ADOPTION SERVICES AGREEMENT

This Adoption Services Agreement entered into between the _____ County Department of Social Services (hereinafter referred to as "Custodial Agency") and _____ (hereinafter referred to as "Placing Agency") serves as verification of the adoption services provided on behalf of _____ with SIS number: _____for her/his adoption by_____.

ADOPTION SERVICES PROVIDED

Recruitment of Family	☐Custodial agency	☐Placing agency
Training of Family	☐Custodial agency	☐Placing agency
Placement Supervision	☐Custodial agency	☐Placing agency
Legal Paperwork	☐Custodial agency	☐Placing agency

FINANCIAL SHARING AGREEMENT

☐Child 0-12 years of age	$7,200
☐Sibling group of 3+ placed together	$12,000
☐Child age 13-17	$12,000

Indicate amount of reimbursement requested by each agency, must be in 25%, 50%, 75%, or 100% increments.

$_____ Custodial Agency $_____ Placing Agency

We, the custodial agency and the placing agency, agree to the provisions set forth in this agreement and will submit invoices for the amount outlined above in the financial sharing agreement section for adoption services rendered on behalf of the above named child.

Custodial Agency	Placing Agency
_____	_____
Authorized Signature	Authorized Signature
_____	_____
Print Full Name	Print Full Name
_____	_____
Title	Title
_____	_____
Date	Date