Post Adoption Reports: NICARAGUA

The post adoption reports should be completed by a licensed child-placement agency or the agency that completed your original home study. Nicaragua requires reports at **6 months and then annually until your child turns 21 years old**. These reports must all be written by an adoption agency. Each post adoption report must be on agency letterhead, with a copy of the agency's license included, we require 2 original reports that are signed, notarized and have the social worker or agency license attached. One copy must be apostilled. If you adopt siblings, a separate post adoption report will be required for each child.

Additionally, Nightlight requires that you have an initial visit with your home study social worker within 4 weeks after your arrival home. Your social worker will be required to complete a brief one-month contact form, but no formal report will be required.

Requirement timeline summary:

Reports completed by a post adoption provider agency – 1 month, 6 months, annually until your child turns 21 years old

Self-reporting: Not required in Nicaragua

Report Requirements:

Each report must contain the following information:

First page, following this A, B, C outline:

A. Information on the Adopted Child

___Child's Birth Name:
___Child's Current English Name:
___Date of Birth:
___Date of Placement:
___Orphanage:
___Child's Heath Condition at Time of Placement: *Healthy or special* needs; if special needs, please specifically name the child's need.

B. Information on the Adoptive Parent

___Adoptive Father's Name and Occupation: Please list his name as it appears on his passport, his employer's name, and his title.
___Adoptive Mother's Name and Occupation: Please list her name as it appears on her passport, her employer's name, and her title.
___Home Address and Telephone #:
___Citizenship:

C. Information on the Home Study Provider

___Name of the Home Study Provider: Name of the agency completing this report
___Date of the Social Worker's Visit:
___Date of the Report: Date the report was drafted
___No. of Reports: 6 months then yearly until the child turns 21 years old.

Contents of the report should address the following topics:

___**Health condition** at the time of adoption, last report, and current time; height; weight; head size; physical exam; immunizations; response to the treatment for the disease in the original medical report
___**Child's Routine Activities**, Normal life—diet, play and sleep patterns
___**Physical development**—motion ability
___**Intellectual development**—intellectual condition, speech and language ability
___**Attachment condition**—attachment with parents, family and community
___**Personality development**—character and psychological characteristics
___**Education**—the condition of kindergarten and school if applicable
___**Family's feelings**—parents', family members' and relatives' view and feelings about the adoption
___**Any changes in the family's** marriage, job, address, or health (or a statement that there has been no change in the above-mentioned areas since placement)
___**General evaluation**—was the adoption a success?

Photograph Requirements:

8 recent, color photos are required, taken on various dates. Include some photos of the adopted child with both parents. Photos should be inserted into a 2-3 page Word document to create a collage. Type captions below each photo including the dates, people, activity, and location shown. Email photo document to the Post Adoption Coordinator.

Post Adoption Report Submission:

Agency completed reports:

- Email a scanned copy of the report to the adoptive family and the Post Adoption Coordinator
- Print, sign, and notarize 1 report, attaching your agency license and applicable worker professional licenses, and mail the report and licenses to the adoptive family

Adoptive family:

- Email photograph pages to the Kentucky office
- Obtain apostille on 1 report and mail to the Kentucky office
- Email a copy of your US Certificate of Citizenship to your Post Adoption Coordinator **with the 1 year report**
- Nightlight will arrange for translation of the report and send you an invoice. Our translator charges $10/page.

All reports submitted to Nightlight must be NOTARIZED and APOSTILLED, except for the 1 month report.

Send Report to: Nightlight Christian Adoptions
Attn: Leesa Del Rio
767 Lane Allen Road

leesa@nightlight.org
(859) 263-9964

Lexington, KY 40504

Please give this document to your home study agency so they understand what Nicaragua expects for post adoption evaluation. **It is the adoptive family's responsibility to see that the reports and appropriate documentation get to us in a timely manner.**

(On agency letterhead)

Post Adoption Report

We ask that you format the first page of your report so that it is in the "A, B, C" format below. The following pages may be in paragraph form, but they must address each listed requirement under the "Contents" section.

NOTE: If a client adopts more than one child, they will be required to send a separate post adoption report for each child.

First page of the report following this format:

A. Information on the Adopted Child

Child's Birth Name:
Child's Current English Name:
Date of Birth:
Date of Placement:
Orphanage:
Child's Heath Condition at Time of Placement: *Healthy or special* needs; if special needs, please specifically name the child's need.

B. Information on the Adoptive Parent

Adoptive Father's Name and Occupation: Please list his name as it appears on his passport, his employer's name, and his title.
Adoptive Mother's Name and Occupation: Please list her name as it appears on her passport, her employer's name, and her title.
Home Address and Telephone #:
Citizenship:

C. Information on the Home Study Provider

Name of the Home Study Provider: Name of the agency completing this report
Date of the Social Worker's Visit:
Date of the Report: Date the report was drafted
No. of Reports: 6 months then yearly until the child turns 21 years old.

Contents of the report should address the following topics:

___**Health condition** at the time of adoption, last report, and current time; height; weight; head size; physical exam; immunizations; response to the treatment for the disease in the original medical report
___**Child's Routine Activities**, Normal life—diet, play and sleep patterns
___**Physical development**—motion ability
___**Intellectual development**—intellectual condition, speech and language ability
___**Attachment condition**—attachment with parents, family and community
___**Personality development**—character and psychological characteristics

___**Education**—the condition of kindergarten and school if applicable
___**Family's feelings**—parents', family members' and relatives' view and feelings about the adoption
___**Any changes in the family's** marriage, job, address, or health (or a statement that there has been no change in the above-mentioned areas since placement)
___**General evaluation**—was the adoption a success?