

AdoptUsKids Website Waiver

Child's Info				
First Name	Middle Name		Last Name	
Date of Birth	FACS Exchang		ge Number	
Reason for not considering out-of-state families:				
Department or RRTS Worker Info				
Department Adoption Worker/RRTS Worker	Title		DHS Coun	ty Office
Street Address		City		Zip
Phone Number & Extension	Fax	1	E-mail Add	Iress
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Guardian's Info				
Guardian's Name				
Guardian's Signature			Date	