



Special Angels Adoption



We, _____ and _____, give permission for a representative of our adoption homestudy social worker and/or agency, _____, to contact a representative of Special Angels Adoption for the purposes of confirming and forwarding a copy of our up to date and valid homestudy in the pursuit of matching with a private adoption situation. We also ask that our adoption professional(s) complete the Family Intake Worksheet below. In addition, we give permission for our adoption professionals and Special Angels Adoption to ask and answer questions about our family and readiness to adopt a child(ren) with special needs. Special Angels Adoption requests an unofficial copy of our homestudy for the purposes of registering our family as part of their special needs adoption outreach. Should we match through the Special Angels Adoption program, at that time Special Angels Adoption will request a full, complete, and official copy of our homestudy for the purpose of child placement. Special Angels Adoption does not charge a family any fee to register with this program. We, the undersigned, furthermore release all parties from liability extending from the responsible sharing of this information. This consent will be valid for one year from the date of signing and may be revoked at any time by notifying both parties in writing.

	Parent One	Parent Two
Printed Name	_____	_____
Signature	_____	_____
Date	_____	_____

****Instructions for sending requested information**

Please send a copy of the above family's homestudy, this completed worksheet, and any relevant supplemental documentation to Special Angels Adoption ATTN: New Family Intake via Email (intakeforms@specialangelsadoption.org) or Fax (740-422-1675). If you would like to learn more about our special needs adoption outreach, please visit our website at www.specialangelsadoption.org. If you have any questions or wish to speak to a representative of Special Angels Adoption, please feel free to call Jennifer Kelly at (256) 452-9504.



Adoptive Family Social Worker Worksheet

Please complete this document as completely as possible and return via the instructions listed above.

Name of Person/Agency Completing Form: _____

Address: _____

Contact Phone Number & Email Address: _____

Adoptive Family First & Last Names: _____

Date Homestudy Expires: _____

Date Fingerprint Background Checks Expire: _____

Date Child Abuse and Neglect Clearances Expire: _____

Can this homestudy be used for a private child placement adoption? YES NO

Is this family approved to adopt a child with Special Needs? YES NO

If yes, are there any restrictions or limitations on this family's ability to adopt a child with special needs? YES NO

If yes, please explain below. If you need additional space, please attach additional pages.

The information contained above is full and complete to the best of my knowledge. By signing below, I agree to allow this family to register with the Special Angels Adoption special needs adoption program with the intention of them finding an appropriate special needs placement. I also agree to notify Special Angels Adoption if there are any changes to this family's ability and readiness to adopt a child with special needs.

Signature: _____

Date: _____

In the event this family matches with a child through SAA, we will need a complete and official copy of their homestudy along with any/all supplemental documentation. As the custodial agency, post placement supervision will need to follow Ohio law which requires a visit within 7 days of placement, another within 30 days of placement, and then one visit at least every 30 days until finalization of the adoption occurs. At the time of match, SAA will send a post placement agreement contract for you to sign agreeing to follow Ohio supervision guidelines. We will send an Ohio-issued placement agreement for your signature as well at the time of placement. If you have any questions about how we work or concerns about this family working with SAA, please call Jennifer Kelly (256) 452-9504.