BETHANY CHRISTIAN SERVICES

AVAILABLE: ages 0-1 year; waiting children also.  
COST: \$8700-\$13650 (varies depending on program) not including local service, not including travel & accommodations.  
TIME: 9 + months to referral, 2 months to travel.  
FACTS: singles for older children; couples 25-38 for infants; married 3-5 years; no religious restrictions by agency; travel for 6-8 weeks in Bogota, 4 weeks outside of Bogota. 5 programs.

#### CHILDREN'S HOME SOCIETY & FAMILY SERVICES

AVAILABLE: infants +.  
COST: \$7250-\$14550, not including local service or travel.  
TIME: 8-15 months to referral, 1-2 weeks for processing.  
FACTS: singles for older children; couples 25-40; sex preference ok for some programs; travel for 3-7 weeks.

#### CHILDREN'S HOPE INTERNATIONAL (MO)

AVAILABLE: ages 6 months – 14 years.  
COST: \$7250, not including travel; \$13700 with travel.  
TIME: 15-18 mo for infants, 6-12 months for 7+ year old; travel, 3-4 weeks.  
FACTS: ages 25-55; only parents 25-28 can adopt an infant.

#### COMMONWEALTH ADOPTIONS INTERNATIONAL

AVAILABLE: ages 6 months to 14 years, sibling groups.  
COST: \$15000, not including CIS, local service or travel expenses.  
TIME: up to 2 years after dossier submission. Older children, sibling group and waiting children referrals usually much quicker.  
FACTS: Ages 25-55. travel 3-6 weeks.

#### INTERNATIONAL ADOPTION CENTER

AVAILABLE: ages 4-12 years, waiting children also.  
COST: \$15500, not including local service or travel.  
TIME: 4-6 months to referral, up to 2 months to travel.  
FACTS: singles, yes, but prefer couples; age 25+; 1 divorce ok; travel.

#### LOS NIÑOS (CHILDREN'S) INTERNATIONAL ADOPTION CENTER

ICBF PUBLIC AGENCY PROGRAM:

AVAILABLE: Infant to 8 years.

COST: \$10550, not including local service or travel (\$12000 for ages 2+).

TIME: usually 4-6 months for children 5-8 years old. 18 months to 2 years for infants.

FACTS: single women for waiting children; ages up to 35 for age 0-2; couples married 5+ years; 1 divorce each ok; no more than 1 child already for infant; 1 trip of 3-4 weeks (1 spouse may return home), or 2 trips.

Columbia is giving priority to couples adopting children over 5 years.

MEDELLIN, PRIVATE AGENCY:

AVAILABLE: Infant – 8 years.

COST: \$16050.

TIME: same as ICBF.

FACTS: same as ICBF.

SPENCE-CHAPIN SERVICES

AVAILABLE: infants, toddlers, school age, and siblings.

COST: \$9200, not including local service, travel, CIS, agency fees (sliding scale).

TIME: 12 months to referral.

FACTS: travel for 3-4 weeks (1 parent may return home after 1 week).

SUNSHINE ADOPTION, INC.

AVAILABLE: 3 months +.

COST: \$1000-\$11000 depending on # of children being adopted and age.

TIME: 0-6 years – up to 2 years to referral; 6 years+ - 6 months. Travel is 1 month depending on region.

FACTS: parent less than 45 years for child under 2 years; 40+ for toddlers and older children.

WIDE HORIZONS FOR CHILDREN, INC.

AVAILABLE: all ages; waiting children also.

COST: \$7900, plus agency fees and travel.

TIME: 12 months to referral (orphanage program), less than 1 month to travel.

FACTS: parents 25-38 for infants; statement of infertility required to adopt the under 2s; travel for both, 1 parent staying for 3-5 weeks. Single women for children 7+ years. Single men for boy 7+ years.

WORLD PARTNERS ADOPTION, INC.

AVAILABLE: infants – 5 years.

COST: \$18000 total.

TIME: 16-18 months.

FACTS: 3 weeks stay in country, both parents travel (1 can leave after 1 week).

**ECUADOR**

ADOPTIONS FROM THE HEART (*This program is on hold*)

AVAILABLE: waiting children, African ethnicity, and children 4+ years old.

COST: \$13630, not including travel.

TIME: 4-6 months from paperwork completed to travel.

FACTS: singles, yes; travel.

ALLIANCE FOR CHILDREN

AVAILABLE: all ages; hepatitis B, HIV-tested.

COST: \$14500, not including local service or travel, including orphanage donation.

TIME: up to 6 months to referral, wait to travel varies.

FACTS: singles for ages 2+; couples 30-40 for infants, 40-50 for 2-5 year olds, 50+ for 5+; travel for 2-3 weeks.

#### BETHANY CHRISTIAN SERVICES

AVAILABLE: ages 1-15 years, waiting children.

COST: \$10000, not including local service.

TIME: 6-12 months to referral, up to 1 month to travel.

FACTS: single women, no; ages 30-40; couples married 3 years; no religious restriction by agency; travel for 3-4 weeks. Pilot program.

#### CHILDREN'S HOME SOCIETY & FAMILY SERVICES

AVAILABLE: infants +.

COST: \$12750, not including local service or travel.

TIME: 12-15 months to referral, 1 month for processing.

FACTS: couples 30-40 for under 2s; married 1 year; singles for older children; 2 children already ok; both parents travel for 3-5 weeks.

#### CHILDREN'S HOUSE INTERNATIONAL

AVAILABLE: ages 6 months +, older children also.

COST: \$18500, not including local service or travel.

TIME: 6-12 months to referral, 3-5 weeks to travel.

FACTS: singles, yes (men ok); ages 30-40 (up to 60 for older child); travel for both for 3-5 weeks.

#### HOLT INTERNATIONAL CHILDREN'S SERVICES

AVAILABLE: ages 18 months – 6 years at placement time; some waiting children; AIDS, hepatitis B-tested.

COST: \$11485, not including local service or travel.

TIME: from application through placement 24-30 months average.

FACTS: single women for child age 3+, (flexible for waiting child); couples 30-40 for child up to 2 years, 46-50 for 3+, 51+ for 5+ years; couples married 3 years; 2 children already ok for child up to 2 (flexible for waiting child); both travel for 2 weeks, then 1 parent for 2 weeks or 1 trip to 4-6 weeks.

#### THE OPEN DOOR ADOPTION AGENCY, INC.

AVAILABLE: ages 6 months – 3 years, waiting children also.

COST: \$19000, not including local service or travel.

TIME: no referrals offered from Ecuador presently.

FACTS: single women, yes; couples married 2 ½ years ages 30-40 for up to 2 years old (older parents for older children); require statement of Christian faith; travel for both parents for 2 weeks.

#### SPENCE-CHAPIN SERVICES

AVAILABLE: toddlers, school age, and siblings.

COST: \$7300, not including local service, travel, CIS, or agency fees (sliding scale).

TIME: Up to 12 months to referral.

FACTS: travel for about 3-4 weeks.

#### VILLA HOPE

AVAILABLE: 0-5 years, older and waiting children also; mostly toddlers, more boys than girls; AIDS-tested.

COST: \$14305 - \$14515, not including travel. Fees may be reduced for special needs or waiting children. Please contact the office for a current fee schedule.

TIME: up to 1 year to referral, 3 months to travel. The waiting period is generally longer for girls than boys.

FACTS:

#### WORLD CHILD

AVAILABLE: infants and older children, many minor medicals.

COST: \$11950-\$16450, not including local service or travel.

TIME: referral up to 1 year after dossier is complete, up to 3 months to travel.

FACTS: couples 30-40 for infants (older parents, older children), married 5 years; infertility usually required; travel for 1 month or 2 shorter trips.

## **EL SALVADOR**

### **ADOPTIONS UNLIMITED**

AVAILABLE: toddlers +, some siblings.

COST: \$18950, not including local service, foster care, or travel.

TIME: 2-3 months to referral, 4-6 months to travel.

FACTS: couples; ages 25-45 (older parents for older children); married 5 years.

### **THE BARKER FOUNDATION**

AVAILABLE: 6 months+.

COST: \$28000, including local service, not including travel.

TIME: usually under 1 year.

FACTS: singles, yes; up to age 50; travel 2-3 days.

### **VOICE FOR INTERNATIONAL DEVELOPMENT AND ADOPTION (VIDA)**

AVAILABLE: infant – 4 years.

COST: \$11500 - \$12500, not including local service or travel. Translators are extra.

TIME: quite short to referral, but processing time is up to 1 ½ years.

FACTS: travel one week.

## **GUATEMALA**

*DNA testing is now a requirement for all children.*

### **ACCEPT – AN ADOPTION & COUNSELING CENTER (serving only northern California)**

AVAILABLE: mostly infants.

COST: \$19620, not including agency fee, local service, or travel.

TIME: 6 months to referral, 3 months to travel.

FACTS: single women, yes; travel 4-5 days.

### **ACROSS THE WORLD ADOPTIONS**

AVAILABLE: mostly infants, newborns to 12 months, some older children; HIV, Hepatitis B tested.

COST: \$22900, not including local service, travel, or DNA testing (about \$450).

TIME: up to 4 months to referral (often immediate for boys), 4-9 months to travel/escort.

FACTS: single women and men, yes; AIDS-testing required; travel for about 3 days or escort.

### **ADOPT INTERNATIONAL**

AVAILABLE: ages 5 months to 4 years.

COST: \$20000, not including local service or travel.

TIME: 2-3 months to referral, 6 months or so to travel.

FACTS: singles accepted; travel 3-5 days; children in private care.

### **ADOPTION ALLIANCE (CO)**

AVAILABLE: healthy infants, some toddlers; more boys than girls.

COST: \$19000, not including local service or travel, or \$450/month foster care.

TIME: time varies to referral, 6-10 months to travel.

FACTS: singles, yes; ages 25+; travel for about 3 days.

#### ADOPTION ASSOCIATES, INC. (MI)

AVAILABLE: infants at time of referral; occasionally toddlers, older and special needs children. Most children in foster care in Guatemala.

COST: \$23250-\$26000, not including local service or travel/escort.

TIME: Dossier and home study preparation: 2-3 months; referral time after this – immediate up to 4 months; after referral: 4-9 months average to bring child home.

FACTS: single women, yes; ages 25+; couples married 1 year; no more than 2 divorces each.

#### ADOPTION CENTER OF WASHINGTON

AVAILABLE: 6 months +

COST: Approx \$25,000 not including local service or travel.

TIME: 6 months to referral for females; 3 months to referral for males.

FACTS: couples and single women accepted.

#### ADOPTION UNLIMITED, INC.

AVAILABLE: 2 months + at referral; 6 months + at placement.

COST: \$15,405-\$22,405 depending on orphanage or relinquishment program, not including local service or travel.

TIME: 4 – 6 months for referral; child usually home within one year.

FACTS: Applicants must have high school education or higher; explanation of religious beliefs to teach child; must provide proof of health insurance; letter from clergy or statement of faith required; childless couples may not specify sex of child. Some older children are available at reduced fees.

#### ADOPTION LINKS WORLDWIDE (serving only NE and Western Iowa)

AVAILABLE: ages up to 3 years; more boys; children are in excellent care.

COST: \$19700, not including local service, travel, CIS, DNA.

TIME: up to 3 months to referral for boys, up to 6 months for girls.

FACTS: singles, yes.

#### ADOPTIONS FROM THE HEART

AVAILABLE: ages 5 months – 1 year, waiting children also; AIDS, hepatitis B, VDRL-tested.

COST: \$23000, including local service and travel.

TIME: 7-9 months to referral, currently 5 ½ months to travel/escort.

FACTS: single women, yes; couples married 2 years; travel for 2-3 days.

#### ADOPTIONS INTERNATIONAL, INC.

AVAILABLE: ages infant – 12 years, healthy; mostly infants and toddlers, some waiting children; AIDS, hepatitis B, VDRL-tested; birth mother interview with clinical psychologist.

COST: \$24900 (New York City & PA), \$23650 (out of area), including 6 months foster care, not including travel.

TIME: 3-6 months to referral for boys, 6-9 months for girls; 4-6 months to travel.

FACTS: single women, yes; ages 25-53; travel encouraged for 2-3 working days (escorting available, but takes longer); many older children are awaiting families.

#### ADOPTIONS TOGETHER

AVAILABLE: Primarily infants; toddlers available rarely.

COST: Agency fee \$5500; \$20050, not including local service or travel.

TIME: very short to referral, up to 8 months to travel/escorting.

FACTS: singles, yes; ages 25-50; couples married 1 year; travel option for 3-4 days or escorting.

#### ADOPTIONS UNLIMITED



AVAILABLE: all ages, waiting children also.

COST: \$19750, not including local service, foster care, or travel.

TIME: 3-6 months to referral, 2-4 months to travel.

FACTS: single women, yes; ages 21-50; couples married 2 years; travel 3-7 working days. Not placing in New York. This program is currently ON HOLD.

#### ALLIANCE FOR CHILDREN

AVAILABLE: mostly infants; hepatitis B, HIV-tested, foster care.

COST: \$19500, not including local service or travel, including orphanage donation.

TIME: up to 6 months to referral (shorter for boys), up to 6 months to travel.

FACTS: single women, yes; ages 25 +; 1 parent travels for 3-5 days.

#### AMERICANS FOR INTERNATIONAL AID AND ADOPTION

AVAILABLE: mostly infants, Mayan and Indian/Spanish in private foster care.

