complete at this developmental stage or require extensive further testing, this may not be a basis for delaying a decision to adopt or not. In particular, such a decision may not be permitted to become, or appear to become, a hostage to the child's behavior or school performance.

If there is a significant question as to whether a child is willing to make a commitment to this family, this can be explored with the child when it is clear that otherwise the family is ready to proceed.

The various deadlines will assure that neither agency nor family permit excessive delays because "the child is staying in the same place anyhow". It is important to recognize that for many children adoption in the same home greatly increases their sense of security.

421.20 Records and Reports.

(a) Adoption service shall include documentation of all services provided in a case record, including but not limited to reports of inquiries, applications, and all subsequent contacts.

(b) When a social services district provides adoption services directly, it shall maintain records and submit reports as required by the department, and such records shall be in whatever form required by the department. Such records shall be available at all reasonable times for inspection by representatives of the department, and photo-copies of such records shall be forwarded to the department upon request.

421.21 Reimbursement for adoption expenditures. Expenditures made by a social services district for adoption services and their administration, if approved by the department, shall be subject to reimbursement by the State as follows: There shall be paid to each social services district:

(a) the amount of Federal funds, if any, properly received or to be received on account of such expenditures;

(b) subject to the availability of State funds, 75 percent of its expenditures for adoption services and their administration, after first deducting there from any Federal funds received or to be received on account thereof, and any expenditures defrayed by private contributions.

421.22 Apportioning reimbursement. Where more than one authorized agency provides services needed to achieve the adoptive placement of a child, the cost there of shall be apportioned as follows:

(a) each local social services district shall bear the cost of services provided directly, whether to a child or family, and whether the services result in an adoption or not;

(b) adoption services provided by voluntary authorized agencies shall be charged to the district bearing financial responsibility for the child who is adopted as follows:

(1) the cost of evaluating the child's placement needs and preparing the child for adoption shall be charged to the district bearing financial responsibility for that child;

(2) the cost of recruiting, evaluating and training prosepctive adoptive parents shall be charged to the district bearing financial responsibility for the child who is adopted by these parents.

(3) the cost of placement planning, supervision and post-adoption services shall be charged to the district bearing financial responsibility for the child who is adopted; and

(4) the cost of services which do not result in adoption, including recruitment, home study and training services to prospective parents, as well as of placement planning and supervision, shall be charged to the districts in the same proportion as the cost of such services which do result in adoption.

421.23 Claiming. Claims should be processed in the normal manner.

DSS-3416 (10/81)

RELIGIOUS DESIGNATION OF A CHILD

NOTE: You may use this form to state whether or not you want your child to be cared for by persons of a particular religion. Your wishes will be followed if it is practicable and in the best interests of the child. If you do not use the form, we will assume that you want the child to be reared in your religion. This form is voluntary. No one can tell you what to choose.

CHILD'S FULL NAME	DATE OF BIRTH

I am:

- ☐ the natural father of the above child who was born out of wedlock.
- ☐ the natural mother of the above child who was born out of wedlock.
- ☐ the only surviving parent of the above child who was born in wedlock. I am the ☐ father ☐ mother of such child.
- ☐ the natural mother of the above child who was born in wedlock.
- ☐ the natural father of the above child who was born in wedlock.

My Name is: (PRINT) _____

My religion is: _____

It is my wish, if practicable and if consistent with the best interests of the child, that the above named child be placed:

- ☐ In the _____ religion.
- ☐ In the _____ religion, but if no home is found for the child within _____ months, then the child may be placed without regard to religion.
- ☐ With religion as a less important concern.
- ☐ With indifference to religion.

SIGNATURE	DATE
X	

DSS-857 (REV. 12/81)

APPLICATION TO ADOPT
PART 2

Are you currently a certified or licensed foster parent? _____

with which agency _____

If you wish to adopt a foster child now in your home:

what is the child's name _____

date of birth _____

date of placement with you _____

If you wish to adopt a child not now in your home please describe child (children) you are interested in adopting and believe you could care for:

sex: male _____ female _____ either _____ ;

age: under 2 _____ 2-5 _____ 6-10 _____ 11-14 _____ over 14 _____

race _____ ;

would you consider a child with special needs: yes _____ no _____

If so, special needs you would consider _____

would not consider _____ ;

would you be interested in adopting a sibling group? _____

what size? _____.

For married couples, the signature of both parties is required.

SIGNATURE OF PROSPECTIVE FATHER	DATE	SIGNATURE OF PROSPECTIVE MOTHER	DATE

NOTE: Social Services Law 424-a requires the agency receiving this application to check with the New York State Register of Child Abuse and Neglect to determine whether an adoptive applicant is the subject of an indicated report of child abuse and maltreatment.

