

NON-MINOR DEPENDENT ADOPTION MUTUAL DISCLOSURE AGREEMENT

Original: Court Record
Copy: Case Record

Non-minor dependent adoption creates a family relationship between adults who have a responsibility to share information with each other based on mutual trust. Under California law, non-minor dependents are adults and have the right to control how certain personal information is shared with prospective adoptive parents. This document outlines the rights and responsibilities for sharing personal information of non-minor dependents with prospective adoptive parents.

Non-minor Dependent Section

Before signing this document, be sure you read it very carefully with your case manager and prospective adoptive parent. If you do not understand any part of this document, do not initial or sign until you have any questions or concerns addressed and answered. If you understand and agree to a section, initial the box next to the number of the section.

I _____, understand that as an adult I may ask the
BIRTH NAME
agency how to obtain my personal information from my file. This information may be sensitive in nature and document historical information of which I or my prospective adoptive parent may be unaware. The county that is responsible for my care has the obligation to advise me on the process for accessing the records contained in my foster care files. I may also ask the county to assist me in understanding the terms and conditions of releasing my information. The responsible county will provide me with the appropriate consent forms and expedite the release of information in order to meet court deadlines. Information that requires my signature for release may or may not include the following:

- Medical and mental health information
- Educational records
- Placement history
- Birth parent information
- Immigration status
- Juvenile justice (probation) history
- Other historical and/or confidential (non-health related) information

Non-minor dependent must initial the following statements (only if she/he understands and agrees):

_____ The agency has given me information about how to get information from my county file and how to ask for support
INITIAL in reviewing that information.

_____ I understand that the agency cannot share information regarding my background, my experience in foster care and
INITIAL other personal information without my written permission.

_____ I understand that information about my background may be important in determining the amount of future Adoption
INITIAL Assistance Program (AAP) benefits for which I may be eligible. These are financial benefits to assist my adoptive parent in meeting my specific needs and goals. State and federal law requires that the amount of AAP be negotiated and agreed upon between adoptive parents and the responsible public agency. Some of this information contained in case files related to my needs and circumstances may be needed to justify a higher AAP rate. If I request this information it will be released to me directly and I will be responsible for sharing it with my prospective adoptive parent for the purpose of AAP negotiations. If I am receiving regional center services or have a guardian ad litem, I will receive additional case management support before any information is released.

Non-minor Dependent Signature: _____ MONTH/DAY/YEAR

Guardian Ad Litem Signature (if required): _____ MONTH/DAY/YEAR

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Prospective Adoptive Parent Section

Note: Before signing this document please review it carefully and initial each section below only if you understand and agree.

INITIAL I/we understand that the agency cannot release information about a non-minor dependent who is an adult to prospective adoptive parent without the consent of the non-minor dependent.

INITIAL I/we understand that as an adoptive parent of a non-minor dependent I/we need to get information from the non-minor dependent about background etc.

INITIAL I/we understand that there may be sensitive information in the non-minor dependent's background.

INITIAL I/we understand that some of this information may be pertinent in negotiating Adoption Assistance Program benefits.

Prospective Adoptive Parent Signature: _____
Parent #1 Month/Day/Year

Prospective Adoptive Parent Signature: _____
Parent #2 (if applicable) Month/Day/Year

Social Worker/Probation Officer Section

Please complete the following information specific to the responsible county's policy and procedure for releasing case records to former foster youth. Attach any necessary documents and signed releases to this document for submission to the court.

County contact (include email): _____

Required forms and releases: _____

Other important information: _____

If additional support is needed in accessing records, please contact the Foster Care Ombudsman Program at 1-877-846-1602 or visit their website at <http://www.fosteryouthhelp.ca.gov>

Agency Representative Signature/Contact Information:	Date Signed:
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