

# Request for Post Placement Visit & Report

To schedule a post placement visit:

Please complete this form and return it with payment of \$ 250.00

**Adoption Home Study Services of Ohio**  
**358 Edna St.**  
**Alliance, OH 44601**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Child Placing Agency or Adoption Attorney Info:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

How many copies of the post placement report does your agency require? \_\_\_\_\_

By what date should the report be submitted to you child placing agency? \_\_\_\_\_

Name of the adoption assessor who completed your home study: \_\_\_\_\_

## Please be prepared to give the following to your adoption assessor at the time of your post placement visit:

1. **Pictures** of your child: contact your child placing agency to determine how many pictures they require
2. **Report Outline** from your child placing agency: if they require a specific format. If they do not the adoption assessor will use a standard outline that is commonly accepted
3. **Copies of All Medical Reports or Dates of Each Medical Visit** since placement of your child or since last post placement visit