

Cage
AS
36
Y6
P455
1997
ND.4

Adoption Issues:

Changing Trends in Families, Laws, and Disclosure Policies

A CSP Thesis/Project

Presented to

the Chancellor's Scholars Council

of the University of North Carolina at Pembroke

In Partial Fulfillment

of the Requirements for Completion of

the Chancellor's Scholars Program

by

Rebecca L. Brown

April 7, 1997

Faculty Advisor's Approval



Date

April 14, 1997

Acknowledgements

It would be impossible to present this project without acknowledging several people who helped with its production. I must first thank Dr. Marson, whose guidance and professional expertise not only helped me choose my topic but also helped me find Hazel Perez. Of course a great deal of appreciation must be given to Mrs. Perez. She not only gave this paper direction by offering a real-life story to go along with the facts, she gave it a life, her life. I thank her again for sharing her story with me.

I also must thank the Chancellor's Scholars Program for giving me this opportunity. Without it, I may not have had the chance to learn so much about this topic and maybe not even have had the chance to attend this school. In other words, I thank the Chancellor's Council for its guidance and the scholarship for its money!

There are countless others who helped make this project a success by offering their professional expertise, human insight, and unrelenting support. A few of these who must be mentioned are: Margaret Crites, Emmett Lombard, Diane Gibson, Philip Daniels, and Cindy Cates.

This project is my prize. . . . A reward for not only a year and a half of hard work but also for four years of struggling to decide "what I want to be when I grow up!" With the knowledge I have now, I finally know.

Adoption Issues:
Changing Trends in Families, Laws, and Disclosure Policies

I.	Introduction to Adoption	1
	A. Purpose	
	B. Definitions	
	C. Overview	
II.	Review of Literature	2
	A. Current Studies	
	B. Expert Opinion	
	C. Survey of Opinions	
III.	Changing Families	7
	A. Available Children	
	B. Non-Traditional Families	
	C. Roe v. Wade Significance	
IV.	Historical Adoption Practices	13
V.	Legislation and Practice	15
	A. Laws and Acts	
	1. State	
	2. Federal	
	B. Service Choices	
	1. Public/Private Agencies	
	2. Independent Placement	
	C. Procedures and Requirements	
VI.	The Case of Open Placement	25
	A. Precedent Cases	
	B. Procedure	
	C. Adoptive and Biological Family Interaction	
	1. Concerns of Parents	
	2. Post-Adoption Ties	
	D. Effects on Children	
VII.	The Case of Sealed Records	30
	A. Precedent Case: "Baby Jessica"	
	B. Procedure	
	C. Conducting Searches	
	D. Effects on Children	
VIII.	Related Adoption Issues	34
IX.	Case Study: An Example of a Closed Adoption	37
	A. Technique	
	B. Data	
	C. Conclusions	

X.	Conclusions	43
XI.	Bibliography	
XII.	Appendix Documents	
	A. Hazel Perez's Family Tree	
	B. Soundex Reunion Registry Forms	
	C. Graph: North Carolina Adoptions	
	D. Graph: Grief-Related Placement	
	E. North Carolina Adoption Proceedings Form	
	1. Petition for Adoption	
	2. Consent to Adoption	
	3. Parental Release	
	4. Acceptance of Release	
	5. Eligibility Form	
	6. Application Forms	
	7. Background Information Forms	
	F. Adoption Services Brochures	

Abstract

Adoption is a fairly old practice that has its roots in ancient cultures such as those of Greece, Rome, and Babylonia. While the process has gone on for many years, its procedures have changed periodically to accommodate social norms and cultural values that flow with historical changes. Today's adoptions would undoubtedly be much different than those that occurred in the 1800's or even in the 1950's. Most of these contrasts can be examined in the areas of information disclosure, laws, and the types of families and children participating in the process itself.

These changing adoption trends seem to have as many critics as advocates, but it is clear that adoption is no longer the "secretive" practice it once was. As more people share their own personal experiences, such as the case study of Hazel Perez, individuals concerned with adoption can make up their own minds about which practices and policies are the most effective for the welfare of children.

Introduction to Adoption

For students of social work, there is an abundance of fields to pursue after graduation. From child and family services to crisis intervention to gerontological care, the human services profession offers many routes for assistance to groups, families, and individuals. Adoption services are just one of these many choices. As a social work student, an interest in adoption prompted this research.

The adoption process has grown and drawn more and more attention in recent decades. In the 1992 fiscal year, 127,441 adoptions took place in the United States (Spielvogel, 1996). Additionally, in North Carolina alone, 3,855 adoptions were processed through various departments of social services in the state in the 1994-95 fiscal year (Spielvogel, 1996). These numbers point to the obvious significance of the practice, as well as the need for policies and legislation to govern it.

The actual legal definition of adoption, defined by North Carolina General Statute 255, is the "establishment of the relation of parent and child between persons not related by nature" (Lee, 1981, p.385). While the definition sounds fairly simple, the process by all standards is not. Many individuals involved with the adoption process have pointed out the flaws in its complications and intricacies. Even First Lady Hillary Rodham Clinton, in her controversial book It Takes a Village, criticized the complex procedure that adoption has become.

Such confusion points to a definite need for examination of current policy. The rules for adoption have certainly changed since the practice first began, but the real question is why? Have legislators and child welfare professionals found better means for child placement and child rearing or have families simply discovered which methods work and which do not? The changing trends are most likely the results of an affirmative answer to both of these questions.

The following study examines these trends and how they have affected families and children. Conversely, it will examine how families and children have helped change the process. The main goal of adoption should be to create a solid, stable relationship between parents and child. Is this the goal human service professionals and legislators are working to meet? In the end, this thesis will attempt to point out the importance of adoption not only to the families it touches but also to the society it is now creating.

Review of Literature

Several research studies have been conducted on different aspects of child placement. While most of the research has been on the debate between open and closed adoptive placements, other studies have looked at parental views on the process. One such study by Siegel (1993) found that overall, adoptive parents who participated in the study said that they were happy with an open adoption. The overwhelming reason for their satisfaction seemed to be that they felt more reassured with the biological mother's

decision (Siegel, 1993). In other words, the adoptive parents did not worry that the biological mother would change her mind later about the placement of her child.

In that same genre, a study was conducted to assess the feelings of the birthmother and how she felt about her decision to place her child. Cushman, Kalmuss, and Namerow (1993) used interviews with young, unmarried birthmothers who were living in maternity homes during their pregnancies. The study focused on four psycho-social variables concerning grief: the current level of grief, changes in grief over time, regret over decision to place the child, and an assessment of whether or not the mother would make the same decision again. A graphic presentation of these results can be found in the appendix of this document.

Of the sample group, at six months after giving birth 38 percent said they felt "a lot" of grief, 27 percent reported feeling "some" grief, 19 percent felt "a little" grief, and 16 percent said they had never felt any grief (Cushman, et. al., 1993, p. 270). Of the respondents reporting grief, 57 percent said their grief was decreasing over time; however, 43 percent said their grief was remaining the same or even increasing as time went by (Cushman, et. al., 1993, p. 270). In regard to the decision of placement, more than one-third of mothers in the study said they did not regret their decision, 21 percent reported "a little" regret, 24 percent reported "some" regret, and 18 percent said they had felt "a lot" of regret (Cushman,

et. al., 1993, p. 270). Cushman's studies (1993) did note that two-thirds of the sample mothers would make the same decision again (p. 270).

A related study by Cushman (1993), also cited in the article, researched the pressure that young, pregnant women face regarding adoptive placement for their babies. According to the study, 51 percent of women felt pressure from social workers and counselors to place their children; additionally, 9 percent felt pressure from an agency or the maternity home (Cushman, et. al., 1993, p. 272).

Aside from the research on biological mothers immediately following the births of their babies, other studies have been conducted regarding parental attitudes toward older children who may be placed. Although these children are usually first placed in foster care, unsuccessful family reunification may make these children eligible for adoption. A study by Osgood (1996) conducted on urban Pennsylvania foster children found that a high degree of parental contact after the child's removal from the biological home often facilitated a reunification. However, only half of the children in the study were visited by their parents (Osgood, 1996). These conclusions point to a possible high number of older children who could be available for placement.

In addition to sociological research, a number of expert opinions have been offered through literature in order to guide adoption practice. Several proponents of open adoption have written about the benefits they feel open adoption offers. For instance, Baran and Pannor (1984) called for an "end to all

closed adoptions" based on their belief that secrecy violates the rights of adoptive children (p. 245). Likewise, Curtis (1986) asserted that knowing one's history is a need that each person has and without filling such a need, that person may have problems forming his/her identity.

These thoughts had already been supported in an earlier study by Baran, Pannor, and Sorosky (1976). In their literature, these authors found three main benefits of open adoption and also concluded that these benefits extended to adopted children, adoptive parents, and biological parents. First, open adoption reassures biological parents that they have given their child a good home and they may be able to know the child in the future (Baran, et. al., 1976). Second, the openness leaves less of a feeling of guilt on the biological parents and allows them to have positive relationships with possible future children (Baran, et. al., 1976). Third, an open adoption lessens the adopted child's feelings of rejection by his/her biological parents (Baran, et., al, 1976).

On the other hand, other experts have their own opinions as proponents of closed adoption. Byrd (1995) asserted that closed adoption is better for all participants in the adoption triangle. As the Director of Evaluation and Training at Latter Day Saints Social Services in Salt Lake City, Byrd (1995) says he believes that "open adoption can harm the very people it purports to help, especially in the case of adopted children" (p. 239). Byrd (1995) sees two main problems with the open process. First, Byrd (1995) feels that continued contact between

the biological parent(s) and child may make the biological parents either avoid or postpone dealing with the loss of their child. Additionally, this continued contact may hamper the bonding process within the new adoptive family (Byrd, 1995).

In a more extreme view, Joss Shawyer, author of Death by Adoption, offers her radical feminist opposition to the entire adoption process. In her article, "Adoption is a Violent Act" (1995), Shawyer asserts that adoption not only abuses the biological mother, but the whole process is used to provide children who "are used to . . . disguise failed relationships, to complete 'incomplete' family members . . . to replace dead children, and generally to shore up someone's self-esteem" (p.20). Shawyer (1995) also feels that adopted children will always want to know about their biological families and will feel guilt due to their curiosity. Shawyer's article did not offer an alternative to adoption; however, it did not advocate for the practice in any form.

In addition to expert opinion, Rompf (1993) conducted a study to determine what "average" people think about adoption and the various facets of it. Of the people responding to the survey, 65 percent said they knew someone who was adopted, but only 2 percent were actually adopted themselves (Rompf, 1993, p. 224). Parents of adopted children made up 3 percent of the respondents to the survey (Rompf, 1993, p. 224).

Rompf's study asked questions concerning various aspects of the adoption process. When asked about their opinions of open adoption practices 19 percent strongly approved, 33 percent

somewhat approved, 15 percent somewhat disapproved, 11 percent strongly disapproved, 20 percent said it depends, and 2 percent had no opinion (Rompf, 1993, p. 224). Over half of the respondents supported open adoption to some degree.

In regard to searching for birth parents, 86 percent said they thought adopted children would want to find their biological parents (Rompf, 1993, p. 224). However, opinions varied concerning whether or not adoptive parents should help their children in their search: 46 percent strongly approved, 31 percent somewhat approved, 3 percent somewhat disapproved, 2 percent strongly disapproved, 15 said it depends, and 3 percent had no opinion (Rompf, 1993, p. 224). Once again, more than half of the respondents approved to some degree.

Deciding between an open or closed adoption is a difficult decision for human service professionals and families. Jansson (1994) suggests the use of a typologies in order to classify individuals and professional standards for specific situations relating to human services. A typology for adoption could help determine which children and which families would be best suited for an open or closed process by looking at their qualities as well as their strengths and weaknesses.

It is clear that opinions concerning open and closed adoptions are written about quite often in the social sciences. Whether expert or non-expert, these opinions help shape the process that people within the adoption triangle will embrace.

Although the practice of adoption has been noted to have been in existence for quite some time, consumers of adoption services as well as the services themselves have changed dramatically. For instance, one past myth concerning adoption held that infertile couples should have a chance to be parents; therefore, adoption agencies were created mainly for their use (Watson, 1992). Today, agencies tend to serve a wider array of clientele. In regard to services offered, between 1980-1990 the number of agencies offering adoption services decreased by 26.7 percent (Alperin, 1993, p. 600). One reason for this decrease highlights a theory for changes in family units such as a greater acceptance for single parenthood (Alperin, 1993).

