

# ADOPTION AND FOSTER CARE PLACEMENT AGENCY SUPPLEMENTAL APPLICATION

**FOR OFFICE USE ONLY – Please do not complete.**

- |  |   |
|--|---|
| <input type="checkbox"/> United National Insurance Company           | <input type="checkbox"/> Diamond State Insurance Company            |
| <input type="checkbox"/> United National Specialty Insurance Company | <input type="checkbox"/> United National Casualty Insurance Company |

Name of the Agency \_\_\_\_\_

Name of the Facility \_\_\_\_\_  
(if different from your agency name)

### ADOPTION PLACEMENT AGENCIES

**IMPORTANT:** Please attach copies of all home-study applications and information to prospective families, placement guidelines and procedures.

1. Estimated number of adoption placements expected for the upcoming year:  
Domestic Placements \_\_\_\_\_ International Placements \_\_\_\_\_
2. Are both birth parents contacted prior to all adoption proceedings?  Yes  No
3. Do you have an attorney on staff?  Yes  No If yes, provide the name of the Legal Errors and Omissions carrier and limits carried:  
\_\_\_\_\_
4. Do you perform home-studies for clients other than your prospective adoptive parents?  Yes  No  
If yes, please provide estimate of the number of these home-studies performed. \_\_\_\_\_
5. If international adoptions, please list the country of origin: \_\_\_\_\_  
\_\_\_\_\_
6. Do you perform consulting services for other agencies?  Yes  No
7. Do you provide specific information about the child/children to the prospective adoptive parents prior to formalizing the agreement?  Yes  No  
If yes, are these disclosures written or verbal? \_\_\_\_\_

### FOSTER PLACEMENT AGENCIES

**IMPORTANT:** Please attach current list of foster families and copies of placement procedures, family selection and training guidelines.

Using your last calendar or fiscal year, please provide the following:

1. Maximum number of children in foster care at any one time in the past year \_\_\_\_\_
2. Total Capacity \_\_\_\_\_
3. How often do you counsel or visit child or foster family? \_\_\_\_\_
4. Current number of certified foster families \_\_\_\_\_
5. Average number of cases per caseworker \_\_\_\_\_

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name and Title