



## Adoption For My Child

Providing adoption profiles on demand for available situations throughout the US

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

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[\(801\) 559-7444](tel:(801)559-7444)

### "S" - (Urgent!)

[www.adoptionformychild.com/available-situations/S/](http://www.adoptionformychild.com/available-situations/S/)

**Date Posted:**

04/05/2020

**Application Deadline:**

Ongoing 04/12/2020

**Open To:**

All States **EXCEPT** New York

**Mother's Location:**

Indiana

**Due Date:**

April 12, 2020

**Level of Openness:**

Open

**Child's Ethnicity:**

African-American

**Child's Gender:**

not-filled

**Requested Family Criteria:**

All Family Types, Male/Female couples, Single women- Open to families w/ or without children. Prefers married couples or single mothers. No non-traditional families.

**Drug Exposure:**

Unknown

**THIS IS ALL THE INFORMATION  
WE HAVE AT THIS TIME.  
ANY INFORMATION WE  
RECEIVE WILL BE SENT OUT.**

# Adoption Cost & Fee Breakdown

## Cost - More Details

### At Match:

\$750 Application fee (N/R) \*rollover to another situation, if match fails

\$2000 Case Management Retainer (\$45/hr) (refundable if not used)

\$500 BM living assistance (refundable if not used)

\$750 Counseling Retainer (refundable if not use or invoiced if add'l counseling is required)

\$500 Ancillary Retainer (refundable if not use or invoiced if add'l ancillary charges are required)

\$500 Legal Retainer for Attorney (refundable if not used)

**\$5,000 TOTAL due upon accepting match**

### At Placement:

\$20,500 Agency fee #2

\$2000 Case Management

\$3500 Birth Mother Living Assistance

\$1500 ICPC

\$1500 Consent Coordination

\$500 Agency Legal

\$5300 Legal – Attorney

**\$34,800 TOTAL due upon birth mother signing (once consents are signed, fees are nonrefundable)**

**TOTAL ADOPTION \$39,800**

## **TOTAL ESTIMATED COST OF THE ADOPTION: \$39,800.00**

(Basic Members - Please at \$3,000 to total cost above for AFMC Networking Fee)

### **REFUNDED IF ADOPTION FAILS:**

#### **DUE UPFRONT IF/WHEN YOU ARE CHOSEN**

- Paid to the Adoption Entity: \$5,000.00\*
- AFMC Networking Fee (Basic Members Only): \$3,000\*\*
- AFMC Profile Submission Fee (Basic Members Only): \$25

**\*Funds are due within 48 hours of being selected by the expectant mother.** Under NO circumstances should you submit your profile or request to be considered **UNLESS** you have the ability to immediate access to the liquid funding necessary to pay the upfront fees listed above. Please be realistic in regards to your ability to pay the total estimated cost of the adoption by the time the expectant mother delivers her child. If you do not have the total amount required for this adoption available, AFMC recommends that you get PRE-APPROVED for an adoption loan BEFORE you submit for this or any other situation that exceeds your current budget to make sure the adoption will not fall through due to an inability to pay.

**\*\*Upgrade your membership to Elite or Ultimate level before submitting your request to avoid paying this fee**

# HOW TO BE CONSIDERED BY THE EXPECTANT MOTHER

## REQUIRED

- A completed **US Domestic Private** home study
- A PDF profile no more than 12 pages (including cover page) about your family with no contact information listed inside.\*\*\*  
*(IMPORTANT: a link to an online profile WILL NOT be accepted)*
- **An active membership** with AFMC  
*(membership options start at \$0 per month)*
- Complete AFMC's "New Member Questionnaire"  
*(provided after you register for a membership)*
- Read and sign AFMC's Service Agreement  
*(provided after "New Member Questionnaire" is completed)*

## OPTIONAL

- Letter to Expectant Mother  
(providing one is highly encouraged, but not required)
- Family Interview Video  
Contact AFMC for more details

**NOTE:** All documents must be formally approved by AFMC before you can request to have your profile sent to the expectant mother.)

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## Apply for this Situation

<https://www.adoptionformychild.com/available-situations/S/#request/>

## Contact Us

Email: [team@adoptionformychild.com](mailto:team@adoptionformychild.com)  
Amy Senior Cell: [\(801\) 559 - 7444](tel:8015597444) (call or text)

<b>DATE OF REQUEST</b>	Saturday, April 4, 2020
<b>BIRTH MOTHER</b>	S
<b>STATE BM RESIDES</b>	INDIANA
<b>DUE DATE</b>	Sunday, April 12, 2020
<b>RACE OF BABY</b>	AA
<b>GENDER (IF KNOWN)</b>	Unknown
<b>BIRTH FATHER KNOWN?</b>	YES
<b>BIRTH FATHER RISKS (IN KNOWN)</b>	NOT SURE
<b>ANY MEDICALS RISKS (I.E. DRUGS, ETC)</b>	<p>Birth Mother does not have Medicaid, but once admitted to hospital, the billing dept will complete the Medicaid application w/ her.</p> <p>No known medical conditions, per birth mother.</p> <p>Birth father does not want to be involved w/ adoption nor does he want to be a parent.</p>
<b>ANY REQUESTS OF BIRTH MOTHER ON THE TYPE OF FAMILY SHE IS WANTING?</b>	Open to families w/ or without children. Prefers married couples or single mothers. No non-traditional families.
<b>TYPE OF ADOPTION BIRTH MOTHER WANTS</b>	OPEN