

CONFIDENTIAL



Application For Post Adoption Services

Please note that the Post Adoption Services provided through New Life Adoptions do not substitute for professional counseling. It is not uncommon to need additional mental health support from an adoption competent therapist when seeking post adoption services as the topics, relationships, or process in general may bring up a variety of thoughts and feelings regarding your adoption story. We highly encourage you to seek the help and support you need to work through any of these thoughts and feelings. We can offer referrals to adoption competent therapists and well as other applicable resources.

Personal Information

Requester's Name _____
First Middle Last

Address _____
Street City State Zip Code

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

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

Email address _____ I prefer email: yes ___ no ___

Requester's relationship to adopted person (check one)

___ Self ___ Adoptive Parent ___ Birth mother ___ Birth father

___ Other (explain) _____

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

Services Requested

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

Additional Resources or Referrals Requested

- ☐ Adoption competent therapy
- ☐ Support groups
- ☐ General resources for birth parents
- ☐ General resources for adoptive parents
- ☐ General resources for adopted adults
- ☐ Book referrals
- ☐ Trainings or webinars

If there is a certain topic(s) you would like resources or referrals about, please list here: _____

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 Adoptions believes in providing excellent post adoption services and will not deny service based on inability to pay for requested service.

If requesting a fee reduction for post adoption services, please submit 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

Subscribed and sworn to before me
this _____ day of _____, 20____.

Notary Public

Submit this application to:

**New Life Adoptions
Attn: Post Adoption
1515 East 66th Street
Richfield, MN 55423**

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