

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, along with the processing fee to:
New Life Family Services
Attn: Post Adoption
1515 East 66th 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.