



Services that heal, strengthen, and provide hope

APPLICATION FOR POST-ADOPTION SERVICES

Information Requested:

- All non-identifying information available from record (birth history-\$150)
- Medical Information Only (same fee as birth history)
- Search and Reunion Services (\$500 per search)
- Update file with current information/review of file for any post adoption contact by birth/adoptive family (no fee)
- Other, Please Explain: _____

Please complete as thoroughly as possible:

Requestor Full Name:			Date Of Birth:	
Address:				
Home Telephone No:		Work Telephone No:		
Requestor's Relationship To Adoptee:		Adoptee's Age:		
Adoptee's Address:				
Adoptee's Telephone No:				
Adoptive Parents Full Names:				
Adoptee's Full Name:				
Adoptee's Birthdate:		Adoptee's Birthplace:		
Adoptee's Name At Birth:				
Birthmother's Name At Relinquishment:				
Birthfather's Name At Relinquishment:				

Referral Source: _____



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I request that Lutheran Family Services Rocky Mountains (LFSRM) provide post-adoption services and/or written background information and/or search and reunion services to me. I understand that:

- The disclosure of identifying information is subject to current legal restrictions as set forth in Colorado Revised Statutes §19-5-301 et seq.; identifying information requires the written consent of the sought after party.
- Information provided is drawn from the agency's records and is based on what is given at the time of pregnancy/birth/relinquishment/adoption or post-adoption;
- Current or updated information is usually not available but will be included if available and authorized by Colorado law;
- The agency cannot attest to the accuracy of the information;
- Information could be unexpected and/or distressful;
- LFSRM will review for identifying information all material, including letters, pictures, updated medical information, received for forwarding from adoptee/birth relative/adoptive parent to pertinent adoptee/birth relative/adoptive parent, and LFSRM will censor said identifying information as appropriate prior to forwarding.
- A preparation session is required in order to begin the search and reunion process.

My signature below indicates that I understand the above and consent to the receipt of information based on these terms. I acknowledge receipt of the document entitled "Disclosure of Information Regarding Post-Adoption Search Services." I also attest that I am at least 18 years of age.

Authorized Requestor's Signature

Date

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me on this ____ day of _____, _____.

(SEAL)

Notary Public

State of _____

County of _____

Typed or Printed Name of Notary

My Commission Expires:

Please include a copy of current photo identification with your application.

**LFSRM Adoption Search and Reunion Services
363 South Harlan Street, Suite 200, Denver, CO 80226**



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DISCLOSURE OF INFORMATION REGARDING POST-ADOPTION SEARCH SERVICES

Thank you for your inquiry concerning information from the records of Lutheran Family Services Rocky Mountains (LFSRM) (formerly Lutheran Service Society; Lutheran Social Services of Colorado; Lutheran Family Services of Colorado). Disclosure of both non-identifying and identifying information in our files is strictly governed by Colorado law, as set forth in Colorado Revised Statutes SS 19-5-305 et. seq.

Lutheran Family Services Rocky Mountains offers the following post-adoption search services:

- LFSRM may prepare an adoptee's birth history, including non-identifying medical and social information on file at the time of adoptive placement. **There is a fee of \$150 for this service.** To complete your request for information, you must fill out and have notarized this agency's **Application for Post-Adoption Services** form and the **Release of Liability and Agreement to Hold Harmless** form. Submit these complete documents and the agency's service fee to:

Lutheran Family Services Rocky Mountains
Attn: Adoption Search and Reunion Services
363 S. Harlan St., Suite 200
Denver, CO 80226

The complete birth history information will be prepared for you in a permanent, printed form. There is usually no current or updated information, but it will be included if available. Records are only available to those qualifying persons as determined by Colorado Law (adoptive parents and/or adult adoptees age 18 years or older). Non-identifying information is defined as information that does not disclose the name, address, place of employment or any other material information that would lead to the identification of the birth parents. Non-identifying information includes, but is not limited to, the following:

- The physical description of the birth parents.
 - The educational background of the birth parents.
 - The occupation of the birth parents.
 - Genetic information about the birth family.
 - Medical information about the adult adoptee's birth.
 - Social information about the birth parents.
 - The placement history of the adoptee.
- LFSRM may complete searches and assist in the reunification with birth families. **There is a \$500 fee for this service.** To apply for search and reunion services please fill out and have notarized this agency's **Application for Post-Adoption Services, Release of Liability and Agreement to Hold Harmless, Consent to Facilitate Contact and Consent to Search.**



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Colorado Adoption Law

The Colorado Constitution and Colorado Revised Statutes are available online at: www.michie.com/colorado

Colorado state law regarding access to adoption records changed significantly in 2014 as a result of the passage of COAccess 2014.

