



New Beginnings
Family and Children's Services, Inc.

Uniting Families Since 1985

Timothy Sutfin
Executive Director

Post-Adoption Services
Adult Adoptee Request Form

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

City	State	Zip
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Phone: Home	Cell	Work (if you can receive calls)
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E-mail	Date of Birth
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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

If known:	
Birth name	Date of Placement

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
- Do you give your permission for New Beginnings to discuss any information received with your adoptive parents? Yes, NB is permitted. No, I will manage the information.
- Are you receiving search services through another agency or person? Yes No
If yes, which one? _____

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 the form to New Beginnings. Include a copy of your driver's license or other identification. The Registration fee has been paid through the Beyond the Placement Program, 87 Mineola Boulevard, Mineola, New York 11501