

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)
ADOPTIVE PLACEMENT FEE DISCLOSURE FORM

THIS APPLIES TO PRIVATE/INDEPENDENT AND NON-PUBLIC AGENCY ADOPTIONS
WHEN A CHILD IS TO BE PLACED INTO NEW YORK STATE

Definitions: For the purposes of this form, a private, independent and/or non-public agency adoption is the adoptive placement of a child who is **NOT** in the legal custody of the Local Department of Social Services/ Administration for Children's Services (LDSS/ACS). Private and/or non-public agency adoptions involve children placed through adoption agencies and independent adoptions involve children directly placed by the birth parent(s).

Instructions: This form must be completed fully and properly executed as a condition for the NYS OCFS to review and approve an ICPC request. This form contains three sections:

- **Section I List of Expenses** - A full statement setting forth the list of expenses, by category, paid or to be paid by the adoptive parent(s) to any agency or person in connection with the placing out or the adoption of the child or the assisting in the arranging of the adoptive placement;
- **Section II Circumstances of Placement** - A complete statement of the circumstances of placement;
- **Section III Affirmation** - Attesting to the truth and accuracy of the information contained in this form.

IT IS THE RESPONSIBILITY OF THE PERSON OR AGENCY WHICH EXECUTES THIS FORM TO INCLUDE ALL FEES PAID OR TO BE PAID IRRESPECTIVE OF WHETHER SUCH FEES ARE PAID THROUGH OR OTHERWISE ADMINISTERED BY SUCH PERSON OR AGENCY.

ADOPTION RELATED FEES:

(Detailed instructions regarding allowable and non-allowable fees can be found on pages 2-4 of this form.)

NYS Social Services Law (SSL), section 374(6) contains the legal standards for who can charge fees in regard to adoptions, who cannot charge fees and what fees are allowable involving a child born in New York or brought into New York or involving a New York resident seeking to bring a child into New York for the purpose of adoption. Refer to pages 2-4 for detailed instructions regarding allowable fees.

ONLY A NEW YORK AUTHORIZED ADOPTION AGENCY:

- May charge or accept a fee or other compensation to or from a person with whom the New York authorized adoption agency has placed out a child for adoption and for reasonable and necessary expenses of such placement.
- May request, accept or receive compensation or thing of value, directly or indirectly, in connection with the placing out or adoption of a child or for assisting a birth parent, relative or guardian of a child in arranging for the placement of a child for the purpose of adoption.

A New York authorized adoption agency is either:

- 1) A not-for-profit adoption agency authorized by **OCFS**; or
- 2) An adoption agency licensed in another state that is only placing non-quota immigrant children for adoption in New York.

NYS SSL, section 374-a(11)(b) provides that the New York State Administrator of the Interstate Compact on the Placement of Children (ICPC) must deny an ICPC application where the placement violates the adoption fee standards set forth in the Social Services Law. The ICPC is administered by OCFS.

INSTRUCTIONS BY SECTION

SECTION I - List of Expenses

A. PLACEMENT FEES: (Allowable ONLY to a New York authorized adoption agency as described on page 1 of this document.)

No person, entity or agency (*other than a New York authorized adoption agency*) may or shall request, accept or receive any compensation or thing of value, directly or indirectly, in connection with the placing out or adoption of a child or for assisting a birth parent, relative or guardian of a child in arranging for the placement of the child for the purpose of adoption.

No person may or shall pay or give to any person, entity or agency (*other than a New York authorized adoption agency*) any compensation or thing of value in connection with the placing out or adoption of a child or for assisting a birth parent, relative or guardian of a child in arranging for the placement of the child for the purpose of adoption.

- The name and address of the NYS authorized adoption agency providing placement services must be entered in the applicable categories of section I, part A.

B. HOME STUDY FEES:

Fees paid for completion of home study process, write up and/or addendum.

- The name and address of the agency or social worker completing the home study must be entered in the applicable categories of section I, part B.

C. MEDICAL FEES:

Reasonable and actual medical fees, hospital charges, nursing fees or other medical costs in connection with prenatal care, the birth and/or care of the child, if such payment is made to the physician, nurse or hospital who or which rendered the services or paid to the birth mother of the child.

- The name and address of the entity providing the medical services must be entered in the applicable categories of section I, part C.