COST: \$23175 infants in foster care, \$17475-\$20475 little ones in small child care facility; not including local service or travel and accommodations.

TIME: 6-8 months.

FACTS: travel for 1 for 2-3 days (2 trips may be necessary if your state doesn't allow readoption).

#### BAL JAGAT – CHILDREN'S WORLD (serving only southern California)

AVAILABLE: all ages, many infants/toddlers, more boys, most are healthy, hepatitis B and AIDS-tested; in foster care.

COST: \$18000 total.

TIME: referrals are usually up to 6 months, longer for girls.

FACTS: single women, yes; couples married 2 years; under 45 for infant; travel for 3 days or escorting.

#### THE BARKER FOUNDATION

AVAILABLE: ages 4 months +.

COST: \$28000, including local service, not including travel.

TIME: usually under 1 year.

FACTS: singles, yes; up to age 50; travel 2-3 days.

#### BETHANY CHRISTIAN SERVICES

AVAILABLE: ages infant – 5 years at referral; normal, healthy children, and waiting children also.

COST: \$17500, not including local service, not including travel.

TIME: up to 6 months to referral, 6-12 months to travel.

FACTS: singles, yes; ages 25-50 for infant; couples married 2 years; no religious restrictions by agency; travel for 3 days.

#### CASI FOUNDATION FOR CHILDREN

AVAILABLE: newborn +.

COST: \$27100, not including local service or travel.

TIME: 6-11 months total.

FACTS: single women, yes; married couples, yes; age 25+; both parents travel or escort available; participate in pre-adoption training classes.

#### CHILDREN'S HOME & AID SOCIETY OF ILLINOIS

AVAILABLE: direct placements available.

COST: varies.

TIME: varies.

FACTS: new program.

#### CHILDREN'S HOPE INTERNATIONAL (MO)

AVAILABLE: mostly infants & toddlers, some waiting children; AIDS, TB, hepatitis B-tested.

COST: \$20000, not including local service or travel.

TIME: up to 9 months to referral, 12 months to travel.

FACTS: single women, yes; ages 25-55; couples married 1 year; travel 3 days.

#### CHILDREN'S HOUSE INTERNATIONAL

AVAILABLE: infants and toddlers.

COST: \$24800, not including local service or travel.

TIME: 1-5 months to referral, 5-10 months to travel.

FACTS: singles, yes; ages 25-80; couples married 1 year; travel 3-4 days.

#### CHRISTIAN WORLD ADOPTION

AVAILABLE: ages infant +.

COST: \$21475-\$22475, not including local service, travel, CIS, medical fees.

TIME: 8-12 months.

FACTS: single women, yes; ages 25-55; travel for 1 or both for 2 days or escort available.

#### COMMONWEALTH ADOPTIONS INTERNATIONAL

AVAILABLE: Ages 3 months – 12 years.

COST: \$24700 - \$26700 not including CIS, local service, or travel expenses.

TIME: 2-4 months from dossier submittal.

FACTS: single women may adopt. Families stay in Guatemala for 3 days. Families can also have their child escorted to the U.S. if travel is not an option for them.

#### COORDINATORS/2, INC.

AVAILABLE: 6 + months.

COST: \$19,000-\$21000 not including local service, travel.

TIME: 1month to referral of infant, 6-9 months for process.

FACTS: single women, yes; ages 25-55; travel for 1 or both for 3 days.

#### DILLON INTERNATIONAL, INC.

AVAILABLE: ages 6 months to 2 years.

COST: \$26535, not including local service or travel/escort.

TIME: 2-3 months to referral, 4-6 months to travel/escort.

FACTS: single women and couples; ages 25-50; married 2 years; AIDS, TB, VD-testing required; Christian; minimum annual income/\$10000/family member (including new child); prefer parental leave 6 weeks; travel 5-7 days or escorting.

#### EUROPEAN ADOPTION CONSULTANTS

AVAILABLE: mostly up to 1 year.

COST: \$35000, including DNA, not including local service or travel.

TIME: up to 3 months to referral, 5-7 months to travel.

FACTS: singles, yes; age under 60; 1 trip of 3-4 days each or escort. One parent can travel if necessary. Can visit after DNA.

#### FAMILIES THRU INTERNATIONAL ADOPTION

AVAILABLE: infants: 0-1 year; some toddlers, occasionally older children. HIV, syphilis, Hepatitis B tested.

COST: \$22345, not including local service or travel.

TIME: 2-9 months to referral, 4-6 months to travel.

FACTS: single women, yes; travel 3-5 days. F/T agency employee in Guatemala to assist families.

#### FINALLY FAMILY ADOPTION AGENCY

AVAILABLE: ages infant to 14 months.  
COST: \$23750, not including local service or travel.  
TIME: about 1 month to referral, 4-12 months to travel.  
FACTS: singles, yes; 1 or 2 trips of 3 days (varies by state).

#### HANDS ACROSS THE WATER

AVAILABLE: mostly infants and toddlers.  
COST: \$20000, not including travel.  
TIME: 4-13 months from application to travel.  
FACTS: single women, yes; couples married 2 years.

#### HEARTSENT ADOPTIONS

AVAILABLE: boys and girls ages 3 months – 14 years, in foster care or baby home.  
COST: Foster care \$22,000 - \$25,000.  
TIME: Immediate referrals. Average length of wait for travel is 6 months.  
FACTS: singles, yes; older adoptive parents welcome.

#### HEAVEN SENT CHILDREN

AVAILABLE: all ages.  
COST: \$22000, not including travel.  
TIME: referral within 2 months of CIS clearance, 4-6 months travel.  
FACTS: heterosexual single women, yes; travel 3-4 days.

#### A HELPING HAND ADOPTION AGENCY

AVAILABLE: ages 0+ months.  
COST: \$23000.  
TIME: 2-4 months after dossier sent.  
FACTS: Pilot program.

#### HOLT INTERNATIONAL CHILDREN'S SERVICES

AVAILABLE: ages 2-6 years at placement time; waiting children and siblings also.  
COST: \$11485, not including local service or travel.  
TIME: form application through placement 20+ months average.  
FACTS: single women considered (ages 30-40 for 3+ years, 41-45 for 5+ years); couples married 5 years (35+ 3 years); 1 divorce each acceptable; parent(s) 25+ (older parents for older children); up to 3 children already ok (flexible for waiting children); travel for 1 parent for 1 week.

#### HOMESTUDIES & ADOPTION PLACEMENT SERVICES, INC.

AVAILABLE: mostly infants, some toddlers and older; AIDS, hepatitis B, VDRL-tested (birth mom also AIDS-tested).  
COST: \$23650, including local service for NJ residents, not including travel and accommodations.  
TIME: usually 5 months total.  
FACTS: single women, yes; flexible on age and marriage length; travel 3 days.

#### INTEGRITY, INC.

COST: \$25000 depending on child desired.  
TIME: 6 months.

#### KARING ANGELS INTERNATIONAL ADOPTIONS, INC.

AVAILABLE: infants and toddlers.

COST: \$23900-\$24900 not including local service and travel.  
TIME: up to 4 months to referral; 4-7 months to travel.  
FACTS: prefer 2 trips, 1<sup>st</sup> trip to physically see child, 2<sup>nd</sup> trip 2-3 days.

#### LOS NIÑOS (CHILDREN'S) INTERNATIONAL ADOPTION CENTER

AVAILABLE: ages 5-6 months +.  
COST: \$23300, not including local service or travel.  
TIME: 2-3 months to referral for girls, 1-2 months for boys travel 5-6 months.  
FACTS: single women, yes; couples married 1 year; age 25-60; travel for 2-3 days to visit newborn baby, return 5-6 months later when adoption is final. 13 years of experience in Guatemala.

#### NEW HORIZONS ADOPTION AGENCY, INC. (MN)

AVAILABLE: all ages, all ethnicities.  
COST: \$14100-\$16500, not including local service or travel.  
TIME: 2 months to referral, average 9-12 months to travel/escorting.  
FACTS: single women, yes; ages 25-40 (special approval for 40+); couples married 2 years; active in Christian faith; parental leave 2 months; usually escorting ok, but travel of 1 week may be necessary.

#### THE OPEN DOOR ADOPTION AGENCY

AVAILABLE: infant to 3 years; some waiting children.  
COST: \$24700, not including local service or travel.  
TIME: 1-4 months to referral, 3 months to travel.  
FACTS: single women, yes; ages 25-55; couples married 2 years; require Christian faith with personal relationship to Jesus; travel for 2-3 days.

#### SPECIAL ADDITIONS, INC.

AVAILABLE: infants.  
COST: \$20000, not including travel/escort.  
TIME: 0-3 months to referral, 5-8 months incountry processing until travel.  
FACTS: singles, yes; travel or escort.

#### SPENCE-CHAPIN SERVICES

AVAILABLE: infants.  
COST: \$20000, not including local service, travel/escort, CIS, or agency fees (sliding scale).  
TIME: 2-3 months to referral; 4-6 months in country processing until travel.  
FACTS: singles, yes; travel or escort.

#### SUNNY RIDGE FAMILY CENTER

AVAILABLE: infants and toddlers.  
COST: \$29000 plus travel.  
TIME: 4-8 months.  
FACTS: single women, yes.

#### SUNSHINE ADOPTION, INC.

AVAILABLE: 1-3 months +.  
COST: \$18700-\$21700.  
TIME: 1 month to referral; 6 months for finalization. 1 trip 5 days after finalization.  
FACTS: 25 year minimum age. Single women ok.

#### UNITING FAMILIES FOUNDATION

AVAILABLE: ages 2 months + at time of referral.  
COST: \$21000, including dossier prep., in country travel, not including local service or airfare.

TIME: 10-12 months after dossier submission to referral, 2-3 months to travel.  
FACTS: couples age 30; married 1 year; minimum income \$30000; travel 10-14 days.

#### VILLA HOPE (serving only Alabama)

AVAILABLE: all ages.  
COST: \$26000, not including travel. Please contact office for current fee schedule.  
TIME: up to 6 months to referral, 6 months to travel/escort.  
FACTS: singles, yes; couples married 1 year; ages 25-55.

#### VOICE FOR INTERNATIONAL DEVELOPMENT AND ADOPTION (VIDA)

AVAILABLE: 6 months – 6 years, and waiting children.  
COST: \$15000-\$16000, DNA and medical fees extra.  
TIME: usually 9 months after papers accepted.  
FACTS: single women, yes; parent(s) age 25-55; couples married 1 year; travel for 3 days or use escort.

#### WASATCH INTERNATIONAL ADOPTIONS, INC.

AVAILABLE: infants and older children.  
COST: \$21000, not including local service or travel.  
TIME: 7-9 months.  
FACTS: singles, yes; escorting available, older couples, 1 trip only.

#### WIDE HORIZONS FOR CHILDREN, INC.

AVAILABLE: infants.  
COST: \$17750, plus agency fees and travel.  
TIME: up to 12 months after paperwork is accepted.  
FACTS: Parents 25-50 for infants; travel 3 days for 1 or both. Single parents accepted.

#### WORLD CHILD

AVAILABLE: mostly infants, waiting children also.  
COST: \$23550, not including local service or travel.  
TIME: 2-16 weeks to referral, travel 4-8 months later.  
FACTS: single women, yes; age up to 55; travel for 3-5 days optional or escorting.

#### WORLD PARTNERS ADOPTION, INC.

AVAILABLE: 5-6 months at the time they come home.  
COST: \$28000  
TIME: process time 8-9 months, 5 months between referral and travel.  
FACTS: single women, yes; ages 25-55 (20 age difference minimum between child and parent); no more than 4 children already; travel for 1 parent for 3 days.

### HAITI

#### CASI FOUNDATION FOR CHILDREN

AVAILABLE: newborns +; sibling groups.  
COST: \$10600, not including local service or travel.  
TIME: 2-4 months to referral; 4-7 months to travel.  
FACTS: single women, yes, married couples (one at least 30); both parents travel 4-6 days in country or escort; participate in pre-adoption training classes.

#### CHILDREN'S HOUSE INTERNATIONAL

AVAILABLE: ages infant+; waiting children also.

COST: \$14700, not including local service or travel.  
TIME: 2 weeks to referral; 3-6 months to travel.  
FACTS: singles, yes; ages 5-50; travel both parents up to a week.

#### DILLON INTERNATIONAL, INC.

AVAILABLE: mostly ages 15-24 months, French/African, some waiting children; AIDS-tested.  
COST: \$11035, not including local service or travel.  
TIME: 14-18 months for infant referral; 5-7 months for toddler referral; 7-9 months to travel.  
FACTS: single women living alone, yes (minimum annual income \$25000); ages 35-50 & couples under age 35 with infertility may adopt; families over 45 years must be willing to accept a toddler; couples married 2 years (5 if previous divorce); minimum annual income \$30000; Prefer Jewish or Christian; AIDS, TB, VD-testing required; up to 2 birth children & 2 adopted children already; prefer parental leave for 6 weeks; travel 5-7 days.

#### ILLIEN ADOPTIONS INTERNATIONAL, INC.

FACTS: Please contact for current information. Single, yes. New program.

#### WASATCH INTERNATIONAL ADOPTIONS, INC.

AVAILABLE: Ages infant +.  
COST: \$12000 not including travel and in-country expenses.  
TIME: 9-12 months.

### HONDURAS

1. *Licensed agencies only may place children.*
2. *Single women may adopt (some exceptions).*
3. *Advise AIDS-testing before acceptance of referral.*

#### ADOPTION UNLIMITED, INC.

AVAILABLE: ages up to 4 years; extensive medical information provided.  
COST: \$15500, not including local service or travel.  
FACTS: 2 trips. New program.

