

INTERMEDIARY AND PRE/POST REUNION COUNSELING SERVICES

1. BIRTH PARENT INTERMEDIARY SERVICES

As a result of Public Law 2014 Chapter 9 allowing adult adoptee to access their original birth certificate as of January 1, 2017 a birth parent may submit a contact of preference form to the State Registrar indicating that he/she would like contact from their birth child through an intermediary such as a relative, friend or adoption agency. **At the request of the birth mother The Children's Home Society of New Jersey will act as the intermediary.**

2. ADOPTEE INTERMEDIARY SERVICES

After an adult adoptee has obtained his/her original birth certificate and has located his birth parent The Children's Home Society of New Jersey will act as an intermediary in making initial contact with the birth parent. This service will include one counseling session to help prepare the adult adoptee for the possible outcomes and ramifications of the reunion.

3. SEARCH AND REUNION SERVICES

After an adult adoptee has obtained his original birth certificate The Children's Home Society of New Jersey will provide search services to locate his/her birth parents. This service will include one counseling session to discuss the possible outcomes and ramifications of the search and the facilitation of the possible reunion.

4. PRE/POST REUNION COUNSELING SERVICES

Counseling services will be provided at a birth parent or adult adoptee's request prior to the reunion to discuss possible outcomes, ramifications or expectations of the possible reunion. Counseling services will be provided post reunion to assist with issues that may arise during the reunion.

FEES:

Birth Parent Intermediary Services	\$100.00 per person
Adult Adoptee Intermediary Services	\$200.00/\$100.00 per additional contact
Search and reunion services	\$500.00 per search
Pre/Post Reunion Counseling Services	\$75.00 per counseling hour

Dear Adult Adoptee or Birth Parent:

We have received your request for intermediary and/or pre/post reunion counseling services. In order to proceed please send us a copy of your identification, either a birth certificate or driver's license.

We are enclosing an explanation of these services and the appropriate fees. Please complete the appropriate application form and return to the agency with the copy of your identification, the waiver forms and the appropriate fee. Please allow four weeks for the paperwork to be processed and services to be initiated. Feel free to contact us if you have any questions. We look forward to hearing from you.

Sincerely,

Patricia Faiola
Social Worker

Birth Parent Intermediary Request Registration

Please return this form with **\$100** non-refundable fee to: The Children's Home Society of New Jersey, 635 South Clinton Avenue, Trenton, New Jersey 08611. Check should be made out to The Children's Home Society of New Jersey.

Birth Parent Name _____

Maiden Name, other name previously used _____

Address _____ Birth Date _____

_____ Birth Place _____
City State Zip Code

Home Phone # _____ Work Phone _____

Cell Phone _____

If you prefer not to be contacted directly at home or at work regarding your reunion, please list any instructions for contacting you: _____

The person I wish to request intermediary contact for is my:

Son or Daughter (circle one) placed for adoption on _____

Original Name and Birth date: _____

I request and authorize The Children's Home Society of New Jersey (CHSofNJ) to act as an intermediary and contact me in the event that my birth child or other authorized individual's attempt to contact me through Law 2014 Chapter 9. I understand that CHSofNJ can only act as an intermediary if my birth child or other authorized individual's respect my contact preference listed through the State Registrar. I understand that if I am dissatisfied with the services provided, I have the right of review with the Chief Program Officer of CHSofNJ.

Signed: _____ Date: _____

Fees may be paid by:

Check _____ Cash _____ Visa _____ Master Card _____

Please print your Visa/Master Card number below:

Expiration Date: Month _____ Year _____

Signature _____

Adoptee Intermediary Request Registration

Please return this form with **\$200** non-refundable fee to: The Children's Home Society of New Jersey, 635 South Clinton Avenue, Trenton, New Jersey 08611. Check should be made out to The Children's Home Society of New Jersey.

Adoptee Name _____

Maiden Name, other name previously used _____

Address _____ Birth Date _____

_____ Birth Place _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone _____

Cell Phone _____

If you prefer not to be contacted directly at home or at work regarding your reunion, please list any instructions for contacting you: _____

The person I wish to request intermediary contact for is my:

Birth Mother / Birth Father (circle one) I was placed for placed for adoption on _____
(\$200 for first contact, \$100 for each additional person contacted).

Original Name and Birth date: _____

Contact information of the above individual:

Reason(s) for wanting contact from this person:

I request and authorize The Children's Home Society of New Jersey (CHSofNJ) to act as an intermediary and contact the above named person as per Law 2014 Chapter 9. I understand that if I am dissatisfied with the services provided, I have the right of review with the Chief Program Officer of CHSofNJ.

Signed: _____ Date: _____

Fees may be paid by:

Check _____ Cash _____ Visa _____ Master Card _____

Please print your Visa/Master Card number below:

Expiration Date: Month _____ Year _____

Signature _____

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Please return this form with **\$100** non-refundable fee to: The Children's Home Society of New Jersey, 635 South Clinton Avenue, Trenton, New Jersey 08611. Check should be made out to The Children's Home Society of New Jersey.

