

Birth Parent
Service Contract



Name: _____

Date: _____

Approximate due date: _____

Tentative plan: _____

Services Offered:

1. The LCFS representative will assist me/us in making a plan for the child, whether parenting or placing the child for adoption.
2. The LCFS representative will review with me/us the legal and social implications of placing a child for adoption.
3. If adoptive placement is chosen, the LCFS representative will offer me/us the opportunity to participate in the review of agency approved, non-identifying adoptive family applicants' profile summaries for placement of the child.
4. The LCFS representative will explain the meaning of termination of parental rights to me/us.
5. The LCFS representative will assist me/us in contacting financial, medical, and social support systems in the event I/we choose to parent the child.

Birth Parent

Date

LCFS Staff

Date