Another reason for decreased services, as noted by Alperin (1993), is the belief by most people that there are not enough available children. According to Lancaster (1994), the number of adoptable babies declined in the last few decades due to extended birth control technology, acceptance for unwed mothers, and abortion legislation. Lancaster (1994) further asserts that there is still a demand for adoptable babies, but fewer white infants are available than before. According to Zastrow (1993), 60 percent of African-American babies are born to single women. Additionally, 28 percent are born to single Hispanic women (Zastrow, 1993). Since most adoptable babies are born illegitimately, these statistics point to high percentages of certain races of babies that are available if the mothers choose to place their children for adoption.

Although times have changed in regard to the acceptance of pre-marital births, Chollar has noted that past perceptions have not been entirely accurate. For instance, in the 1950's the percentages of white pregnant brides doubled, and the number of illegitimate births that placed babies for adoption rose 80 percent between 1944 and 1955 (Chollar, 1993, p. 56). Bachrach and Mosher (1996) have also noted trends in illegitimacy with their studies showing only 4 percent of unmarried U.S. women giving birth in 1940 (p. 5). By comparison, this percentage jumped to 11 percent in 1970 and up to 31 percent by 1993 (p.5). Although these births are not all to teen mothers, Cushman, Kalmuss, and Namerow (1993) found that approximately 5 percent of single teen mothers place their babies for adoption (p. 265).

When considering available children, race and ethnic background are also predominant characteristics of interest to prospective parents. In a landmark study by Grow and Shapiro (1974), surveys found that there was a 40 percent increase in the adoption of black children by white families between 1969 and 1971 (p. 1). This sharp increase was marked by two major considerations. First, fewer white infants were being placed by unwed mothers, so minority placement was a more simple option (Grow and Shapiro, 1974). Second, the social conscience of the 1960's moved many couples and families to be concerned about the plight of black children who were "trapped" in foster care (Grow and Shapiro, 1974, p. 69).

After the 1960's, transracial adoption did not seem to have its roots in social conscience. According to Stolley (1993) only

about 1 percent of adoptions are of African-American children by Caucasian parents. Even though transracial and transethnic adoptions appear to occur infrequently, new protections exist for them that were not available in the 1960's. For example, the Howard M. Metzenbaum Multiethnic Placement Act of 1994 prohibits any agency that operates on federal funds to deny people to be adoptive or foster parents based on the "race, color, or national origin" of either the child or the prospective parents (Barth, 1995, p. 52). Since the act is so new, its impact has yet to be seen according to Barth (1995).

Aside from new-born babies, several different types of children are typically awaiting placement. Hard-to-place children, or the ones who are the most difficult to place within a short period of time, typically belong in one or more of the following categories: minority status, learning disabled, unsuccessful prior placement, aged seven or older, physically or sexually abused, and/or member of a large sibling group (Lancaster, 1994). It stands to reason that certain children are available, but the question remains as to what type of child the family desires and how that child will fit into the family structure already in place.

Just as adoption services and the types of children available have changed, so have the traditional views of families in general. Kadushin and Martin (1988) define a family as "two or more persons who share resources, share responsibility for decisions, share values and goals and have a commitment to each other over time" (p. 76.). This definition includes families

classified as single-parent, homosexual, extended, communal, and cohabitating (Kadushin and Martin, 1988). As these families emerge within the current society, they also have begun to utilize adoption services.

Private agencies usually have more leeway in choosing appropriate clients than public agencies in regard to non-traditional families. For example, the Children's Home Society of North Carolina, located in Greensboro, only allows single parents to adopt older or special needs children (Posner, 1990). This particular private agency also requires proof of infertility in order for couples to adopt a white infant (Posner, 1990).

Adoptions by single parents are nonetheless occurring. In 1986, 34 percent of adoptions were by single parents (Groze, 1995, p. 127). According to Groze (1995) that number had jumped from 5 percent in 1970 (p. 127). Further studies of this phenomenon have shown that adjustment rates for children are about the same for those adopted into single-parent homes as in two-parent homes (Groze, 1995).

Another non-traditional family, which is currently heavily debated, is the same-sex partnership or homosexual couple. According to a 1990 Census Bureau Survey, 74 percent of families were deemed non-traditional, and this statistic included unmarried homosexual couples (Worsnop, 1992, p. 763). These families often include children. Schulenberg (1985) estimated that 6 million children were being raised by gay men or lesbian women. Many of these children are the biological children of

homosexuals who were once in heterosexual marriages. According to Morales (1995), many gay individuals marry heterosexual partners because they think that is the only way they will be able to have children; consequently, this practice has perpetuated many divorces in which children are being reared by homosexual parents.

While no compelling evidence has been found that children being raised in homosexual homes is damaging, most agencies only place children in such homes as a last resort (Blumenfeld and Raymond, 1988). Additionally, prolific celebrities rallying against such practices, like Anita Bryant's campaign in the 1970's which accused homosexuals of being child molesters, have only worked to suppress homosexuals due to the prevailing attitudes that were expressed over 20 years ago (Blumenfeld and Raymond, 1988).

While public and private agencies may hold different standards, the National Association of Social Workers has a specific view of non-traditional placements. In its book of policy statements, NASW supports the prohibition of barriers to adoption and foster care based on non-traditional families like single parents and same-sex couples (NASW, 1994). In addition, while NASW (1994) does support transracial adoption, it also contends that a child should maintain his/her ethnic identity.

When considering the proliferation of illegitimacy since the 1950's and 1960's, other current topics have to be taken into account for the change in adoption services. Between 1982 and 1988, only 3 percent of white single mothers and 1 percent of

black single mothers placed their children for adoption (Hollander, 1996, p. 31). These numbers had decreased from 19 percent and 2 percent from 1965 - 1972, respectively (Hollander, 1996, p. 31). The Roe v. Wade decision in 1973 could be a factor in these decreases. This landmark Supreme Court ruling decided that states could not prohibit abortions in the first 6 months of gestation (Roe, 1995).

While abortion is also currently a hot topic, some people feel that it is a better alternative to adoption. Radical feminist Joss Shawyer (1995) asserts that abortion is the best decision because it does not leave the biological mother with the trauma and sense of loss that adoption does.

Historical Adoption Practices

The practice of adoption has roots that date back several centuries. Kadushin and Martin (1988) noted that ancient cultures of Greece, Egypt, Rome, and Babylonia all condoned adoption as a means of caring for indigent or unwanted children. Other countries such as China and India favored adoption in order for men to have an heir (Kadushin and Martin, 1988).

Adoption was also a prevalent issue in Colonial America, although no laws or conformities regarding it had yet been established (Kadushin and Martin, 1988). Orphanages and indentureships of children became common practices in the Civil War Period until states began to examine adoption legislation (Kadushin and Martin, 1988). Massachusetts enacted the first adoption statute in 1851 and by 1929 all U.S. states had also

enacted some type of law regarding child placement (Kadushin and Martin, 1988).

In most cases, the children being placed were from poor families. In the 1920's open placements were common because poor women would advertise for the placement of children and then choose the appropriate parents themselves (Adamec and Pierce, 1991). This practice led to involvement of the social work profession in adoption because social workers feared that people would begin buying and selling children (Adamec and Pierce, 1991). This fear led to a ban on advertisement; however, adoption agencies, attorneys, and prospective parents are currently allowed by most states to advertise (Adamec and Pierce, 1991). Due to this ban in the 1920's, adoptions again became more secretive (Adamec and Pierce, 1991).

Eventually social workers became concerned with adoption beyond advertisements; therefore, adoption statutes began to require an investigation of potential homes for children (Kadushin and Martin, 1988). The beginning of this practice made child protection a priority of adoption and the process itself became a major focus of social work (Kadushin and Martin, 1988).

By the 1950's several other issues began to shape the adoption practice. First, interracial and international adoptions were beginning to take place (Kadushin and Martin, 1988). Second, people who had once easily taken in homeless children were now confronted with many legalities (Kadushin and Martin, 1988). Third, the cycle of open and closed adoption records was also ever-changing. For much of the 1950's, a full

disclosure of information was restricted in order to protect all participants from social stigma (Carp, 1995). However, Carp (1995) noted that some agencies had always been fairly open between the 1920's and 1950's for the following reasons: in the beginning incomplete records made little information available anyway, before World War II many adopted children were old enough to communicate their own social histories, full disclosure made reuniting with biological parents a possibility, and finally, medical history was becoming increasingly important due to an emergence of mental illness in society.

While opinions and practices regarding open and closed placements has fluctuated, the most current trend has been toward open placements. Lancaster (1994) noted that a movement toward open adoption began in the 1970's for three reasons: biological parents would have a more active role in planning their child's future thereby giving them peace of mind, adopted children would feel less rejected by their biological parents, and adoptive parents would feel more honest about their relationship with their child as well as more secure in the biological parents' decision to place their child. While individual feelings may continue to vary, the cyclical trends in open or closed records may still continue. The move has been mainly toward a more open process; however, some people do still favor closed placements for other reasons.

Legislation and Practice

In the early United States, children were often indentured instead of adopted; however, by 1929 all fifty states had adoption statutes (Barth, 1995). Today, all U.S. adoption laws are based on statutes (Lee, 1981). North Carolina's statutory adoption laws were established in 1873 (Lee, 1981). These statutes recognize adoption as a relationship identical to blood ties; furthermore, although each state has its own adoption laws, an adoption recognized in one state is typically just as valid in another state (Lee, 1981). This is also the case with marital laws; in other words, one recognized in one state is generally recognized in all states.

Lancaster (1994) follows up on the fact that while no state-to-state uniformity exists, the principle of child placement is regarding "the best interests of the child" which basically puts child welfare at the forefront (p. 24). Lee (1981) concurs with this opinion by citing the 1961 Hicks v. Russell case in which North Carolina General Statute 48 was established. This statute, which interprets actions in the event of a parent/child conflict, states "when the interests of a child and those of an adult are in conflict, such conflict should be resolved in favor of the child" (p. 255).

General North Carolina adoption statutes offer an insight into the adoption process. These adoption statutes address issues such as surrogacy, advertising, and state subsidies. North Carolina does forbid prospective parents from advertising for children, but agencies may advertise their services (Paul,

1989). Specific adoption requirements and procedures may depend on the particular agency being utilized.

Recently, a new state adoption law has been enacted. Effective July 1, 1996, birthmothers now have 21 days instead of 30 to change their minds about placing their children for adoption (Spielvogel, 1996). This 21 day period applies to infants less than 3 months of age; furthermore, a period of only 7 days applies to older children (Spielvogel, 1996). This law was created in an attempt to reduce overturned adoptions.

Federal adoption acts also have a great deal of effects on adoption practices just like state legislation. Federal acts address not only child welfare issues but also funding subsidies.

A relatively new piece of federal legislation is a prime example of the perks that laws that laws can offer to adoptions. The Adoption Promotion and Stability Act, enacted in 1996, offers a tax credit for up to \$5000 in order to off-set high adoption costs (Spielvogel, 1996). The purpose of this act was to aid middle-class families thus allowing them more of an opportunity to adopt infants as well as children awaiting placement by human service agencies (Spielvogel, 1996).

Another important federal act regarding child placement is the Adoption Assistance and Child Welfare Act of 1980. This act was created with a four-fold purpose: to require agencies to provide preplacement services, to reunify biological families if they wished to do so, to subsidize adoption costs, and to conduct regular case reviews (Barth, 1995). These objectives have brought forth both positive and negative outcomes from the act.

One advantage has been in regard to state subsidized adoptions. This particular act has encouraged state subsidized adoption, particularly for special needs children so that more families would be financially able to adopt (Barth, 1995). Payments to subsidize adoption are now available in all fifty states, but states differ in the implementation (Barth, 1995).

Another advantage of the act is its encouragement of adoption as opposed to long-term foster care (Barth, 1995). This objective points out the importance of permanency planning for children who have spent long periods in the system.

One problem with the Adoption Assistance and Child Welfare Act actually stems from the good intentions of those who framed it. The main purpose of the act was to prevent the unnecessary removal of children on the basis of "reasonable efforts" (Alexander, 1995, p. 543). The problem lies in the fact that the legislation did not define "reasonable efforts" and this concept was questioned later in the case of *Artist v. Johnson* (Alexander, 1995). The plaintiffs in this case argued that the Illinois Department of Social Services did not make reasonable efforts to avoid removing a child from foster care (Alexander, 1995).

Another important and well-known piece of child placement legislation is the Indian Child Welfare Act of 1978 which was created to stop the "unwarranted removal" of Native American children from their homes and reservations (Barth, 1995). The act was drafted as a means of tribal protection when it was discovered that approximately 30 percent of Native American

children were living in adoptive or foster homes or boarding schools instead of their own homes (Barth, 1995, p. 50).

The main advantage of the act is its preservation of tribal unity and family ties since children are usually placed with extended family or tribal members (Barth, 1995). On the other hand, a disadvantage stems from the fact that tribal rights are foremost and parental rights come second (Barth, 1995). Because of this provision, child protection is often overshadowed by the importance of tribal rights (Barth, 1995).

