



Connecting Hearts Adoption Services  
Home Study Agreement and Fee Schedule

This Home Study Agreement is made and entered into today by and between Connecting Hearts Adoption Services having its main office at 9373 Wickham Way, Orlando, Florida 32836 and the prospective adoptive family. Connecting Hearts Adoption Services shall conduct a home study investigation of the prospective adoptive family in order to determine the prospective adoptive family's suitability for adoption of a child (or children) under applicable standards as governed by the laws and regulations of the State of Florida. The home study shall be conducted in accordance with all applicable requirements and guidelines of the State of Florida. All services provided by Connecting Hearts Adoption Services are provided to prospective parents regardless of race, age, sex, marital status, physical disability, gender identity or sexual orientation. The prospective adoptive family will pay Connecting Hearts Adoption Services for its time in conducting and compiling the home study report and for the responsibility assumed by Connecting Hearts Adoption Services in approving or disapproving the prospective adoptive family for adoption (i.e. the home study fee).

1. Prospective adoptive families who seek a home study report will pay an application fee of \$100 plus a domestic home study report fee of \$1,400 for the report, for a total of \$1,500. These fees are non-refundable. An expedited home study requires an additional \$400 fee.
  - The first payment of \$100 will be due upon submission of an application to Connecting Hearts Adoption Services.
  - The remaining home study fee will be required to be paid in full by either cash or check or electronically via Venmo or Zelle the day prior to the scheduled home study visit. Please make check payable to "Connecting Hearts Adoption."
  - There is a travel fee for the prospective adoptive family living outside of Orange, Hillsborough, Broward or Miami-Dade counties. Mileage will be reimbursed at each visit to the prospective adoptive family's home according to the mileage rate indicated by IRS guidelines in place at time of visit. This fee will be paid in addition to any other service fee. This fee will be paid directly to the social worker visiting the prospective adoptive family's home.
  - At a minimum, one visit to the family home is required for every domestic adoption home study. Requesting more than one visit in the family home is at the discretion of Connecting Hearts Adoption. There is no additional fee (outside of travel) should a second home study visit be requested.
2. The fees for Connecting Hearts Adoption is as follows. Personal check, cash, Venmo or Zelle are how all fees are to be paid.
  - Application Fee \$100-due with initial application
  - Home Study Report \$1,400-due day before home visit
  - Addendum \$300-required if a family moves into a new home and wants to maintain home study approval
  - Expedited Report \$400 in addition to home study fee (completed report in 5-10 days)
  - Home Study Update \$700-due day before home visit
  - Post Placement Visits \$300 per visit due at each visit
3. The prospective adoptive family will receive one (1) electronic copy of their report in PDF format. The report will have the Connecting Hearts Adoption Services agency license attached. The prospective adoptive family understands that Connecting Hearts Adoption Services will only provide the home study to the prospective adoptive family once the written report is completed. Connecting Hearts Adoption will not provide the study to anyone else without a written request from the prospective adoptive family. All information provided to the agency regarding each family is confidential and will only be shared with the prospective adoptive family, unless otherwise requested.
4. Once the report is finalized, any hard copies of the home study report must be requested by the prospective adoptive family (provided they are not amendments or updates) and will be issued by Connecting Hearts Adoption Services.
5. Follow-up visits (post placement) to the prospective adoptive parent's home will occur in accordance with the guidelines of the State(s) involved in the child's placement.
6. Post placement visits shall cost \$300 per visit for a domestic adoption. If there is a mileage fee, it is in addition to the post placement fee per visit to the prospective adoptive family's home, and is reimbursed at the federal mileage rate. Post placement reports are solely provided directly to the prospective adoptive family's placing agency or attorney.
7. Any changes/amendments/addendum to the home study report requested after the prospective adoptive family is in receipt of their final home study report will be provided at a cost of \$300. This fee is non-refundable.
8. A home study is valid for one year from the date it is signed. As well, all the clearances required for a home study are also only good for one year from the date completed. Any subsequent home study updates (required if the initial report nears twelve months old AND prospective adoptive family wants to maintain their eligibility to adopt) conducted for the prospective adoptive family will be provided at a fee of \$700.
9. The prospective adoptive family understands that Connecting Hearts Adoption may need to speak or communicate with the prospective adoptive family's placing agency/entity. By signing this agreement, the prospective adoptive family gives their express permission for a representative of Connecting Hearts Adoption Services to speak with their placing agency/entity regarding the status, success or challenges surrounding the completion of the adoptive family's home study.
10. The prospective adoptive family is responsible for the fee per person for the required FDLE and FBI background checks for all occupants in the household age 12 and older. This fee is payable directly to the LiveScan provider. This fee is non-refundable. The prospective adoptive family is also responsible for any fee required for the local background check completed at either their local Sheriff's Office or Police Department. The local background check is required for all occupants in the household age 12 and older. This fee is non-refundable. The prospective adoptive family gives their express permission for Connecting Hearts Adoption Services to complete a background check of the National Sex Offender Registry for anyone in their home age 12 and older. There is no fee for this clearance.
11. Five training hours are required to be completed by the prospective adoptive family in order for Connecting Hearts Adoption to finalize a home study for a private adoption. The agency will provide training hour options for those seeking to adopt in the private sector. MAPP or PRIDE training is required to be completed by the prospective adoptive family in order for Connecting Hearts Adoption to finalize a home study for a family seeking to adopt from foster care. The prospective adoptive family is responsible for any fee required for any training hours. This fee is non-refundable.
12. Connecting Hearts Adoption Services will provide the prospective adoptive family with verification of fingerprint results once they have been processed by the Florida Department of Law Enforcement. This information is confidential.