NOTE: If your application has not resulted in acceptance or rejection for adoption within six months of filing, you may request a state administrative hearing. The hearing must be requested no later than sixty days after the end of this six month period. In other words, the hearing must be requested no later than eight months after the date of this application.

At such hearing, you will have the right to be represented by counsel or other representatives, to produce witnesses and other evidence on your behalf, to request the issuance of subponeas, to cross-examine witnesses testifying against you, and to examine all evidence presented against you. If you wish to request a hearing, address your request to:

New York State Department of Social Services
Special Hearings Bureau
40 North Pearl Street
Albany, New York 12243

***NOTE - Applicant should retain copy of application.**

DSS-857 (REV. 12/81)

RETURN COMPLETED FORM TO:

APPENDIX B

APPLICATION TO ADOPT
PART I

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES

DATE ISSUED	DATE RECEIVED

PROSPECTIVE FATHER'S NAME (Last, First, M.I.)	PROSPECTIVE MOTHER'S NAME (Last, First, M.I.)

HOME ADDRESS (No., Street, Apt.)	(TOWN/CITY)	(COUNTY)	(STATE)	(ZIP CODE)

HOME TELEPHONE (Area Code)	EMPLOYMENT TELEPHONE (Prosp. Father)	EMPLOYMENT TELEPHONE (Prosp. Mother)

GIVE COMPLETE INSTRUCTION FOR REACHING YOUR HOME

		PROSPECTIVE FATHER	PROSPECTIVE MOTHER
BIRTH	DATE		
	PLACE		
IF CURRENTLY MARRIED	DATE		
	PLACE		
ANY PREVIOUS MARRIAGES	DATE		
	PLACE		
	HOW TERMINATED		

For each household member (including adopted or foster children and anyone else living in your home most of the time):

NAME	AGE	RELIGIOUS AFFILIATION	RACE	RELATION TO YOU
1.				Self
2.				
3.				
4.				
5.				
6.				
7.				
8.				

*NOTE - Applicant should retain copy of application.

MODEL ADOPTION INQUIRY RESPONSE

Dear

Thank you for your inquiry about adoption by phone____ by mail____ in person ___ on _____(date).

The_____ DSS (or agency) holds regular meetings to discuss the meaning of adoption, the waiting children, and the procedures leading to adoption with interested persons. The next such meeting is on _____(date) at _____(time)_____ (address). I hope you will be able to join us at that time.

Should this time be inconvenient for you, please call _____ (name) at _____(telephone no.) so that we can make other arrangements.

Sincerely,

Model 1st Priority Adoption Application Acknowledgement

Dear

Thank you for your adoption application, received in this office on _____.

Because you are interested in adopting a child with characteristics like New York's largest group of waiting children, you will receive first priority in starting an adoption study. The study will start within 30 days of the receipt of your application. Very shortly we will call to arrange a first appointment. Meanwhile, if you have any questions please feel free to call _____ at the following telephone number _____.

Model Adoption 2nd Priority Application Acknowledgement

Dear

Thank you for your adoption application, received in this office on _____.

Because your interest in adopting a child with characteristics other than those belonging to the largest group of New York States waiting children, you will receive second priority for adoption study (see department regulation 421.13). We have recorded your name and your interest on a special second priority waiting list and will get in touch as soon as possible regarding the study. By law a study must be within six months of our receipt of your application. Meanwhile, if you have any questions please feel free to call _____ at the following telephone number_____.

Model Adoption 3rd Priority Application Acknowledgement

Dear

Thank you for your adoption application, received in this office on _____.

Because the type of child you wish to adopt is not currently available in this district (or agency) nor waiting in other places in the state and this and other agencies have waiting lists of families already approved to adopt such a child you will receive a low priority for an adoption study (in line with department regulation 421.13).

The need for additional adoptive families for children such as you indicate you seek occurs so rarely in this district that your application must be rejected on the basis of lack of need.

You may appeal this rejection by requesting an administrative hearing. At such hearing, you will have the right to be represented by counsel or other representatives, to produce witnesses and other evidence on your behalf, to request the issuance of subpoenas, to cross-examine witnesses testifying against you, and to examine all evidence presented against you. If you wish to request a hearing, address your request to:

New York State Department of Social Services
Special Hearings Bureau
40 North Pearl Street
Albany, New York 12243

Your hearing request must be made no later than sixty days after the date of this letter.

