



## Agreement of Placement for Adoption

### I

This agreement is between \_\_\_\_\_, adoptive parents, and the Iowa Department of Human Services concerning placement of \_\_\_\_\_, born \_\_\_\_\_, for adoption. This agreement is effective \_\_\_\_\_, and continues in force until the adoption is finalized and guardianship is transferred to \_\_\_\_\_.

### II

The general conditions of this agreement are:

1. Adoption means a legal and social process through which a child becomes a member of a family into which the child was not born. Adoption provides the child the same rights, privileges and duties as a birth child.
2. Preadoptive care means the provision of parental nurturing on a full-time basis to a child by a person who has an *Agreement of Placement for Adoption* for the purpose of proceeding with a legal adoption of the child in accordance with Iowa Code Section 232.2(42A).
3. Until the adoption is finalized, the Iowa Department of Human Services is the guardian of the child and has the rights, privileges, duties and responsibilities given to the guardian by Iowa Code Sections 232.2(10), 232.2(18), 600A.2(7), and 600A.2(8). Legal guardianship is transferred to the adoptive parents upon finalization of the adoption.
4. Adoptive parents shall be advised of special medical or mental health conditions or any other special conditions affecting the child, including risk factors for or diagnosis of HIV infection.
5. The cost of medical care for the child is the responsibility of the adoptive parents unless the placement is in anticipation of a subsidized adoption. When subsidy is anticipated, the cost of medical care is a shared responsibility of the Iowa Department of Human Services and the family.

### III

**Please sign after this section to indicate your agreement to comply with these requirements.**

agree:

1. To accept the child and to provide parental nurturing which includes, but is not limited to, food, housing, clothing, recreational activities, education, training, treatment, and additional needs of the child.
2. Not to transfer care or custody of the child to anyone else without written consent of the Iowa Department of Human Services.
3. To immediately notify \_\_\_\_\_ of any changes, i.e., address, employment, marital status, death or birth, etc., in the household.
4. To hold confidential all information received from the Department regarding the child and the child's birth family.

5. To arrange for the child to receive routine medical and dental care.
6. To obtain consent from the Department when medical authorization is required.
7. Provide permission for the child to participate in routine recreational and school activities.
8. To obtain consent from the Department to travel out-of-state with the child.
9. To give the Department advance written notification of a request to remove the child from home, except in an emergency.
10. To work together with the Department and other professionals involved in the child's case plan if it is determined that the child will need to be removed from care.
11. To initiate legal procedures for adoption when the adoption is recommended by the child's guardian, the Iowa Department of Human Services.

Signature – Adoptive Parent	Date
Signature – Adoptive Parent	Date

Signature – Adoption Worker – Placing Service Area	Date	Service Area
Signature – Service Area Manager or Designee		Date

#### IV

**This section is only applicable when an adoptive placement is made while the termination of parental rights (TPR) order is being appealed.**

have been adequately informed by the Iowa Department of Human Services about the following issues regarding \_\_\_\_\_ :

1. On \_\_\_\_\_, the parental rights were terminated.
2. \_\_\_\_\_ understand that the birth parents have appealed the termination of parental rights order.
3. \_\_\_\_\_ understand that until either the appeal is withdrawn or a final decision regarding the appeal is reached and a procedendo is issued, the adoption cannot be finalized.
4. \_\_\_\_\_ understand it is possible that the child may be returned to \_\_\_\_\_ birth parents if the termination of parental rights order is overturned.
5. After being informed of the legal implications involved in accepting this child while the termination of parental rights order is under appeal, \_\_\_\_\_ consent to the placement of \_\_\_\_\_ in \_\_\_\_\_ home. If and when the procedendo is signed regarding this appeal, \_\_\_\_\_ will begin adoption finalization proceedings.

Signature – Adoptive Parent	Date
Signature – Adoptive Parent	Date

Signature – Adoption Worker – Placing Service Area	Date	Service Area
Signature – Service Area Manager or Designee	Date	

Termination of Parental Rights Appellate Decision:

Upheld                       Overturned

\_\_\_\_\_ (Date)

**SPECIAL PROVISIONS**

DHS Case Worker Name	Phone Number
DHS Supervisor Name	Phone Number
Other Emergency Contact Names	Phone Numbers