Birth Parent Name _____

Maiden Name, other name previously used _____

Address _____ Birth Date _____

_____ Birth Place _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone _____

Cell Phone _____

If you prefer not to be contacted directly at home or at work regarding your reunion, please list any instructions for contacting you: _____

The person I wish to request intermediary contact for is my:

Son or Daughter (circle one) placed for adoption on _____

Original Name and Birth date: _____

I request and authorize The Children's Home Society of New Jersey (CHSofNJ) to act as an intermediary and contact me in the event that my birth child or other authorized individual's attempt to contact me through Law 2014 Chapter 9. I understand that CHSofNJ can only act as an intermediary if my birth child or other authorized individual's respect my contact preference listed through the State Registrar. I understand that if I am dissatisfied with the services provided, I have the right of review with the Chief Program Officer of CHSofNJ.

Signed: _____ Date: _____

Fees may be paid by:

Check _____ Cash _____ Visa _____ Master Card _____

Please print your Visa/Master Card number below:

Expiration Date: Month _____ Year _____

Signature _____

Adoptee Intermediary Request Registration

Please return this form with **\$200** non-refundable fee to: The Children's Home Society of New Jersey, 635 South Clinton Avenue, Trenton, New Jersey 08611. Check should be made out to The Children's Home Society of New Jersey.

Adoptee Name _____

Maiden Name, other name previously used _____

Address _____ Birth Date _____

_____ Birth Place _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone _____

Cell Phone _____

If you prefer not to be contacted directly at home or at work regarding your reunion, please list any instructions for contacting you: _____

The person I wish to request intermediary contact for is my:

Birth Mother / Birth Father (circle one) I was placed for placed for adoption on _____
(\$200 for first contact, \$100 for each additional person contacted).

Original Name and Birth date: _____

Contact information of the above individual:

Reason(s) for wanting contact from this person:

I request and authorize The Children's Home Society of New Jersey (CHSofNJ) to act as an intermediary and contact the above named person as per Law 2014 Chapter 9. I understand that if I am dissatisfied with the services provided, I have the right of review with the Chief Program Officer of CHSofNJ.

Signed: _____ Date: _____

Fees may be paid by:

Check _____ Cash _____ Visa _____ Master Card _____

Please print your Visa/Master Card number below:

Expiration Date: Month _____ Year _____

Signature _____

Adoptee Search Request Registration

Please return this form with **\$500** non-refundable fee to: The Children's Home Society of New Jersey, 635 South Clinton Avenue, Trenton, New Jersey 08611. Check should be made out to The Children's Home Society of New Jersey.

Adoptee Name _____

Maiden Name, other name previously used _____

Address _____ Birth Date _____

_____ Birth Place _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone _____

Cell Phone _____

If you prefer not to be contacted directly at home or at work regarding your reunion, please list any instructions for contacting you: _____

The person I wish to establish contact with is my:

Birth Mother / Birth Father (circle one) I was placed for adoption on _____
(\$500 for first contact, \$100 for each additional person contacted).

Original Name and Birth date: _____

Identifying information of the above individual and additional information which may help in locating this person:

Reason(s) for wanting contact from this person:

I request and authorize The Children's Home Society of New Jersey (CHSofNJ) to make all reasonable efforts to locate and contact on my behalf the person(s) indicated above as per Law 2014 Chapter 9. I understand that that the agency will conduct the search with respect for the right to privacy of the person I am seeking. I understand that if I am dissatisfied with the services provided, I have the right of review with the Chief Program Officer of CHSofNJ.

Signed: _____ Date: _____

Fees may be paid by:

Check _____ Cash _____ Visa _____ Master Card _____

Please print your Visa/Master Card number below:

Expiration Date: Month _____ Year _____

Signature _____

Counseling Request Registration

Please return this form with non-refundable fee of **\$75.00 for the first counseling hour** to:
The Children's Home Society of New Jersey, 635 South Clinton Avenue, Trenton, NJ 08611.
Check should be made out to The Children's Home Society of New Jersey.

Name _____ Adoptee ____ Birth Parent ____

Maiden Name, other name previously used _____

Address _____ Birth Date _____

_____ Birth Place _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone _____

Cell Phone _____

Services requested:

I understand additional counseling fees will be charged at the time services are provided once my initial hour of counseling has been used. Counseling services are provided at the rate of \$75/hour. I understand that if I am dissatisfied with the services provided, I have the right of review with the Chief Program Officer of The Children's Home Society of New Jersey.

Signed: _____ Date: _____

Fees may be paid by:

Check ____ Cash ____ Visa ____ Master Card _____

Please print your Visa/Master Card number below:

Expiration Date: Month _____ Year _____

Signature _____