

Adoptive Placement Agreement

This Adoptive Placement Agreement entered into between the _____
Name of County
County Department of Social Services (hereinafter referred to as "DSS") and

Name of Licensed Child Placing Agency
(hereinafter referred to as "Contractor") serves as verification of the adoptive placement
of _____
Name of Child SIS Number
on _____ in the home of _____.
Date of Adoptive Placement Name(s) of Adoptive Parent(s)

Contractor has a financial arrangement with the Division of Social Services (hereinafter referred to as "the Division") to receive monetary compensation for the provision of adoption services for securing a placement resource and providing post placement support through the finalization of the adoption for the above named child. DSS is relieved of any financial responsibility to Contractor for services rendered for the recruitment, training and approval of a family for the purpose of adopting the above named child.

DSS shall provide information to Contractor in a timely manner to allow reimbursement claims for adoption services related to this placement.

We, DSS and the Contractor, agree to the provisions set forth in this agreement.

Department of Social Services

Licensed Child Placing Agency

Authorized Signature

Authorized Signature

Print Full Name

Print Full Name

Position

Position

Date

Date