

**CONFIDENTIAL**



1515 East 66<sup>th</sup> St.  
Richfield, Minnesota 55423

**APPLICATION FOR POST ADOPTION SERVICES**

**PERSONAL INFORMATION**

Requester's Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip Code

Phone (H) \_\_\_\_\_ Best time to call? \_\_\_\_\_ OK to leave msg? \_\_\_\_\_

Phone (C) \_\_\_\_\_ Best time to call? \_\_\_\_\_ OK to leave msg? \_\_\_\_\_

Email address \_\_\_\_\_ I prefer email: yes \_\_\_ no \_\_\_

Requester's relationship to adopted person (check one)

\_\_\_ Self \_\_\_ Parent \_\_\_ Birth mother \_\_\_ Birth father

\_\_\_ Other (explain) \_\_\_\_\_

Full name of adopted person \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(birth or adoptive name) First Middle Last

**SERVICES REQUESTED**

Which of the five post adoption services categories listed below best fits your request? (check one)

(For a detailed explanation of each service, see the "Post Adoption Service Categories" sheet included in this information packet)

\_\_\_ Standard \_\_\_ Administrative \_\_\_ Adoption Opening  
\_\_\_ Professional \_\_\_ Miscellaneous

Please provide a detailed description of your circumstances and your specific request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POST ADOPTION SERVICES AGREEMENT**

I understand that as the Requester of the above requested services I am expected to pay for the service requested unless a privately negotiated payment agreement is agreed upon with the other party. I also understand that all fees cover partial costs of rendering the requested post adoption services to the Requester of these services. New Life Family Services believes in providing excellent post adoption services and will not deny service based on inability to pay for requested service. New Life Family Services does, however, rely on financial donations to continue to offer and provide services. New Life Family Services encourages the Requester of the above requested services to consider the payment of these services as an investment in your future as well as a support to this ministry.

If requesting a fee reduction for post adoption services, please submit a copy of your previous' years taxes and a written statement indicating the amount you are able to pay.

\_\_\_\_\_  
Requester's Printed Name

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Printed Name, if Requester is a Minor

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

In an effort to protect your confidentiality and identity, New Life Family Services requires a notary to verify your identity as well as two witnesses to your signature.

Witnesses (age 18 or older)  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Submit this application to:  
New Life Family Services  
Attn: Post Adoption  
1515 East 66<sup>th</sup> Street  
Richfield, MN 55423**

Upon receipt of this application, New Life Family Services' Post Adoption Social Worker will contact you by telephone to determine the appropriate next steps.