- 13. The prospective adoptive family is responsible for paying for their employment verification if there is a fee. The prospective family will reimburse Connecting Hearts Adoption should the agency be required to pay for any employment verification.
- 14. The prospective adoptive family takes full responsibility for the decision to have any child placed in their home for the purpose of adoption. The prospective adoptive family will not hold Connecting Hearts Adoption responsible or liable should problems arise with any adoptive child(ren) placed in their home either medically, behaviorally, emotionally and/or physically.
- 15. Once a prospective family has visited with a social worker in their home, it is the family's responsibility to complete their paperwork in order for their study to be completed timely. Connecting Hearts Adoption reserves the right to require another visit to the family home if the prospective family has yet to complete the required paperwork and/or training within three months or more of the initial home visit/interview. The fee for this visit is \$300. This visit is considered to be "best practice" and any need for this visit is at the discretion of Connecting Hearts Adoption Services.

\*The completed home study will be returned to the prospective adoptive family ONLY after the meeting with the Social Worker has been completed and ALL home study documents have been received. The completed home study will be returned to the prospective adoptive family in a timely fashion (typically two-four weeks) after approval. If the prospective adoptive family is in need of the home study prior to a two-business week period, a fee of \$400 will be charged to the prospective adoptive family. These monies must be received by Connecting Hearts Adoption Services prior to release of the completed home study.

The determination regarding approval or disapproval of the prospective adoptive family is within the sole discretion of Connecting Hearts Adoption Services. The prospective adoptive family acknowledges that Connecting Hearts Adoption Services makes no guarantee that the prospective adoptive family's home study will be approved or that an approved home study will result in a child being placed with the prospective adoptive family.

The prospective adoptive family shall indemnify, defend and hold harmless Connecting Hearts Adoption Services from and against any and all claims, liabilities, damages, costs, expenses, actions, or causes or actions arising from or related to Connecting Hearts Adoption Service conduct unless such claims, liabilities, damages costs, expenses, actions or causes of action solely arise from or relate to Connecting Hearts Adoption Services' gross negligence or intentional misconduct, or (b) the approval or disapproval of the prospective adoptive family for adoption of a child or children.

The prospective adoptive family understands that in the course of the adoption process certain documents considered to be confidential may need to be made available to persons for specific purposes related to the adoption process. The prospective adoptive family authorizes Connecting Hearts Adoption Services to release such information as is deemed necessary.