- Original birth certificates will be available to adult adoptees effective 01/01/2016, regardless of when the adoption took place.
- Prior to 01/01/2016, original birth certificates are available to the following:
 - Those whose adoptions were finalized between 07/01/1951 and 06/30/1967, and on or after 09/01/1999.
 - Those who have mutual consent.
 - Those who have obtained a death certificate of a birth parent or the adopted, or if the birth parent can reasonably be presumed to be deceased.
 - Those who can demonstrate “good cause” to a court of jurisdiction.
 - Those who qualify under the Indian Child Welfare Act.
- Certain adoption court records are available now to adult adoptees and other eligible parties.
- Birth parents can now obtain copies of relinquishment court documents they signed.
- Birth parents can also obtain the original birth certificate of their child.

Effective January 1, 2006, the State of Colorado Registrar of Vital Statistics ("state registrar") will make available to a birth parent named on an original birth certificate a **Contact Preference Form (CPF)** regarding future contact by an adult adoptee or adult descendant of the adoptee. The **CPF** shall provide the birth parent with options to indicate whether or not the birth parent would like to be contacted and whether the birth parent would prefer to be contacted through a confidential intermediary or by a child placement agency. The **CPF** allows a birth parent to voluntarily supply current contact information on the contact preference form. The **CPF** also provides a birth parent the opportunity to authorize the release of the original birth certificate to the adult adoptee or the adoptee's descendants.

Also **effective January 1, 2006**, the state registrar will have available an **Updated Medical History Statement** that may be filled out by a birth parent and submitted to the state registrar. The birth parent is allowed to submit **Updated Medical History Statements** in the future to the state registrar no more frequently than every 3 years, unless there is a significant change in medical history.

Effective January 1, 2006, birth parents who executed a no-contact statement with their child placement agencies after relinquishing a child for adoption have the opportunity to submit a **Contact Preference Form** and **Updated Medical History Statement**.

For more information, refer to: https://www.courts.state.co.us/Forms/Forms_List.cfm?Form_Type_ID=191

Resources

Finally, there are several organizations devoted to serving adult adoptees and birth parents in their search and reunification efforts. The following resources may be of interest to you:

LFSRM Adoption Search and Reunion Services
363 South Harlan Street, Suite 200, Denver, CO 80226



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ADOPTEES IN SEARCH—COLORADO'S TRIAD CONNECTION

www.aisctc.org

Box 24556, Denver, CO 80224, (303) 232-6302

An information and support group for both searching and non-searching adult adoptees, birth parents and adoptive parents. Free registry available. Monthly meetings. Support group.

INTERNATIONAL SOUNDEX REUNION REGISTRY

www.isrr.net

P.O. Box 2312, Carson City, NV 89702

Computerized matching service of adoptees with birth parents who are registered. Must be over 18 to register. No fee.

COLORADO VOLUNTARY ADOPTION REGISTRY

<https://www.colorado.gov/pacific/cdphe/colorado-voluntary-adoption-registry>

Colorado Department of Public Health & Environment

4300 Cherry Creek Drive South, Denver, CO 80246, (303) 692-2227

Registry for adult adoptees born in Colorado and their birth parents.

ALMA (Adoptees Liberation Movement Association)

www.almasociety.org

PO Box 85, Denville, NJ, 07834

Computerized matching service of adoptees with birth parents who are registered.



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INFORMATION FOR CLIENTS OF LFSRM **CLIENT RIGHTS AND GRIEVANCE PROCEDURE**

Welcome to Lutheran Family Services Rocky Mountains! It is the goal of all of us at LFS to provide you with quality services. The following information may be useful to you as a client of LFS.

Client Rights –

As a client of Lutheran Family Services Rocky Mountains, you can expect the following from all LFS staff members:

- You will be treated with respect.
- Your issues and concerns will remain confidential in accord with applicable laws.
- You will be provided with an explanation of the services LFS can provide.
- You will be provided with an explanation of any applicable fees.
- You have the right to refuse services offered.
- You have the right to ask for a referral to another provider.
- You have the right to consult an advocate outside the agency.
- You have the right to file grievances for services offered you if you are dissatisfied.

Client Grievance Policy & Procedures –

Policy: If a client feels he or she has been treated unfairly by Lutheran Family Services Rocky Mountains, that client is entitled to contest the policies or actions that have affected him or her unjustly.

Procedures:

1. The consumer should attempt to resolve the situation with the staff member(s) with whom the grievance arose.
2. If the situation is not resolved to the consumer's satisfaction, the consumer can request a meeting with the staff member and their supervisor to discuss and resolve the situation.
3. If the situation is not resolved after this meeting, the consumer can call the Vice President of Program Services to discuss the situation. At this time the consumer may be asked to submit a written statement outlining the concern.
4. The Vice President of Program Services will respond to the consumer no later than ten (10) working days following the conversation and/or the receipt of a written statement from the consumer.
5. If the consumer feels that the Vice President of Program Services has not dealt adequately with the complaint, the consumer shall provide a written statement describing the situation to the LFSRM President/CEO or designee. The President or designee will schedule a hearing to take place no later than ten (10) working days following the receipt of the consumer's written statement.
6. When grievances are submitted to the President/CEO, notification of the final resolution will be conveyed to the consumer in writing.
7. If your grievance is not able to be resolved by the above process, you may contact the Adoption Intermediary Commission with a written statement describing the situation. They can be contacted at 1575 Sherman Street, Denver, CO 80203 Attn: Constance Vigil. The Adoption Intermediary Commission is responsible for establishing and monitoring a program by which confidential intermediaries and agencies are trained to arrange contact between consenting adult adoptees, adoptive and biological parents, and biological siblings.
8. No action will be taken to discourage a client or prospective client from making a complaint, expressing a grievance, providing information in writing or interviews to an accrediting entity regarding the agency's actions or questioning the conduct of or expressing an opinion about the performance of any member of LFSRM staff.

