

**PLACEMENT AGREEMENT  
ADOPTIVE HOME**

We/I \_\_\_\_\_ and \_\_\_\_\_ after careful consideration receive into our/my home \_\_\_\_\_, a child in the custody of \_\_\_\_\_.

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. Our/my Mutual Family Assessment/home study was approved/reapproved on \_\_\_\_\_.
2. We/I will share our/my home with this child, (check appropriate box)  
 Assuming responsibility for daily living expenses until the entry of the final order of adoption. It is our/my understanding that the agency retains responsibility for necessary medical coverage and will continue Medicaid until entry of the final order of adoption. After entry of the final order of adoption, we/I assume complete responsibility for daily expenses and medical care.  
 Providing for this child's expenses and needs with adoption assistance.
3. We/I will not, however, commence court proceedings for the adoption without the consent of the agency and understand that the agency can not consent to adoption until the child has lived with us/me for at least six 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.
4. 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 will not affect the agency's decision to consent to our/my adoption of this child.
5. 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 can not become a permanent member of our/my family, before doing so, we/I agree to:
  - A. Consult with the agency;
  - B. Seek additional counseling if recommended by the agency;
  - C. Prepare the child for his return to the agency; and
  - D. Give the agency at least two weeks notice of our/my decision to allow for other arrangements to be made for the child.
6. We/I understand that a representative of the agency will visit us/me and the child at least three times prior to adoption.
7. 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, or upon order of the Juvenile and Domestic Relations Court or Circuit Court, or after an agency determination that the child is subject to abuse or neglect. We/I understand that such removal shall be subject to review by the Juvenile Court upon our/my petition to the court.

\_\_\_\_\_  
Adoptive Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Director or Designee

\_\_\_\_\_  
Date