Although the application is rejected your name has been recorded on a waiting list; should the need increase you will be offered an adoption study in order, after those whose names have been placed on this list earlier. You will also be invited once a year to a meeting at which your continuing interest in adoption will be explored and the kinds of children needing adoption will be discussed.

Sincerely,

Model Acceptance Letter for Non-Foster Parent Adoption Applicant

Dear _____

The _____ agency (district) has completed the adoption study process with your family. This letter is to inform you that you have been approved to adopt a child through this agency.

As we have discussed, your family would most readily adjust to a child (indicate age, sex, race, handicap, if the approval is limited in any of these ways). If you find you are interested in adopting a child with characteristics much different than this further exploration and preparation would be necessary.

The discussions we have had during the study process have been condensed into a study summary which will be shared with the agency of any child you seek to adopt. Regulations require that you sign this summary. You are invited to examine it and to add any comments of your own, prior to signing. Please call to make an appointment for this purpose.

I enclose a copy of the procedures for using the New York State's Waiting Children books, which we discussed with you recently. Please note that your looking through these books regularly is the first step in finding a child for you. You may examine the books at any time the office is open. An appointment is needed. Please plan to do so soon.

It has been a pleasure getting to know you through the adoption study process and I look forward to working with you toward the placement of a child in your home.

Sincerely,

Model Approval Letter for Foster Parent Adoption Applicant

Dear _____

The agency (district) has successfully completed the adoption study process with your family. I am delighted to tell you that you are approved to adopt _____(name of child) who is now living with you as a foster child.

As _____(name of child) is legally free for adoption we know you and (s)he will want to complete the adoption as quickly as possible. We will do everything to help you to this end.

Enclosed is an adoption placement agreement and a subsidy agreement. The subsidy agreement is filled out in line with my discussion with you on _____ (date). The placement agreement once signed will change your status from foster parent to adoptive parent. Please sign both of these agreements and return them to me immediately. The agency will sign them then and subsidy payments will start immediately. If you have any questions, please call me to discuss them. It is urgent that these agreements be signed so that a petition to adopt can be filed.

Should these agreements not be signed and returned within 90 days your application to adopt _____(name of child) will be considered withdrawn and arrangements will be made to find another home for him.

It has been a pleasure working with you on the adoption study and I look forward to hearing from you soon.

Sincerely,

(This letter will vary depending upon whether:

There is to be subsidy or not; the subsidy agreement has been signed at an earlier date; the subsidy will start now or after court action; also whether the forms are mailed or to be signed in the office).

Enclosure

APPENDIX I

Model Discontinuation Letter for Non-Foster Parent Adoption Applicant

Dear _____

The purpose of this letter is to record in writing the agreement to discontinue your adoption study process. On _____ (date), in a conference between (the names of the client (s) and the names of the staff present) in the offices of _____ agency it was discussed that the adoption study which this agency initiated on (date) would be discontinued without approval or rejection.

We reached this decision because (brief statement)

Should you, at a future time, change your mind or find your circumstances are changed with regard to this matter, you will be welcome to initiate a new application with this agency.

Sincerely,

APPENDIX J

Model Discontinuation Letter for Foster Parent Adoptive Applicant

Dear _____

The purpose of this letter is to record in writing the agreement to discontinue your adoption study process. On _____(date), in a conference between (the name of the clients (s) and the names of the staff present) in the offices of _____ agency it was agreed that the adoption study which this agency initiated on _____(date) would be discontinued without approval or rejection.

We reached this decision with you because (brief statement).

As we discussed at that time, since _____ (name of child) foster child in your home is legally free for adoption (or will shortly be free for adoption), and since you will not be adopting him, the agency will move as rapidly as possible to find another adoptive home for him/her. To this end the child will be listed in New York State's Waiting Children books as one of a number of efforts to identify an appropriate adoptive home.

We recognize that separation may prove painful and will be working closely with you to help _____(name of child) understand and accept the move. I appreciate your continued excellent care for _____ during this difficult period.

Sincerely,

Model Rejection Letter for Non-Foster Parent Adoptive Applicant

Dear _____

The purpose of this letter is to inform you in writing that this agency has come to the conclusion that it cannot approve you as an adoptive parent at this time. This was discussed with you by _____ (names and titles of persons present) at our most recent meeting on _____ (date).

As we discussed at that time the reasons are (a brief statement of the cogent reasons in terms of the standards detailed by 421.15 and 421.16).

If you wish to discuss this further you may contact _____ (name) _____(title) at _____ (telephone no.) for a conference.

