



# New Beginnings

Family and Children's Services, Inc.

**Uniting Families Since 1985**

Timothy Sutfin  
Executive Director

## Post-Adoption Services Parent Request Form

Today's Date	Child's country of origin (if Korea, please include file number or C#, if available)
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Full name of person requesting services (please print).	Signature
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Street Address

City	State	Zip
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Home phone #	Cell	Work (if you can receive calls)	E-mail
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Adoptive parent's full name	Date of Birth
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Adoptive parent's full name	Date of Birth
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**All services are confidential**

Please check:

- What is your preferred method(s) of contact?  cell phone       home phone       work phone       e-mail
- May the New Beginnings worker leave an identifying message at your home phone number?       Yes       No
- Is it O.K. to send mail in a New Beginnings envelope?       Yes       No
- Is it O.K. to contact you by e-mail?       Yes       No
- Are you receiving search services through another agency or person?  Yes       No  
If yes, which one? \_\_\_\_\_

Name(s) of child(ren) for whom you are requesting services:

<b>Name of child</b>	Date of birth
Birth name	Date of Placement
<b>Name of child</b>	Date of birth
Birth name	Date of Placement

If your child or children for whom you are requesting services is over the age of 19, an Adult Adoptee Request Form needs to be filled out by him or her as well, unless the child lacks capacity. A second Registration fee does not need to be paid.

Are there any physical, religious, ethnic or cultural considerations that you would like us to be aware of during the service period?

Services in which you are interested:

**Please submit forms and \$50 registration fee to New Beginnings. If the request is for more than one child, add \$25 for each additional request.**

87 Mineola Boulevard, Mineola, New York 11501