



Adoption Home Study Services of Ohio Inc.

358 Edna St. • Alliance, Ohio 44601

Email: @homestudyohio@hotmail.com

Phone: 330-829-9400

Web address: www.homestudyohio.com

Fax: 330-823-1755

Post Placement Verification Form

This form verifies that **Adoption Home Study Services of Ohio** will provide Post Placement Supervision and Reports in compliance with the Adoption Regulations of the Birth State and also the State of Ohio, ODJFS and ICPC.

The State of Ohio Adoption Regulations require monthly post placement visits until finalization of the adoption with the first in-home visit occurring within 7 days of placement.

Verified by: Brenda S. Lare _____ date _____
Brenda S Lare, MSSA,LSW
Director/Adoption Assessor

Adoptive Parents Names: _____

Address: _____

I understand that this is an Ohio State Requirement. I agree to arrange my schedule to meet with the social worker to remain in compliance with this requirement.

Applicant #1: _____ date: _____

Applicant #2: _____ date: _____