D. NECESSARY EXPENSES:

Reasonable, actual and necessary expenses incurred by the birth mother in connection with or as a result of her pregnancy or the birth of the child. Such fees may include expenses for housing, maternity clothing, clothing for the child and transportation for a reasonable period. NYS law defines a reasonable period as not to exceed 60 days prior to the birth of the child and no later than 30 days after the birth of the child or 30 days after the parental consent to the adoption.

Fees paid outside of these parameters may require further clarification and are subject to further review by the court where the adoption petition is filed.

E. BIRTH PARENT COUNSELING FEES: (Allowable to other than a New York authorized agency ONLY WHEN AUTHORIZED BY THE SENDING STATE)

Reasonable and actual fees for birth parent counseling are allowable where authorized by the sending state. The activities that are allowable are restricted to those authorized by such state.

Where counseling is provided, the sending agency must include a description of the services.

INSTRUCTIONS BY SECTION Cont'd

“Counseling” is NOT administrative or logistical efforts directed to birth parent support such as identifying, arranging for, or providing housing, food, utilities, clothing or transportation or other needs.

“Counseling” MUST be conducted and performed by social workers licensed and credentialed by the state in which the counseling occurs, or a person employed by an adoption agency licensed in the state where the counseling occurs; who regularly perform birth parent counseling in the normal course of his/her regular duties with that agency.

- The name, address, telephone number of the adoption agency or individual providing the counseling must be entered in section I, part E.
- The normal hourly rate for professional birth parent counseling performed by the social worker or adoption agency employee must be disclosed in section I, part E.
- **UPON REQUEST**, the case notes of any and all counseling sessions must be provided to the NY ICPC office. Case notes must include the topic(s) discussed and the date and duration of each counseling session.

F. ADVERTISING FEES FOR PROSPECTIVE BIRTH PARENT(S) OR PROSPECTIVE ADOPTIVE PARENT(S):

Reasonable and actual advertising fees paid by either a prospective birth parent or a prospective adoptive parent for the posting and maintenance of written or electronic advertisements, biographies and/or photos for the purpose of identification of a potential adoptive resource are allowable. An allowable advertising fee also includes the reasonable and actual cost of a person or entity receiving a response or responses to the posting and the transference of the information received directly to the person who requested the posting.

Allowable advertising fees **do not** include other adoption related activities, including, but not limited to the screening, assessment or filtering of responses or the maintenance by attorneys of resume banks of prospective adoptive parents.

- The name and address of the person or entity that provided the advertising only in relation to the placement that is the subject of the ICPC application must be entered in the applicable categories of section I, part F.

Note: OCFS does not license, approve or regulate websites or other media involved in the posting and/or maintaining of advertisements, biographies or photos for prospective birth parents or prospective adoptive parents.

G. LEGAL SERVICES FEES:

Only reasonable and actual legal fees charged for consultation and legal advice, preparation of papers and representation and other legal services rendered in connection with the adoption proceeding or of necessary disbursements incurred for or in an adoption proceeding are allowable.

Note: NYS SSL section 374(6) provides that no attorney or law firm shall serve as the attorney for, or provide any legal services to both the birth parents and adoptive parents. In addition, NYS SSL section 374(6) provides that no attorney or law firm may serve as the attorney for or provide any legal services to both an authorized agency and to the birth parent or adoptive parent where the authorized agency provides adoption services to the birth parent or adoptive parent, provides foster care for the child or where the authorized agency is directly or indirectly involved in the placement of the child for adoption.

- The name and address of the attorney or law firm providing the legal services to the birth parent(s) is entered in section I, part G of this form. If the birth parent(s) does not have representation please indicate in this section.
- The name and address of the attorney or law firm providing the legal services to the adoptive parent(s) must be entered in section I, part G of this form. If the adoptive parent(s) does not have representation please indicate in this section.
- The name and address of the attorney or law firm providing the legal services to the agency/other must be entered in section I, part G of this form.

The form needs to reflect what attorney or law firm, if any, represented the birth parent(s), adoptive parent(s) or Agency/other respectively.

H. OTHER FEES:

Include all categories of fees paid, or to be paid, and the corresponding dollar amount of the fee. This must include a description of any payment, compensation or thing of value given by a third party or adoptive parent to a birth parent or to any other person or entity, in relation to the adoptive placement.