The Adoption Assistance and Child Welfare Act as well as the Indian Child Welfare Act both work not only to promote permanence but also to strengthen families. These policies protect the children and the families involved in adoption and foster care.

Another important issue facing prospective adoptive parents is deciding on which type of adoption services to utilize. Whether they choose agency services or independent placement, adoptive parents will find advantages and disadvantages of both.

According to Spielvogel (1996), approximately 15.5 percent of adoptions in the U.S. in 1992 were conducted through public agencies. The main advantage of using public agencies is associated with cost. Departments of Social Services agencies do not charge a fee for adoption services (Spielvogel, 1996).

Adoption costs have a direct bearing on service implementation. When working with a public agency, the cost of an adoption can range from \$0 to \$3000, but private agency adoptions may range from \$12,000 to \$18,000 (Walker, 1992, p.3).

These costs may also help a family determine which type of agency to choose in an adoption process.

Regardless of cost, agency adoption procedures are both basically the same for private and public agencies as far as releasing information and other legalities (Hicks, 1993). However, it must be noted that very few North Carolina agencies conduct identified adoptions; in other words, these adoptions are usually closed (Hicks, 1993).

On the other hand, many families opt for an independent placement. While an independent adoption does require a home study by a local adoption agency or DSS, it does not require the extent of agency involvement that other adoptions entail (Hicks, 1993). In North Carolina, approximately 80 percent of adoptions are independent (Hicks, 1993). A graphic illustration of this statistic is contained in the appendix of this document.

Certain procedures apply to an independent placement. Aside from the home study, in an independent placement the birthmother and adoptive parents must give their identities to one another; furthermore, they usually must also meet (Hicks, 1993). Adoptive parents are required to notify the local DSS agency at least 72 hours before placement of the child in order to arrange a home study (Hicks, 1993).

Once the infant is born it can be released to the adoptive parents from the hospital or the mother can take the child to the family herself (Hicks, 1993). A consent to the adoption is signed after the birth in the witness of a notary public (Hicks,

1993). Previously cited laws indicate the period in which a birthmother has the right to change her mind.

The main advantage of independent placements is that they allow people to bypass agencies and get infants much more quickly (Gilman, 1984). A major disadvantage is the enormous potential expenses accrued by the adoptive parents. Gilman (1984) includes the following costs of a typical independent adoption: biological mother's hospital and obstetric bills, lab fees, vitamins, tests, and medications; infant's hospital/nursery, pediatric, and drug bills; any required counseling for biological mother; and attorney fees for the prospective couple and biological mother. Gilman (1984) also cites possible costs such as birthmother's living expenses or travel during her pregnancy.

Whether an adoptive family chooses agency or independent adoption, certain requirements and procedures must be followed before a child can be placed. While these may vary between private and public agencies, some are legal regulations which cannot be circumvented.

The first procedure which must be undertaken concerns parental rights. In this forum, adoption can be likened to another type of child placement, foster family care. However, there are some differences. Unlike foster care, adoption is a considerably more legal process which is intended to create a new, permanent home for a child with a family other than the biological one (Proch and Saltzman, 1995).

Adoption is different from foster care because biological parents terminate all rights to the child (Siegel, 1993). This

end to a parent-child relationship can be accomplished by either consent, surrender, or termination of parental rights (Proch and Saltzman, 1995). Through consent and surrender, biological parents willingly allow their child to be adopted through either agency placement or by someone they know such as the child's step-parent (Proch and Saltzman, 1995). On the other hand, termination of parental rights occurs due to a court action in which the parents must be forced to involuntarily relinquish rights (Proch and Saltzman, 1995). This termination may be enforced for one or more of three reasons: parent is unwilling or unable to consent to child's adoption, parent is found to be unfit, and/or the adoption is considered to be in the best interests of the child (Proch and Saltzman, 1995).

Aside from consent and surrender birthparents do have some of their own options. For instance, states do allow parents to make voluntary relinquishments which do not have to be court-ordered (Paul, 1989).

Once the basis of parental rights has been established, the adoption process can actually be set in motion. The process begins with the filing of the petition for adoption, which is usually initiated by the adoptive parents (Proch and Saltzman, 1995). Next, a home study is conducted. Hicks (1993) considers such studies very important because they determine whether or not a couple would be appropriate to adopt.

Specific requirements must be considered by DSS when conducting a home study. These considerations in the state of North Carolina include: motivation to adopt, family interaction

and characteristics, child-rearing experiences, relationships to other community members, and any other information which may be used to describe the family for the purpose of adoption (NC Division of Social Services, 1996). Social workers must also make considerations based on age, race, marriages, divorces, health, financial status, religion, education, and past criminal activity in regard to a couple's eligibility to adopt (NCDSS, 1996). These considerations also require verifications such as licenses and certifications before a placement will be made (NCDSS, 1996).

After the home study, an interim hearing will be held to verify all terminations, consents, or surrenders of parental rights are valid (Proch and Saltzman, 1995). After the home investigation report is filed in court, a hearing will be held in which a judge determines if a child is free to be adopted (Proch and Saltzman, 1995). The judge will then enter an order of adoption which creates a legal relationship between parents and child that is comparable to a biological relationship (Proch and Saltzman, 1995). Once a new birth certificate is issued and old birth records are sealed, the process is relatively complete (Proch and Saltzman, 1995).

In addition to the actual adoption process of hearings and pre and post placement home studies, certain requirements apply to the people who wish to adopt. Hicks (1993) points out the following a typical guideline requirements that most agencies follow in regard to adoptive parents: usually should be no older than forty, be married for at least three years with no divorces,

fairly good health, medically unable to conceive, possess a good home, secure income, no criminal record, and no more than one child currently living in the home.

Private agencies often have their own set of requirements. Private agency requirements often make adoptions tough for some couples because of their stipulations concerning marriage, religion, and health. Some of these stipulations were cited previously.

Aside from agency-particular contingencies, some rules regarding who may or may not adopt are common in all types of agencies. Walker (1992) cites the following characteristics of people who may not be able to adopt: convictions of serious offenses or with a history of violence, addiction to substance, serious disability or illness, and/or unstable second marriage.

Considering the number of requirements in the process, one may wonder exactly how long it would take to actually place a child. While wait periods may vary, some will be based on certain factors.

A wait period of a few years may be the case when adopting an infant. These stipulations are also true for the areas surrounding Robeson County. For instance, Cumberland County's Department of Social Services placed 26 children in 1987, but a substantial wait period was required (Paul, 1989). In Cumberland County, the average time from application to home study was 12 to 18 months for infants and 9 to 12 months for children up to five years old (Paul, 1989). In the same county, the average wait after a home study was approximately two years for infants (Paul,

1989). Not surprisingly, the wait before and after a home study was significantly shorter for older children and for other special needs children (Paul, 1989). Although differences in waiting periods may vary between public and private agencies or agency and independent placements, the time factor often affects a family's decision of how, where, and when to begin the adoption process. Considering the time the process takes, it is obviously not a decision undertaken lightly.

With the number of requirements, verifications, and procedures involved with adoptive placements it is clear that it is a complex process. These steps, taken by human service professionals and the courts, reinforce the child as being the most important individual within the process. These actions further exemplify the practice known as "reasonable efforts."

The Case of Open Placement

Siegel (1993) refers to open adoption as a "continuum of options that enables birthparents and adoptive parents to have information about and communication with one another before or after placement of the child or at both times" (p. 16). This type of placement is also known as "full disclosure" adoption and signifies an ongoing contact between adoptive and biological parents (Adamec and Pierce, 1991, p. 210). While the occurrence of open adoptions is still relatively low, the National Committee for Adoption estimates it at only about 10 percent in the U.S., there has been a steady move toward open placements since the 1970's (Adamec and Pierce, 1991, p. 210). In other words, open

placement provides more communication between parties and fewer secrets and sealed information.

A few significant court cases regarding wrongful adoption have pointed to a need to consider disclosure policies. DeWoody (1993) outlines the following four points to be included in wrongful adoption: intentional misrepresentation of child's medical or social history, intentional concealment of important medical or social history of child, offering false medical or social history, and/or offering or concealing information which leads adoptive parents to believe falsehoods are true. Several states such as California and Minnesota are now allowing adoptive parents to sue for monetary damages stemming from wrongful adoption (DeWoody, 1993).

Burr v. Board of County Commissioners in the Ohio Supreme Court in 1986 set the precedent to allow wrongful adoption suits (DeWoody, 1993). In the Burr case, a couple adopted a 17 month old baby boy who was described as being "a nice big, healthy baby boy" born to an 18 year-old unwed woman (DeWoody, 1993, p. 197). After the child began to show signs of mental and physical deficiencies, the couple obtained a court order to open the sealed adoption records and learned that their adopted child had actually been born to a 31 year-old psychiatric patient (DeWoody, 1993). The child was then examined and diagnosed with Huntington's Disease, a rare genetic disorder (DeWoody, 1993).

The Burrs came to learn that almost all of the medical and social histories of the mother and child were false. After

filing suit for fraud and wrongful adoption, the Burrs received \$125,000 in damages (DeWoody, 1993, p. 198).

A case similar to the Burrs was that of Michael J. v. Los Angeles County Department of Adoptions (DeWoody, 1993). This misrepresentation allowed a couple to unknowingly adopt a child with Sturge-Weber Syndrome, a condition often linked to retardation and epilepsy. This couple also sued for and recovered damages (DeWoody, 1993). These landmark cases have since forced some states to establish statutes regarding the duties of agencies to investigate, collect information, and disclose information (DeWoody, 1993).

Unfortunate cases like these have lead to a consideration for more open placements. The procedure of an open placement is not very much different from closed placements except in the instance of the secrecy of records. Since fewer babies are available for adoption today than in the past, biological mothers have more control; therefore, open adoption processes are more often utilized (Adamec and Pierce, 1991). More adoptive parents are willing to participate in an open process in order to expedite a process that is known for being long and complicated (Adamec and Pierce, 1991).

The families on both sides of an adoption often have many issues to face. The desires and needs of all individuals, mainly those of the child, must be addressed before a particular direction is chosen. Barth (1995) notes that open adoption is often viewed as an enrichment device for the stable adoptive family; however, it could cause disruption in families that may

not be so healthy. This consideration may help a family choose between an open or closed process.

Studies have shown the many reasons why adoptive couples choose an open process. A study of 21 couples by Siegel (1993) found that some of the sample respondents only used an open placement because a closed process was not available; however, none of the respondents said they regretted the open method. Many of the couples chose an open placement because they wanted to get as much information on the medical and social histories of the parents as they could (Siegel, 1993).

Many of Siegel's respondents had particular concerns which lead them to choose an open placement. Some adoptive couples said they needed reassurance that the birthmother really wanted to place her child, so they would not feel guilty about taking someone else's child (Siegel, 1993). Many of the couples also felt an open placement in which they met with the birthmother would reassure them that she would not change her mind (Siegel, 1993). Although Siegel's study (1993) noted that many couples described meeting the birthmother as "awkward" and that it felt "like an audition," most were glad to put their fears aside and meet the mother in order to adopt their children (p.18).

Another study by Belbas (1986) found relationships between adoptive parents' fears and the amount of contact with the birthmother. In interviews with 12 adoptive couples, Belbas (1986) found couples who said the more frequently they saw the biological parents the less they worried about not being the biological parents themselves. Furthermore, adoptive parents who

had only contacted the biological mother through correspondence were more fearful of her deciding to take her child back (Belbas, 1986). Another reassuring aspect of the open process concerns the birthmother's own willingness. Since parents in an open adoption are often chosen by the birthmother herself, they often feel more positive about the relationship they forge with the child as well as with the adoptive mother (Belbas, 1986).

Post-adoption ties are also a big concern for all three sides of the adoption triangle. A growing number of agencies are now beginning to offer support for families after the adoption has been completed. Watson (1992) notes that these post-adoption services are now being considered necessary because individuals in an adoption may want information about one another later. Additionally, unlike adoptions in the past that only concentrated on the child and adoptive family, now more attention is being focused on the needs and feelings of the birthmother in order for a placement to remain secure (Cushman, et. al., 1993).

This interest in the birthmother can be found in the studies of McRoy and Grotevant (1988) which found adoptive parents to be fairly satisfied with the degree of openness they had in the adoption, but the birthmothers generally wanted even more. Even though some parents may have been apprehensive about an excessive amount of openness, most chose an open process because they believed it to be in the best interests of the child (McRoy and Grotevant, 1988).

At some point, many adoptees find it important to seek out their biological parents. The relationship these adoptees have

had with their adoptive parents may affect this search process. Lichtenstein (1996) points out the degree to which adoptive parents are frank in their discussion of the adoption with their child will determine how willing the adoptee is to share information he/she learns about the biological parents or whether or not he/she tells the adoptive parents about the search at all.

