CONFIDENTIAL



1515 East 66th St. Richfield, Minnesota 55423

APPLICATION FOR POST ADOPTION SERVICES

PERSONAL INFORMATION

Requester's Name					
First		Mide	dle	Last	
Address					
Street		City	State	Zip Code	
Phone (H) Best time		me to call?	OK to leave r	nsg?	
Phone (C)	Best time to call?		OK to leave msg?		
Email address			I prefer email: yes	no	
Requester's relationship Self	• •	,	Birth father		
Other (explain	າ)				
Full name of adopted pe					
(birth or adoptive name)	First	Middle	Last		
Please provide a detailed	d description of yo	our circumstance	s and your specific reque	est.	

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 Family Services believes in providing excellent post adoption services and will not deny service based on inability to pay for requested service. New Life Family Services does, however, rely on financial donations to continue to offer and provide services. New Life Family Services encourages the Requester of the above requested services to consider the payment of these services as an investment in your future as well as a support to this ministry.

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 Family Services Attn: Post Adoption 1515 East 66th Street Richfield, MN 55423

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