

ADOPTIVE PLACEMENT AGREEMENT

Child's Name _____

Date of Birth _____

I/We, _____, understand that
Adoptive Parent(s)
 the _____ in accepting me/us as adoptive parent(s) expresses confidence in
Licensed Adoption Agency
 my/our ability to meet the needs of the child placed with me/us on _____.
Date of Adoptive Placement

Having seen the child and been informed of his or her life and health history, I/we accept him or her with the intent of completing a legal adoption. Attached is a Psychosocial and Medical History Form (AD 512), listing all known medical, psychological, developmental, and scholastic information on the child. This information has been reviewed by me/us. I/We understand that the adoption agency will maintain legal custody of the child until the court grants a decree of adoption. I/We understand that a social worker from the adoption agency will meet with me/us and the child regularly until the adoption is finalized.

I/We understand the child is/is not legally freed for adoption. If not, the child's legal status is _____

Until the adoption is final:

I/We agree to place the child under the care of a licensed physician and to follow recommendations for health care for the child, including immunization. I/We must notify the agency of any serious injury to or illnesses of the child and obtain consent from the agency in writing prior to any non-emergency surgery or medical treatment for the child.

I/We agree to inform the agency of changes in my/our family or place of residence. I/We must not take the child out of the State of California without the consent of the agency. I/We agree to inform the agency of extended trips of 30 days or more I/we take outside the county.

If for any reason I/we cannot keep the child or properly care for him/her, I/we shall immediately inform the adoption agency. I/We acknowledge my/our right to terminate the adoptive placement and return the child to the agency at any time before the granting of the decree of adoption. If I/we are dissatisfied with any action of the adoption agency before the adoption is finalized, I/we have the right to request a review of the action(s) of the adoption agency. I/We understand that the agency may remove the child immediately if the child is endangered or upon seven (7) days notice if it is determined that such action will be in the best interest of the child. The child may be removed only by court approval, or a child protective service action, if a petition for adoption has been filed. In such event, I/we do hereby waive and release any and all claims I/we may have against the agency for board, lodging, maintenance, and care for the child, and for any damages resulting therefrom.

I/We understand that I/we are responsible for any attorney fees incurred for completing the adoption.

I/We have been informed of the provisions of the Adoption Assistance Program (AAP) to assist in the placement of children who would otherwise remain in foster care. _____ is/is not potentially eligible for AAP as
Name of Child

described in Welfare and Institutions Code Section 16120. I/We have been informed that if the child qualifies for AAP and I/we do not need assistance immediately, I/we can sign an Adoption Assistance Agreement that will defer payment until I/we require financial assistance for the specified condition(s) designated in that agreement. I/We understand that adoption assistance payments will begin only after the Adoption Assistance Agreement and Adoptive Placement Agreement have been signed.

In consideration of services rendered to me/us, I/we agree to pay to _____
Name of Licensed Adoption Agency
 an adoption fee of \$ _____ by the time the agency recommends the adoption in its report to the court.

I/We understand that assistance from California Children's Services is limited to children who reside within the State of California and that any benefits to which I/we may be entitled to under that program will terminate if I/we move to another state. However, I/we may be eligible to receive similar benefits in another state if I/we qualify under that state's eligibility requirements.

Date Signed	Adoptive Parent
Date Signed	Adoptive Parent
Date Signed	Agency Representative
Name of Licensed Adoption Agency/Designee in the Case of Tribal Customary Adoption (Cooperative Placement)	Agency Representative