The degree of openness also makes child welfare professionals and parents consider the effects it has on adopted children. Barth (1995) asserts that there is no actual evidence that children in open adoptions actually grow up psychologically healthier or that the adoptions are more successful; however, one possible benefit of an open placement could be that the child is better able to cope with knowing about the information as he/she grows up. On the other hand, Watson (1992) upholds the idea that the child will always experience a sense of loss no matter how open the adoption may be, but it is up to the child's family not to let this loss damage the child's self-esteem. Ultimately, the degree of openness has to be determined by the parents, and the effects of this decision can only be seen later on in the child's psychological development.

The Case of Sealed Records

Cushman, Kalmuss, and Namerow (1993) defined closed adoption as one identified by "secrecy and sealed records" (p. 264). While history has shown that more information continues to be disclosed, closed proceedings and sealed records are still utilized a great deal. In North Carolina, records are sealed as

a general rule, but some non-identifying information may be shared from the records (Paul, 1989). A closed adoption is then characterized as one in which some information can be withheld from all parties. This type of procedure can make it easier for children not to find out that they are in fact adopted.

Perhaps one of the most celebrated of adoption cases in history is that of "Baby Jessica." While this case is not necessarily one hinging solely on open or closed documents, it does point to a concern based on the manipulation that can occur in an open placement. It is a prime example of an open adoption that unfortunately was very unsuccessful and makes one consider the merits of a closed process.

Anna Schmidt, also known as Baby Jessica, was the focus of a huge media blitz in 1992-93 while her adoption controversy took place (Anderson, 1995). According to Anderson (1995) Anna's natural parents, Dan and Cara Schmidt, never signed a legal surrender of parental rights. Part of the issue with this surrender concerns the differences in laws in different states. The adoptive parents, Jan and Roberta DeBoer, were residents of Michigan, but the Schmidts lived in Iowa (Anderson, 1995).

Cara had been instructed to sign a surrender at 40 hours after Anna's birth by the DeBoer's attorney, but 72 hours were required by Iowa law (Anderson, 1995). Additionally, Dan never signed a surrender, and for these reasons the adoption was not legal even though the DeBoer's had already had Anna placed with them (Anderson, 1995). Once Dan and Cara were made aware of the

legal contingencies, they filed a suit for the return of Anna to their custody (Anderson, 1995).

The Schmidts sought consultation from Concerned United Birthparents (CUB) in order to get their daughter back (Anderson, 1995). When the struggle for custody began, Dan and Cara were unmarried so Dan's paternity had to be established. Once he was proven to be Anna's father, the court determined that he was entitled to have custody of the baby (Anderson, 1995). Even though the DeBoer's adoption was dismissed, they refused to give Anna back to the Schmidts. These actions began endless court action and a media circus surrounding the DeBoer's resistance to return the baby they had named "Jessica" (Anderson, 1995). When Anna was finally returned to her biological parents, she was two years old (Anderson, 1995).

Robby DeBoer, "Jessica's" adoptive mother tells the story much differently in her book Losing Jessica. DeBoer (1994) believes Cara is to blame for the controversy that emanated after she questioned the 72 hour surrender period and states "we had seen Cara as a friend We had felt a unique bond with her Suddenly she had initiated litigation, and this loving woman was saying things that were not true" (p. 25).

Although the Baby Jessica case was settled, its circumstances are still criticized and praised today. Regardless of opinions of this particular case, the procedures of a closed adoption have also been found to have advantages as well as disadvantages.

Adoption began as a closed process in that the proceedings were always sealed and kept confidential when completed (Gilman, 1984). Most of the confidentiality concerns documents such as the original birth certificate and the actual adoption petition (Gilman, 1984). These documents are typically sealed by the court even though agency records are not sealed; however, it is usually quite difficult to access agency records even for adult adoptees (Gilman, 1984). After these records are sealed and an adoption is final, a new birth certificate is issued with a change in the child's name, names of birth parents changed to the adoptive parents, and possibly a change in other information such as the child's birthplace (Gilman, 1984).

Some states vary in the degrees to which they offer information to adoptees and sometimes will reveal non-identifying data about birth parents to the adoptees (Gilman, 1984). In other states, identifying information such as parents' names can be released to the adoptees with the parents' consent (Gilman, 1984). The consent or denial for this release of data is listed in the state's Central Adoption Registry (Gilman, 1984).

Even though sealed records do cause some difficulty for searches, many adoptees still attempt to locate their biological parents. Search is defined by Adamec and Pierce (1991) as the effort "to make a connection between the birthparent and the biological child" (p. 252). Some organizations and services have been established to assist individuals in their searches. Mutual Consent Registries, available in 24 states, provide information that has been consented to by both the biological parent and the

adopted child (Adamec and Pierce, 1991). Adamec and Pierce (1991) also note the attempt to establish a national reunion registry, although none currently exist.

The need for a search in one's adult life may stem from the experiences of loss an adopted individual felt during childhood. Lichtenstein (1996) notes that the loss a child feels in relation to adoption will be different from loss due to divorce or death because of the secrecy a child will face. This secrecy may also affect a child's self-esteem. Lichtenstein (1996) asserts that an adoption surrounded by secrecy and mysterious circumstances may prevent a child from developing a good opinion about parent/child relationships.

Lichtenstein (1996) also points out a disadvantage of keeping secrets from a child regarding adoption. If an adopted child never meets his/her biological parents, he/she may continue to have "fantasy" parents and therefore never come to terms with feelings they have about their own adoptive parents (p. 63). Lichtenstein (1996) finds the search process to be constructive because it allows a child to overcome the fantasy.

Related Adoption Issues

Although not discussed as often, there are other issues that have implications for adoption. These issues mainly concern the types of families who adopt and the types of children that they desire to adopt.

Related and nonrelated adoption are examples. An adoption is classified as being related when a child is adopted by a

step-parent or other extended family member (Kadushin and Martin, 1988). Nonrelated adoptions involve those that are not based on family ties, and this type has been the main focus of the research presented within this paper. The significance of these two types of adoptions lies in the circumstances by which they take place and the people that they affect.

For example, studies have found that related adoptions often occur among African-American families and families with low levels of education and/or socioeconomic status (Bachrach and Mosher, 1996).

Conversely, nonrelated adoption is usually undertaken by childless couples or by women with one or all of the following characteristics: difficulties in conceiving or bearing children, being of the Caucasian race, and having high levels of education and income (Bachrach and Mosher, 1996). While these characteristics are the norms for many adoptive couples, various types of people do successfully adopt. This analysis does provide an idea of what kind of people are predominantly involved in the adoption process.

Aside from the nonrelated adoption that most families will probably use, people wishing to adopt often look to other avenues in order to find a child. Sometimes these other options may involve more risk as well as more financial resource.

According to Walker (1992), "because rearing a healthy American baby poses the fewest challenges and risks, it is the path most people explore first" (p. 52). However, the waiting and frustration of adopting a healthy, white, American baby

prompts many families to explore foreign adoption. According to Gilman (1984), intercountry adoptions soared in the 1980's with Korea being a particularly popular destination to find children in need of permanent homes.

Foreign-adopted children often arrive with special needs that are unlike those of children awaiting placement in the U.S. Children awaiting placement in foreign countries typically have the following characteristics: grew up in orphanages, voluntarily placed by parents, malnourished and have other health problems, uneducated, older, and accustomed to fewer comforts than American children (Lancaster, 1994). To some parents, the possibility of having or not having such problems may be out-weighed by a shorter waiting period for the child.

Other families opt to bring a child into their homes who they already know have special needs instead of resorting to another country in order to adopt. Today more people are willing to adopt permanently or care temporarily for special needs children, and agencies are making the circumstances easier to do so (Watson, 1992). Subsidies to families as a means of support for special needs children are now being provided in most states. For example, in North Carolina, subsidies are provided by the state in monthly cash, legal, and vender payments for adopted children with medical, psychological, and remedial needs (Paul, 1989).

Proch and Saltzman (1995) define special needs as children having handicaps, being older, being members of large sibling groups, and/or being of a minority race or ethnicity. Lancaster

(1994) offers the following typical characteristics for special needs children awaiting placement: almost half are minorities, several have learning disabilities, many have already had several other unsuccessful placements in other homes, many are over the age of seven, and many have been physically or sexually abused.

Luckily, many loving families willingly adopt and care for children with needs such as these. However, the need for permanent placement for these children is still a difficult task for human service workers.

Case Study: An Example of a Closed Adoption

In order to accurately describe an adoption, an example of an actual case is most appropriate. The following case study, conducted with Hazel Perez, is a prime example of a closed record adoption that occurred in the 1940's in North Carolina.

Mrs. Perez was referred as a possible subject for a case study by Dr. Steve Marson, Chairman of the Social Work Department at the University of North Carolina at Pembroke. After an initial conversation with Mrs. Perez, interviews were set up for data collection. Information in this study was collected through two extensive, informal interviews conducted February 3, 1996 and September 25, 1996. During the course of these interviews, recordings were made of the proceedings and detailed notes were taken. Follow-up on the data also occurred through several telephone calls with Mrs. Perez.

The search for her natural parents lasted for many years; therefore, Mrs. Perez has lost track of most of the documentation

for her search. For that reason, copies of this information are not available to be presented in this study. However, graphic presentations to explain Hazel Perez's geneology are contained in the appendix of this document.

The technique for this case study uses a narrative description in order to describe the qualitative data gathered from Mrs. Perez's story. This data will be described using a chronological structure in order to recount the events as Mrs. Perez remembered them and discovered them throughout her lengthy search process.

Hazel Perez was born January 24, 1947 at Womack Army Hospital in Fayetteville, North Carolina. Her adoption took place when she was approximately five months old. Up until that time she had been living in foster care. William and Maggie Oxendine of Robeson County adopted Hazel. The Oxendines were unable to conceive, so Hazel was the only child in the family.

Although Hazel said she always knew she was adopted, she still knew very little about her biological parents. Hazel says she "knew a little bit about my race and a little bit about my parents" as she was growing up. She knew that her biological mother was Native American and her biological father was Mexican, and they were both from California. As a child on through to adulthood, this was basically all the information Hazel had regarding her natural family.

Hazel said it had always "bothered" her "not knowing where I had come from." For that reason, she began in 1975 to learn about her history. This process began with writing letters to

libraries and registers of deeds in order to receive some inkling of information. However, this process often found Hazel running into a brick wall of sorts. When referring to her attempts Hazel commented "when I mentioned that I was adopted, I got no response." From this realization, Hazel stopped telling people in her letters and conversations that she was adopted.

During this time in her search Hazel was attending college. The stress of the search process along with the other responsibilities of her life made Hazel decide to put her search on hold. After her graduation from Pembroke State University in 1978 with a degree in Psychology, Hazel once again initiated her search with "full force." From this point on, the search took approximately three months to complete.

Hazel began to call and write any available resources in California. At this time she also gained the help of Dr. Steve Marson and another social worker in Robeson County who helped direct her in the search.

The big breakthrough came when Hazel went to Cumberland County to obtain her birth certificate. Since her records had been sealed, she had to lie and say that she was working on a sociology paper about the children born in 1947 in Cumberland County. The plan worked because she was allowed to see a log of the children born in that year. She discovered that she had been born "Baby Rosa."

This discovery urged Hazel to learn more. On her next trip to the Cumberland County Courthouse, she actually saw an unstamped copy of her birth certificate. From this certificate

she learned that her birthmother was Lorraine Pilgrim of Vancouver, Washington and her father was Edward Rosa of Stanton, California. A member of the military, Rosa had obviously been stationed in Fayetteville as part of his service.

Now that Hazel knew her identity, she began to search for her mother and father whose names she had just learned. She joined the Adoptees' Liberty Movement Association (ALMA), an organization that aids adoptees in their searches. Hazel was also directed to Buddy Johnson of Pembroke who was familiar with aspects of veteran's affairs. Mr. Johnson directed Hazel to write to the Veteran's Affairs office in Orange County, California where Edward Rosa was from. She wrote the letter but did not receive a response for several months.

Finally, Hazel received a phone call that took her search one step further. Edward Rosa Jr., Hazel's brother, called in response to the contacts Hazel had made with the Orange County VA. Hazel described Edward's manner as "hostile" because he and his other brother Jimmy were afraid that Hazel was trying to start some kind of trouble in the family. The next night Jimmy called Hazel. Through these phone calls, Hazel learned that her mother had only recently shared with her other children the fact that she had given up a baby for adoption in 1947. Before Hazel had tried to contact the family, her other siblings knew nothing about her existence.

Later on, Hazel learned the reason why she had been adopted and the reason why her brothers knew nothing of her existence. Lorraine, Hazel's mother, became pregnant as a teenager, but she

did not marry the father of her baby, Carmen Venerra. Lorraine instead married Edward Rosa, the man named as Hazel's father on her birth certificate. From what Hazel learned about Edward's Mexican culture, they typically do not accept children who are not biologically born to them. For that reason, Lorraine married Edward, but Hazel was placed for adoption soon afterward. Therefore, Edward Rosa was named as Hazel's father on the original birth certificate, but Carmen Venerra was actually her natural father.

After talking to her brothers, Hazel waited several months to hear from her mother because she had told her brothers that she really wanted to talk to her. Hazel's brother Edward gave her their mother's telephone number, so she finally gained the courage to call. At the beginning of the call, both women were speechless. Finally Hazel pointedly asked "why did you give me away?" Both of them became so emotional that they had to discontinue the call. The next evening Hazel phoned her mother again and learned the whole story of her adoption.

Unfortunately, Lorraine had suffered emotionally after placing Hazel and described her life was having been "rough." However, Lorraine was pleased to hear that Hazel had lived a good life with her adoptive family. Lorraine was also happy to hear about Hazel's college graduation because she was the only one of her children who attended college.

Soon after this call, Hazel made plans to visit her mother in California. The trip was so momentous to Hazel that she can even remember the cost of her plane ticket and the exact dress

that she was wearing when she stepped off the plane and met her mother for the first time. Hazel mentioned repeatedly in her interviews how nervous she was about the meeting. So much so, that she was the last passenger to exit the airplane. Once she did, Hazel saw her mother and said "we just knew each other."

This emotional introduction began a reunion visit with the rest of her family. Although Lorraine's current husband did not even know of Hazel's existence, he also accepted her easily. Hazel finally was able to discover the family she never knew. Suddenly the only child of an adoptive couple had seven half brothers and sisters: Edward Jr., Jimmy, Bobby, Pingo, Maria, Debbie, and Ronnie.

During this visit, Hazel's mother finally told her Carmen was her father's name. Unfortunately, Carmen never knew about Hazel and denied his fatherhood when she tried to call him. On the other hand, Carmen's sister, Connie, was glad to meet Hazel and accepted her willingly. To this day, Hazel has never met her natural father, Carmen Venerra.

As for Hazel's adoptive parents, the Oxendines, they were never really pleased about her search. Hazel described her relationship with her mother as "strained" and this stress was impacted even more by her decision to search for her biological mother. Now that Hazel's adoptive father has passed away, her relationship with her adoptive mother is still not very close.

Hazel's life has changed a great deal since her experiences in 1978. She is married to Manual Perez and also has three children, Jeri, William, and Candace. Hazel is also a

grandmother of five. She is employed as the Nutrition Volunteer Coordinator with the Lumbee Regional Development Branch of Head Start in Robeson County.

Based on her personal experiences, Hazel has strong opinions about the debate between open and closed adoption records. The closure of her own records made it very difficult to learn about her past, so she had to learn "how to not exactly tell the truth but not exactly lie" when attempting to uncover facts. She believes parents should make the decision about sealing records, but questions about her own health make her firmly believe that all medical history of the child should be shared.

Hazel says a search such as her own requires "dedication" and luckily she had it. While she admits that open records may not be feasible in every case, Hazel does think adult adoptees should have the option of learning about their pasts.

Conclusions

Like many other current social issues, it is obvious that adoption has many emotional implications. These emotional ties make it impossible for any type of adoption policy, legislation, or practice to be a simple task to carry out. Undoubtedly, the same processes and rules will not apply to all adopted children and to all families. Despite all of these differences, all individuals involved in the process will hopefully all work toward the same result: insuring the best possible interests of the child by working to create a solid, stable family.

Clearly, each adoption is unique. Not every adoptee will want to search for his/her biological roots, and unfortunately, not everyone who does search will have the success that Hazel Perez had. Every biological mother will heal differently from her loss, and every adoptive parent will cope somehow with his/her child's questions. Each adoption process will suffer through its own disappointments, and each will also hopefully be rewarded with even more joys.

It is unfortunate that some children will not be able to grow up with the parents who gave them life. It is also sad that some children may never find the happiness a stable home can provide. Despite these adversities, it is reassuring to know that many children and families will be served tremendously and maybe even be rescued by the practice of adoption.

Bibliography

- Adamec, C., & Pierce, W.L. (1991). The Encyclopedia of Adoption. New York: Facts on File, Inc.
- Alexander, C.L., & Alexander, R. (1995). The impact of Suter v. Artist on foster care policy. Social Work, 40, (4), 543-548.
- Alperin, D.E. (1993). Family service agencies: Responding to need in the 1980's. Social Work, 38, (5), 597-602.
- Anderson, C. (1995). In the "Baby Jessica" case, the court was right. In Harnack, A. (Ed.), Adoption: Opposing Viewpoints. San Diego: Greenhaven Press.
- Bachrach, C.A., & Mosher, W.D. (1996). Understanding U.S. fertility: Continuity and change in the national survey of family growth, 1988-1995. Family Planning Perspectives, 28, (1), 4-12.
- Baran, A., Pannor, R., & Sorosky, A.D. (1976). Open adoption. Social Work, 21, (2), 97-100.
- Baran, A., & Pannor, R. (1984). Open adoption as a standard practice. Child Welfare, 63, 245-250.
- Barth, R.P. (1995). Adoption. Encyclopedia of Social Work (19th ed.). Washington, D.C.: NASW Press, 48-59.
- Belbas, N.F. (1986). Staying in touch: Empathy in open adoptions. Smith College School for Social Work.
- Berry, M. (1993). Adoptive parents perceptions of, and comfort with, open adoption. Child Welfare, 72, (3), 231-254.
- Blumenfeld, W.J., Raymond, D. (1988). Looking at Gay and Lesbian Life. Boston, MA: Beacon Press.
- Byrd, D.A. (1995). A sealed adoption policy is best. In Harnack, A. (Ed.), Adoption: Opposing Viewpoints. San Diego: Greenhaven Press.
- Carp, E.W. (1995). Adoption and disclosure of family information: A historical perspective. Child Welfare, 74, (1), 217-240.
- Chollar, S. (1993, July/August). Happy families: Who says they all have to be alike? American Health, pp. 52-57.
- Clinton, H.R. (1996). It Takes a Village: And Other Lessons Children Teach Us. New York: Simon and Schuster.

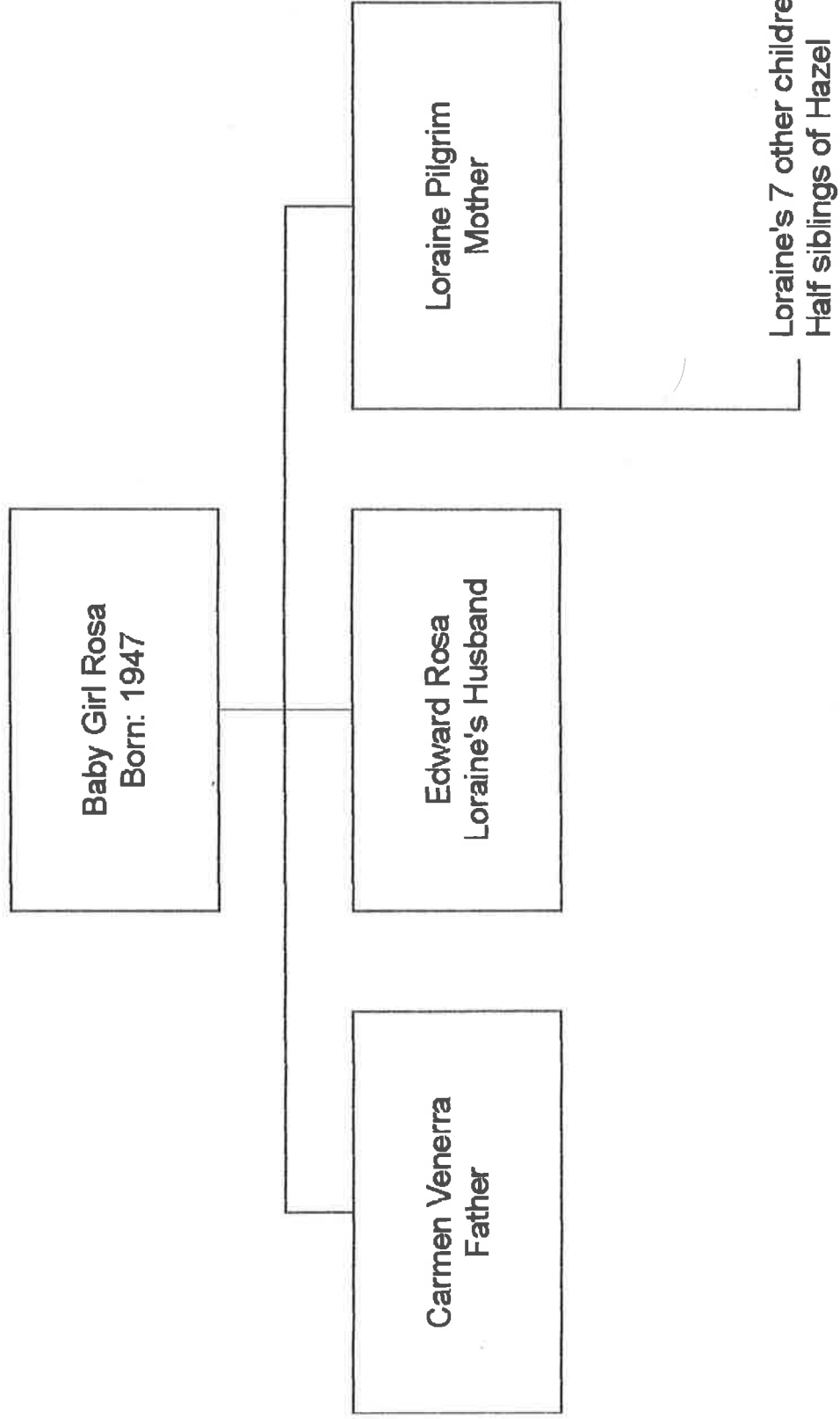
- Curtis, P.A. (1986). The dialects of open versus closed adoption of infants. Child Welfare, 65, (5), 437-445.
- Cushman, L.F., Kalmuss, D., & Namerow, D.B. (1993). Placing an infant for adoption: The experiences of young birthmothers. Social Work, 38, (3), 264-272.
- DeBoer, R. (1994). Losing Jessica. New York: Doubleday.
- DeWoody, M. (1993). Adoption and disclosure of medical and social history: A review of the law. Child Welfare, 72, (3), 195-219.
- Gilman, L. (1984). The Adoption Resource Book. New York: Harper and Row.
- Grow, L.J., & Shapiro, D. (1974). Black Children-White Parents: A Study of Transracial Adoption. Child Welfare League of America, Inc.
- Groze, V. (1995). Single adults should be encouraged to adopt children. In Harnack, A. (Ed.), Adoption: Opposing Viewpoints. San Diego, CA: Greenhaven Press.
- Harnack, A. (Ed.). (1995). Adoption: Opposing Viewpoints. San Diego, CA: Greenhaven Press.
- Hicks, R.B. (1993). Adopting in America: How to Adopt Within One Year. Sun City, CA: Wordslinger Press.
- Hollander, D. (1996). Nonmarital childbearing in the United States: A government report. Family Planning Perspectives, 28, (1), 29-32.
- Jansson, B.S. (1994). Social Policy: From Theory to Policy Practice (2nd ed.). California: Brooks and Cole Publishing.
- Kadushin, A., & Martin, J.A. (1988). Child Welfare Services (4th ed.). New York: Macmillan Publishing Company.
- Lancaster, K. (1994). Keys to Adopting a Child. New York: Gale Research, Inc.
- Lee, Robert E. (1981). North Carolina Family Law. Virginia: Michie Company.
- Lichenstein, T. (1996). To tell or not to tell: Factors affecting adoptees telling their parents about their search. Child Welfare, 75, (1), 61-72.

