



POST-ADOPTION PROGRAM

We recognize that adoption is a lifelong process. Our post-adoption and search programs offer a continuum of services that respect the relationships among all members of the adoption triad- the adoptee, the birth parents, and the adoptive parents. In all circumstances, confidentiality and our clients' best interests are our primary concerns.

When appropriate, we provide information and referrals for those seeking additional counseling around issues related to placing a child for adoption, being adopted, and parenting.

Curiosity and a sense of connection to another member of the adoption triad are very natural, and the need to access medical background information can be a reality. In accordance with Florida statutes, our post adoption program offers assistance to all members of the adoption triad. We can provide a non-identifying profile of an adoptee's birth parents or determine whether a birth parent or adoptee is interested in providing additional information and/or mutual consent to be contacted. We maintain records of all members of the adoption triad and encourage all clients to update their records at any point with important information and/or current depositions regarding the release of identifying information.

*For more information about our
Post-Adoption Program please contact:*

Geralyn Ryan

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POST-ADOPTION SERVICES

Our post adoption services program seeks to offer a continuum of services that respects the interest of adoptees, birth parents, and adoptive parents. In all circumstances, confidentiality and our clients' best interests are our primary concern. Services available to those who were involved in past adoptions through Catholic Charities Bureau, Inc., Diocese of St. Augustine; Volunteers of America in Jacksonville and the St. Mary's Home in Jacksonville, FL. Our post adoption services are available to persons within the adoption triad.

NON-IDENTIFYING REQUESTS - Adoptees, birth mothers, birth fathers, and adoptive parents are eligible under the law to request Non-Identifying Information regarding their adoption. Non-identifying Information includes: physical description, occupation, general area of residence, medical, social and genetic history, age personality traits, etc. Non-Identifying Information excludes: names (first and last), birth dates, Social Security Numbers, etc.

SEARCH AND REUNION SERVICES - In accordance with Florida law, Catholic Charities Bureau, Inc. may provide adoption reunion services for adoption triad clients if the record contains a written release for both parties involved in the reunification process. As such, Catholic Charities encourages adoption triad members to update contact information regarding themselves and their families on an ongoing basis. This information can be passed on if possible or retained in the agency files for future reference. If a reunion is requested and there is not a written consent for notification or contact, then Catholic Charities Bureau, Inc. may not honor the request without a court order. Clients are encouraged to also contact the Florida Adoption Reunion Registry (FARR) which was created in 1982 by the Florida Legislature as a passive adoption reunion registry for the State of Florida. The FARR telephone number is 1-800-96-ADOPT and their link can also be found on the state adoption program website, which is www.adoptflorida.com.



POST-ADOPTION SERVICES : Request Form

Date:

Full Name:

Previous Names:
(maiden, etc.)

Current Address:

City: State: Zip:

Phone Number(s):

Your Date of Birth: City of Birth:

Triad Position: Adult Adoptee Birth Parent Adoptive Parent of Minor Adoptee
(please select one.)

Adoptive Parents' Names:

Adoption Agency:
(The one that handled your adoption.)

SERVICES REQUESTED:

I am a(n) _____
Please accept my signature below as a written request for non-identifying information from my adoption file that is held by Catholic Charities Bureau, Inc. I acknowledge and have enclosed the **\$75 fee** made payable to Catholic Charities Bureau, Inc. I have also enclosed a copy of my photo ID (Driver License).

I am a(n) _____
Please accept my signature below as a written request for search services. I acknowledge and have enclosed the **\$300 fee** made payable to Catholic Charities Bureau, Inc. I have enclosed the required notarized release of information form. I have also enclosed a copy of my photo ID (Driver License).



WAIVER OF CONFIDENTIALITY

Full Name: Date of Birth:

Previous Full Name:

Current Address:

City: State: Zip:

Phone Number(s):

E-mail Address:

I, _____ hereby authorize Catholic Charities Bureau, Inc., Diocese of St. Augustine and its adoption counselors to act as intermediary in regards to my request for shared information and communication with other members of my adoption triad. I have specifically requested shared communication between myself and the (circle one): birth mother, birth father, birth child (adult adoptee), or adoptive parents (if adoptee is a minor). I understand that this procedure may result in the release of confidential identifying information, and I understand that Florida Law requires written consent from both the adult adoptee and the birth parent(s) before confidential identifying information may be shared. Therefore, with my signature below, I am giving Catholic Charities Bureau, Inc. the required written consent to release my confidential identifying information. I agree to provide written updates of any change in my contact information and will notify the agency in writing at the time that I wish to withdraw this consent.

Signature witnessed by notary *Date*

FOR USE BY NOTARY ONLY:

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me on this ____ day of _____ 2022 by _____ who is personally known by me or has produced _____ as identification.

Rev. 2022 _____ Notary Public, State of _____