Adoption Services Agreement

This Adoption Services Agreement entered into between the _______________________________ (Name of County) County Department of Social Services (hereinafter referred to as “Custodial Agency”) and _______________________________ (hereinafter referred to as “Placing Agency”) serves as verification of the adoption services provided on behalf of _______________________________ (Name of Child) for her/his adoption by _______________________________.

Name of Child

SIS Number

Name(s) of Adoptive Parent(s)

ADOPTION SERVICES PROVIDED

Recruitment of Family:
☐ Custodial Agency
☐ Placing Agency

Pre-placement Screening:
☐ Custodial Agency
☐ Placing Agency

Training of Family:
☐ Custodial Agency
☐ Placing Agency

Monitoring & Support:
☐ Custodial Agency
☐ Placing Agency

FINANCIAL SHARING AGREEMENT

☐ Child 0-12 years of Age $ 7,200
☐ Sibling Group of 3+ Placed Together $12,000
☐ Child Age 13-17 $12,000

INDICATE AMOUNT OF REIMBURSEMENT REQUESTED BY EACH AGENCY, MUST BE IN 25%, 50%, OR 75% INCREMENTS.

$__________ Custodial Agency $__________ Placing Agency

We, the Custodial Agency and the Placing Agency, agree to the provisions set forth in this agreement and will submit invoice(s) for the amount outlined above in the financial sharing agreement section for adoption services rendered on behalf of above named child.

Custodial Agency

Authorized Signature

Print Full Name

Title

Date

Placing Agency

Authorized Signature

Print Full Name

Title

Date