- McRoy, R.G., & Grotevant, H.D. (1988). Open adoptions: Practice and policy issues. Journal of Social Work and Human Sexuality, 6, (3), 132-199.
- Morales, J. (1995). Gay Men: Parenting. Encyclopedia of Social Work (19th ed.). Washington, D.C.: NASW Press, 1085-1095.
- National Association of Social Workers. (1994). Social Work Speaks: NASW Policy Statements (3rd ed.). Washington, D.C.: NASW Press.
- North Carolina Division of Social Services. (1996). Family Services Manual. Raleigh: Department of Human Resources.
- Osgood, D. (1996, March 29). Lecture. Research findings presented to the Pembroke State University Social Work Symposium, Pembroke, NC.
- Paul, E. (Ed.). (1989). The Adoption Directory. New York: Gale Research, Inc.
- Perez, H. (personal communication, February 3, 1996).
- Perez, H. (personal communication, September 25, 1996).
- Posner, J.L. (1990). The Adoption Resource Guide (2nd ed). Washington: Child Welfare League of America, Inc.
- Proch, K., & Saltzman, A. (1995). Law in Social Work Practice. Chicago: Nelson-Hall, Inc.
- Roe v. Wade. (1995). In World Book Encyclopedia.
- Rompf, E.L. (1993). Open adoption: What does the 'average' person think? Child Welfare, 72, (3), 219-231.
- Schulenberg, J. (1985). Gay Parenting. New York: Doubleday.
- Siegel, D.H. (1993). Open adoption of infants: Adoptive parents' perceptions of advantages and disadvantages. Social Work, 38, (1), 15-23.
- Shawyer, J. (1995). Adoption is a violent act. In Harnack, A. (Ed.), Adoption: Opposing Viewpoints. San Diego: Greenhaven Press.
- Spielvogel, J. (1996, May 19). Governments plan to cut adoption red tape this year. Gaston Gazette, p. A9.

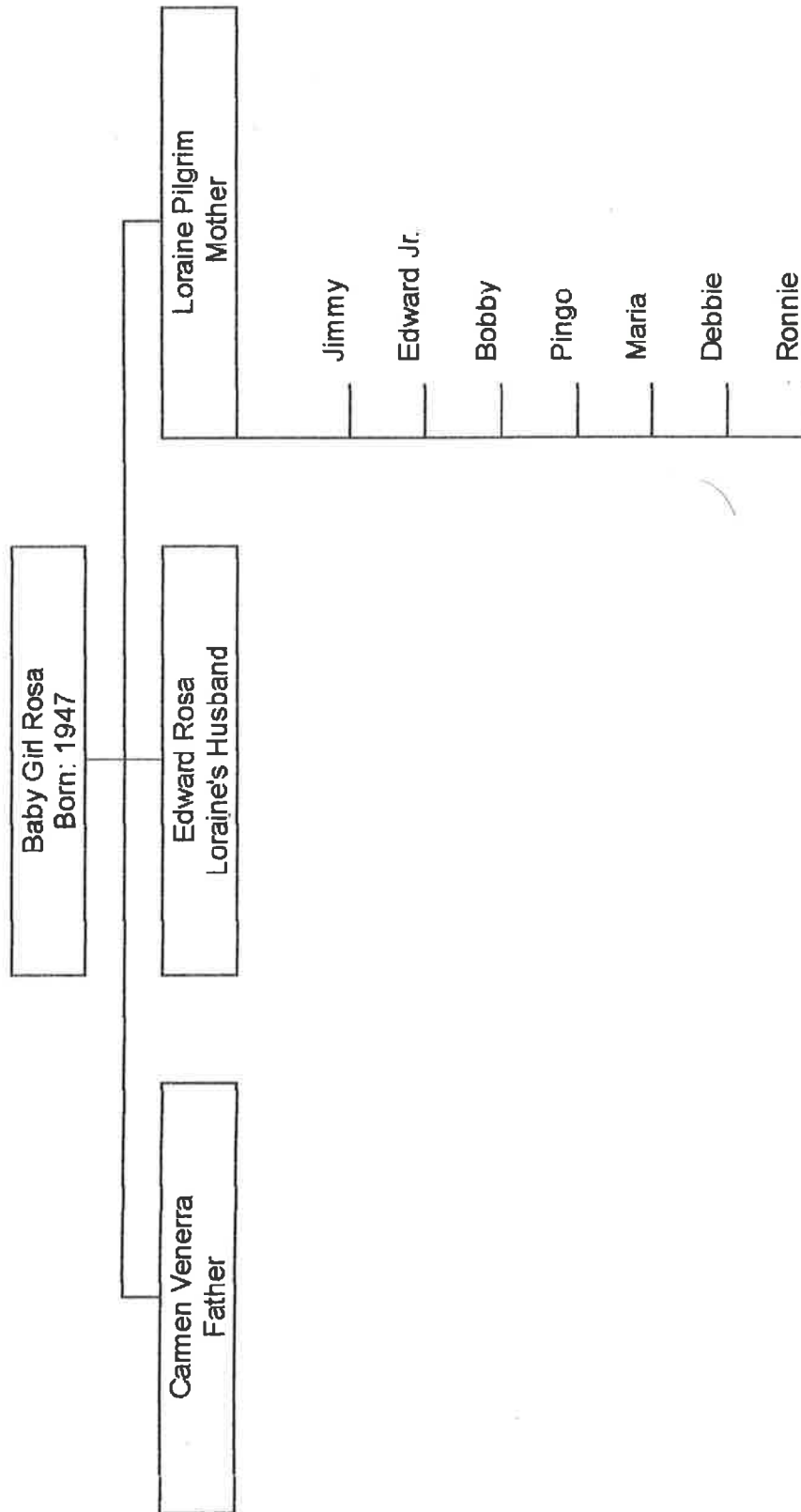
- Stolley, K.S. (1993). Statistics on adoption in the United States. The Future of Children, 3, (1), 26-42.
- Walker, E.L. (1992). Loving Journeys Guide to Adoption. Peterborough, NH: Loving Journeys.
- Watson, K.W. (1992). Providing services after adoption. Public Welfare, 50, (1), 4-13.
- Worsnop, R.L. (1992, September 4). Domestic Partners. CQ Researcher, pp. 763-788.
- Yin, R.K. (1984). Case Study Research: Design and Methods. California: Sage Publications.
- Zastrow, C. (1993). Introduction to Social Work and Social Welfare (5th ed.). California: Brooks and Cole Publishing.

Appendix
Sections A - F

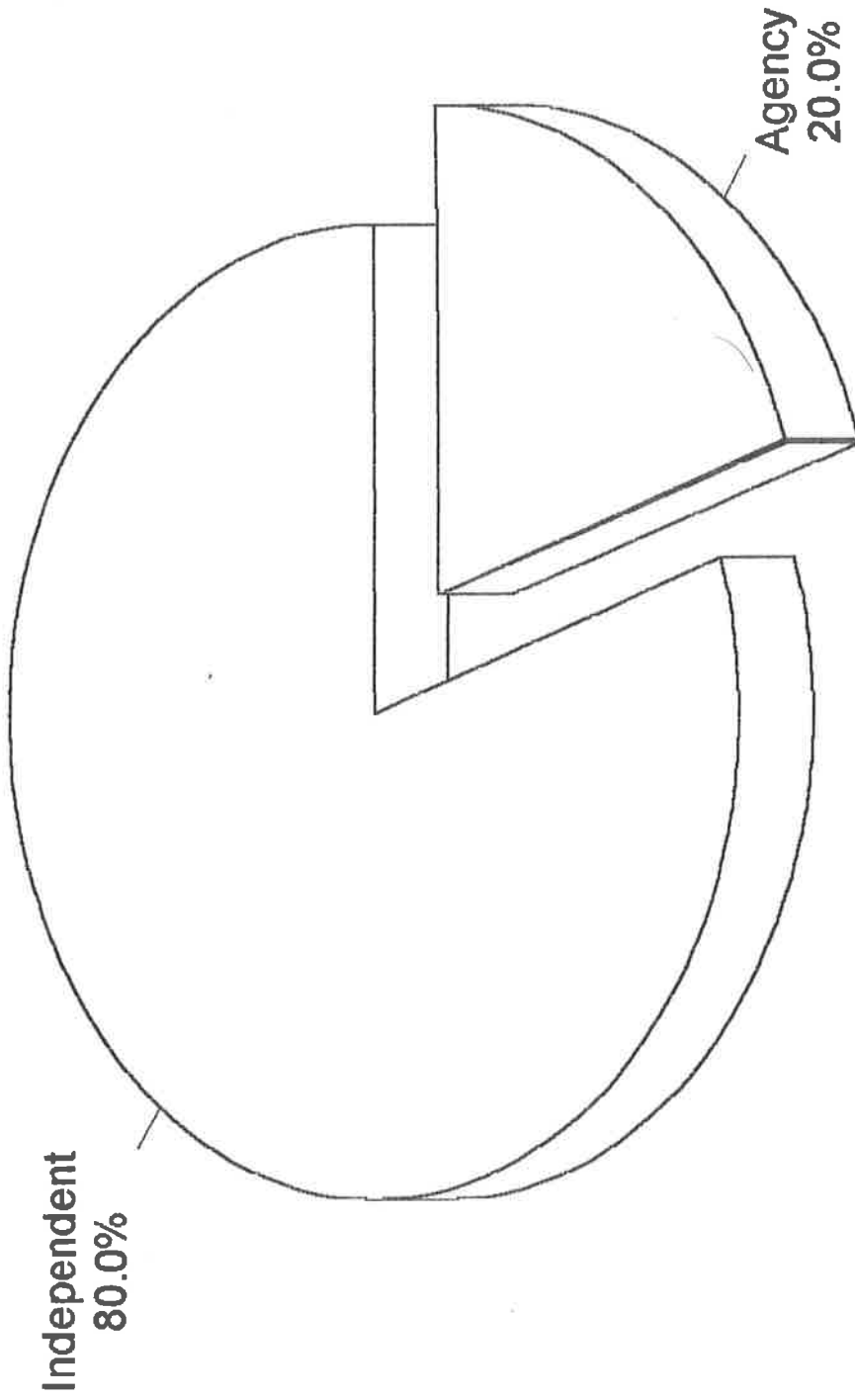
Hazel Perez's Family Tree



Hazel Perez's Family Tree

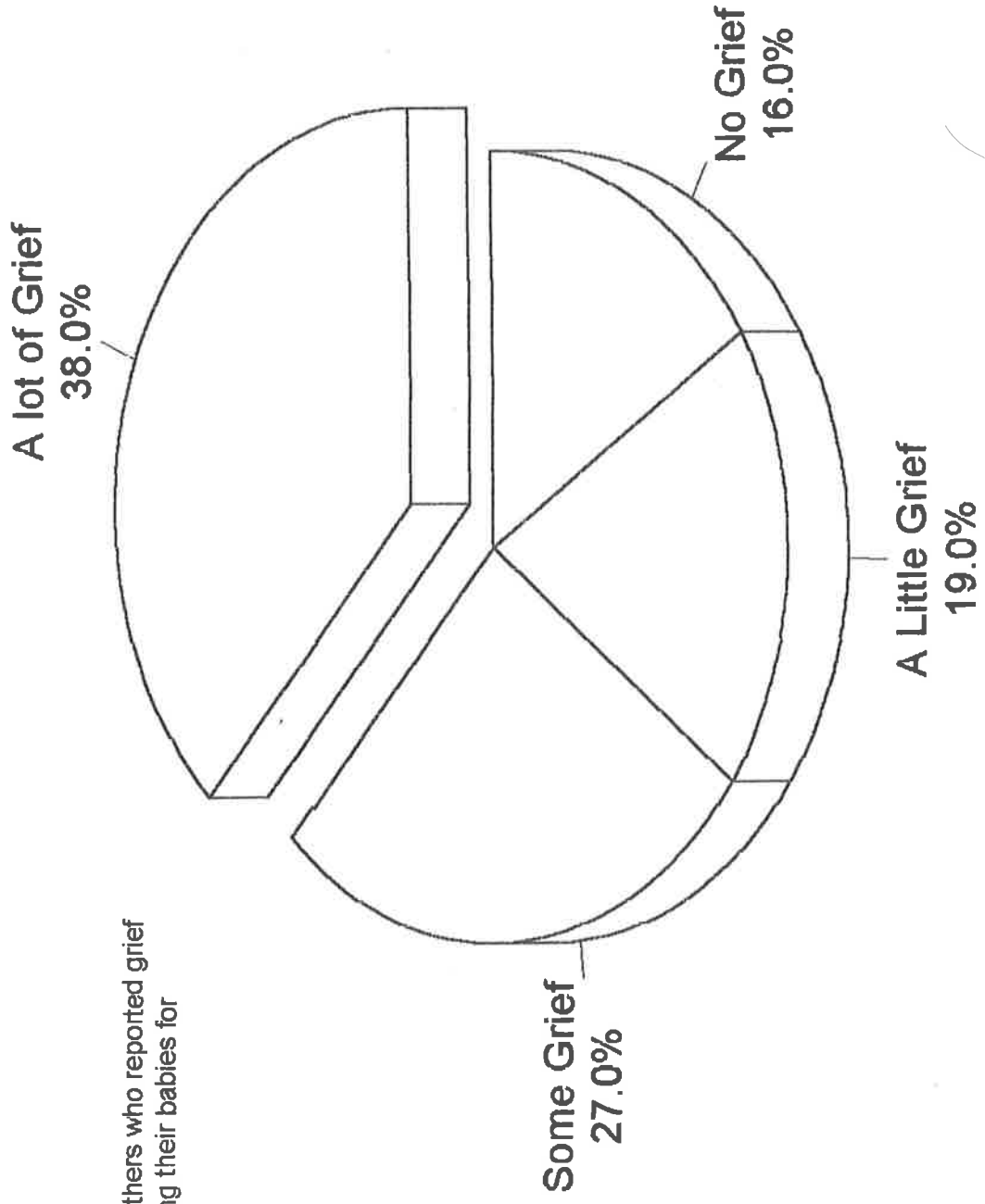


North Carolina Adoptions



Source: Hicks, 1993.

