

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
Name of Child Placing Agency
referred to as “Placing Agency”) serves as verification of the adoption services provided on behalf
of _____
Name of Child SIS Number
for her/his adoption by _____
Name(s) of Adoptive Parent(s)

Adoption Services Provided

Pre placement services to include recruitment and training of adoptive parent(s) and supervision of adoptive placement will be provided by:

Placing Agency

Custodial Agency

Post placement services to include completion of paperwork to facilitate the legal process to finalize this adoption will be provided by:

Placing Agency

Custodial Agency

Financial sharing agreement:

\$_____ Placing Agency

\$_____ Custodial Agency

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

Custodial Agency

Placing Agency

Authorized Signature

Authorized Signature

Print Full Name

Print Full Name

Title

Title

Date

Date

Attachment 1