

# HOPE FOR ADOPTION

## ADOPTION SERVICES FEE SCHEDULE

Domestic Placements Only

Application	
<input type="checkbox"/> \$250.00	Application Fee (non-refundable and due upfront)
Adoption Programs	
<input type="checkbox"/> \$15,000.00	Full Service Adoption Program (Couples making less than \$75,000 annual household income, may apply for a grant through Hope for Adoption)
<input type="checkbox"/> \$10,000.00	Hope Program Adoption Program (Discounted agency fee to assist with more difficult to place situations)
<input type="checkbox"/> \$6,500.00	Pre-Identified Adoption Program (Social and Adoptive Services for couples that have already identified a birth mother)
Additional Estimated Expenses	
<input type="checkbox"/> \$ _____	*Estimated Birth Mother Living Expenses
<input type="checkbox"/> \$ _____	*Estimated Legal Expenses
<input type="checkbox"/> \$ _____	*Estimated Medical Expenses
*Fees are an estimate only and may change due to circumstances outside of Hope for Adoption's control	
Total	
\$ _____	TOTAL ESTIMATED EXPENSES (50% of Agency Program Fee & 100% of Additional Estimated Expenses due at match, with the balance due of remaining Agency Program Fees due 30 days prior to birth or placement.)
Refund Policy	
<p><b>All fees are non-refundable expect under conditions of the Refund Policy due to a disrupted or failed adoption.</b></p> <p>In the case of a disrupted or failed adoption, Hope for Adoption will roll 100% of Adoption Program Fees over to another adoptive placement. Unused Birthmother Living/Medical Expenses and Legal Fees will also be rolled over to another placement as well. If prospective adoptive parent wishes a refund based on a failed or disrupted adoption (unless failure is due to adoptive family causing disruption or decision not to proceed except in cases of special needs delivery or placement) all unused Birth Mother Living/Medical expenses and unused Legal Fees and Adoption Program fees will be refunded minus \$5,000 to cover administrative and social service costs.</p>	

Please reference Adoption Program Service Outline for complete program details.

Payment		
<b>Total Paid: \$</b>	<b>Credit Card Information:</b>	<b>Wire Transfer Information:</b>
<b>Remaining Amount: \$</b>	Card #:	Account Name: Hope for Adoption
<b>Date Due:        /        /</b>	Expiration Date:	Bank Name: Wachovia
<b>Payment Type:</b>	Name as it appears on card:	Bank Address: 1413 Riverstone Pkwy. Canton GA 30114
<input type="checkbox"/> Check #                      Returned Check Fee: \$47.00	Billing Address (if different from home):	Routing Number: 061000227
<input type="checkbox"/> Credit Card: Visa or MasterCard		Account Number: 2000043927203
<input type="checkbox"/> Wire Transfer		
<p><i>By signing this Fee Schedule I acknowledge and agree to pay the Adoption Program and estimated fees listed above.</i></p> <p>I also understand that Birth Mother living, legal and medical expenses are an estimate and I will be responsible to pay additional monies to cover these if they exceed the estimated amount. If the final expenses are less than the estimate, I will receive a refund from Hope for Adoption, Inc. after finalization.</p>		
<b>Client Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>
<b>Client Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>
<b>HFA Authorized Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>

Please retain a copy of this document for purposes of the adoption tax credit.