

**Intent to Adopt Placement Agreement****CHILD IDENTIFYING INFORMATION:**

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|--------------------|---------------------|------------------|----------------|------------|
| Child's Last Name: | Child's First Name: | Middle: | Date of Birth: | Person ID: |
| Sex: | Race: | Hispanic/Latino: | | |

ADOPTIVE PARENT(S) INFORMATION:

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|----------------------------|-----------------------------|--------------------------|--------------------------------|-------------------------------|
| Adoptive Parent Last Name: | Adoptive Parent First Name: | Adoptive Parent Address: | Adoptive Parent Email Address: | Adoptive Parent Phone Number: |
| Adoptive Parent Last Name: | Adoptive Parent First Name: | Adoptive Parent Address: | Adoptive Parent Email Address: | Adoptive Parent Phone Number: |

INTENT TO ADOPT

I accept _____ for adoptive placement into our family on this day of _____. I will call him/her _____. I have been given full disclosure documentation and have received copies of medical information on the child and understand its contents. I accept this child as my own with full understanding of his/her needs. I further understand that I am accepting parental responsibility for this child and am committed to him/her from this day forward, but that legal custody of the child will remain with the Department of Children's Services until the time of legal adoption. I understand that following the adoption finalization, I may be eligible for a federal tax credit under Section 23 of the Internal Revenue Code of 1986.

Now, therefore, it is hereby and herewith mutually agreed by and between the parties hereto as follows:

1. I, the Adoptive Parent(s), agree:
 - a) To assume responsibility for the normal day to day care of the child being placed.
 - b) To cooperate with the DCS/Provider and keep the worker aware of adjustment problems or other issues.
 - c) To accept family counseling as recommended to assist with adjustment problems.
 - d) To participate in scheduled Child and Family Team Meetings regarding _____.
 - e) To continue regular visitation and/or contact with the designated siblings and relatives (when applicable).
 - f) To understand that accepting _____. I am accepting one of a sibling group and that if disruption of the placement becomes the plan, I will not attempt to separate _____ from his/her siblings by requesting to keep this child (when applicable).
 - g) To notify DCS/contract agency of any change in address including any plan to move to another state.
 - h) To provide ongoing care for the child until another adoptive home is made, should disruption become the plan unless another plan is requested by DCS.
 - i) I understand that at any time during the pre-adoptive placement period, a CFTM can be convened to discuss if adoption is in the best interest of the child.
2. We, DCS/Provider, agree:
 - a) To provide the current foster home board payment until finalization of the adoption.
 - b) To assist the Adoptive parents in arranging specialized services for the child (special education, psychological services, etc.).
 - c) To notify the Adoptive family of the date, time, and place of each CFTM.
 - d) To provide necessary legal documents at the appropriate time to the court in a timely fashion.

The above stated conditions are accepted by the Adoptive Parent(s) and the Department of Children's Services.

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| SIGNATURE OF ADOPTIVE PARENT(S): | |
| Adoptive Parent: | Date: |
| Adoptive Parent: | Date: |
| SIGNATURE OF CHILD/YOUTH: | |
| Child/Youth: | Date: |
| SIGNATURE OF DCS/PROVIDER: | |
| DCS/Provider: | Date: |