Post-Adoption Services Application

Adoptive Parent

Signed consent from the adoptee is required for this application to be accepted.
Please see pages 6-8 of this application.

Adoptive Parent Name: _____ Date: _____

Address: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Adoptee's Name: _____

Date of Birth: _____ Place of Birth: _____

Catholic Charities office affiliated with adoption: _____

Services Requested

Please check which services you would like to request. Fees vary based on request type. Fees shown on this document are effective as of April 1st, 2026.

1. ☐ Request to locate and review file for a release signed by my child's birth parent or biological relative consenting to contact.
   ☐ **$50 fee for this service is enclosed**

2. ☐ Request to locate and review file to compile medical information that is available in the record. I understand that the agency may have limited or no information.
   ☐ **$150 fee for this service is enclosed**

3. ☐ Request to locate and review file to compile a summary of all non-identifying background information available. This may include the following information about birth parents and biological family members:
   - Medical history, physical description, education level, ethnicity, interests/hobbies, age, employment status/job description, status of birth parents' relationship

   ☐ **$300 fee for this service is enclosed**

Catholic Charities Adoption Records, 6 Pleasant St., Suite 220, Malden, MA 02148
617-464-8510 • adoptionrecords@ccab.org

4. ☐Locate and review file to conduct a search for the following biological relative(s) selected below. Post-Adoption Services will search for selected biological relative(s) and initiate contact on the applicant's behalf. Post-Adoption Services will act as the facilitator for contact between the applicant and the selected biological relative(s).

   Please select the following biological relative(s) below:

   ☐ Birth mother ☐ Birth father

   ☐ Any relative (specify): _____

   ☐ **$550 fee for up to five hours of this service is enclosed**

Payment & Application Submission

Please make check or money order payable to:

Catholic Charities
6 Pleasant St., Suite 220
Malden, MA 02148
Attn: Adoption Records

*Please mail Application, Payment, and **two notarized** Consent Forms to:*

Catholic Charities
6 Pleasant St., Suite 220
Malden, MA 02148
Attn: Adoption Records

Catholic Charities BOSTON

Informed Consent for Post-Adoption Services — Adoptive Parent

Please sign the following form in the presence of a licensed notary.

I certify:

My legal name: _____

My child's name at birth (if different than current): _____

My child's date of birth: _____

I certify that I, _____, have obtained signed consent from the adoptee, _____, to request Post-Adoption Services.

In accordance with Massachusetts General Law Chapter 210, *(please check **one** of the three)*:

☐ I hereby authorize Catholic Charities to release my name, address, and phone number to my child's *(check all that apply)*:

☐ birth mother ☐ birth father ☐ any siblings ☐ any relatives

☐ I hereby request that Catholic Charities contact me prior to releasing my name, address, and telephone number to my child's *(check all that apply)*:

☐ birth mother ☐ birth father ☐ any siblings ☐ any relatives

☐ I do not give Catholic Charities permission to release my name, address, or phone number to anyone.

I understand that accessing Catholic Charities post-adoption services may yield benefits to me and/or my family. These may include learning about my child's biological family's medical history, understanding the timeline of my child's birth information, discovering more about my child's birth parents, and establishing a connection with my child's biological family members.

I understand that accessing Catholic Charities post-adoption services can lead to possible emotional or psychological distress and may result in unforeseen and/or disappointing outcomes. Catholic Charities is not liable for the outcome of contact between myself/my child and my child's birth parent(s) or other relatives. Catholic Charities may or may not be able to locate my child's birth parent(s) or other relatives. In the event my child's biological family members are located, Catholic Charities may not be able to obtain consent to facilitate contact.

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Outpatient counseling services are available through Catholic Charities Family Counseling and Guidance Center, and I can seek these services at any time with the understanding that there is a separate cost.

I understand that if I choose to correspond with Catholic Charities via email, that Catholic Charities does not control the electronic devices including but not limited to computers, smartphones, tablets, or the Internet over which I may choose to engage in contact. I understand that Catholic Charities cannot prevent interceptions or compromises to my information while being electronically communicated between myself and the Post-Adoption Services team.