#### CHILDREN'S HOME SOCIETY & FAMILY SERVICES

FACTS: Please contact agency for particulars.

#### VOICES FOR INTERNATIONAL DEVELOPMENT AND ADOPTION (VIDA)

AVAILABLE: 2-10 years.  
COST: \$11500, not including local service or travel.  
TIME: quite short to referral, but processing time is up to 1 ½ years.  
FACTS: age 30+; couples married 1 year; travel usually twice; very small program.

### MEXICO

#### ADOPTION ALLIANCE

AVAILABLE: Healthy infants.  
COST: \$22500, not including local service or travel.  
TIME: 2-4 months to referral.  
FACTS: single women on a case-by-case basis; married couples; 2-3 trips for both parents (2 witnesses required on 2<sup>nd</sup> trip.)

#### ADOPTION OPTIONS, INC. (CA)

AVAILABLE: ages infant – 15 years, some waiting children; AIDS-tested.

COST: \$9850-\$12850, not including local service or travel (travel minimal if by car).

TIME: referral 2 months +.

FACTS: single women living alone; ages up to 45; couples married 1 year; 2 trips of a few days each.

#### ADOPTIONS UNLIMITED

AVAILABLE: mostly infants and toddlers, some waiting children.

COST: \$20000, not including local service or travel.

TIME: 2-4 months to referral.

FACTS: single women, yes; ages 28-60; couples married 1 year; 2 trips of a few days each.

#### CASI FOUNDATION FOR CHILDREN

AVAILABLE: newborn +.

COST: \$19600, not including local service or travel.

TIME: 6-9 months to referral; 2-3 months to travel.

FACTS: married couples, ages 27+, both parents travel twice, participate in pre-adoption training classes.

#### CHILDREN'S HOUSE INTERNATIONAL

AVAILABLE: ages infant +.

COST: \$23000, not including local service or travel.

TIME: 4-6 months to referral; 4-7 months to travel.

FACTS: singles, no; couples 25-55; married at least 5 years; both travel 7-9 weeks.

#### PANAMA

##### LOS NINOS INTERNATIONAL ADOPTION CENTER

AVAILABLE: Ages 6 months – 8 years. Hispanic and Black.

COST: \$11050, not including local service or travel or accommodations.

TIME: 5-7 months for referral, 1 month to final adoption.

FACTS: Singles and couples between 25-40 may adopt children 3 mos+. Couples over 40 may adopt children over one year. Single women 30-50 may adopt children 1+ year. Two unrelated children may be adopted at the same time.

##### WORLD PARTNERS ADOPTION, INC.

AVAILABLE: 6 months +.

COST: \$19000 total.

TIME: 1-4 months to referral, 1-3 months to travel.

FACTS: 1 2 week trip or 2 trips; single women, yes; up to age 48 for mom and 52 for dad.

#### PERU

1. *Licensed agencies with Peruvian Government contract may place children.*
2. *Singles may adopt older children.*
3. *Travel is usually 3 weeks.*

##### ACCEPT – AN ADOPTION & COUNSELING CENTER (serving only northern California)

AVAILABLE: all ages.

COST: \$5200, not including local service or travel.

TIME: up to 2 years to referral, travel immediately.

FACTS: single women for older children; up to 35 for infant, 40 for toddler, 45 for 3-4 year old; travel for 21 working days.

#### CHILDREN'S HOME SOCIETY & FAMILY SERVICES

AVAILABLE: ages 12 months +.

COST: \$10750, not including local service or travel.

TIME: 12-15 months to referral, 1-2 weeks for processing.

FACTS: ages up to 35 for infant-3 years; couples married 2 years; travel 18-20 days; singles for older children; 1 child already ok; no sex preference for childless.

#### CHILDREN'S HOUSE INTERNATIONAL

AVAILABLE: ages 9 months +.

COST: \$14800, not including local service or travel.

TIME: 9-12 months to referral, 2 weeks to travel.

FACTS: single ages 30-45; couples ages 25-55; married 1 year; travel for 3-5 weeks.

#### LOS NIÑOS (CHILDREN'S) INTERNATIONAL ADOPTION CENTER

AVAILABLE: ages 6 months – 6 years.

COST: \$14050, not including local service or travel.

TIME: usually 6 months to referral.

FACTS: singles, yes; ages 25-35 for 6 months – 3 years; 36-45 for ages 3-4; 46-55 for 4+; couples married 1 year +; travel for about 30 days (1 spouse may leave after 1 or 2 weeks).

#### VILLA HOPE

AVAILABLE: ages toddler +.

COST: \$13200-\$14200, not including travel. Please contact office for current fee schedule.

TIME: Currently, application for infants are on hold.

FACTS: singles for ages 6 years +; ages 25-55; travel for both for 3 weeks.

#### WORLD CHILD

AVAILABLE: infants and older children.

COST: \$11950-\$12950, not including local service or travel.

TIME: 6-10 months to referral, travel 2 weeks later.

FACTS: ages 25-55 (25-40 for infants, older parents for older children); travel 21-25 days.



# LOS NIÑOS INTERNATIONAL: NETWORKING AGENCIES

## INDEX BY STATE FOR USING LOS NIÑOS INTERNATIONAL

These local service agencies can do your home study and post-placement services for LNI programs. Others may be added by arrangement with LNI.

Many of these agencies are listed in the *Report*. For unlisted ones, consult the appropriate telephone book.

Alabama	Family Adoption Services, Inc., Birmingham
Alaska	Fairbanks Counseling and Adoption, Fairbanks
Arizona	Adoption Care Center, Scottsdale; Arizona Children's Home Association, Tucson; Catholic Social Service, Flagstaff, Phoenix, Prescott
Arkansas	Children's Homes, Sherwood
California	Adopt International, Redwood City; Adoption Services International, Ventura; Bal Jagat – Children's World, Chatsworth; Catholic Charities, San Francisco; Chrysalis House, Fresno; Family Connections (CA), Modesto, Sacramento, Fresno
Colorado	Adoption Alliance (CO), Aurora; Littlest Angels International, Cedaredge; Lutheran Family Services of Colorado, Denver
Connecticut	Adoption Resource Center of Connecticut, Glastonbury
Delaware	none
District of Columbia	Adoption Center of Washington, Washington; Holy Cross Child Placement Agency, Washington
Florida	Adoption Related Services, Winter Park; Catholic Charities, Tallahassee, Gainesville; Gift of Life, Pinellas Park; Lifespan, New Port Richey; Suncoast International Adoptions, Inc., Largo
Georgia	Families First, Atlanta; Partners in Adoption, Alpharetta
Guam/Hawaii	Hawaii International Child Placement & Family Services, Inc, Honolulu (Hawaii only)
Idaho	none
Illinois	Catholic Social Service (IL), Peoria, Bloomington, Rock Island, LaSalle, Champaign; Family Resource Center, Chicago; New Life Social Services, Chicago; St. Mary's Services, Arlington Heights; The Baby Fold, Normal
Indiana	Chosen Child Adoption Services, Louisville
Iowa	none
Kansas	Adoption Option, Overland Park; Pathways, Elk Falls, Wichita
Kentucky	Chosen Children, Louisville; KY United Methodist Homes, Versailles, Owensboro
Louisiana	Adoption Home Studies, Inc., Mandeville; Catholic Charities, New Orleans; Catholic Community Services (LA), Baton Rouge; Counseling Ministry, Hammond; Family Tree, Baton Rouge; Holy Cross Child Placement, Shreveport; Volunteers of America, Alexandria, Metairie, Shreveport
Maine	Sharing in Adoption, Falmouth
Maryland	Adoption Alliances, Owings; Adoptions Together, Silver Spring & Baltimore; Burlington United Methodist, Oakland
Massachusetts	Alliance for Children, Wellesley; Beacon Adoption Center, Great Barrington; Florence Crittenton League, Lowell
Michigan	Family Adoption Consultants, Kalamazoo, Utica; Forever Families, Novi; Hands Across the Water, Ann Arbor; Orchards Children's Services, Southfield
Minnesota	Catholic Diocese of Duluth, Duluth; Lutheran Social Service of MN, Minneapolis, Moorehead, Duluth; Wellspring Adoption Agency, Minneapolis
Mississippi	Catholic Social Services, Biloxi

Missouri	Adoption Option, Overland Park KS; Children's Home of MO, St. Louis
Montana	Catholic Social Services, Helena, Missoula, Great Falls, Billings; Lutheran Social Services, Billings, Missoula
Nebraska	Adoption Links Worldwide, Omaha
Nevada	New Hope Child & Family, Las Vegas
New Hampshire	Lutheran Social Services, Concord
New Jersey	none
New Mexico	Adoption Assistance Agency, Albuquerque
New York	Baker Victory Service, Lackawanna; Catholic Family Center, Rochester; Family Focus Adoption Services, Little Neck; Family Service of Westchester, White Plains; Family Tree Adoption Agency, Clifton Park; Parsons Child & Family Center, Albany
North Carolina	Carolina Adoption Services, Greensboro; Lutheran Family Service, Raleigh
North Dakota	Catholic Family Service, Bismark; Lutheran Social Service, Fargo
Ohio	Adoption Circle, Columbus; Adoption Home Study Services of Ohio, Alliance; Catholic Community Services, Warren; Catholic Social Services, Bellefontaine, Springfield, Urbana; Community Services of Stark City, North Canton; Luther Social Services of Central Ohio, Columbus, Cincinnati, Dayton, Toledo
Oklahoma	Adoption Center of NE Oklahoma, Tulsa; Circle of Care, Oklahoma City; Women Care, Edmund
Oregon	Heritage, Portland
Pennsylvania	The Children's Choice, Philadelphia
Puerto Rico	None
Rhode Island	Alliance for Children, Pawtucket
South Carolina	Christian Family Services, Fort Mill
South Dakota	Catholic Social Service, Rapid City
Tennessee	Adoption Resource Center Inc., Cordova; Catholic Charities, Diocese of Nashville, Nashville; Miriam's Promise, Nashville
Texas	Los Niños (Children's) International Adoption Center, The Woodlands
Utah	Children's Aid Society of Utah, Ogden; Children's Social Service Society, Salt Lake City
Vermont	apply directly to LNI; none
Virginia	Jewish Family Services, Richmond; Lutheran Family Services of Virginia, Richmond; United Methodist Family Services, Alexandria
Washington	Medina Children's Services, Seattle
West Virginia	Adoptions from the Heart, Morgantown; Burlington United Methodist, Grafton, Keyser, Scott Depot
Wisconsin	Adoption Services, Appleton, Waukesha; Community Adoption Center, see Local Service Agencies by Name for locations; Lutheran Social Services, Superior
Wyoming	Wyoming Children's Society, Cheyenne

## AMERICAN SOCIAL WORKERS ABROAD

### GERMANY

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## UNITED STATES

### UNITED STATES

As with all agencies in this *Report*, transracial placement is not an issue.

ARC-CT has elected to list only those agencies specifically recruiting parents of any color for minority children. Organizations functioning mainly as exchanges will not appear here because they have sufficient exposure in other venues and because ARC-CT should list either all or none.

#### ADOPTION ADVOCATES INTERNATIONAL (WA) (serving only Washington)

AVAILABLE: all races, also older, special-needs and sibling groups.

COST: \$350

FACTS: singles, yes; age 21-55; couples married 2 years, some parental leave.

#### ADOPTION LINKS WORLDWIDE (NE) (serving only Nebraska)

AVAILABLE: Black and biracial infants.

COST: \$3595 Adoption Links fee (additional fees for placing agency varies).

TIME: varies, up to 6 months for couples, up to 1 year for singles; sex preference may take longer.

FACTS: singles, yes; couples married 1 year; minimum age 23 (exceptions made); travel may be necessary.

#### ADOPTION SERVICES

AVAILABLE: healthy newborn and age 0-1 caucasian and bi-racial/multiracial children.

COST: \$25,000 - \$30,000 plus legal and medical. Legal \$4000 – 6000, Medial \$8000-14000.

TIME: 6 – 16 months.

#### ADOPTIONS FROM THE HEART (serving only DE, NJ, PA, WV, & VA for Caucasian infants)

AVAILABLE: Caucasian and Black infants, open adoption.

COST: \$8000 for African-American or mixed race child; \$16,500 for Caucasian child.

FACTS: singles, yes; couples married 2 year. All states for Black infants.

#### ADOPTIONS TOGETHER

AVAILABLE: Caucasian, Hispanic, Black, & biracial infants.

COST: sliding scale. Please write.

FACTS: singles, yes; up to age 45; couples married 1 year.

#### ASSOCIATED CATHOLIC CHARITIES OF BALTIMORE

AVAILABLE: Primarily infants, all backgrounds, some with special needs. Open adoption.

COST: sliding scale based on income; \$10,000 - \$14,000.

TIME: unable to predict, but most couples receive placement within two years.

#### BARKER FOUNDATION

AVAILABLE: primarily infants; African American, Caucasian, Latino, biracial and multiracial.

COST: Sliding scale based on income for comprehensive services; MD & VA families: \$5000-\$15000; DC families: \$5000-\$7500.

TIME: wait time for placement varies, can occur anytime after home study approved up to 2-3 years.

#### COORDINATORS 2, INC.

AVAILABLE: Caucasian/biracial infants; private placements only.

