

This Adoptive Placement Agreement, effective on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between DCF/DCF Contracted Provider, \_\_\_\_\_, and Adoptive Parent(s) (hereinafter referred to as the “adoptive parents”), is for the purpose of facilitating pre-adoptive placement with such adoptive parents of: \_\_\_\_\_, (child’s name). The child’s new name will be \_\_\_\_\_ subject to Kansas Department for Children and Families (DCF) issuing consents to adopt, the adoptive parent(s) petitioning a court order of competent jurisdiction, and the court’s issuing the final Decree of Adoption.

A. **The Adoptive Parent(s), agree to:**

1. Accept the child as a member of our family.
2. Educate the child in accordance with applicable state law.
3. Provide adequate housing, food, medical care, dental care, and clothing for said child.
4. Notify DCF Regional Staff immediately of the following:
  - a. Change of address.
  - b. Changes in child’s status, including but not limited to serious illness or accident, removal from home, etc.
  - c. Changes in adoptive parent’s marital status.
5. Until finalization of the adoption, the Case Planning Conference Team will assist in arranging continued sibling contact if determined to be in the best interest of the child. Subsequent to finalization of the adoption, sibling contact will continue if determined by the adoptive parents to be in the best interest of the child.
6. Jointly cooperate with \_\_\_\_\_ **(DCF Contracted Provider)** in the development and facilitation of a plan that provides for a mutually agreed upon adjustment period of \_\_\_\_\_ weeks/months (circle one) from the date this APA is signed before the consent to adopt is executed by DCF Secretary or designee.
7. Not disclose confidential information regarding said child’s background except for purposes directly related to serving the child (educators, therapists, family physicians, etc.) while in DCF custody.
8. And understand that if this child is not considered eligible for adoption assistance/ subsidy and/or medical we (I) have the right to file a DCF Administrative appeal with the Department for Children and Families (DCF) regarding this decision.

- B. Recognizing that almost all children in DCF custody have experienced some form of emotional difficulties. They have often been separated from their parents for a long time, and may have lived in many homes or institutions. Most have very confusing feelings about why they had to be separated from their families or moved so many times. The child’s current emotional, intellectual, physical, and developmental adjustment is not necessarily accurate predictions of future behaviors. Most of the children placed for adoption will encounter future emotional/behavioral/developmental difficulties. In view of this recognition and understanding \_\_\_\_\_ **(DCF Contractor Provider)** and the Adoptive Parent(s) agree:

1. To work collaboratively together to develop and implement/participate in an After Care Plan.
2. Adoptive Parent(s) have been provided access to records regarding any known previous sexual, physical, or emotional abuse experienced by the child, and has been assisted in understanding implications of this information in terms of the child's future adjustment.
3. Adoptive Parent(s) have been provided access to all agency records regarding the child's experiences since removal from his/her own home, including significant events, dental, and medical care, emotional problems encountered and educational progress.
4. Adoptive Parent(s) have been provided copies of the child's life history and available genetic and medical history.

Listed below are all other agencies that have evaluations, reports, records, etc., regarding the adoptive child. (If none, so indicate).

Name	Address	Telephone	Type of Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agency further agrees:

5. To assist in arranging, if requested by the Adoptive Parent(s), for consultation or services with a provider (psychiatric, mental health clinic, etc.) chosen and paid for by the adoptive family.
6. To inform the Adoptive Parent(s) of any educational advocate training that may be Available to assist the Adoptive Parent(s) in rendering educational decisions on behalf of the child (prior to finalization of Adoption).
7. To assist the Adoptive Parent(s), at their request, in contacting the child's current foster care providers, child's guardian ad litem, and child's court appointed special advocate (if applicable), the child's teachers, physician, therapist, etc., in order to discuss said child's ability to benefit from an adoptive placement (prior to finalization of Adoption).
8. To assist in the transfer of medical and psychological information to the designated providers of the Adoptive Parent(s).
9. To provide post-adoptive family services, according to the Aftercare Plan, if the adoptive family continues to be Kansas residents, and if requested by the adoptive family.
10. To share with the adoptive family's attorney legal documents pertaining to the termination of parental rights.

By signing this Adoptive Placement Agreement, the Adoptive Parent(s) agree to be bound by its terms and provisions.

**Adoptive Parent:** \_\_\_\_\_ (Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residential Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Adoptive Parent:** \_\_\_\_\_ (Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residential Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CHILD'S CONSENT TO ADOPTION** (Required by K.S.A. 59-2129 if child is age 14 or older; optional if child is age 13 or younger):

**I consent to being adopted by the adoptive parent(s) named**

\_\_\_\_\_  
By signing my name below, I agree I want to be adopted by the adoptive parent(s) so I may become a member of that family forever, that no one has forced me to give my consent against my will, that no one has promised me money or gifts to make me consent, and that I consent to being adopted by the named adoptive parents(s).

Child's Name: \_\_\_\_\_ (Print Name)

Signature of Child: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Child Welfare Case Manager Provider (Case Manager)

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCF Foster Care Liaison/  
Adoption Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
TIPS-MAPP completion date or equivalency

Signed copy of this agreement given to prospective adoptive parent(s) on: \_\_\_\_\_

Routing:

**Adoption Placement Agreements**

When an identified resource has been found and is willing to commit to the adoption of a child, the Case Manager will request that the family sign an Adoptive Placement Agreement. This agreement states that the family agrees to take legal and financial responsibility for the child pending the court's approval of the Adoption and issuance of Decree of Adoption. On the date the APA is signed by adoptive parent(s), any foster care payment, daycare payment or any other financial obligations of the agency (DCF or contracted provider) stop and the child's adoption assistance/subsidy begins.