No person, entity or agency may request, accept or receive any compensation or thing of value, directly or indirectly, in connection with the placing out or adoption of a child or for assisting a birth parent, relative or guardian of a child in arranging for the placement of a child for the purpose of adoption.

No person may pay or give to any person, entity or agency (*other than a New York authorized adoption agency*) any compensation or thing of value in regard to the adoption related activities as described herein.

TOTAL FEES PAID OR TO BE PAID BY ADOPTIVE PARENTS:

Include the dollar amount of the total sum of sections A – H.

SECTION II - Circumstances of Placement

Fully explain how the adoptive parents and the birth parents came into contact with each other and how the match was made. Provide dates, locations and involvement of **any** third parties.

Facilitators are legal in some states but not in New York State. Attorneys cannot act as facilitators by matching birthparents and adoptive parents, whether or not a fee is charged for this service.

Failure to provide detailed information in this category may result in delay of placement approval or may result in denial.

SECTION III – Affirmation of Financial Disclosure

The affirmation attesting to the truth and accuracy of the information contained in sections I and II must be executed by either: a) the agency, b) the attorney for the adoptive parent(s); or an adoptive parent.

The entity completing and attesting to this information must indicate their relationship to this request by circling one of the roles listed in the first paragraph.

SECTION I LIST OF EXPENSES

NOTE: All payments made or to be made by the adoptive parent(s) must be disclosed. If more space is required, include an addendum to this section. Refer to Instructions (pages 2-4).

CATEGORY OF EXPENSES	AMOUNT <i>(Actual or Estimated or Indicate Not Applicable)</i>	ENTITY OR PERSON To whom payment was or will be made <i>(Name and Address)</i>
A. New York Authorized Agency PLACEMENT FEES		
1) Application, registration and orientation		
2) Matching and placement service to adoptive parent(s)		
3) Matching and placement service to birth parent(s)		
4) Other services related to the arranging for the placement of a child for the purpose of adoption		
B. HOME STUDY FEES		
1) Home study process, write-up and/or addendum		
C. MEDICAL FEES		
1) Medical fees in connection with the prenatal care of the child		
2) Medical fees in connection with the birth of the child		
D. NECESSARY EXPENSES		
1) Incurred by the birth mother in connection with or as a result of her pregnancy or the birth of the child <i>(Specify category)</i>		
E. BIRTH PARENT COUNSELING FEES		
F. ADVERTISING FEES FOR PROSPECTIVE BIRTH PARENT(S) OR PROSPECTIVE ADOPTIVE PARENT(S)		
G. LEGAL SERVICES FEES		For this section provide the Name and Address of Attorney/Law Firm below
1) For legal representation of the Birth Parent(s)		
2) For legal representation of the Adoptive Parent(s)		
3) For legal representation of the Agency/other		
H. OTHER FEES <i>(Specify categories)</i>		
TOTAL FEES PAID OR TO BE PAID BY ADOPTIVE PARENTS		

**SECTION III
AFFIRMATION OF FINANCIAL DISCLOSURE**

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

In the Matter of the Adoptive
Placement of

STATE OF _____)
COUNTY OF _____)

_____ being duly sworn, deposes and says:

That the Deponent is *(a duly authorized employee of an agency) (an attorney for the adoptive parent[s]) (an adoptive parent)* involved in the adoptive placement of the above-named child.

That *(upon information and belief)* the Deponent hereby affirms and attests that the information contained in the Adoptive Placement Fee Disclosure Form and any attachments is true and accurate. The Deponent understands that false statements made in this affidavit are punishable under the Penal Law of the State of New York, and may be punishable under the laws of the State in which this affidavit is executed.

That the Deponent acknowledges that no fees, compensation or thing of value in connection with the placing out or adoption of this child or the assisting in the arranging of the adoptive placement can be accepted or received by any parties other than those set forth in this form pursuant to section 374(6) of the Social Services Law; and the Deponent also attests that no fees, compensation or thing of value in connection with the placing out or adoption of this child or the assisting in the arranging of the adoptive placement have been paid to or received by any parties other than those set forth in this form pursuant to section 374(6) of the Social Services Law.

Sworn to before me on this _____ day
of _____,

Notary Public
State of _____
My commission expires _____