COST: \$5000-\$15000.

TIME: varies.

THE CRADLE (serving only Illinois and Kansas)

AVAILABLE: infants of all ethnic backgrounds.

COST: \$9200-\$25000

FACTS: for Illinois residents, ages 21-55; couples married 2 years. Strong training program.

FAMILY & CHILDREN'S AGENCY

AVAILABLE: Newborns.

COST: \$22000.

TIME: Variable, birth parent chooses.

LITTLEST ANGELS INTERNATIONAL

AVAILABLE: Designated domestic adoptions.

COST: Sliding scale

AN OPEN DOOR ADOPTION AGENCY, INC.

AVAILABLE: Caucasian infant. African American newborns.

COST: Caucasian - \$26,500; African-American \$10,000.

TIME: Caucasian – 6 – 18 mos. African-American – 3-6 months.

SPENCE-CHAPIN SERVICES

AVAILABLE: infants and toddlers of all racial backgrounds including some with "special needs."

COST: sliding fee scale.

FACTS: singles, yes; travel to New York.

SUNNY RIDGE FAMILY CENTER

COST: \$19,750

VOICE FOR INTERNATIONAL DEVELOPMENT AND ADOPTION (VIDA)

AVAILABLE: waiting child and transracial placements.

COST: vary greatly.

FACTS: special programs called global connections for US citizens living outside the US as foreign nationals.

WELCOME HOUSE ADOPTION PROGRAM OF PEARL S BUCK INTERNATIONAL

AVAILABLE: ages 8 + years, siblings. Special needs – emotional.

COST: none.

TIME: varies; usually within 1-2 years after study completed.

FACTS: waiting children listed on [www.adoptpakids.org](http://www.adoptpakids.org) and [www.3riversadopt.org](http://www.3riversadopt.org) . Mostly boys; African American available, large percentage sexual, physical abuse/neglect.

WIDE HORIZONS FOR CHILDREN, INC.

AVAILABLE: primarily newborn infants.

COST: \$18000.

TIME: average wait 15 months.

## EXTRAORDINARY SERVICES

### AGENCIES ABLE TO TAKE TELEPHONE CALLS IN OTHER LANGUAGES

Adopt International: Spanish, Chinese, Vietnamese  
Adoption Alliance (CO): Spanish, Russian  
Adoption Association Inc. (MI): Russian  
Adoptions International, Inc.: Spanish, German  
Adoptions Together: Spanish  
Adoptions Unlimited: Spanish  
Alliance for Children: Spanish, Chinese  
Bethany Christian Services: Chinese, Spanish, Tagalog  
Children's Hope International (MO): Chinese, Russian, Spanish  
Chinese Children Adoption International: Mandarin Chinese  
Christian World Adoption, Inc.: Spanish, Russian, Chinese  
Commonwealth Adoptions International: Russian, Spanish  
Dove Adoptions International, Inc.: Romanian, Russian  
European Adoption Consultants: Russian, Chinese  
Families thru International Adoption: Mandarin Chinese, Spanish  
Family & Children's Agency: Chinese, Russian  
Great Wall China Adoption: Chinese  
Holt International Children's Services: Mandarin Chinese  
Home for Little Wanderers: Spanish  
Illien Adoptions International, Inc.: French  
Los Ninos (Children's) International Adoption Center: Spanish, German  
Universal Aid for Children, Inc.: Spanish, Romanian, others by appointment  
Voice for International Development and Adoption (VIDA): flexible  
Wide Horizons for Children, Inc.: Spanish, Russian, Mandarin Chinese, Hindi  
World Child: Russian, Spanish, others by appointment

### AGENCIES ABLE TO PROVIDE GENERAL INFORMATION IN OTHER LANGUAGES

Adoption Alliance (CO): Spanish, Russian  
Adoptions Unlimited: Spanish  
Alliance for Children: Spanish, Chinese  
Bethany Christian Services: Spanish  
Children's Home Society & Family Services: Spanish  
Children's Hope International (MO): Chinese,

Russian  
Chinese Children Adoption International: Mandarin Chinese  
Christian World Adoption, Inc.: Spanish, Russian, Chinese  
Commonwealth Adoptions International: Russian, Spanish  
Dillon International, Inc.: Korean  
European Adoption Consultants: Russian  
Families thru International Adoption: Mandarin Chinese, Spanish  
Family & Children's Agency: Chinese, Russian  
Finally Family Adoption Agency: Bulgarian  
Great Wall China Adoption: Chinese  
Home for Little Wanderers: Spanish  
New Horizons Adoption Agency, Inc. (MN): Spanish  
Universal Aid for Children, Inc.: Spanish  
Voice for International Development & Adoption (VIDA): flexible  
Wide Horizons for Children, Inc.: Spanish, Russian, Mandarin Chinese, Hindi  
World Child: Russian, Spanish

### AGENCIES ABLE TO PLACE WITH U.S. CITIZENS LIVING ABROAD

Be sure to find out the rules and regulations of your official U.S. state of residence (where you vote) and satisfy them.

Adopt International  
Adopt-A-Child  
Adoption Center of Washington: with G-4 visa  
Adoption Options, Inc. (CA)  
Adoption Unlimited, Inc.: for Russia only  
Adoption International, Inc.  
Adoptions Unlimited  
Alliance for Children  
Alliance-World Adoption Association  
The Barker Foundation  
Bethany Christian Services  
CASI Foundation for Children  
Children at Heart Adoption Services  
Children's Home Society & Family Services  
Children's Hope International (MO)  
Dillon International, Inc.  
European Adoption Consultants

Families thru International Adoption  
 Finally Family Adoption Agency: for Bulgaria and Guatemala  
 Great Wall China Adoption  
 Hands Across the Water  
 Heartsent Adoptions, Inc.  
 Heaven Send Children  
 Hope's Promise  
 Illien Adoptions International, Inc.  
 Integrity, Inc.  
 Los Ninos (Children's) International Adoption Center  
 Lutheran Social Services of New England  
 The Open Door Adoption Agency, Inc.  
 Uniting Families Foundation  
 Villa Hope  
 Voice for International Development and Adoption (VIDA)  
 Wasatch International Adoptions, Inc.

World Child  
 World Partners Adoption, Inc.

### **AGENCIES ABLE TO WORK WITH NON-U.S. CITIZENS**

Adoption Center of Washington  
 Americans for African Adoptions, Inc.  
 The Barker Foundation  
 Families thru International Adoption  
 Finally Family Adoption Agency: for Bulgaria and Voice for International Development and Adoption (VIDA)  
 Wasatch International Adoptions, Inc.: varies  
 World Child

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## **ADOPTIONS FROM OTHER COUNTRIES**

ARC-CT receives inquiries from people exploring intercountry adoptions for the first time who inquire about children from countries not listed in this *Report*. There are several reasons why ARC-CT does not list the availability of children from some areas.

1. Western European nations have more satisfactory access to the child's extended family, so that birth-children can be readily accepted by relatives or friends;
2. there appear to be already a sufficient number of nationals to accept the easily placeable child (i.e. young, healthy);
3. there are religious or cultural customs which prevent orphaned children from being adopted. Adoption with the same rights of a birth-child may be a "foreign" idea;
4. there are extremely restrictive adoption laws in some countries that prevent foreigners from adopting children unless they live in the country for an extended time, such as those in the U.S. military, or those working for a company located overseas, missionaries, etc.;
5. there can be a decision by a particular foreign government that permitting orphans to be adopted out-of-country is detrimental to their national pride and national image;
6. in countries suffering natural man-made disasters, not only may it be too dangerous to

7. travel, but information and documentation on children even in orphanages could be extremely
8. difficult, if not impossible to obtain, and adoption laws may be fuzzy or nonexistent.

ARC-CT is sure that most of these countries do have children available for adoption who are similar to those who are available in the U.S. (special-needs children).

If you believe you must pursue an adoption from a country not listed in the *Report*, we advise that you contact the U.S. Ambassador and/or consul within the country (address can be obtained from your local library's Reference Room), and send along a copy of your letter to the country's Embassy or Consulate in the U.S. Also, explore whatever contacts you may have within the country.

We reiterate that *all* steps in your adoption must be fully legal! If, at any time, you have any suspicion of a black-market operation, back off! This could be especially true if you are asked to send large sums of money without your having proof of any action currently being taken, or having been taken, on your behalf. You might want to consult the Embassy/Consulate for authentication and past

records of any lawyers, doctors, etc. with whom you have contact, or become involved, unless they are working regularly with an established adoption agency. Illegal inter-country adoptions can quickly

escalate into horrendous scandals that will be publicized world-wide and can hurt or stop future adoptions.

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## SPONSORSHIP AND HEALING

### SPONSORSHIP AND HEALING

#### *MANY DIFFERENT WAYS TO HELP IN YOUR HOME OR BY LONG DISTANCE*

##### ADOPTION ADVOCATES INTERNATIONAL (WA)

We request \$25/monthly to help kids of very poor parents, those who may not be able to stay in school because of poverty, kids already in the adoption process, and kids already so damaged as to be unadoptable. Also, AHOPE (African HIV Orphans: Project Embrace) is a dual approach to provide a nurturing dignified environment for infected orphan children as well as a comprehensive education/prevention program. Any/all monetary donations are most welcome.

##### ALLIANCE FOR CHILDREN

Alliance for Children Foundation provides humanitarian aid and relief for orphaned and abandoned children remaining in orphanages in Asia, Eastern Europe, and Latin America. The Mission of the Foundation is to provide the world's most vulnerable children basic needs, including a safe living environment, vaccinations and proper/adequate nutrition.

##### AMERICANS FOR AFRICAN ADOPTIONS, INC.

\$35/month for Ethiopia, and Liberia. As usual, all money is for food, medicine, and schooling. School sponsorship is urgent (\$100/year) for Ethiopia, Liberia, and Uganda.

##### AMERICANS FOR INTERNATIONAL AID AND ADOPTION

Educational sponsorships for Indian children (\$20/month).

##### CASI FOUNDATION FOR CHILDREN

Humanitarian aid to Azerbaijani, Chinese, and Haitian orphans.

##### HOLT INTERNATIONAL CHILDREN'S SERVICES

This agency request donations to aid many children into adoption. The children often have minor-to-medical considerations which, if even partially alleviated, would give them a much better chance at adoption. They all have potential to become wonderfully healthy, bright little kids. You may sponsor by modest monthly contributions, or a onetime donation.

##### ONE CHILD AT A TIME/AIAA

This volunteer group assists organizations and individuals in many countries. Its present involvement includes delivering supplies to orphanages, escorting children who have been adopted, helping Amerasians, helping International Mission of Hope and Heal the Children, giving aid to Philippine and Central and South American orphanages and hospitals, sending medical supplies & support items to Southeast Asia, former Eastern Block countries, assisting parents & volunteers with discounted airline tickets. The needs



are many and large, as always. Part of Combined Federal Campaign for federal employee's donations. PLEASE, no used clothing at present.

UNIVERSAL AID FOR CHILDREN, INC. (serving only Dade and Broward countries, FLORIDA)

UAC wants to hear from families who would consider helping with children entering the U.S. for medical assistance. They are looking for temporary moms and dads from 6 weeks to 1 year. You'll need a home study, police and FBI clearance. Request an application form if you feel you are willing to consider helping.

VILLA HOPE

Occasionally needs temporary parents for children coming to the U.S. for medical care. Please call them.

WELCOME HOUSE ADOPTION PROGRAM OF PEARL S. BUCK INTERNATIONAL

Monthly contributions of \$25 helps provide educational & income-generating opportunities and medical care to disadvantaged children & their caregivers. PSBI helps children in many countries, including Philippines, Thailand, and Vietnam.

WIDE HORIZONS FOR CHILDREN, INC.

Wide Horizons for Children provides assistance by updating home studies and licensing foster homes. Please call if you are in their service area. Also, sponsorship programs in India, Korea, and Philippines.

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## MEDICAL SUPPLIES NEEDED HERE AND ABROAD

### We Appeal for Your Help

*International Concerns for Children*

911 Cypress Dr., Boulder, CO 80303-2821

*Contributions of supplies* (please send to above address)

We are asking for *new* or *good* used children's clothing, infant formula, good toys, medicines, vitamins, diapers (cloth and paper) to help children in orphanages, clinics, hospitals, and children's centers, reservations, and refugee camps in Bangladesh, Bolivia, El Salvador, Haiti, India, Korea, Philippines, Somalia, Thailand, U.S., etc. Please allow children and refugees to retain some dignity with *clean* clothing and toys.

We are collecting for *adults* as well. *Donations of money* will help pay postage.

The list below from OCT is a fine starting point, but *all unexpired medicines* are appropriate. One caution: the Drug Enforcement Administration frowns on our shipping anything that could explode (we checked). Formula: we prefer powdered over liquid because the shelf life is much more flexible (use until 6 months after expiration date is usually fine) and we don't need to pay to ship or carry water. We prefer boxes from the print shop or liquor store. Be sure to have glass packed all around with non-breakable stuff. If you send new clothes, toys, etc., be sure to remove price tags so customs won't think they're entering a country to be re-sold. Used shoes are generally not a good idea unless they show almost no wear.

Get creative! Garage sales are fine sources, but be sure zippers work and be ready to wash and sew on a button if you're so inclined. Try to avoid clothes that won't stand up in a regular washing machine- no "dry clean only" or very fragile things.

All agencies with foreign programs are always in need.

*The orphanage is "...very cramped, with just the barest necessities, and the medical Centre is about equal to my medical cabinet at home."* From a parent.

