

ADOPTION SERVICES AGREEMENT

This agreement outlines the services that the child placing agency (placing agency) will perform in facilitation of an adoption of a child or youth in foster care.

CHILD'S NAME

CHILD WELFARE AGENCY

CHILD'S SIS #

PLACING AGENCY

ADOPTIVE PARENT'S NAME(S)

Is this child a member of a sibling group of 3+ children being adopted together? Yes No

If yes, name of siblings: _____

ADOPTION SERVICES PROVIDED

	Child 0-12 (\$8,000)	Child 13+ or Sib Group of 3+ (\$13,500)
Adoptive Family Readiness	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$7,000
Family Post Placement Support	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$2,000
Child Post Placement Support	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$2,000
Legal Services	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,500
TOTAL FEE REQUESTED	\$ _____	\$ _____

The placing agency will submit a copy of this document to NC Division of Social Services. This document shall be attached to the corresponding invoice indicating the total fee requested for facilitating the adoption of the above-named child.

Child Welfare Agency

Placing Agency

Agency Director Signature

Executive Director Signature

Print Full Name

Print Full Name

Date

Date