

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**ADOPTIVE PLACEMENT AGREEMENT**

NAME OF ADOPTIVE PARENT:	NAME OF ADOPTIVE PARENT:	
ADDRESS OF ADOPTIVE PARENT(S) (Number, Street, City, State):		
NAME OF AGENCY:	FIRST NAME OF CHILD:	BIRTHDATE OF CHILD:

After careful consideration of the child and all that adoption involves, I/we receive the above named child in my/our home from this agency.

In so doing I/we agree that:

- I/We will care for this child and meet the child’s needs. However, the child will, where eligible, continue to receive medical, psychological and surgical services in accordance with the medical assistance or medical subsidy programs to the extent permitted by law.
- I/We are taking this child with the intention of adoption although we understand that legal custody remains with \_\_\_\_\_ and that this adoptive placement agreement remains in effect until the date of legal adoption.  
Agency
- The legal adoption will take place after both \_\_\_\_\_ and \_\_\_\_\_  
Agency I/we agree that it is in the child’s best interest.
- In the period prior to legal adoption a representative from \_\_\_\_\_  
Agency will visit me/us and the child periodically and that I/we may call on the agency for consultation.
- If at any time prior to legal adoption it is determined by the agency or by me/us that the child should be removed from my/our home, I/we will cooperate with the agency in carrying this out in a way that serves the best interest of the child in the judgment of the agency.
- It is duly acknowledged by the parties hereto that the adoptive parent(s) shall have the right to intervene as an interested party in any proceeding commenced to set aside a surrender purporting to commit a guardianship or custody of a child placed in the home of the adoptive parent(s). Such intervention shall be made anonymously or in the true name(s) of the above.
- I/We have been informed that this child (may be)(is not) eligible for adoption subsidy and a signed subsidy agreement (is)(is not) being forwarded to the New York State Office of Children and Family Services for review and a determination as to eligibility.

ADOPTIVE PARENT’S SIGNATURE:	DATE SIGNED:	ACCEPTED (Name of Agency):
ADOPTIVE PARENT’S SIGNATURE:	DATE SIGNED:	BY (Name of Representative):