### Sample List from One Child at a Time

#### Medical supply list includes but not limited to the following:

IV syringes- glass, all size ICC-50cc and needles  
Butterfly scalp infusion sets- 20-27 size  
Blood transfusion sets  
Intravenous catheters for C.V.P  
Syringes- disposable- 20-26cc/1-3cc  
Alcohol prep pads  
Betadine prep pads  
Alcohol and betadine  
Pre-op scrub kits  
Sutures-silk- 0, 2-0, 3-0, 4-0, 5-0, 6-0, 8-0, 10-0, 12-0;  
chromic 1, 2, 3, 0, 2-0, 3-0  
Suture needles  
Catheters- Foley size 14, 16, 18, 20; Einhor- various sizes  
Gloves- surgical & exam, size 5, 6, 7, & 7-1/2 (larger sizes  
are usually too big for Asian hands)  
Pediatric urine collection pouches for newborns  
Feeding tubes, 5 French, 8 French  
Swab sticks  
Band-aids  
Ace bandages  
Bandages & gauze- all shapes & sizes, sterile & non-sterile  
X-ray film  
Airways, pediatric & neonate  
Oxygen masks and tubing  
Sheets, pillowcases  
Gowns, caps, gloves, washable shoe covers  
Thermometers  
Tongue depressors  
Tape, micropore, waterproof & adhesive  
Hospital ID bands  
Fine combs  
Nasal aspirators  
Surgical tools, scissors, etc.  
Flashlights

#### Hospital Detergents:

Alconox, Adex solution, detergent powder,  
benalkonium, chloride IF

#### Food needs:

Baby cereal  
Powdered milk  
Peanut butter

#### Medications (pediatric or adult):

Tylenol, etc.  
Cough medications  
Broncho dilators  
Decongestants  
Antihistamines  
Antacids  
Laxatives  
Kaopectate, etc.  
Vitamins, iron, vitamins A & B  
Antibiotics, any oral, especially: bactrum, sepra,  
penicillin, ampicillin, sulfa  
Vitamin K injectable  
Injectable antibiotics  
Xermox  
Flagyl  
Kwell shampoo, lotion, cream  
A&D Ointment  
Antibiotic ointment  
Petroleum jelly  
Antibiotic eye drops  
Antibiotic ear drops  
Analgesic eardrops  
Analgesic topical ointment  
Anesthetic local spray  
Hydrocortisone cream  
Lytrin or Pedialyte powder  
Ensure  
Vixanex  
Isomil or Prosobee- powdered only

#### Personal needs:

Soap, shampoo, brushes, combs, and sanitary napkins

#### Examples of General Equipment:

Nerve stimulator, EKG, EEG & tapes

Autoclaves 220<sup>2</sup>/55 or non-electric pressure cookers over Hematocrits

22 qt. Are great

Laryngoscope (pediatric)

Otoscope

Stethoscope- Pediatric if possible

Blood pressure cuffs

Ambu bags

Automatic chemistry analyzer

Ultrasound scanner

Fiber gastroscope

EKG

EEG

Braces, crutches, orthopedic shoes, artificial limbs,  
folding wheelchairs

Infant scale

### **Lab Supplies & Equipment:**

Red & white blood cell pipettes

Counting chambers

Microscopes

### **Dental Hygiene needs:**

Toothpaste

Toothbrushes

Floss

Dental drills & related equipment & supplies

### **Nursery needs:**

Lotion

Oil

Powder

Baby bottles & nipples (plastic is great)

Q-tips

Diapers (cloth & disposable)

Plastic pants

Mobles

Pacifiers

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## **TRANSLATORS PROFESSIONAL ASSISTANCE & VOLUNTEER SUPPORT**

### **TRANSLATORS**

If you find yourself needing a translator, but cannot find one locally, consider these names:

Holowell, Raisa

520-591-1012

13200 N. Classic Overlook Ct.

Oro Valley, AZ 85737

Specializes in adoption documents, legal & medical as well. 8 cents (10 cents for medical legal) per word.  
Extensive experience.

Majika, Gerard M.

610-927-2306

510 Arrowhead Trail

Sinking Spring, PA 19608

Polish-English certified and ATA credited, 15 cents/word, full set in 1 week.

### **PROFESSIONAL ASSISTANCE & VOLUNTEER SUPPORT**

Adoption Information Services, Inc.

770-339-7236

558 Dovie Pl.

[www.adoptioninfosvcs.com](http://www.adoptioninfosvcs.com)

Lawrenceville, GA 30045

An education, referral, and guidance center for prospective adoptive parents providing individualized referrals from their nationwide database of hundreds of domestic and international options. This organization provides ongoing advice and advocacy throughout the adoption process.

International Social Service, United States of America Branch 410-230-2734  
700 Light St., 2<sup>nd</sup> Floor  
Baltimore, MD 221230-3850

Child welfare and family services, specialized adoption assistance, document search, liaison assistance.  
Branches worldwide.

National Adoption Information Clearinghouse 888-251-0075  
330 C St. SW  
Washington, DC 20447

For help with both domestic and intercountry adoptions with easily accessible information on all aspects; literature, “experts” databases, support groups, State & Federal law excerpts. Most services are free/minimal charge. A service of the Children’s Bureau of HHS.

National Dissemination Center for Children with Disabilities 202-884-8200  
PO Box 1492  
Washington, DC 20013

This national information center provides free information to assist parents, educators, caregivers, advocates, and others in helping children & youth with disabilities become participating members of the community. Please write or call for free catalog of publications (minimal charge if not free) on intervention, briefing papers, organizations directory, etc.

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## **SINGLE-PARENT INFORMATION**

### **NATIONAL COUNCIL FOR SINGLE ADOPTIVE PARENTS**

The Council is an invaluable source for a single person considering adoption. The *Handbook for Single Adoptive Parents/2000*, is an excellent guidebook on how to adopt, how others have done so, and how to manage once you’ve adopted. The \$25 price includes postage within the U.S.  
Address: PO Box 55, Wharton, NJ e-mail: ncsap@hotmail.com

Varon, Lee, *Adopting on Your Own, the Complete Guide to Adopting as a Single Person*, Farrar, Stratus & Giroux, paper, \$15.00. “A thorough and hugely helpful book that helps the prospective adopter think through her/his decisions and, step by step, become a parent. The distillation of years work with single people thinking of adopting.” From Hope Marindin, National Council for Single Adoptive Parents (and long time guru for singles).

*\*\*\*Many parent groups also have “Singles” chapters within their membership. Contact your local adoptive-parent support group.*

### **AGENCIES ACCEPTING SINGLE PARENT APPLICATIONS**

AAA Partners in Adoption  
ACCEPT- An adoption and counseling center  
Across the World Adoptions  
Adopt International  
Adopt-A-Child  
Adoption Advocates, Inc. (VI)  
Adoption Advocates, Inc. (WI)  
Adoption Advocates International (WA)  
Adoption Alliance (CO)

Adoption Associates, Inc. (MI) (women for all programs)  
 Adoption Homestudy & Agency of Colorado (Gay/lesbian info available)  
 Adoption Horizons (CA) (for counties in Local Service area)  
 Adoption Links Worldwide (NE)  
 Adoption Network of Catholic Charities  
 Adoption Options, Inc. (CA) (women only. Minimum income \$30,000/annually. Provides single-mom support group, discussion, and socialization.)  
 Adoption Resource Center of Connecticut  
 Adoption Services (PA)  
 Adoption Unlimited Inc. (women only for China)  
 Adoptions From the Heart  
 Adoptions International, Inc.  
 Adoptions Unlimited (women only)  
 Alliance for Children (varies by country)  
 Americans for African Adoptions, Inc.  
 Americans for International Aid and Adoption (Not for Korea)  
 Ametz Adoption Program- Jewish Child Care Association  
 Associated Catholic Charities of Baltimore (for China & Vietnam)  
 Baker Victory Services  
 Bal Jagat- Children's World (women for many programs)  
 The Barker Foundation (women for China; both for El Salvador, Guatemala, India)  
 Beacon Adoption Center (for residents of area code of Western Massachusetts)  
 Bethany Christian Services (for all states where licensed. For Albania, China, Colombia, Guatemala, India, Romania, Russia)  
 Brightside for Families and Children  
 CASI Foundation for Children  
 Catholic Community Services (LA)  
 Catholic Charities of Wyoming  
 Child and Home-study Associates  
 Children at Heart Adoption Services  
 Children's Home and Aid Society of Illinois  
 Children's Hope International (MO)  
 Children's House International (not for Bolivia)  
 Christian World Adoption, Inc.  
 Coleman Adoption Services, Inc. (St. Elizabeth/Coleman)  
 Commonwealth Adoption International  
 Coordinators/2, Inc.  
 The Cradle  
 Dillon International, Inc.  
 Dillon Southwest  
 Dove Adoptions International (women case-by-case)  
 European Adoption Consultants (women only from Kazakhstan and Russia, both for Guatemala and Vietnam)  
 Fairbanks Counseling & Adoption  
 Families thru International Adoption (both for Brazil, case-by-case for China, women only for Azerbaijan, India, Guatemala, Russia, Vietnam)  
 Finally Family Adoption Agency (women only for Bulgaria, both for Guatemala, Ukraine)  
 Great Wall China Adoption  
 Hand Across the Water  
 Heartsent Adoptions, Inc. (for China, Vietnam, Eastern Europe, Guatemala)  
 Heaven Sent Children (heterosexuals only)  
 A Helping Hand Adoption Agency (women only)  
 Holt International Children's Services (for all programs but China, Korea, Thailand)

Home for Little Wanderers  
Homestudies & Adoption Placement Services, Inc.  
Hope Adoption & Family Services International, Inc.  
Illien Adoptions International, Inc. (women only for Bulgaria, India, Nepal, Russia; both for Haiti, Ukraine)  
Integrity, Inc.  
International Adoption Center  
International Assistance Group (women only)  
Jewish Family Service (OH)  
Jewish Family Service of Rochester  
Lifelink Adoption Service (for China, Bulgaria, Guatemala, Russia, Ukraine)  
Littlest Angels International (must have good support system)  
Los Ninos (Children's) International Adoption Center  
Lund Family Center  
Lutheran Family Services in the Carolinas  
Lutheran Service Society of Western Pennsylvania  
Lutheran Social Services of Central Ohio (can live alone, with relatives or roommate)  
Lutheran Social Services of Mid-America (OH)  
Lutheran Social Services of New England (women only for Romania & Bulgaria)  
New Horizons Adoption Agency, Inc. (MN) (women only)  
New Life Adoption Agency, Inc. (NY)  
New Life Christian Adoptions (heterosexual only)  
The Open Door Adoption Agency, Inc. (women only)  
Rainbow Adoptions International, Inc.  
Special Additions, Inc. (for China, Guatemala, India, Romania)  
Spence-Chapin Services (for some programs, specialized support services available)  
Sunny Ridge Family Center (serving only Illinois and Indiana)  
Sunshine Adoption, Inc. (women)  
Uniting Families Foundation  
Universal Aid for Children, Inc.  
Villa Hope  
Vista Del Mar Community Services  
Voice for International Development and Adoption (VIDA)  
Wasatch International Adoptions, Inc. (women for all programs but China and El Salvador, men considered individually)  
Welcome House Adoption Program of Pearl S. Buck International (for Cambodia, Philippines, and U.S. special needs)  
Wide Horizons for Children & Parents (WACAP)  
World Child (for Cambodia, China, Guatemala, Kazakhstan, Russia, Ukraine, Vietnam)  
World Partners Adoption, Inc. (women for Kazakhstan, Russia, Ukraine, no same-sex adoption)  
Wyoming Children's Society

# LOCAL SERVICE AGENCIES BY NAME

## Introductory Notes

### A PRACTICAL CONCERN FOR SOCIAL WORKERS

The ever-changing arena of adoptions, both domestic and international, underscores the need for a network of accurate and current information regarding adoption requirements. Some independent practitioners, not affiliated with a licensed child-placing agency, have been completing adoptive home studies for persons adopting from domestic and international agencies. Certified social workers with expertise in other areas may not be knowledgeable regarding Minimum Standards for Child-Placing Agencies, the requirements of the Interstate Compact on Placement of Children, Interstate Compact regulations in other states, requirements of Citizenship and Immigration Services and requirements of foreign countries.

Any adoptive home study not in compliance with any of the above relevant standards may be rejected by those in a position to approve or deny the adoption. To proceed with the adoption the clients must have the study completed once again by a licensed child-placing agency. This results in additional costs and delay for the family.

Such circumstances could have been prevented had the professionals involved utilized licensed child-placing agencies to: gather additional about adoptive home studies regarding process and required content, identify information about adoption requirements of a particular country, obtain CIS information about requirements and process, gather information about Interstate Compact laws and procedures, and arrange for post-placement supervision to be completed by an authorized agent.

Some states and some countries will accept adoptive home studies completed by social workers who are not affiliated with a licensed child-placement agency. Others will not. It is imperative for the social worker to inquire and gather accurate information before beginning any adoptive home study.

Please be reminded that it is not ethical or legal to “sign off” on work completed by persons not employed by or subcontracting for a licensed agency.

Accountability prior to completing an adoptive home study is paramount for the social worker. The social worker should not look to the licensed adoption agency to “fix” or otherwise “sign off.” To do so could seriously place a social worker’s certification in jeopardy.

### GENERAL CONSIDERATIONS

We must *strongly* emphasize that you need to seek out and use a local-service agency or individual (depending on your state’s rules and regulations) who is familiar and successful with intercountry adoption. Such agencies or individuals will have had experience in intercountry adoption and their studies will reflect the particular qualities that foreign courts and judges will look upon favorably when making a decision. *Please* know that the agencies and individuals listed below have been and continue to be successful with foreign studies. There are some we don’t know, of course, but if an agency isn’t listed be sure to ask how many intercountry adoption studies the agency has done, how they’ve been accepted, what percent of their studies are for intercountry adoption, who their local CIS agent is, and whether they can supply forms. Ask for references and check with your adoptive parent support group.

Don’t just go to your country or state Department of Social Services expecting that they can do an acceptable study for an intercountry adoption (there are some exceptions, of course). If you haven’t yet decided whether you’ll be adopting from the U.S. or abroad, a wide-latitude study will save time and dollars in the long run. An intercountry adoption study will normally include such things as a mention of strong appreciation for the child’s birth-culture and other assurances that are simply not necessary when working with domestic sources whose ideas on adoption are the same nationwide.

Don’t set yourself up for increased frustration. Do your homework!

The following state-licensed Local Service agencies and individuals can provide all necessary local services involved in your adoption. While they may not

necessarily be child-placing agencies themselves, many work with several major child-placing agencies for placement in their own geographical area; others are able to do local service only for their own programs.

If you have decided your child will come from Korea, an agency *in your state* will do *all* service for adoption of a relatively healthy young child. This is a Korean government regulation. Agencies placing from Korea

cannot “write-off” studies from other states. For a child in a “waiting” category, there may be some flexibility.

No other country is so restricted, so it is entirely possible that you will be using two separate agencies: one in your state to do all local service and a child-placing agency in another state to locate and refer your child. This process is entirely legal and quite common.

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## LOCAL SERVICE AGENCIES BY NAME

### ***PLEASE NOTE:***

See also “Local Service Agencies by State.”

Check with your placing agency for advice on whom they prefer to do your local service if the placing agency is not in your state.

Addresses and phone numbers for child-placing agencies in this list can be found in the Index to the *Report* (unless otherwise noted); this list includes this information for other agencies doing local service.

Agencies with foreign programs also do local service, but they may not have the time or social-worker power to help you if you’re not using one of their programs. You can always ask.

It is possible that your State Departments of Social Services may be able to do a good foreign study if you explain that you have decided on a placing agency; there may be a fee. Private agencies can do studies as well however, there will be a fee. Look in the yellow-pages under “Adoption.”

### AAA PARTNERS IN ADOPTION

For Georgia. Parent(s) 21 +. Study: \$900. Post-placement: \$150/visit.

### ACCEPT- AN ADOPTION & COUNSELING CENTER

For 24 northern counties of California. Ages 21+ (25 if single), couples married 1 year. Study & 2 post-placement visits/\$3100. Some reductions may be possible.

### ACROSS THE WORLD ADOPTIONS

For California. Study: \$2100. Post Placement: \$250/visit.

### ADOPT INTERNATIONAL

For all central and northern California counties. Study: \$2400. Post placement: \$250-1000 depending on number of visits (\$450 for readopt).

For Hawaii. Study: \$1200. Post-placement: \$250/visit (\$450 for readopt)

### ADOPT-A-CHILD



For Pittsburgh area. Study & post-placement: \$1000. Monthly pre-adopt meetings.

#### ADOPTION & COUNSELING SERVICES FOR FAMILIES, INC.

For within 1-1/2 hours of greater Kansas City. Couples married 1 year. Study: \$900-1100 billed at \$90/hour. Post-placement: \$125-275/visit.

10890 Nieman Rd., Overland Park, KS 66210. Phone: 913-339-6776 (FAX # same). Visit website at [www.adoptionandcounselingservices.com](http://www.adoptionandcounselingservices.com), e-mail to [ucnsbhc@aol.com](mailto:ucnsbhc@aol.com).

#### ADOPTION ADVOCATES, INC. (VT)

For Vermont. Study: \$750. Post-placement: \$400.

521 Webster Rd. Shelburne, CT 05482-5631. Phone: 802-985-8289 (FAX # same).

#### ADOPTION ADVOCATES, INC. (WI)

For Wisconsin. Adoptive Families only. Study: \$2100. Post-placement: \$850. Fee reduction for re-application, and for waiting child studies. Education/information sessions at no fee.

2317 International Ln., Ste. 119 Madison, WI 53704. Phone: 608-246-2844, FAX: 608-246-2875. e-mail: [adoptionadvocates@aaiwi.org](mailto:adoptionadvocates@aaiwi.org) or visit website: [www.aaiwi.org](http://www.aaiwi.org)

#### ADOPTION ADVOCATES INTERNATIONAL (WA)

For Washington state. Study & post-placement: \$900-1600.

#### ADOPTION ALLIANCE (CO)

For Colorado. Study: \$3500, includes adoption study, training, post-placement, validation. Please call for information packet.

#### ADOPTION ASSOCIATES, INC. (MI)

For MI. Study: \$1500 plus .345/mile. Post placement reports range from no charge (for self-reports) to \$125 plus travel time at \$135/hr and .345/mile.

#### ADOPTION CENTER OF WASHINGTON

For DC and Virginia. Study: \$1200. Post-placement: \$1000.

#### ADOPTION HOMESTUDY AGENCY OF COLORADO

Local Adoption Services for Colorado. Study: \$1000. Pre-placement: \$1200. Post-placement: \$1200. Additional \$200 for extended annual post-placement. Collaborating with more than 70 international programs to place children. Also independent international adoptions.

4685 W. Princeton Ave. Denver, CO 80236. Phone: 720-214-0606, FAX: 303-794-8803. Visit website at [www.adoptionhomestudy.org](http://www.adoptionhomestudy.org), e-mail to [marj@adoptionhomestudy.org](mailto:marj@adoptionhomestudy.org).

#### ADOPTION HORIZONS (CA)

For CA counties; Del Norte, Humboldt, Mendocino, Trinity. Study: \$3500 (\$1000 for own programs (China). Post-placement: \$1000. Works cooperatively with State & Country agencies for foster care, adoption and placement of domestic infants. Networking with many agencies for Latin America, Asia and East European programs. Parent Preparation classes for all programs. Couples married 1 year.

#### ADOPTION NETWORK OF CATHOLIC CHARITIES CYO

For Marin, San Francisco, San Mateo, Contra Costa, Alameda, Santa Clara, Solano, and Santa Cruz counties. Fee is on a sliding scale, \$1000-\$10000. Couples married 2 years, no more than 50 years older than child. Monthly information meetings. Fees are on a sliding scale basis; some services are free. Free pregnancy counseling.

98 Bosworth St. 3<sup>rd</sup> Floor San Francisco, CA 94112-1002. Phone: 415-406-2387, FAX: 415-406-2386. E-mail: [kspotts@cccyo.org](mailto:kspotts@cccyo.org) or visit website: [www.cccyo.org](http://www.cccyo.org)

#### ADOPTION OPTIONS, INC. (CA)

For California. Couples married 2 years. Study: \$1950. Post-placement: \$250/report. Readopt: \$750. Provides monthly lectures on relevant topics, also bi-annual reunion parties for prospective and already adopters. Can provide seminars for family groups on discipline.

#### ADOPTION RESOURCE CENTER OF CONNECTICUT, INC.

For Connecticut. Study: \$1500. Post-placement \$200 per report.  
78 Eastern Blvd. Glastonbury, CT 06033. Phone: 860-657-2626, FAX: 860-657-1304.  
Visit website at [www.arcct.org](http://www.arcct.org), e-mail to [info@arcct.org](mailto:info@arcct.org), [prearick@arcct.org](mailto:prearick@arcct.org)

#### ADOPTION SERVICE INFORMATION AGENCY (ASIA)

For metropolitan DC. For Korea.

#### ADOPTION SERVICES (PA)

For New York, New Jersey, Pennsylvania, Virginia and West Virginia. Study: \$1700. Post-placement: \$250/visit.

28 Central Blvd. Camp Hill, PA 17011. Phone: 717-737-3960, FAX 717-731-0157. Visit website at [www.adoptionservices.org](http://www.adoptionservices.org)

#### ADOPTION UNLIMITED, INC.

For Pennsylvania. \$200 application fee. Study: \$1000. Post-placement: \$300/report plus travel if applicable.

#### ADOPTIONS FROM THE HEART

For CT, DE, NJ, NY, VA, WV, PA. Study: \$800. Post-placement varies depending on program.

#### ADOPTIONS INTERNATIONAL, INC.

For Pennsylvania and New York. Study & post-placement: \$1500

#### ADOPTIONS TOGETHER

For Maryland Virginia and Washington DC. Study: \$1300. Post-placement: \$325 each. Maintains a center for adoptive families with lifelong support.

#### ADOPTIONS UNLIMITED

For California. Study: \$1950. Post-placement: \$1500/4 visits (6 months supervision).

#### ALLIANCE FOR CHILDREN

For Massachusetts & Rhode Island. All fees on sliding scale according to income. Provides local service for parent-initiated adoptions.

#### AMERICANS FOR AFRICAN ADOPTION

For central Indiana. Study & post-placement: \$750.

#### AMERICANS FOR INTERNATIONAL AID & ADOPTION

For Michigan and New York. Study: \$1200, 6 months supervision, court and immigration processing: \$700 Michigan; \$900 New York.

#### AMETZ ADOPTION PROGRAM- JEWISH CHILD CARE ASSOCIATION

Home study for New Jersey and New York. Domestic and international options. Study: \$1000-1450. Post-placement: \$150-\$275.

120 Wall St. New York, NY 10005. Phone: 212-558-9949, FAX 212-558-9993. Visit website at [www.jccany.org](http://www.jccany.org), e-mail to [ametz@jccany.org](mailto:ametz@jccany.org).

#### BAKER VICTORY SERVICES

For New York. Study, educational programming, and post-placement fees vary. Direct placements from Poland, Kazakhstan, Ukraine, and Colombia.

780 Ridge Rd. Lackawanna, NY 14218. Phone: 716-828-9510, FAX: 716-828-9503. Visit website to [www.bakervictoryservices.org](http://www.bakervictoryservices.org).

#### BAL JAGAT- CHILDREN'S WORLD

For Los Angeles, Orange, Riverside, San Bernardino, Ventura, Santa Barbara, and San Diego counties. Study: \$1800. Post-placement: \$1200.

#### The BARKER FOUNDATION

For Washington DC, Maryland and Virginia. Application fee: \$500. Pre-Adoption preparation: \$200. Home Study: \$1200. Post Placement Supervision: \$1000. Discussion groups.

#### BEACON ADOPTION CENTER

For western Massachusetts residents living in area code 413. Application \$250. Home study \$1650. Post-placement: \$900. Ages 21-59+. Couples married 1 year +. Networks with many placing agencies in the Report. Prefer parental leave after placement for a few weeks, if possible.

66 Lake Buel Rd. Great Barrington, MA 02130. Phone: 413-528-2749, FAX: 413-528-4311 (please call before faxing). E-mail [mmccurdy@bcn.net](mailto:mmccurdy@bcn.net) or website [www.michaelmccurdy.com/beacon.htm](http://www.michaelmccurdy.com/beacon.htm).

#### BETHANY CHRISTIAN SERVICES

For all branch offices. Study: varies. Post-placement: varies.

#### BRIGHTSIDE FOR FAMILIES AND CHILDREN

For Massachusetts. Study: \$250. Post-placement: \$1500. For other states Brightside can provide them written guidelines and supervision to local service providers.

#### CASI FOUNDATION FOR CHILDREN IDAHO:

For Idaho Home Study: \$800 (for Washington DC/Maryland Study: \$1200). Post-placement: \$200/visit. (For MD and D.C. \$300 per report.) CASI staff guides every family step by step, verifies accuracy of all documents.

#### CATHOLIC COMMUNITY SERVICES (LA)

For Louisiana. Ages 21-55, couples married 3 years, no religious restriction. Study: \$1500. Post-placement: \$150.

PO Box 4785 Baton Rouge, LA 70821-4785. Phone: 225-386-8708, FAX 225-336-8703. Visit website at [www.adoptbatonrouge.org](http://www.adoptbatonrouge.org), e-mail to [kbaxter@ccsbr.org](mailto:kbaxter@ccsbr.org)

#### CATHOLIC CHARITIES OF WYOMING

For Wyoming. All religious denominations. Couples married 2 years. Study: \$800 (reapplication \$475). Post-placement Supervision: \$500. We assist with international adoptions – studies and post placement supervision in cases where families are working with an out of state international agency.

PO Box 1468 Cheyenne, WY 82003. Phone: 307-638-1530 (or 800-788-4606), FAX 307-637-7936. 2121 Capitol Ave. Cheyenne, WY 82001. E-mail: [betsy@dioceseofcheyenne.org](mailto:betsy@dioceseofcheyenne.org) or visit Website: [www.dioceseofcheyenne.org](http://www.dioceseofcheyenne.org)

#### CHILD & PARENT SERVICES

For Michigan. Study: \$1250. Post-placement: \$200/visit.

30600 Telegraph Rd. #2215 Bingham Farms, MI 48025. Phone: 248-646-7790, FAX 248-646-4544.  
Visit website at [www.childandparentservices.com](http://www.childandparentservices.com).