Grief-Related Placement



Unwed mothers who reported grief after placing their babies for adoption.

Source: Cushman, et. al., 1993.

_____ COUNTY

**IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
BEFORE THE CLERK**

(Full name of adopting father)

(Full name of adopting mother)

(Other petitioner)

PETITIONERS

FOR THE ADOPTION OF

PETITION FOR ADOPTION

(Full name of child as selected by petitioners)

Special Proceeding # _____

To the Honorable _____, Clerk of the Superior Court
of _____ County:

We (I) the undersigned, _____ and
_____, petitioner(s) in the above-entitled proceeding,
(Full name of adopting father)
(Full name of adopting mother)

whose address is _____
(Street & Number) (RFD) (City) (County) (State)

do hereby petition the court for leave to adopt _____,
(Name of child as selected by petitioners)

a minor child, and do represent to the court:

1. That the child is in all respects eligible for adoption; that the petitioner(s) herein seeking adoption ha_____ resided within the boundaries of North Carolina the required length of time for the filing of this Petition; that all necessary parties to this proceeding are properly before the court; and that there has been full compliance with the law in regard to the Consent to Adoption filed with this Petition, or as shown by the written documents filed herewith.*

2. That said child was placed with petitioner(s) by ** (agency) (parents) (guardian of the person of the child) (other) on the _____ day of _____, 19 _____. If placed by agency, give name and address of agency approving the placement *** _____

3. That said child was born in the State of _____ on or about the _____ day of _____, 19 _____.

4. That as far as petitioner(s) (is) are able to ascertain, said minor child is the owner of or is entitled to personal property of the value of \$ _____ and real property of the value of \$ _____.

5. That petitioner(s) seeking adoption herein (is) are **** legally married and (is) are a fit person___ to have the care, custody, supervision, training of said child, and are financially able to provide for said child.

* If any ancillary proceedings are required, do not specify nature but attach copy.
* * Strike out the words not applicable.
* * * Refers to agency providing casework service to the adoptive parents and supervising the placement.
* * * * Marriage should be verified.

6. That petitioner(s) seeking adoption herein desire ___ to adopt said minor child for its life and desire ___ that the relationship of parent ___ and child be established between ___ h ___ and said child; and upon adoption, the said child shall inherit real and personal property by, through, and from the said petitioner(s) in accordance with the statutes of descent and distribution.

7. That the petitioner(s) *****

_____ (is) are related to the said child within the degrees specified in G. S. 48-21 (c).

_____ (is not) are not related to the said child within the degrees specified in G. S. 48-21 (c).

8.

(Enter any special allegation not yet given, such as child over 12 years of age, etc. No reference shall be made to the martial status of natural parents nor to their fitness for the care and custody of the child. See G. S. 48-131.)

WHEREFORE, YOUR petitioner(s) pray ___ that the relationship of parent ___ and child be established between petitioner(s) and said child; and that the name of said child be changed to _____ as hereinabove written and authorized by law.

This _____ day of _____, 19 _____.

_____ Petitioner

_____ Petitioner

_____ Petitioner

_____ and _____, and
(Full name of adopting father) (Full name of adopting mother)

_____ being duly sworn, depose and say that ___ h ___ (has)
(Name of other petitioner, if any)

I, _____ read the foregoing Petition and that the facts set forth therein are true to _____ own knowledge, except as to matters therein set forth upon information and belief, and as to such matters ___ h ___ believe ___ them to be true.

_____ Petitioner

_____ Petitioner

_____ Petitioner

Subscribed and sworn to before me this _____ day of _____, 19 _____.

(SEAL)

Clerk Superior Court or Notary Public

My commission expires _____

Attorney for petitioners

Address

Telephone Number

***** Check applicable phrase.

NOTICE:
The DSS-1800 is made in triplicate. The original form is held in the office of the clerk of court; a copy is forwarded within ten days by the clerk of court to the Division of Social Services, State Department of Human Resources; and a copy is attached to the Order of Reference.

STATE OF NORTH CAROLINA

_____ COUNTY

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
BEFORE THE CLERK

(Full name of adopting father)

(Full name of adopting mother)

(Other petitioner)

PETITIONERS

CONSENT TO ADOPTION
BY AGENCY

Special proceeding # _____

FOR THE ADOPTION OF

(Full name of child as selected by petitioners)

To the Honorable _____, Clerk of the Superior Court
of _____ County:

I, the undersigned, declare that I am _____
(Name, title of person, and agency giving consent)

(Address)

and that I hereby consent to the adoption of _____
(Adoptive name of child)

also known as _____, a minor child, who was born on
(Original name of child)

the _____ day of _____, 19____, in _____
(City or town)

_____, by _____
(County) (State) (Full name of adopting father)

and _____, the petitioner, in the
(Full name of adopting mother)

- above-entitled proceeding.
- * All rights to said child have been released and said child has been surrendered by the mother (father) (guardian of the person of the child) to the undersigned for the purpose of consenting to the adoption of said child.
 - * Parental rights of the mother (father) have been terminated by court action under G. S. 7A-288 and custody has been placed with the undersigned county department of social services or licensed child-placing agency, which has the authority to consent to the adoption of said child.

Signature and title of person giving consent

Agency

Address

* Strike out the sentence that is not applicable.

STATE OF _____

COUNTY OF _____

The execution of the foregoing consent by _____
(Name of person signing consent)

to the adoption of _____, a minor child,
(Adoptive name of child)

by _____ and _____,
(Full name of adopting father) (Full name of adopting mother)

petitioner ____, in the above-entitled proceeding, was this day acknowledged before me.

Witness my hand and seal this _____ day of _____, 19 ____.

Clerk Superior Court or Notary Public

(SEAL)

My commission expires _____

NOTE:
The original Form DSS-1801 is signed and sent with the Petition for Adoption by the clerk of court to the Division of Social Services, State Department of Human Resources. A Parent's Release, Surrender, and Consent to Adoption (Form DSS-1804) or certified copy of termination of parental rights must be attached to the consent.

STATE OF NORTH CAROLINA

_____ **COUNTY**

IN THE GENERAL COURT OF JUSTICE

SUPERIOR COURT DIVISION

BEFORE THE CLERK

CONSENT TO ADOPTION

BY PARENT, GUARDIAN AD LITEM, GUARDIAN

OF THE PERSON OF THE CHILD

(Full name of adopting father)

(Full name of adopting mother)

(Other petitioner)

PETITIONERS

FOR THE ADOPTION OF

(Full name of child as selected by petitioners)

Special Proceeding #

To the Honorable _____, Clerk of the Superior Court
of _____ County:

I, the undersigned, declare that I am the (mother) (father) (or _____) of

_____, a minor child, who was born on the _____ day of
(Original name of child)

_____, 19____, in _____ (City or town) _____ (County) _____ (State)

and that I am a legal resident of _____ (City or town) _____ (County) _____ (State)

I hereby consent to the adoption of said child by _____
(Full name of adopting father)

and _____, the petitioner _____, in the above-entitled proceeding.
(Full name of adopting mother)

I understand and agree that my Consent to Adoption may not be revoked after whichever of the following comes first: (1) entry of an interlocutory decree or final order of adoption, regardless of whether or not an interlocutory decree has been entered; or (2) 30 days from the giving of this Consent. Further, I understand that to revoke my Consent to Adoption, as provided in G.S. 48-11, the revocation must be made in writing and signed by me before a notary public or any other person empowered to take acknowledgments of signatures pursuant to Chapter 47 of the General Statutes of North Carolina, and delivered by me to the clerk of court in the county in which the adoption petition and consent are filed, if known or, if not known, by registered or certified mail, return receipt requested, to the person to whom consent for adoption was given. I understand that forms to revoke my Consent to Adoption may be obtained from the Clerk of Superior Court in any county in North Carolina.

WITNESS:

Address

Signature of (mother) (father) (guardian ad litem)
(guardian of the person of the child)

Address

STATE OF _____

COUNTY OF _____



_____, do hereby certify that
(Name of official & official title)

_____ personally appeared before me this day and acknowledged
(Name of parent, guardian ad litem, guardian of the person)

the due execution of the foregoing instrument.

I certify that I, the undersigned, am a notary public or one otherwise empowered to acknowledge signatures under Chapter 47 of the General Statutes of North Carolina.

Witness my hand and seal (where official seal is required by law) this the _____ day of _____, 19____

Signature: _____

(OFFICIAL SEAL)

Title: _____

My commission expires _____



NOTE:

1. The original Consent to Adoption by parent, guardian ad litem, and/or guardian of the person of the child is to be sent by the clerk of court to the Division of Social Services, North Carolina Department of Human Resources, attached to the Petition for Adoption (Form DSS-1800).
2. A signed copy of the Consent to Adoption by parent, guardian ad litem, guardian of the person of the child is to be given to the person who signed the original Consent.
3. The Order for the appointment of guardian of the person of the child must be attached to the Consent to Adoption, if the Consent is signed by a guardian of the person of the child.
4. The Order for termination of parental rights or adjudication of mental incompetency of the parent(s) and the Order appointing a guardian ad litem to give consent to adoption must be attached to the Consent signed by the guardian ad litem.



STATE OF NORTH CAROLINA

_____ COUNTY

IN THE SUPERIOR COURT

BEFORE THE CLERK

(Full name of adopting father)

(Full name of adopting mother)

(Other petitioner)

PETITIONERS

CONSENT OF CHILD FOR ADOPTION

Special Proceeding # _____

FOR THE ADOPTION OF

(Full name of child as selected by petitioners)

To the Honorable _____, Clerk of the Superior Court
of _____ County:

I, the undersigned, declare that I am a minor child _____ years of age who was born
in _____ (City or town) _____ (County) _____ (State), on the

_____ day of _____, 19_____, and that I now reside in _____
(City or town)

_____ (County) _____ (State)

I hereby consent to my adoption by _____
(Full name of adopting father)

and _____, petitioner _____, in the above-
(Full name of adopting mother)

entitled proceedings.

WITNESS:

Signature of child - original name

Address

Address

STATE OF _____
COUNTY OF _____

The execution of the foregoing consent by said minor child, _____
(Original name of child)

_____, to his (her) adoption by _____
(Full name of adopting father)

and _____, petitioner _____, in the above-entitled
(Full name of adopting mother)

proceeding, was this day acknowledged before me.

I certify that I, the undersigned, am a notary public or one otherwise empowered to acknowledge signatures under Chapter 47 of the General Statutes of North Carolina.

Witness my hand and seal (where official seal is required by law) this the _____ day of _____,

19____

Signature: _____

Title: _____

(OFFICIAL SEAL)

My commission expires _____

NOTE:
Form DSS-1803 is to be signed by the child being adopted who is twelve years of age or over when the Petition for Adoption was filed or who becomes twelve years of age before the granting of the Final Order. One Form DSS-1803 is presented to the clerk of court who then forwards it with the Petition and other Consents to the Division of Social Services, State Department of Human Resources.

STATE OF NORTH CAROLINA

_____ COUNTY

**PARENT'S RELEASE, SURRENDER,
AND GENERAL CONSENT TO ADOPTION**

I, _____, being duly sworn, declare:

That I was born on the _____ day of _____, 19____, in _____
(City or town)

_____ (County) _____ (State); that I am of sound mind and in full possession
of my mental faculties;

That I am the _____ of _____, a child
(mother) (father) (Full name of child)
born on the _____ day of _____, 19____, in _____
(City or town)

_____ (County) _____ (State)

That I hereby release all rights to said child and surrender said child to _____
(Director of Social Services in _____ County) or (Director of _____,
a licensed child-placing agency located in North Carolina), such release being a voluntary act on my part and without
any demand on the part of said director of (social services) (licensed child-placing agency);

That I hereby grant to said director of (social services) (licensed child-placing agency) the authority to place said
child in a foster home selected or to be selected by said director of (social services) (licensed child-placing agency);

That I hereby give general consent to the adoption of said child by any person or persons that may be designated
by said director of (social services) (licensed child-placing agency) without further consent on my part and without
notice to me;

That I will not interfere with said child either by personal visits or correspondence and will not at any future
time demand the return of said child to my custody;

That I hereby waive all right, title, and interest I may now or may hereafter have or acquire in any property, real
or personal, owned or acquired by said child now or at any time in the future.

