

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DECLARATION OF INTENT TO ADOPT

Name of Child:	Date of Birth:
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Name of Adoptive Parent:

Address of Adoptive Parent:

Name of Adoptive Parent:

Address of Adoptive Parent:

Name of Agency:

I/we have been informed by the agency named in this document that my/our foster child is legally/will be freed for adoption and of the provision in law that allows foster parents preference to adopt a foster child who has been in their home for 12 months or more.

I/we have been informed of the referral and photo listing requirements for children freed for adoption. I/we understand that foster parents wishing to adopt their foster child must submit a signed form of intent to adopt to avoid the child being photo listed and placed in the Adoption Album, formerly known as the "Blue Book" as available for adoption.

I/we understand that by signing this form I/we am/are declaring my/our intention to adopt my/our foster child named in this document.

_____	_____
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Foster Parent Signature

Date

_____	_____
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Foster Parent Signature

Date

_____	_____
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Agency Representative's Signature

Date