#### CHILD & HOME-STUDY ASSOCIATES

Provides pre-adoption counseling, linkage to foreign resources, home study, and post-placement services. Serves eastern Pennsylvania, New Jersey, and Delaware. Study: \$1200 plus travel (.38/mile). Post-placement: \$250/visit & report. Licensed in PA, NJ & DE. Non-profit agency. Home studies meet US-CIS requirements.

1029 N. Providence Rd. Media, PA 19063. Phone: 610-565-1544, FAX 610-565-1567. Visit website at [www.chsadoptions.org](http://www.chsadoptions.org), e-mail to [chsadopt@aol.com](mailto:chsadopt@aol.com).  
242 N. James Ct. #202 Wilmington, DE 19804. Phone: 302-475-5433.

#### CHILDREN AT HEART ADOPTION SERVICES

For New York. Study: \$1200. Post-placement, seals, translations: \$1500/4-6 visits & reports.

#### CHILDREN'S HOME AND AID SOCIETY OF ILLINOIS

For 10 Northern Illinois counties. Study: \$2750. Post-placement \$300/hour.

910 – 2<sup>nd</sup> Av. Rockford, IL 61104. Phone: 815-962-1043, FAX 815-962-1272. Visit website at [www.chasisystems.org](http://www.chasisystems.org), e-mail to [adopt@nw.chasi.org](mailto:adopt@nw.chasi.org).

#### CHILDREN'S HOPE INTERNATIONAL (MO)

For Missouri. Study: \$1200. Post-placement: \$200/visit. Preadoption education classes, monthly information meetings.

#### CHILDREN'S HOUSE INTERNATIONAL

For Utah, Florida, and Washington. Fees vary.

#### CHINESE CHILDREN ADOPTION INTERNATIONAL

For Colorado, Georgia and Florida. Study: \$1150. Post-placement: \$450 (for CO families, this is included in service fees). Regular information meetings, Chinese cultural school, Chinese Children Charity Fund, Lily Orphan Care Center (orphanage in China).

#### CHRISTIAN WORLD ADOPTION, INC.

For North and South Carolina residents. Pre & post adoption counseling & education (free monthly adoption seminars).

#### COMMONWEALTH ADOPTIONS INTERNATIONAL

CAI provides home studies for families living in most parts of AZ, FL, CO & PA. We also work in partnership with many other agencies throughout the U.S. CAI has been linking orphaned children with U.S. families since 1993. We are fully accredited in Russia. We hire in-country staff for our Russian and most other programs. We provide full fee disclosure to adoptive families.

#### COORDINATORS/2, INC.

For Virginia. Couples married 1 year. Study: \$1800. Post-placement: \$250/visit.

#### The CRADLE

Russian placement resource. African American networking resource. International home studies: \$3500. Domestic placements: \$9200 - \$25000. Hours 8:30 am – 5:00 p.m. CST.

#### DILLON INTERNATIONAL, INC.

For Arkansas, Kansas, Missouri, Oklahoma, and Texas. Study: \$1450. Post-placement: \$1150/3 visits. Post-adoption services; heritage camps, birthland tours, searches, & adoption education offered.

#### DILLON SOUTHWEST

For Arizona. Study: \$1250. Post-placement: \$950. Networking with several agencies for access to many other countries.

#### DOVE ADOPTIONS INTERNATIONAL, INC.

Home studies in Oregon: \$850 - \$1500.

#### EUROPEAN ADOPTION CONSULTANTS

For Ohio.

#### FAIRBANKS COUNSELING & ADOPTION

For Alaska. Study: \$1175. Post-placement: \$950 for children under 4, \$1500 for 4+.  
912 Barnette Fairbanks, AK 99701. Phone: 907-456-4729, FAX: 907-456-4623.  
Visit website at [www.fcaalaska.org](http://www.fcaalaska.org), e-mail to [melody@fcaalaska.org](mailto:melody@fcaalaska.org).

#### FAMILIES THRU INTERNATIONAL ADOPTION

Home studies for Southern Indiana: \$1125 for FTIA placement (\$1425 for non-FTIA placement). Post-placement varies.

#### FAMILY & CHILDREN'S AGENCY

For Connecticut. Study: \$1500. Post-placement included in FCA adoption fee. Post placement for out of state placing agency if \$150 per hour. Also networking with many out-of-state agencies.

#### FAMILY ADOPTION AGENCY

For Illinois. Study: \$2150. Post-placement: \$200/visit.

#### GREAT WALL CHINA ADOPTION

Dossier preparation services available.

#### HANDS ACROSS THE WATER

For Michigan. Study: \$1200 includes adoption book and "how-to" manuals. Post-placement: \$200/report.

#### HEARTSENT ADOPTIONS, INC.

California; statewide full service adoption agency. Study & 1 year pre & post-adoption classes: \$2600.  
Post-placement: \$800.

#### HEAVEN SENT CHILDREN

For Tennessee. Study & post-placement: \$1550.

#### HOLT INTERNATIONAL CHILDREN'S SERVICES

For residents of all states where licensed. Study: \$1633-2446 (sliding scale). Post-placement: \$772-1231 (sliding scale). Please write for additional information.

#### HOME FOR LITTLE WANDERERS

For Massachusetts. Ages 25+, couples married 2 years. Study: \$2500. Post-placement: \$2000.  
271 Huntington Ave. Boston, MA 02115. Phone: 617-267-3700, FAX 617-267-8142. Visit website at [www.thehome.org](http://www.thehome.org), e-mail to [pwisnew@thehome.org](mailto:pwisnew@thehome.org).

#### HOMESTUDIES & ADOPTION PLACEMENT SERVICES, INC.

For New Jersey. Study: \$1000 for HAPS programs. Post-placement: \$300/visit & report if not HAPS program. Identified agency adoptions - \$10000.

#### HOPE ADOPTION & FAMILY SERVICES INTERNATIONAL, INC.

For Minnesota and within 150-mile radius of Wisconsin. Study: \$2200-4000. Coordination, post-placement, and support services: \$800.

5850 Omaha Ave., N. Oak Park Heights, MN 55082. Phone: 651-439-2446, FAX: 651-439-2017.

E-mail [hope@hopeadoptionsservices.org](mailto:hope@hopeadoptionsservices.org) or visit web: [www.hopeadoptionsservices.org](http://www.hopeadoptionsservices.org)

#### ILLIEN ADOPTIONS INTERNATIONAL, INC.

For Georgia. Study: \$1000. Post-placement: \$200-250.

#### INTEGRITY, INC.

For Arkansas. Study: \$800-1200. Post-placement: \$200/report.

#### JEWISH FAMILY SERVICES (OH)

For Montgomery and neighboring counties. Study: \$1440. Post-placement: \$80/hour/office visit, \$160/home visit. Parent(s) 21+, couples married 1 year (2 for waiting children).

4501 Denlinger Rd. Dayton, OH 45426-2395. Phone: 937-854-2944, FAX: 937-854-2850. E-mail to: [MLUSTIG@jfgd.net](mailto:MLUSTIG@jfgd.net).

#### JEWISH FAMILY SERVICES OF ROCHESTER

For New York. Study: \$700-1500 and post-placement: \$350-750 (both are sliding scale).

441 East Avenue Rochester, NY 14607. Phone: 585-461-9658.

#### LIFELINK ADOPTION SERVICE

For Illinois, Iowa, Wisconsin, and Florida. Study: \$1200-2233. Post-placement: \$1000.

#### LITTLE ANGELS INTERNATIONAL

For Colorado. Home Study: \$3000, \$250 application fee, \$175 State fee. Ages 24-50, couples married 1 year or common-law, HIV, hepatitis, TB-testing required. Networking with many agencies. Visit website:

[www.littlestangelsinternational.com](http://www.littlestangelsinternational.com)

#### LOS NINOS (CHILDREN'S) INTERNATIONAL ADOPTION CENTER

For Texas. Study: \$1000. Post-placement: \$1100 for their own programs only. Educational website with slide show at [www.losninos.org](http://www.losninos.org)

#### LUTHERAN FAMILY SERVICES (CO)

For Colorado. Study and post-placement, etc.: \$4000. Ages 25-50.

363 S. Harlan St. #200 Denver, CO 80226. Phone: 303-922-3433, FAX 303-922-7335. E-mail to [Sheryl.porter@lfsc.org](mailto:Sheryl.porter@lfsc.org).

#### LUTHERAN FAMILY SERVICES IN THE CAROLINAS

For North & South Carolina. Age 26+, couples married 2+ years. Study: \$1695. Post-placement & final order: \$800.

PO Box 12287 Raleigh, NC 27605. Phone: 919-832-2620, FAX 919-832-9826. Visit Website at [www.lfscarolinas.org](http://www.lfscarolinas.org), e-mail [carole.davis@lfscarolinas.org](mailto:carole.davis@lfscarolinas.org).

#### LUTHERAN FAMILY SERVICES OF VIRGINIA

For Virginia. Couples married 1 year. Study: \$1625 (includes parenting workshop). Post-placement: \$900. Networks with other placing agencies for other countries.



#### LUTHERAN SERVICE SOCIETY OF WESTERN PENNSYLVANIA

For Southwest Pennsylvania. Study, 2 post-placement visits, family preparation: \$1500. Additional visits: \$200/visit.

1011 Old Salem Rd. #107 Greensburg, PA 15601. Phone: 724-837-9385, FAX: 724-836-5873.

Visit website at [www.lsswpa.org](http://www.lsswpa.org), e-mail to [lsswestmoreland@lsswpa.org](mailto:lsswestmoreland@lsswpa.org).

#### LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

For Central and Southeastern Ohio & other areas as caseloads allow. Study: \$1428. Post-placement: \$68/hour. Couples married 1 year. Also serve singles.

989 North High St. Columbus, OH 43201. Phone: 614-421-3611, FAX: 614-421-5862.

E-mail to [mkiggins@lssco.org](mailto:mkiggins@lssco.org).

#### LUTHERAN SOCIAL SERVICES OF MID AMERICA (OH)

For Southwest Ohio. 12 hours pre adoption training, study: \$1500. Post-placement: \$600/3 visits and reports.

11370 Springfield Pike Cincinnati, OH 45246. Phone: 513-326-5430, FAX: 513-612-6555.

E-mail to [cmccarthy@lssma.org](mailto:cmccarthy@lssma.org) or visit web: [www.lssma.org/adoption](http://www.lssma.org/adoption).

3131 Dixie Dr. #300 Dayton, OH 45439. Phone: 937-643-0020, FAX: 937-643-9970. E-mail

to [epetry@lssma.org](mailto:epetry@lssma.org) or visit web: [www.lssma.org/adoption](http://www.lssma.org/adoption).

204 N. Fountain Ave. Springfield, OH 45502. Phone: 937-325-3441, FAX: 937-325-3358.

Visit website at [www.lssma.org/adoption](http://www.lssma.org/adoption), or e-mail to [kdoughty@lssma.org](mailto:kdoughty@lssma.org).

#### LUTHERAN SOCIAL SERVICES OF NEW ENGLAND

For CT, MA, NH, RI. Couples married 2 years. Study: \$1500-1750. Post-placement: \$1500.

#### NEW HORIZONS ADOPTION AGENCY, INC. (MN)

For Iowa, Minnesota, South Dakota. Age 22+ (special approval needed for over 40), couples married 2 years, active Christians. Study & post-placement: \$2350.

#### NEW LIFE CHRISTIAN ADOPTIONS

For North Carolina. Study: \$1500 (90 days). Post-placement: \$300 or \$45/hour. Intercountry post placement report per report or \$45/hour.

500 Benson Rd. #202 Garner, NC 27529. Phone: 919-779-1004, FAX: 919-779-1544.

Visit website at [www.newlifechristianadoptions.org](http://www.newlifechristianadoptions.org), [newlife@newlifechristianadoptions.org](mailto:newlife@newlifechristianadoptions.org).

#### The OPEN DOOR ADOPTION AGENCY, INC.

For Georgia. Study: \$1300, post-placement: \$250.

#### RAINBOW ADOPTIONS INTERNATIONAL, INC.

For Connecticut. Study: \$1500. Post-placement: \$200/session + travel.

29 West Main Street, Suite 101, Avon, CT 06001. Phone: 860-677-0032, FAX: 860-677-0042.

Visit website at [www.rainbowadoptions.org](http://www.rainbowadoptions.org), e-mail to [rainbow@rainbowadoptions.org](mailto:rainbow@rainbowadoptions.org).

#### ST ELIZABETH/COLEMAN PREGNANCY AND ADOPTION SERVICES

For Indiana. Home Study: \$1550. Post Placement: \$150 plus mileage out of 40 mile radius/ visit and report.

2500 Churchman Avenue Indianapolis, IN 46203. 317-787-3412. FAX: 317-787-0482.

E-mail: [aavery@stelizabeth.org](mailto:aavery@stelizabeth.org) or visit website: [www.stelizabeths.org](http://www.stelizabeths.org)

#### SPECIAL ADDITIONS, INC.

For Kansas and Missouri. Study: \$1100. Post-placement: \$250/visit or \$1500 for international block.

#### SPENCE-CHAPIN SERVICES

For New York and New Jersey within 100 mile radius of New York City. Home Study and post-placement: sliding scale fees based on income.

#### SUNNY RIDGE FAMILY CENTER

For Illinois and Indiana. Home study and post placement services provided to partnering agencies and families. For Illinois and Indiana families: direct placing programs in China, Ukraine, Russia, Poland, and Guatemala. Also monthly information meetings, seminars, adoption education. Sunny Ridge is accredited through the Council on Accreditation (COA).

