

**ALLIED MEDICAL ADOPTION/FOSTER PLACEMENT AGENCY  
SUPPLEMENTAL APPLICATION**  
SUBMIT WITH ALLIED MEDICAL GENERAL APPLICATION

**ADOPTION SERVICES:**

1. Provide the annual number (#) of the following professional services:
  - a. Completed Adoption Placements \_\_\_\_\_
  - b. Adoptions Placements not yet completed \_\_\_\_\_
  - c. Pregnancy Counseling Visits \_\_\_\_\_
  - d. Other (*specify*): \_\_\_\_\_
  
2. What percentage (%) of children are placed from the following:
  - a. Domestic Agencies (state agencies) \_\_\_\_\_
  - b. Foreign Operations \_\_\_\_\_
  - c. Private Placements \_\_\_\_\_
  - d. Other (*specify*): \_\_\_\_\_
  
3. What percentage (%) of adoptions are:
  - a. Traditional \_\_\_\_\_
  - b. Open \_\_\_\_\_
  - c. Semi-Open \_\_\_\_\_
  - d. Other (*specify*): \_\_\_\_\_
  
4. Total number of adoptions next 12 months:
  - a. How many Foreign Adoptions total \_\_\_\_\_
  - b. How many Special (*foreign*) Adoptions only \_\_\_\_\_
  - c. How many Special (*domestic*) Adoptions only \_\_\_\_\_
  - d. How many Domestic Adoptions total \_\_\_\_\_
  
5. Are all children adopted from Foreign countries screened for disease, illness, etc.?  No  Yes
6. What procedures are taken if the birth father cannot be found or identified?
  - a. Are legal notices to fathers placed in publications?  No  Yes
  - b. Provide details: \_\_\_\_\_
  
7. Do contracts signed by adopting parents include a disclaimer & limitation of liability for claims arising from an allegedly unknown father later asserting his parental rights?  
If "No," please explain \_\_\_\_\_  No  Yes
  
8. Do contracts signed by adopting parents of foreign children include a disclaimer of limitation of liability for claims arising from inaccurate and incomplete medical records as well as misrepresentations by foreign officials as to the health or availability of child(ren) to be adopted?  
If "No," please explain \_\_\_\_\_  No  Yes
  
9. List all countries associated with the adoption process: \_\_\_\_\_  
\_\_\_\_\_

**FOSTER PLACEMENT SERVICES:**

- 10. How many licensed Foster Care Beds \_\_\_\_\_

  - a. How many Foster Homes are utilized \_\_\_\_\_
  - b. Current number of Foster Placements \_\_\_\_\_
  - c. Est. number of Placements after 12 months \_\_\_\_\_

d. Who licenses the Foster Homes? \_\_\_\_\_

- 11. What percents (%) of Foster Care Placements are:
  - a. Well Child \_\_\_\_\_
  - b. Mentally Retarded \_\_\_\_\_
  - c. Emotionally Disturbed \_\_\_\_\_
  - d. Other (*specify*): \_\_\_\_\_

12. How often do social workers visit a Foster Home? \_\_\_\_\_

13. What percentage of children are removed from their parents home involuntarily: \_\_\_\_\_ %  
By whose authority? Explain procedure: \_\_\_\_\_

14. Describe procedure for handling a child's allegation of sexual or physical abuse: \_\_\_\_\_  
\_\_\_\_\_

- 15. Do screening procedures for *foster parents and adoptive parents* include:
  - a. Background and/or FBI check? No Yes
  - b. Reference research? No Yes
  - c. Screening for a criminal record? No Yes

16. Do the physicians carry their own malpractice insurance? No Yes  
Indicate company, limits and effective dates: \_\_\_\_\_  
\_\_\_\_\_

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**Please attach a copy of the following with your submission:**

- Contract between the applicant and the clients (ie. adoptive parents, birth parents, etc.) which states the services that are, have been or will be provided, including statement of risk and waiver.
- Birth parent(s) consent form
- Adoption placement agreement
- Adoptive parents acknowledgment

**DECLARATION AND SIGNATURE:**

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

\* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* not applicable in all states

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Sub-Producer

\_\_\_\_\_  
Title/Date

\_\_\_\_\_  
Producer