You may appeal this rejection by requesting an administrative hearing. At such hearing, you will have the right to be represented by counsel or other representatives, to produce witnesses and other evidence on your behalf, to request the issuance of subpoenas, to cross-examine witnesses testifying against you, and to examine all evidence presented against you. If you wish to request a hearing, address your request to:

New York State Department of Social Services
Special Hearings Bureau
40 North Pearl Street
Albany, New York 12243

Your hearing request must be made no later than sixty days after the date of this letter.

APPENDIX L

Model Rejection Letter for Foster Parent Adoptive Applicant

Dear _____

The purpose of this letter is to inform you in writing that this agency has come to the conclusion that it cannot approve you as an adoptive parent for _____(name of child).

This was discussed with you at our most recent meeting on _____ (date) (indicate if supervisor or others were present). As we discussed at that time, the reasons are (a brief statement of the cogent reasons in terms of the standards detailed by 421.15 and 421.16).

If you wish to discuss this further with the agency you may contact _____,_____ (name, title) for a conference.

You may appeal this rejection by requesting an administrative hearing. At such hearing, you will have the right to be represented by counsel or other representatives, to produce witnesses and other evidence on your behalf, to request the issuance of subpoenas, to cross-examine witnesses testifying against you, and to examine all evidence presented against you. If you wish to request a hearing, address your request to:

New York State Department of Social Services
Special Hearings Bureau
40 North Pearl Street
Albany, New York 12243

Your hearing request must be made no later than sixty days after the date of this letter.

At the above meeting we also informed you that since _____ (name of child) is legally free (or shortly will be legally free) for adoption, the agency will move as rapidly as possible to find another adoptive home for him/her. To this end the child will be listed in New York State's Waiting Children books as one of a number of efforts to identify an appropriate family for him/her.

We recognize that separation may prove painful and as soon as a prospective home is identified will be working closely with you to help _____ (name of child) understand and accept the move. I appreciate your continued excellent care for _____ during this difficult period.

Sincerely,

Model Rejection Letter Based on SSL 424-a

Dear _____

The purpose of this letter is to inform you in writing that this agency cannot approve you as an adoptive parent. As you were informed Social Services Law 424-a requires an agency to determine whether an adoptive applicant is the subject of an indicated report of child abuse or maltreatment.

Check with this State Register showed that a report of _____ was found indicated on _____(date).

This finding has been discussed with you at our last meeting on _____ (date) and after this discussion it is this agency's conclusion that you should not be approved as an adoptive parent.

You may appeal this rejection by requesting an administrative hearing. At such hearing, you will have the right to be represented by counsel or other representatives, to produce witnesses and other evidence on your behalf, to request the issuance of subpoenas, to cross-examine witnesses testifying against you, and to examine all evidence presented against you. If you wish to request a hearing, address your request to:

New York State Department of Social Services
Special Hearings Bureau
40 North Pearl Street
Albany, New York 12243

Your hearing request must be made no later than sixty days after the date of this letter.

(If this is a foster parent applicant the letter should clearly so state and should also state that another home will be sought for the child by photo-listing, etc.)

APPENDIX N

MODEL "BOUND VOLUME" PAGE FORMAT

The crucial aspect of this procedure and form is that it have entries made in strict chronological order, and be bound to make impossible the addition or removal of entries out of chronological order.

Each facing pair of pages should have the following headings:

Line No.*	Date of Entry	Date of Placement**	Date of signing Adoption Agreement**	Name and Date of Birth of Child	Name and Address of Adoptive Parent(s)***	Date of Finalization***

*Every numbered line must be used.

**The date of placement may be much earlier than signing an adoption agreement when adoption is to be by foster parents but will normally be the same day in other cases. In any case providing separate columns assures that all relevant information can be entered correctly.

***Entering the date of finalization permits lines and eventually pages to be completed so that books need not be retained forever.

PROCEDURES FOR APPROVED APPLICANT USE OF PHOTOLISTING

A. MINIMUM FAMILY PARTICIPATION MODEL

1. Family selects children from books.

2. Family informs worker through attached form in duplicate, keeping one copy.

3. Worker calls Photo-listing service within 5 days of the date of this request to determine availability of the child(ren) and agency where located.

4. Worker calls agency where available child(ren) located within 5 days of family request, to determine continued availability and initiate summary exchange. (Note that summary exchange is normally required unless child's placement is already planned.)

5. Worker sends out family summary within 5 days of call to agency, and reminds child's agency if child's summary is not received within 15 days of this call. If a second reminder is needed it is sent through the Photo-listing service on DSS Form 2706.