LFSRM Adoption Search and Reunion Services
363 South Harlan Street, Suite 200, Denver, CO 80226



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RELEASE OF LIABILITY AND AGREEMENT TO HOLD HARMLESS

In consideration of the post-adoption services provided and to be provided to me or on my behalf by Lutheran Family Services Rocky Mountains in connection with my efforts to obtain information about and/or contact with (check all that apply):

- My biological child
- My biological relatives
- My child's biological relatives
- Myself

I do hereby release Lutheran Family Services Rocky Mountains from any liability whatsoever now existing or arising in the future, in connection with its efforts on my behalf.

Further, I agree to hold Lutheran Family Services Rocky Mountains harmless from any and all claims which may be made as a result of the post-adoption services and efforts rendered by Lutheran Family Services Rocky Mountains on my behalf.

I intend this agreement to be binding upon my executors, administrators, heirs, devisees, assigns, and personal representatives.

Signature

Address

Printed Name

Phone Number

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me on this ____ day of _____, _____.

(SEAL)

Notary Public

State of _____

County of _____

Typed or Printed Name of Notary

My Commission Expires:



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Search and Reunion
Fee Schedule and Agreement
Effective April 1, 2013

Birth History/ Non-Identifying Information.....\$150

This is due with your application. This is a flat rate fee for one hard copy of the birth history. Typical birth histories range in length from 3-5 pages but can vary depending on the information available. Most adoption records are on microfilm and will need to be found and transcribed. Your check will be processed after your records are prepared. If a birth history cannot be completed due to film damage or incomplete records your check will be voided and you will be notified.

Adoption Records.....\$100

Available to individuals adopted between July 1, 1951 and July 1, 1967. Please see the attached forms for more information regarding 'adoption records'.

Search/Reunion Process.....\$500

This is due with your application. The check will be processed when the worker is ready to begin your search. Typically 1-3 months. The receipt of your application will place you on the waiting list, if applicable. *This is a flat rate per search for *each* person sought.

The fee covers but is not limited to: expenses incurred for search investigative work, subscriptions for online search databases, staff time, paperwork, search/reunion consultation, correspondence, postage, phone calls, preparation sessions and post search/reunion counseling.

Completion of a search takes approximately 1-6 months, depending on the degree of difficulty. A search can extend beyond this timeframe. Lutheran Family Services does not guarantee that a search will end in reunification or that the sought party will be definitively located. There are no refunds for unsuccessful searches. The release of any identifying information relies on the agreement of all parties involved.

- All fees are to be paid for by the requesting party



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Agreement

I/We, the search applicant(s), have read the Fee Schedule and Agreement, and understand that the above described fees are assessed for the services rendered and costs incurred by Lutheran Family Services Rocky Mountains. I/We agree to pay all such amounts when due, whether or not reunification or the release of identifying information occurs. I/We understand and agree that no amounts paid under this contract are refundable, and if, for any reason the search does not end in the release of identifying information or reunification, all amounts paid by me/us will be retained by Lutheran Family Services Rocky Mountains and I/we agree to pay the balance, if any, due from us to Lutheran Family Services Rocky Mountains at that time.

Authorized Requestor's Signature _____ Date _____

Authorized Requestor's Signature _____ Date _____

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me on this ____ day of _____, _____.

(SEAL)

Notary Public

State of _____

County of _____

Typed or Printed Name of Notary

My Commission Expires:



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CONSENT TO FACILITATE CONTACT

I/We hereby consent that Lutheran Family Services Rocky Mountains may facilitate contact, by providing the following information to the adult adoptee (over the age of 18) or adoptive parent(s) or birth parent(s), as appropriate, that were involved in my adoption, per C.R.S. § 19-5-305(2)(a):

- Full Name: _____
- Address: _____
- Telephone Number: _____

This authorization is given only in connection with its use by Lutheran Family Services Rocky Mountains in its administration of the program with which I/we are involved and for no other purpose. It shall continue in effect until _____ unless rescinded earlier in writing.

Signature	Relationship to Adoptee	Date
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Signature	Relationship to Adoptee	Date
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SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me on this ____ day of _____, _____.

(SEAL)

Notary Public

State of _____

County of _____

Typed or Printed Name of Notary

My Commission Expires: