**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** | [ ]  $4,000 | [ ]  $7,000 |
| **Family Post Placement Support** | [ ]  $1,250 | [ ]  $2,000 |
| **Child Post Placement Support**  | [ ]  $1,250 | [ ]  $2,000 |
| **Legal Services** | [ ]  $1,500 | [ ]  $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