6. Worker informs family (by phone or letter) within 15 days of family's request, whether children are available and summaries being exchanged, and if not, why not.

7. Upon receipt of child's summary worker determines promptly whether likelihood of successful placement is such as to call for further communication with the child's agency. If not, worker returns child's summary; if yes, worker seeks more information.

8. Worker sets early appointment with family to present information obtained about child and decide together whether to proceed to placement planning.

9. Worker enters into family record list of children on whom family requested inquiry; information whether they were found available; whether agencies provided summaries; if not, why not; whether worker proceeded toward placement planning; if not, whether because of worker, family, of child's agency objections and nature of these.

PROCEDURES FOR APPROVED APPLICANT USE OF PHOTO-LISTING

B. MODERATE FAMILY PARTICIPATION

1. Family selects children from books.

2. Family calls Photo-listing service to determine availability of child(ren) and agency where located.

3. Family informs worker of numbers and agencies of available selected children using a form or telephone call.

4. Worker (or volunteer) calls agency where available child(ren) are located within 5 days of above communication, to determine continued availability and initiate summary exchange. (Note that summary exchange is normally required unless child's placement is already planned.)

5. Worker sends out family summary within 5 days, and reminds child's agency if child's summary is not received within 15 days, of this call. If a second reminder is needed, it is sent through the Photo-Listing Service on DSS Form 2706.

6. Worker informs family of receipt of child's summary (or of any reason why summaries may not be exchanged) within 5 days thereof and makes early appointment to discuss summary with family. In some cases worker will call child's agency for fuller information prior to discussing with family, but in no case will worker decide not to pursue placement without discussion with family.

7. If after discussion with family placement does not seem appropriate, worker returns summary; if more information is needed worker follows up promptly with child's agency, continuing to keep family informed.

8. Worker enters into family record list of children inquired about whether agencies provided summaries; if not, why not; family reactions to same and results of further contact.

PROCEDURES FOR APPROVED APPLICANT USE OF PHOTO-LISTING

C. MAXIMUM FAMILY PARTICIPATION MODEL

1. Family selects children from books.

2. Family calls Photo-listing service to determine availability and agency, (Note in this procedure the worker does not have a record of those children selected who are not available - if this is seen as a problem the family should give worker a listing of all children selected.)

3. Family calls indicated agencies* to further check availability and initiate summary exchange.

4. Family informs worker (by phone or letter or face to face) of those agencies with which summary exchange has been initiated; requests worker send family summary to these agencies; if needed clarifies requirement that agency send child's summary; reports to worker any unwillingness to exchange summaries by agency.

5. Worker sends summary within 5 days of this request, and reminds child's agency if child's summary not received within 15 days of same request. If a second reminder is needed it is made through the Photo-Listing Service using Form 2706.

6. Worker informs family of receipt of child's summary within 5 days thereof (or of any reasons why summaries may not be exchanged) and makes early appointment to permit family to review summary material; proceeds with further communication with child's agency based on family reaction.

7. If placement does not seem appropriate, worker returns summary; if more information is needed worker follows up promptly with child's agency; promptly informing family at each point of results.

8. Worker enters into family record information regarding available children inquired about, summaries received or not, family reactions to same and results further contact.

*Calling Photo-Listing Service may be required of applicants; although it can be time consuming, the 800 telephone number makes it cost-free. Calling the agencies can be permitted but should not be required since the cost may make it impossible for some families. An ideal solution is the use of volunteers using agency telephones to carry out this chore.

APPENDIX D

[illegible] RECOVERY DEPLOYMENT USE OF FACTS-LISTING

[illegible] FAMILY [illegible]ATION MODEL

[illegible] purposes.

[illegible] availability and agency
[illegible] have a record of those children
[illegible] be seen as a problem the family
[illegible] selected.)

[illegible] check availability and indicate

[illegible] (or face to face) of those agencies
[illegible] caseworker and family
[illegible] requirement that agency send
[illegible] willingness to exchange summaries by

[illegible], and remind child's agency
[illegible] same request. If a second
[illegible] through the Facts-Listing Service using form

[illegible] summary within 3 days thereof
[illegible] be challenged) and makes early
[illegible] potential; proceeds with
[illegible] family reaction.

[illegible] summary; if more in-
[illegible] promptly
[illegible]

[illegible] information regarding available children in-
[illegible] or not, family reactions to same and results

[illegible] may be required of applicants although it can be
[illegible] number makes it cost-free. Calling the agencies
[illegible] required since the cost may make it impossible
[illegible] is the use of volunteers using agency tele-