#### VILLA HOPE

For Alabama. Home study: \$11000. Post-placement: \$200 per report/visit. Please e-mail for a complete fee schedule.

#### VISTA DEL MAR COMMUNITY SERVICES

For Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Santa Barbara, Inyo, San Luis Obispo and Sacramento Counties in California. Home Study: \$2100. Post-placement: \$200/visit.  
3200 Motor Ave. Los Angeles, CA 90034. Phone: 310-836-1223 ext. 291 or 237, FAX: 310-559-0287. E-mail to [mjinda182@hotmail.com](mailto:mjinda182@hotmail.com). Or visit web site at [www.vistadelmar.org](http://www.vistadelmar.org)

#### VOICE FOR INTERNATIONAL DEVELOPMENT AND ADOPTION (VIDA)

For their own programs; for New York and New Jersey. Study: \$2500.

#### WASATCH INTERNATIONAL ADOPTIONS, INC.

For Utah. Study: \$800. Post-placement: \$200. COA approved.

#### WELCOME HOUSE ADOPTION PROGRAM OF PEARL S. BUCK INTERNATIONAL

For residents of DE, NJ, PA, VA.

#### WIDE HORIZONS FOR CHILDREN, INC.

For New England (except Maine), New Jersey, and New York. Study & post-placement: \$3400.

#### WORLD CHILD

For Alabama, Mississippi, New York, Virginia, & Maryland. Study: \$1100. Post-placement varies depending on country.

#### WYOMING CHILDREN'S SOCIETY

For Wyoming. Couples married 2 years. Domestic Home Study: \$850. Home study for designated/ICPC \$1150. Home study for international \$1150.  
314 E. 21<sup>st</sup> St. Cheyenne, WY 82001. Phone: 307-632-7619, FAX 307-632-3056.  
Visit website at [www.wyomingscs.org](http://www.wyomingscs.org), e-mail to [Wyoming@wyomings.org](mailto:Wyoming@wyomings.org).



## LOCAL SERVICE AGENCIES BY STATE

### AGENCIES AND INDIVIDUALS WHO PROVIDE ALL LOCAL SERVICES FOR INTERCOUNTRY ADOPTION

\*\*\*For further details see LOCAL SERVICE AGENCIES BY NAME.

\*\*\*Addresses for many agencies may be found in the Index to the *Report*. For unlisted agencies, consult the appropriate telephone book.

\*\*\*States are included *only* when the agency is based in a city located outside the listed state.

If you live in: You may use:

Alabama	Villa Hope, Birmingham World Child, Birmingham
Alaska	Adoption Advocates International (WA) Port Angeles, WA Fairbanks Counseling & Adoption, Fairbanks World Association for Children & Parents (WAACP) Seattle, WA
Arizona	Commonwealth Adoptions International, Tucson Dillon Southwest, Scottsdale Jewish Family & Children's Home, Phoenix
Arkansas	Dillon International, Inc., Little Rock Holt International Children's Services, Little Rock Integrity, Inc., Little Rock
California	(all geographically limited) ACCEPT- An Adoption & Counseling Center, Los Altos Across the World Adoptions, Pleasant Hill Adopt International, Redwood City, Oakland Adoption Horizons (CA), Eureka Adoption Network of the Catholic Charities, San Francisco Adoption Options, Inc. (CA), San Diego Adoptions Unlimited, Chino Bal Jagat- Children's World, Chatsworth Catholic Social Services, San Francisco Heartsent Adoptions, Inc., Orinda Holt International Children's Services, Sacramento Vista del Mar Community Services, Los Angeles
Colorado	AAC Adoption & Family Network, Inc., Berthoud Adoption Alliance (CO) Aurora Adoption Homestudy Agency of Colorado, Denver Chinese Children Adoption International, Engelwood Commonwealth Adoptions International, Denver Littlest Angels International, Glenwood Springs Lutheran Family Services (CO), Denver
Connecticut	Adoption Resource Center of Connecticut, Glastonbury Family & Children's Agency, Norwalk Family Services of Central Connecticut, Inc., New Britain Lutheran Social Services of New England, Rocky Hill Rainbow Adoptions International, Inc., Wethersfield Wide Horizons for Children, Inc., West Hartford
Delaware	Adoptions from the Heart, Wilmington, DE Child and Home-Study Associates, Wilmington

District of Columbia Welcome House Adoption Program of Pearl S. Buck International, Perkasie, PA  
 Adoption Center of Washington, Washington  
 Adoption Service Information Agency (ASIA), Washington  
 The Barker Foundation, Washington  
 CASI Foundation for Children, Washington  
 World Child, Washington

Florida Children's House International  
 Lifelink Adoption Service, Sarasota  
 Lutheran Social Services of NE Florida, Jacksonville  
 Universal Aid for Children, Inc. Pompano Beach  
 Chinese Children Adoption International, Tallahassee  
 Commonwealth Adoptions International, Tampa

Georgia AAA Partners in Adoption, Alpharetta  
 Child Services and Family Counseling, Atlanta  
 Chinese Children Adoption International, Atlanta  
 Illien Adoptions International, Inc., Atlanta  
 The Open Door Adoption Agency, Inc., Thomasville

Guam none

Hawaii Adopt International, Honolulu

Idaho CASI Foundation for Children, Boise

Illinois Children's Home and Aid Society of Illinois, Rockford  
 The Cradle, Barrington, Evanston and Oak Brook  
 Finally Family Adoption Agency, Chicago  
 Lifelink Adoption Service, Bensenville, Champaign, Moline, Peoria, Rockford, Edwardsville  
 New Life Social Services (IL), Chicago  
 Reaching Out thru International Adoption, Cherry Hill, NJ  
 Sunny Ridge Family Center, Wheaton  
 Uniting Families Foundation, Lake Villa

Indiana Americans for African Adoptions, Inc., Indianapolis, Central IN only  
 St. Elizabeth/ Coleman Adoption Services, Inc., Indianapolis  
 Families thru International Adoption, Evansville  
 Sunny Ridge Family Center, Munster

Iowa Holt International Children's Services, LeGrand  
 Lifelink Adoption Service, Davenport  
 New Horizons Adoption Agency, Inc. (MN), Mason City

Kansas Adoption & Counseling Services for Families, Inc., Overland Park  
 The Cradle, Wichita  
 International Adoption & Counseling Service of Kansas, Shawnee  
 Special Additions, Inc., Stilwell

Kentucky Children's Home of Northern Kentucky, Covington  
 A Helping Hand Adoption Agency, Lexington

Louisiana Associated Catholic Charities of Baltimore, Baltimore, MD  
 Catholic Community Services (LA), Baton Rouge  
 Children's Bureau of New Orleans, New Orleans

Maine MAPS International, Houlton, Portland, Bangor (unable to verify)

Maryland Adoptions Together, Baltimore  
 Associated Catholic Charities of Baltimore, Baltimore  
 The Barker Foundation, Cabin John  
 World Child, Silver Spring

Massachusetts Alliance for Children, Wellesley  
 Beacon Adoption Center, Great Barrington, clients in 413 area code only  
 Brightside for Families & Children, W. Springfield

Home for Little Wanderers, Boston  
Lutheran Social Services of New England, Worcester

Michigan Adoption Associates Inc. (MI), Jenison, Lansing, Farmington Hills  
Americans for International Aid and Adoption, Troy  
Bethany Christian Services, Grand Rapids (Corporate office). For all states where licensed: call 800-652-7082 for nearest office.

Commonwealth Adoptions International, Rockford

Minnesota Hands Across the Water, Ann Arbor  
Children's Home Society & Family Service, St. Paul  
HOPE Adoption & Family Services International, Inc., Oak Park Heights  
New Horizons Adoption Agency, Inc., (MN), Frost, MN

Mississippi World Child, Gulfport

Missouri Adoption & Counseling Services for Families, Inc., Overland Park, KS  
Catholic Charities, Kansas City  
Children's Hope International (MO), St. Louis  
Dillon International, Inc., St. Louis  
International Adoption & Counseling Service of Kansas, Shawnee  
Special Additions, Inc., Stilwell, Kansas  
Universal Adoption Services, Jefferson City

Montana Global Adoption Services, Inc., Eureka (& Ranch for Kids Project)(unable to verify)

Nebraska Adoption Links Worldwide (NE), Omaha  
Child Savings Institute, Omaha  
Holt International Children's Services, Omaha  
Lutheran Family Services, Omaha

Nevada Nevada State Welfare: check county name in phone book  
New Hope Child & Family Agency, Seattle, WA (unable to verify)

New Hampshire Lutheran Social Services of New England, Concord

New Jersey Wide Horizons for Children, Inc., Milford  
Adoption Services (PA), Camp Hill, PA  
Adoptions from the Heart, Cherry Hill  
Ametz Adoption Program- Jewish Child Care Association, New York City  
Child and Home Study Associates, Media, PA  
Homestudies & Adoption Placement Services, Inc., Teaneck  
Spence-Chapin Services, New York City  
Voice for International Development and Adoption (VIDA), Hudson, NY  
Welcome House Adoption Program of Pearl S. Buck International, Perkasio, PA  
Wide Horizons for Children, Inc., Plainfield

New Mexico A.M.O.R., Albuquerque (unable to verify)  
Rainbow House International, Belen (unable to verify)

New York Adoption Services (PA), Camp Hill, PA  
Adoptions from the Heart  
Adoptions International, Inc., Brooklyn  
Alliance for Children, Wellesley, MA  
Americans for International Aid and Adoption, North Syracuse  
Ametz Adoption Program- Jewish Child Care Association, New York City  
Baker Victory Services, Lackawanna  
Children at Heart Adoption Services, Mechanicville  
Jewish Family Service of Rochester, Rochester  
Spence-Chapin Services, New York  
Wide Horizons for Children, Inc., Oyster Bay  
World Child, New Paltz

North Christian World Adoption, Inc., Hendersonville

Carolina	Lutheran Family Services in the Carolinas, Raleigh Lutheran Family Services, Raleigh New Life Christian Adoptions, Garner
North Dakota	none
Ohio	European Adoption Consultants, Macedonia Gentle Care, Columbus Jewish Family Services (OH), Dayton Lutheran Social Services of Central Ohio, Columbus Lutheran Social Services of Mid-America (OH), Dayton, Cincinnati, & Springfield
Oklahoma	Dillon International, Inc., Tulsa Great Wall China Adoption, Austin, TX Small Miracles International, Inc., Midwest City
Oregon	Associated Services for International Adoption (ASIA) (OR), Lake Oswego Dove Adoptions International, Inc., Portland
Pennsylvania	Adopt-A-Child, Pittsburgh Adoption House, Inc. Wilmington, DE Adoption Services (PA), Camp Hill Adoption Unlimited Inc., Lancaster Adoptions from the Heart, Wynnewood, Lehigh Valley, Lancaster, Harrisburg, Pittsburgh Adoptions International, Inc., Philadelphia Child and Home-Study Associates, Media Commonwealth Adoptions International, Pittsburgh International Adoption Center, Elkins Park Keystone Adoption Services, Wilkes-Barre Lutheran Children & Family Service, Roslyn Lutheran Service Society of Western Pennsylvania, Greensburg Welcome House Adoption Program of Pearl S. Buck International, Perkasie
Puerto Rico	none
Rhode Island	Alliance for Children, Pawtucket Lutheran Social Services of New England, Cranston Wide Horizons for Children, Inc., Providence
South Carolina	Christian World Adoption, Inc., Charleston Lutheran Family Services in the Carolinas, Columbia Small World, Inc. (TN), Hermitage, TN
South Dakota	Holt International Children's Services, Omaha, NE New Horizons Adoption Agency, Inc., (MN), Sioux Falls
Tennessee	Heaven Sent Children, Murfreesboro Holston United Methodist Homes for Children, Greeneville, Knoxville, Johnson City, Nashville, Memphis Small World, Inc. (TN), Hermitage
Texas	Commonwealth Adoptions International, Dallas Dillon International, Inc., Tulsa, OK Great Wall China Adoption, Austin Little Miracles International, Inc., Amarillo Los Ninos (Children's) International Adoption Center, Dallas, Austin, The Woodlands Placement Services Agency, Dallas
Utah	Children's House International, Ferndale, WA Wasatch International Adoptions Inc., Ogden
Vermont	Adoption Advocates, Inc. (VT), Shelburne Lund Family Center, Burlington Wide Horizons for Children, Inc., Monkton
Virgin Islands	none

Virginia	Adoption Center of Washington, Alexandria Adoptions from the Heart, Chesapeake, Richmond The Barker Foundation, Cabin John (MD) Coordinators/2, Inc., Richmond Lutheran Family Services of Virginia, Richmond Welcome House Adoption Program of Pearl S. Buck International, Perkasie, PA World Child, Falls Church
Washington	Adoption Advocates International (WA), Port Angeles Children's House International, Ferndale
West Virginia	Adoption Services (PA), Camp Hill, PA Adoptions from the Heart, Morgantown
Wisconsin	Adoption Advocates, Inc., (WI), Madison Community Adoption Center, serving all of state; offices in Manitowoc, Janesville, Madison, Green Bay Division of Community Services, Madison HOPE Adoption & Family Services International, Inc., Oak Park Heights, MN Lifelink Adoption Service, Fitchburg Special Children, Inc., Elm Grove Sunshine Adoption, Inc., Elm Grove
Wyoming	Catholic Charities of Wyoming, Cheyenne Wyoming Children's Society, Cheyenne