

**PLACEMENT AGREEMENT
ADOPTIVE HOME**

We/I _____ and _____ after careful consideration receive into our/my home _____, a child in the custody of _____; effective date: _____..

It is our/my intent to accept this child as a permanent member of our/my family through adoption.

1. We/I have an approved Mutual Family Assessment and We/I have a Certificate of Approval dated: _____, approved by: _____, an agency licensed to train and approve families to foster and adopt.
2. A Child Specific Adoption Home Study Addendum was completed for this child and family by: _____ and is dated: _____.
3. We/I will share our/my home with this child, (check appropriate box):
 - Assuming responsibility for all expenses except medical coverage. The agency retains responsibility for necessary medical coverage and will continue Medicaid until entry of the final order of adoption.
 - Providing for this child's expenses and needs with adoption assistance.
4. We/I will not commence court proceedings for the adoption without the consent of the agency and understand that the agency cannot consent to adoption until the child has lived with us/me for at least six consecutive months; and that the consent of the agency may be withheld if, in the opinion of the agency, the best interest of the child will be benefited.
5. We/I understand that placement of this child in our/my home will require adjustment and that the agency will be available for consultation and support. We/I understand that seeking consultation and assistance from the agency is acceptable and expected and will not affect the agency's decision to consent to our/my adoption of this child.
6. It is understood that we/I may request removal of the child from our/my home prior to finalization of the adoption. If we/I determine that this child cannot become a permanent member of our/my family; however, before doing so, we/I agree to consult with the agency, seek therapeutic counseling or other services recommended by the agency, prepare the child for returning to the agency, and to give the agency at least a two week notice of our/my decision to allow for other arrangements to be made for the child.
7. We/I understand that a representative of the agency will visit us/me and the child at least three times prior to adoption.
8. It is further understood that the agency will not remove this child from our/my home except with our/my consent or upon order of the Commissioner of Social Services, order of the Juvenile and Domestic Relations Court or Circuit Court, or an agency determination that the child has been subjected to abuse or neglect. We/I understand that such removal shall be subjected to review by the Juvenile Court upon our/my petition to the court.

Adoptive Parent

Date

Adoptive Parent

Date

Agency Director or Designee

Date