



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)	
Full name of the person requesting services (please print)		Driver's License ID # (Include a copy of your driver's license or other picture ID)
Street Address		
City	State	Zip
Phone: Home	Cell	Work (if you can receive calls)
E-mail	Date of Birth (mm/dd/yyyy)	
Adoptive parent's full name		Date of Birth (mm/dd/yyyy)
Adoptive parent's full name		Date of Birth (mm/dd/yyyy)

All services are confidential

If known:	
Birth name	Date of Placement
Please check:	
<ul style="list-style-type: none"> • What is your preferred method(s) of contact? <input type="checkbox"/> cell phone <input type="checkbox"/> home phone <input type="checkbox"/> work phone <input type="checkbox"/> e-mail • May the New Beginnings worker leave an identifying message at your home phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is it O.K. to send mail in a New Beginnings envelope? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is it O.K. to contact you by e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No • Do you give your permission for New Beginnings to discuss any information received with your adoptive parents? <input type="checkbox"/> Yes, NB is permitted. <input type="checkbox"/> No, I will manage the information. • Are you receiving search services through another agency or person? <input type="checkbox"/> Yes <input type="checkbox"/> 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. The Registration fee has been paid through the Beyond the Placement Program.
87 Mineola Boulevard, Mineola, New York 11501