I understand that Catholic Charities' policies and procedures comply with Massachusetts General Law c.210 section 5D governing the release of adoption information, and that these laws could change at any time. I understand that identifying information will not be shared without written consent.

I understand that I am responsible for submitting payment for the services I have requested in the post-adoption services application.

I attest that all information contained in or with this application is accurate to the best of my knowledge.

I have received and signed a copy of Catholic Charities' Grievance Policy and Procedure, included with this application.

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Signature: _____ Date: _____

The above-signed party did establish his/her/their identity by means of:

_____

Subscribed and sworn to before me this _____ day of _____.

My commission expires: _____

Notary : _____ Date: _____

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Catholic Charities BOSTON

Informed Consent for Post-Adoption Services — Adoptee

Please sign the following form in the presence of a licensed notary.

I certify:

My legal name: _____

My adoptive name (if different than current): _____

My date of birth: _____

I certify that I, _____, give my adoptive parent,

_____ permission to request Post-Adoption Services.

In accordance with Massachusetts General Law Chapter 210, (*please check **one** of the three*):

☐ I hereby authorize Catholic Charities to release my name, address, and phone number to *(check all that apply)*:

☐ my birth mother ☐ my birth father ☐ any siblings ☐ any relatives

☐ I hereby request that Catholic Charities contact me prior to releasing my name, address, and telephone number to *(check all that apply)*:

☐ my birth mother ☐ my birth father ☐ any siblings ☐ any relatives

☐ I do not give Catholic Charities permission to release my name, address, or phone number to anyone.

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I understand that accessing Catholic Charities post-adoption services may yield benefits to me and/or my family. These may include learning about my/my family's medical history, understanding the timeline of my birth information, discovering more about my birth parents, and establishing a connection with biological family members.

I understand that accessing Catholic Charities post-adoption services can lead to possible emotional or psychological distress and may result in unforeseen and/or disappointing outcomes. Catholic Charities is not liable for the outcome of contact between myself and my birth parent(s) or other relatives. Catholic Charities may or may not be able to locate my birth parent(s) or other relatives. In the event my biological family members are located, Catholic Charities may not be able to obtain consent to facilitate contact.

Outpatient counseling services are available through Catholic Charities Family Counseling and Guidance Center, and I can seek these services at any time with the understanding that there is a separate cost.

Catholic Charities may or may not be able to locate my birth parent(s) or other relatives. In the event my biological family members are located, Catholic Charities may not be able to obtain consent to facilitate contact.

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I understand that Catholic Charities' policies and procedures comply with Massachusetts General Law c.210 section 5D governing the release of adoption information, and that these laws could change at any time. I understand that identifying information will not be shared without written consent.

I understand that I am responsible for submitting payment for the services I have requested in the post-adoption services application.

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Signature: _____ Date: _____

The above-signed party did establish his/her/their identity by means of:

_____

Subscribed and sworn to before me this _____ day of _____.

My commission expires: _____

Notary : _____ Date: _____

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Post-Adoption Services
Grievance Procedure & Appeal Process

This form serves as the agency's written complaint policy and is provided to all clients. The signed consent form included with the submitted application serves as an acknowledgement of receipt of this policy. A copy of said signed consent form will be maintained in each client's individual case records.

Complaints regarding agency services or policies may be submitted in writing to the Senior Director for Family Services. Written complaints should be delivered via email or in-person to the agency address listed below. The agency will respond via email or postal mail within fourteen (14) working days of receipt.

Appeals of grievance decisions may be submitted by the client in writing to the Vice President of Family & Youth Services and delivered via email or in-person to the agency address listed below only. Appeals must be submitted within fourteen (14) working days of the agency's initial response. The agency will respond via email or postal mail within fourteen (14) working days of receipt.

In the event the client is dissatisfied with the appeal decision, the client may file a second written appeal within fourteen (14) working days of the previous decision to the agency's Chief Operating Officer (COO). The decision of the COO shall be final.

In cases in which the Senior Director or Vice President is the subject of the initial complaint, the complaint should be submitted directly to the Chief Operating Officer (COO).

Updated April 2, 2026