

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

- | | | |
|--------------------------|---|---|
| Recruitment of Family: | <input type="checkbox"/> Custodial Agency | <input type="checkbox"/> Placing Agency |
| Pre-placement Screening: | <input type="checkbox"/> Custodial Agency | <input type="checkbox"/> Placing Agency |
| Training of Family: | <input type="checkbox"/> Custodial Agency | <input type="checkbox"/> Placing Agency |
| Monitoring & Support: | <input type="checkbox"/> Custodial Agency | <input type="checkbox"/> Placing Agency |

FINANCIAL SHARING AGREEMENT

- | | |
|--|----------|
| <input type="checkbox"/> Child 0-12 years of Age | \$ 7,200 |
| <input type="checkbox"/> Sibling Group of 3+ Placed Together | \$12,000 |
| <input type="checkbox"/> 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