

## NEW YORK POST PLACEMENT SERVICES APPLICATION

All information will remain confidential unless your permission is granted, in writing, to release part or parts of it. However, through social media and the internet, your name, address and phone number can possibly be located through diligence by a birth parent. Please note, most of the correspondence, on our part, will be through email.

Choose all that apply:

- Domestic Post Placement Only (\$500 per visit/report)
- Application fee (\$400) was paid through [www.AdoptionChoicesofNewYork.org](http://www.AdoptionChoicesofNewYork.org). This fee is non-refundable.

How did you hear about our agency? \_\_\_\_\_

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHILD BEING ADOPTED: Name: \_\_\_\_\_

Birthdate or due date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of placement: \_\_\_\_\_

OTHER HOUSEHOLD MEMBERS: Names and relationship: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

NAME: \_\_\_\_\_

**126 State Street, 6<sup>th</sup> Floor, Albany, New York 12207 | Tel: 518-478-8420 | Fax: 518-935-9988**  
**Web: [www.adoptionchoicesofnewyork.org](http://www.adoptionchoicesofnewyork.org)**



# Adoption Choices of New York

Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

NAME APPLICANT 1: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License or Passport Information:

State, Number and Expiration Date: \_\_\_\_\_

Health insurance provider: \_\_\_\_\_

Who covered: \_\_\_\_\_

Medical problems: Chronic or debilitating illness (past & present) or medication taken: \_\_\_\_\_

Psychiatric concerns, including treatment and medications taken (past & present): \_\_\_\_\_

Drug or alcohol problems, including treatment (past & present): \_\_\_\_\_

Been arrested for physical abuse, domestic abuse, child abuse or neglect, or sexual abuse? **YES** **NO**

If yes, explain: Date, location, charge and status: \_\_\_\_\_

Any history of any arrest, conviction, or other adverse criminal history, whether in the United States or abroad, even if the record of the arrest, conviction or other adverse criminal history has been expunged, sealed, pardoned or the subject of any amelioration? **YES** **NO**

If yes, explain: Date, location, charge and status: \_\_\_\_\_

Any history, either as a victim or perpetrator, of child abuse, child neglect, sexual abuse, or domestic violence, whether it resulted in an arrest or conviction or not? **YES** **NO**

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*A Not-for-Profit Licensed Adoption Agency*

# Adoption Choices of New York

If yes, explain: Date, location, charge and status: \_\_\_\_\_

## NAME APPLICANT 2:

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License or Passport Information:

State, Number and Expiration Date: \_\_\_\_\_

Health insurance provider: \_\_\_\_\_

Who covered: \_\_\_\_\_

Medical problems: Chronic or debilitating illness (past & present) or medication taken: \_\_\_\_\_

Psychiatric concerns, including treatment and medications taken (past & present): \_\_\_\_\_

Drug or alcohol problems, including treatment (past & present): \_\_\_\_\_

Been arrested for physical abuse, domestic abuse, child abuse or neglect, or sexual abuse? **YES NO**

If yes, explain: Date, location, charge and status: \_\_\_\_\_

Any history of any arrest, conviction, or other adverse criminal history, whether in the United States or abroad, even if the record of the arrest, conviction or other adverse criminal history has been expunged, sealed, pardoned or the subject of any amelioration? **YES NO**

If yes, explain: Date, location, charge and status: \_\_\_\_\_

Any history, either as a victim or perpetrator, of child abuse, child neglect, sexual abuse, or domestic violence, whether it resulted in an arrest or conviction or not? **YES NO**

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If yes, explain: Date, location, charge and status: \_\_\_\_\_

**ADOPTION AGENCY (if not Adoption Choices of New York)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact person: \_\_\_\_\_

Email: \_\_\_\_\_

**ADOPTION ATTORNEY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**GENERAL QUESTIONS**

Any significant changes since your homestudy was completed (i.e. changes in employment, health, residence, household composition, etc.)?

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

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By signing below:

I/We agree to cooperate with needed post-placement visits to meet the requirements of any agency, court and/or state having jurisdiction over my/our adoption process or proceeding. I/We understand that this may include, but not be limited to home visits, office visits, obtaining medical reports on the child(ren) and photographs of the child(ren) and our family.

I/We understand that our home study must be current and meet New York requirements. After review of the homestudy and documents, we agree to provide any necessary documents, update the homestudy itself (including an Addendum, if required) and pay any additional fees, including processing new child abuse and criminal and vulnerable person's registry clearances.

