

Post Placement Verification & Agreement

(To be completed by your home study agency)

Date: _____

RE: _____

To Whom It May Concern:

_____ (adoptive couple) have completed a home study with _____ (agency), in anticipation of adopting a child. _____ is a licensed adoption agency in the state of _____.

_____ (agency) will provide post placement services to the child and adoptive parents. This will document the child's growth and development, family adjustment, and referral to community services as needed. Post placement visits will be done on a regular basis as required by the adoptive family's state of residence. (At least two post placement visits are required to be completed in the first six months of placement by New Beginnings International Children's & Family Services, Inc. for domestic placements or as required by the child's country of origin for international placements.) A current copy of the agency's license will also be attached to the original report.

Sincerely,

Agency Executive Director

State of _____
County of _____

Sworn to and subscribed before me, a notary public, in my presence this _____ day of _____, 20_____.

Notary Public