



Connecting Hearts

108 Kristi Way ♥ PO Box 212 ♥ Fort Bridger, Wyoming 82933
307.212.2545 ♥ 307.212.8105 fax ♥ www.connectingheartsofadopt.org
A non-profit humanitarian adoption agency licensed by the state of Wyoming.

Adoption Post Placement Services Contract

Placement/Potential Placement Information

Please provide as much information as you can about your pending or anticipated placement. If you do not know some of the information at the time of this contract just leave blank. This information helps us to coordinate Post Placement reports and ensure we are providing the appropriate level of service to each family following an adoptive placement.

Full Legal Names of Applicant(s)	

Mailing Address:	
Physical Address:	
Contact Email:	
Contact Phone Number:	

Did you work with any other child placing agency to find your adoptive placement? If so, please provide their contact information in order to coordinate Post Placement Reports:

Please provide an overview of your placement/anticipated placement including any <u>special circumstances</u> , <u>placement date/anticipated placement date</u> , and <u>location</u> of the child at time of placement:

Child's Name at Time of Placement (if known):	Child's Age at Time of Placement:

Please initial each item and sign below

_____ I/We will be responsible for collecting all the qualifying documents, photographs or copies of documents and photographs needed to complete the post placement report.

_____ I/We hereby acknowledge receipt and review of the Statement of Risks in Adoptions and Waiver of Liability previously provided. Execution of this contract acknowledges acceptance of those risks as outlined.

_____ I/We hereby acknowledge receipt and review of the Connecting Hearts, Inc. Policies and Procedures. Execution of this contract acknowledges acceptance of those policies as outlined.

_____ I/We understand that Connecting Hearts, Inc. will cooperate with and comply with all requirements and agreements with ICPC to regulate the transportation of children between states following an adoptive placement.

_____ I/We understand Connecting Hearts, Inc. retains the right to remove a child(ren) or recommend the removal of a child from the pre-adoptive home with the custodial agency's approval.

_____ I/We acknowledge that the State of Wyoming requires monthly in-home visits and reports during the pre-finalization period. All reports must occur prior to finalization.

_____ I/We agree to notify Connecting Hearts, Inc. whenever I/We wish to travel outside the state of Wyoming with our adoptive child(ren) during the pre-finalization period.

_____ I/We agree to arrange any visitation with birth parents or birth relatives through Connecting Hearts, Inc. during the pre-finalization period.

_____ I/We acknowledge that other parties or involved agencies may require additional reports and/or visits and am responsible for the completion of and payment for any additional requirements.

I/We have agreed to pay the following for required post placement reports:

Type of Report		Total Fee	Number Required	50% Deposit Due with Contract
X	PP1: Initial Post Placement Report	\$300	1	\$150
X	PP2: Post Placement Monthly Reports	\$150/report	5	\$375
Totals:		\$1050	6	\$525

_____ I/We agree to pay travel expenses incurred by our social worker in efforts to complete the above contracted services, including mileage at \$.51/mile, hotel costs, food receipts, and any costs associated with expedited mailing services with our final invoice.

_____ I/We agree to indemnify and hold harmless Connecting Hearts, Inc. from and against any and all claims, demands, damages, or liabilities that may arise from my/our failure to comply with any of the terms or conditions of this agreement. Connecting Hearts, Inc. is entitled to recover any attorney's fees and costs incurred in

1. Defending against any such claims, demands, damages, or liabilities and

2. Enforcing this or any other paragraph of this Agreement, including any such fees and costs incurred on appeal.

_____ I/We agree that in the event of dissatisfaction with services, I/we will discuss the dissatisfaction and negotiate in earnest to resolve the problem with Connecting Hearts, Inc. before terminating the contract. I/We agree to follow the grievance procedure outlined in Connecting Hearts, Inc. policies and procedures available at any time by request.

_____ I/We realize that by paying these fees and completing the requirements for a post placement report that I/we are not guaranteed a favorable report. I/We understand and agree that Connecting Hearts has the right and obligation to make recommendations in the best interest of the child.

Upon receipt of this signed contract, Connecting Hearts, Inc. will return a copy to you for your records.

Signature and Acceptance of Contract

Client Signature(s)

Date

State of Wyoming

County of _____

This instrument was acknowledged before me on _____ (date) by

_____ (name of signatory).

(Notary Stamp)

Signature of Notary Public