I/We understand that I/we have a duty of candor. I/we must give true and complete information to the home study preparer and Adoption Choices of New York staff. I/we must disclose any conviction, whether in the United States or abroad, even if the record of the conviction has been expunged, sealed, pardoned, or the subject of any other amelioration. Furthermore, I/we must disclose other relevant information, such as physical, mental or emotional health issues, or behavioral issues. This duty of candor is an ongoing duty and continues until placement of a child and finalization of that child's adoption. I/we agree to notify the home study preparer and Adoption Choices of New York staff of any new event or information that might warrant submission of an Addendum to your home study.

I/We understand that the post placement fees are separate from the application fee and must be paid at the time of service request or letter is issued indicating Adoption Choices of New York's agreement to provide such services.

I/We understand and acknowledge that our application fee of \$400.00 is non-refundable.

I/We understand that Adoption Choices has a legal obligation to protect any child placed for adoption and to ensure that an adoptive family is able to serve the best interest of the child.

I/We agree to notify Adoption Choices of New York within 7 days of arriving home with our child(ren).

I/We agree to promptly notify Adoption Choices of New York if there is a change in the child's health or emotional condition (including accidents) or if there is any particular difficulty in caring for the child which was not previously discussed.



# Adoption Choices of New York

I/We authorize Adoption Choices of New York to both receive and share any information given to the agency for the purposes of my/our adoption including, but not limited to medical, psychiatric, financial, and history of arrest and/or child abuse and neglect clearances.

I/We Authorize Adoption Choices of New York to directly contact my/our child's physician and/or other individuals providing services to my/our child and to obtain additional written reports and evaluations concerning the child's care and treatment and/or social development. I/We further authorize Adoption Choices of New York to directly contact my/our attorney, placement agency and/or court with jurisdiction over the adoption to coordinate needed services.

I/We understand that my/our records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my/our written consent unless otherwise provided for in the regulations. I/We also understand that I/we must revoke this consent in writing, at any time except to the extent that action has been taken in reliance on it.

I/We understand that in this digital age and the advancement of electronic communication there may be times the agency must email confidential information to another agency, organization, party, etc. The Interstate Compact for the Placement of Children (ICPC) is now utilizing the process whereby all documents are being sent electronically in an attempt to receive approval for the return home of the adoptive parents and baby in a timelier manner. This method may not be secure, and I/we understand there may be a risk of my/our information being intercepted. Other documents that may be emailed to another provider and/or attorney, could include medical reports, request for prenatal/birth records, initial information regarding the birth parents, contracts, financial information, identifying information, and/or completed home studies from another agency and/or to another agency. Knowing this, I/we give permission for the agency to send my/our information electronically.

**Consent to E-mail or Text Usage for Agency Communications:** Adoptive parent(s) working with Adoption Choices of New York may be contacted via e-mail and/or text messaging to provide information relating to the agency, to provide general adoption information, and/or to obtain feedback on your experience with the agency. The adoptive parent(s) understand that once they have consented to receive communication via e-mail or text message, they have the right to revoke the consent at any time.

The adoptive parent(s) acknowledge they are consenting to receiving directly to the e-mail address and/or text message number provided by the client:

- General adoption information;
- Information relating to the agency; or
- Surveys regarding experience with the agency.

Initials: \_\_\_\_\_

I/We consent to the above in order to receive communication from the agency to my e-mail address and/or to my cell phone number provided. I/We understand that this request to receive e-mails and/or text messages will apply to future communication unless I/we request a change in writing (revocation form can be requested from agency).

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The cell phone number(s) that I authorize to receive text messages at is/are:

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The e-mail address(es) that I authorize to receive e-mail at is/are:

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OR

\_\_\_\_\_ I decline to receive communication via text.

\_\_\_\_\_ I decline to receive communication via email.

*Please note, Adoption Choices of New York does not charge for this service, but standard messaging rates may apply as provided in your wireless plan.*

**PLEASE MAKE SURE TO PROVIDE A COPY OF YOUR PRIOR HOME STUDY ALONG WITH THIS APPLICATION.**

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in the New York State Penal Law. Further any statements proven to be false can be grounds for denial of your application or a negative recommendation in a post placement report.

\_\_\_\_\_  
First Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date