The prospective adoptive family further acknowledges that under the laws of the State of Florida, the home study will be valid for a period of one (1) year from the date upon which it is completed and signed by Connecting Hearts Adoption Services. As well, the prospective adoptive family understands that they must comply with all applicable adoption regulations established by the State of Florida. The applicant(s) and Connecting Hearts Adoption Services understand that because each party has entered into this agreement voluntarily, either party may terminate this agreement by giving written notice to the other party. Any fees paid to Connecting Hearts Adoption Services at that point would be non-refundable.

Any dispute, controversy or claim between the parties hereto arising out of or relating to this Agreement, or the breach of any term or condition herein, which cannot be settled by negotiation, shall be settled by arbitration. Said arbitration is to be administered by a single arbitrator of the American Arbitration Association, under its Commercial Arbitration Rules. The judgment of the arbitrator may be entered in any court having jurisdiction thereof. The place of such arbitration shall be with Orange County, State of Florida. Furthermore, the arbitrator shall award the prevailing party the costs of arbitration, including but not limited to reasonable attorney fees.

The withholding of information or the providing of incorrect information which is material to Connecting Hearts Adoption Services legal responsibility to investigate an applicant's feasibility as a prospective adoptive parent in connection with either existing or prospective adoption proceedings or in anticipation of the placement of a child with the applicant for adoption, are grounds for the immediate termination of this agreement by Connecting Hearts Adoption Services and forfeiture of all payments made by the applicant to Connecting Hearts Adoption Services. Examples of material omissions or misrepresentations of applicants which may prompt Connecting Hearts Adoption Services to terminate the agreement are as follows: the withholding of information or providing of incorrect information relating to an arrest or the alleged commission of a misdemeanor or felony, or any criminal record arising out of an arrest; the withholding of information or the providing of incorrect information concerning the applicant's biographical, social-economic or medical histories.

The Home Study Agreement shall be governed by and construed in accordance with the laws of the State of Florida. The prospective adoptive family acknowledges having reviewed this agreement and fee schedule.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Child Abuse History Record Request

**Prospective adoptive parents AND anyone in your home age 12 and older must complete this form.** We will process this for you. Should there be any reported history, it will be necessary for you to obtain any and all reports as well as provide a written explanation as to the circumstance involving the Department of Children and Families.

Please sign below confirming you understand this requirement.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# Child Abuse History Record Request for Private Adoption

**NOTE:** This form must be submitted by the agency identified at the bottom of this page. The applicant may NOT SUBMIT THIS FORM DIRECTLY to the Department of Children & Families.

**LIST ALL** minor household members on this form.  
**Do not include ANY adult household members or foster care children.**

**TO BE COMPLETED BY APPLICANT**

Applicant Name \_\_\_\_\_  
 (Please Print Clearly – Last Name, First, Middle)

Applicant: SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Prior Name(s): \_\_\_\_\_

Current Florida Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ (Include city, state, and Zip Code) \_\_\_\_\_ Dates at Address \_\_\_\_\_

(Include city, state, and Zip Code) \_\_\_\_\_ Dates at Address \_\_\_\_\_

By signing this form, I, as an applicant for adoption, authorize a search for reports of abuse, neglect or abandonment investigated in which my name appears and there were "verified findings" of maltreatment of a child(ren) and I am listed as the "Caregiver Responsible". I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption. I understand I will be given the opportunity to discuss the findings of the report(s). This consent is valid solely for the requesting agency/facility listed below on this form. (Chapter 39, F.S.)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

ALL ADULT (18 & UP) HOUSEHOLD MEMBERS MUST SUBMIT A SEPARATE REQUEST FORM  
 PLEASE LIST INFORMATION FOR ALL MINOR (17 & UNDER) HOUSEHOLD MEMBERS EXCEPT FOSTER CHILDREN.

