South Carolina Department of Social Services

OPENNESS CHECKLIST FOR BIRTH PARENTS

	Will Accept	Will Consider	Will Not Accept
Letter from adoptive parents within six months of placement.	_____	_____	_____
Update on child's development within six months of placement.	_____	_____	_____
Photograph of child within six months of placement.	_____	_____	_____
Telephone call with adoptive parents.	_____	_____	_____
Meeting with adoptive parents in area office with social worker present.	_____	_____	_____

	Will Provide	Will Consider	Will Not Provide
Letter to child/adoptive parents at time of placement.	_____	_____	_____
Gift to child at time of placement.	_____	_____	_____
Letter to child/adoptive parents within six months of placement.	_____	_____	_____
Gift to child within six months of placement.	_____	_____	_____
Photograph of self or birth family.	_____	_____	_____

What special requests would you like to make concerning the adoptive family who is chosen for your child?
NOTE: DSS cannot and will not consider birth parents' race, color or national origin preferences in placing their child.

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Parent's Signature: _____ Date: _____