Last Name	First Name	Middle Initial	DOB	Race	Sex	SSN
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Please use another request form for additional household members**

**TO BE COMPLETED BY REQUESTING AGENCY**

Reason for Record Search:

Private Attorney       Child-Placing Agency      LCSW/LMC  
 FACCCA (Florida Association of Children Child Caring Agencies)      Other \_\_\_\_\_

Facility/Agency Name: Connecting Hearts Adoption Services Phone: 407-733-8642

Address: 9373 Wickham Way Orlando 32836  
Mailing Address City Zip Code

OCA and/or Facility ID: 481637 Email: amy@connectingheartsadoption.com

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

AMY IMBER \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name and Signature of Requesting Facility/Agency Representative



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**LIST ALL** minor household members on this form.  
**Do not include ANY adult household members or foster care children.**

### TO BE COMPLETED BY APPLICANT

Applicant Name \_\_\_\_\_  
*(Please Print Clearly – Last Name, First, Middle)*

Applicant: SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Prior Name(s): \_\_\_\_\_

Current Florida Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ *(Include city, state, and Zip Code)* \_\_\_\_\_ *Dates at Address*

\_\_\_\_\_ *(Include city, state, and Zip Code)* \_\_\_\_\_ *Dates at Address*

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Last Name	First Name	Middle Initial	DOB	Race	Sex	SSN
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Please use another request form for additional household members*

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AMY IMBER *Amy Imber* \_\_\_\_\_  
Printed Name and Signature of Requesting Facility/Agency Representative      Date



# ACKNOWLEDGEMENT OF FIREARMS SAFETY REQUIREMENTS

Florida Statute 790.174 (Safe storage of firearms required) states:

(1) A person who stores or leaves, on a premise under his or her control, a loaded firearm, as defined in s. [790.001](#), F.S., and who knows or reasonably should know that a minor is likely to gain access to the firearm without the lawful permission of the minor's parent or the person having charge of the minor, or without the supervision required by law, shall keep the firearm in a securely locked box or container or in a location which a reasonable person would believe to be secure or shall secure it with a trigger lock, except when the person is carrying the firearm on his or her body or within such close proximity thereto that he or she can retrieve and use it as easily and quickly as if he or she carried it on his or her body.

(2) It is a misdemeanor of the second degree, punishable as provided in s. [775.082](#) or s. [775.083](#), F.S., if a person violates subsection (1) by failing to store or leave a firearm in the required manner and as a result thereof a minor gains access to the firearm, without the lawful permission of the minor's parent or the person having charge of the minor, and possesses or exhibits it, without the supervision required by law:

(a) In a public place; or

(b) In a rude, careless, angry, or threatening manner in violation of s. [790.10](#), F.S.

This subsection does not apply if the minor obtains the firearm as a result of an unlawful entry by any person.

(3) As used in this act, the term "minor" means any person under the age of 16.

I/We, \_\_\_\_\_,  
acknowledge that I/we have read and understand this document.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver/Adoptive Parent Signature

\_\_\_\_\_  
Caregiver/Adoptive Parent Signature

**NOTE:** This acknowledgement must be executed by all foster and adoptive parents during the home study process.



# VECHS WAIVER AGREEMENT AND STATEMENT

**Volunteer & Employee Criminal History System (VECHS)**  
for Criminal History Record Checks  
under the National Child Protection Act of 1993, as amended,  
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) **CONNECTING HEARTS ADOPTION SERVICES** to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

**A national criminal history background check on me has previously been requested by:**

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(Name and Address of Previous Qualified Entity) (Year of Request)

I  have **OR**  have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

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I  do **OR**  do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee  Volunteer  Contractor/Vendor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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**TO BE COMPLETED BY QUALIFIED ENTITY:**

Entity Name: **CONNECTING HEARTS ADOPTION SERVICES**

Address: **9373 WICKHAM WAY, ORLANDO, FL 32836**

Telephone: **407-733-8642** Fax: **407-358-5016**

FDLE Assigned Qualified Entity Number: **V48030073**

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**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY**



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I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

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I am a current or prospective (check one): Employee  Volunteer  Contractor/Vendor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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