The director of (social services) (licensed child-placing agency) shall have authority under this release to con-
sent to and authorize medical and surgical treatment in the best interest of the child, and consent given by the
agency shall be sufficient authority to any physician, surgeon, clinic, or hospital rendering medical or surgical care
to said child.

I understand that my Release, Surrender, and General Consent to Adoption cannot be revoked more than thirty
days from the date of my signature on this document. Further, I understand that to revoke my Release, Surrender,
and General Consent to Adoption, as provided in G.S. 48-11, the revocation must be made in writing and signed
by me before a notary public or any other person empowered to take acknowledgements of signatures pursuant
to Chapter 47 of the General Statutes of North Carolina, and must be delivered to the Director named above within
the thirty day time period allowed by law.

Signature of (mother) (father)

STATE OF _____

COUNTY OF _____

I, _____, do hereby certify that

(Name of official & official title)

_____ personally appeared before me this day and acknowledged

Name of (mother) (father)

the due execution of the foregoing instrument.

I certify that I, the undersigned, am a notary public or one otherwise empowered to acknowledge signatures under Chapter 47 of the General Statutes of North Carolina.

Witness my hand and seal (where official seal is required by law) this the _____ day of _____,

19_____.

Signature: _____

Title: _____

(OFFICIAL SEAL)

STATE OF NORTH CAROLINA

_____ COUNTY

ACCEPTANCE OF PARENT'S RELEASE,
SURRENDER, AND GENERAL CONSENT TO ADOPTION

WHEREAS, it appears to the undersigned, upon diligent inquiry and investigation:

That the child, _____, was born on the _____
day of _____, 19_____, to _____ and
(Full name of mother)
_____ in _____ County, State of
(Full name of father)
_____; that the (mother) (father) is a resident of
(City or town) (County) (State), that h____ permanent address is
_____ ; and

WHEREAS, a Release, Surrender, and General Consent to Adoption of the child to the undersigned was executed
on the _____ day of _____, 19_____, at _____ ;
and the acceptance of the child for adoption is based upon a casework study;

NOW, THEREFORE, the undersigned hereby accepts the Parent's Release, Surrender, and General Consent for
adoption of said child.

This the _____ day of _____, 19_____.

_____ of _____ County
Director of Social Services

_____ by _____ Director
Licensed child-placing agency

Address

NOTE:

Three DSS-1804 forms are signed. The original of this form is attached to the Consent to Adoption by Agency (DSS-1801) and sent with the Petition for Adoption to the Division of Social Services, State Department of Human Resources, by the clerk of court. One copy of Form DSS-1804 is retained in the record of the county department of social services or licensed child-placing agency. One copy is given to the parent surrendering the child.

Child's Agency _____

County Case # _____

NORTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
ADOPTION ASSISTANCE ELIGIBILITY CHECK LIST

Child's First Name _____ Date of Birth _____ Race _____ Sex _____

1. Date Child Came into Foster Care _____		2. Recipient of IV-E Foster Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		3. Eligible for or Recipient of SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Legally Cleared for Adoption By:		Date of Order or Consent	
a. <input type="checkbox"/> Court Order Terminating Parental Rights - Father			
b. <input type="checkbox"/> Court Order Terminating Parental Rights - Mother			
c. <input type="checkbox"/> Voluntary Release, Surrender, Consent to Adoption - Father			
d. <input type="checkbox"/> Voluntary Release, Surrender, Consent to Adoption - Mother			
e. <input type="checkbox"/> Other (Specify):			
5. Registered on N. C. Adoption Resource Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Registered, Give Date:	
6. Other Efforts to Locate an Adoptive Home for Child (Be Specific)			
a.			
b.			
c.			
7. Reasons for Considering This Child for Adoption Assistance (Check all that apply)			
a. <input type="checkbox"/> Placement with known and approved adoptive family will create a financial hardship.			
b. <input type="checkbox"/> Child is member of sibling group to be placed together.			
c. <input type="checkbox"/> Child has a physically, mentally, or emotionally handicapping condition, or has potential for future problems.			
(Attach current statement from physician, psychiatrist, psychologist, etc. as to diagnosis, prognosis, and treatment.)			
8. Name of Prospective Adoptive Family, if known:		Address: _____	
If child's foster parents, child has been in the home one year or longer <input type="checkbox"/> Yes <input type="checkbox"/> No		_____	

DETERMINATION OF CHILD'S ELIGIBILITY FOR ADOPTION ASSISTANCE

On the basis of information contained above and documented in the child's case record I, the undersigned, find the above child:

- a. Eligible and approved to receive benefits from Adoption Assistance.
 - IV-E Eligible
 - Non-IV-E Eligible

The child is eligible for the following category(ies) of Assistance:

- 1. Monthly Cash Payments: Month following Final Order; or When parents request, based on child's needs
- 2. Vendor Payments to Medical Providers
- 3. Vendor Payments to Psychologists, Therapists, Remedialists

If eligible for vendor payments in Categories 2 and/or 3, provide statement of handicapping condition for which child is eligible for benefits:

- b. Not eligible to receive benefits from Adoption Assistance.

Date Completed _____ Signature of Child's Worker _____

COUNTY DEPARTMENT OF SOCIAL SERVICES
PERSONAL INFORMATION SHEET

The following information will be useful to our agency in completing the Home Study process. We request that each question which applies to you be answered in full, and, in return, assure you that the identifying information will be considered completely confidential.

Last name of applicant: _____
Home address: _____
Phone: _____ Date: _____
Work #: _____

I. MAN

Full name _____ Date of Birth _____ Race _____
SSN _____ Place of Birth _____
(city) (county) (state)

County of Residence _____
Date moved to county _____ Nationality _____ Religion _____
Date moved to state _____ Marital Status _____
Highest grade you completed _____ Date of Marriage/divorce _____
Other training _____ Wife's name _____
Military service _____ Wife's date of birth _____
(Branch, rank) Place of Birth _____

Present Occupation _____
Employer _____
Address _____
Date of Employment _____

Please list children below:

1) Full Name _____
Birthdate _____ SSN _____
Place of birth _____
(city) (county) (state)

Health _____
(date of physical exam & state of health)

2) Full name _____
Birthdate _____ SSN _____
Place of birth _____
(city) (county) (state)

Your height _____ weight _____
Eye color _____ Hair color _____
Hair texture _____
Complexion _____

3) Full name _____
Birthdate _____ SSN _____
Place of birth _____
(city) (county) (state)

Glasses _____ Why? _____ (If more space is needed, continue on back)

Hobbies & interests _____
Permanent mailing address _____
Counties & cities in North Carolina where relatives live _____

PREVIOUS MARRIAGES

Name	Date	Date Terminated	How Terminated
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

YOUR PARENTS

FATHER

MOTHER

Full Name _____	Full Name _____
Full address _____	Full address _____
Education _____ Age _____	Education _____ Age _____
Occupation _____	Occupation _____

YOUR BROTHERS AND SISTERS

Full name _____	Age _____	Sex _____
Address _____	Occupation _____	
Highest grade completed _____		
Full name _____	Age _____	Sex _____
Address _____	Occupation _____	
Highest grade completed _____		
Full name _____	Age _____	Sex _____
Address _____	Occupation _____	
Highest grade completed _____		

(If more space is needed, continue on back of sheet.)

HEALTH INFORMATION

Indicate if you or any relative had the following: (Please indicate who)

Diabetes _____	Tuberculosis _____
Epilepsy _____	Allergies _____
Cancer _____	Asthma _____
Mental Illness _____	Mental Retardation _____
Kidney Disease _____	Heart Disease _____
Drug Usage _____	Hospitalizations _____
Alcoholism _____	Other _____

II. WOMAN

Full name _____
 SSN _____

Date of Birth _____ Race _____
 Place of Birth _____
 (city) (county) (state)

County of Residence _____
 Date moved to county _____
 Date moved to state _____
 Highest grade you completed _____
 Other training _____

Nationality _____ Religion _____
 Marital Status _____
 Date of Marriage/divorce _____
 Husband's name _____

Military service _____

 (Branch, rank)

Husband's date of birth _____
 Place of Birth _____

Present Occupation _____
 Employer _____
 Address _____

 Date of Employment _____

Please list children below:
1) Full Name _____
 Birthdate _____ SSN _____
 Place of birth _____
 (city) (county) (state)

Health _____
 (date of physical exam &
 state of health)

2) Full name _____
 Birthdate _____ SSN _____
 Place of birth _____
 (city) (county) (state)

Your height _____ weight _____
 Eye color _____ Hair color _____
 Hair texture _____
 Complexion _____
 Glasses _____ Why? _____

3) Full name _____
 Birthdate _____ SSN _____
 Place of birth _____
 (city) (county) (state)

Hobbies & interests _____
 Permanent mailing address _____
 Counties & cities in North Carolina where relatives live _____

PREVIOUS MARRIAGES

Name	Date	Date Terminated	How Terminated
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

YOUR PARENTS

FATHER

Full Name _____

Full address _____

Education _____ Age _____

Occupation _____

MOTHER

Full Name _____

Full address _____

Education _____ Age _____

Occupation _____

YOUR BROTHERS AND SISTERS

Full name _____ Age _____ Sex _____

Address _____ Occupation _____

Highest grade completed _____

Full name _____ Age _____ Sex _____

Address _____ Occupation _____

Highest grade completed _____

Full name _____ Age _____ Sex _____

Address _____ Occupation _____

Highest grade completed _____

(If more space is needed, continue on back of sheet.)

HEALTH INFORMATION

Indicate if you or any relative had the following: (Please indicate who)

Diabetes _____

Epilepsy _____

Cancer _____

Mental Illness _____

Kidney Disease _____

Drug Usage _____

Alcoholism _____

Tuberculosis _____

Allergies _____

Asthma _____

Mental Retardation _____

Heart Disease _____

Hospitalizations _____

Other _____

III. FAMILY FINANCES

Property:

Home owned:

Monthly Payment \$ _____ Value \$ _____ Mortgage \$ _____

Home Rented:

Monthly rent \$ _____

Type of structure: _____ Number of Rooms _____

Size of lot or acreage: _____

Value or equity in other real property: _____

Type of property and use made: _____

Approximate value of personal property: _____

Savings: \$ _____ Type of Savings _____

Stocks, bonds, securities or cash value in insurance \$ _____

<u>Gross Yearly Income</u>	<u>Source</u>
Husband _____	_____
Wife _____	_____
Other income _____	_____

<u>Amount</u>	<u>Location</u>
Savings _____	_____
Investments _____	_____

Insurance				
Type	What or Who insured?	Amount of Coverage	Total Yearly Cost	How paid? (Monthly, Yrly)
Life	_____	_____	_____	_____
Medical	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Auto	_____	_____	_____	_____
Home	_____	_____	_____	_____
Other	_____	_____	_____	_____

FINANCIAL STATEMENT

You may use records from the previous year to determine expenses. If no records are available, please estimate as closely as possible.

EXPENSES	AMOUNT PAID AND HOW OFTEN	TOTAL COST	BALANCE DUE
1. Rent of house payment			
2. Groceries			
3. Utilities			
A. Water			
B. Electricity			
C. Gas			
D. Heat			
E. Telephone			
F. Other			
4. Clothing			
5. Medical			
A. Doctor			
B. Dentist			
C. Drugs			
D. Other			
6. Automobile (list model & year)			
A. Payments			
B. Fuel			
C. Repairs/maint.			
7. Credit payments			
A. Loans			
B. Charge Accounts			
8. Recreation			
9. Savings			
10. Contributions			
11. Other			
TOTALS			

IV. ADDITIONAL INFORMATION

Have either of you ever had any professional counseling to help you through an emotionally difficult time? If so, please explain. _____

Have either of you ever been convicted of any charge other than a minor traffic violation? If so, please explain.

References--List four references, not related to you, who have known you for several years. (Under each reference's name, please specify their relationship to you; i.e., neighbor, employer, pastor, friend, etc.)

- 1. _____

- 2. _____

- 3. _____

- 4. _____

How long have you lived at your present address? _____

List previous addresses if you have resided at your present address for less than five years.

- 1. _____
_____ From: _____ to _____
- 2. _____
_____ From: _____ to _____

What are the directions for reaching your home? (Clearly describe the easiest way to reach your home by car from the office where your application is being processed.)

The above information about myself and my family is correct to the best of my knowledge.

Date _____ Signature _____

**NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
Division of Social Services
Adoption Information Form**

Adoptee's First Name _____
 Name of Agency _____
 Agency Case # _____

**I. CHARACTERISTICS OF BIRTH PARENTS
AT TIME OF ADOPTEE'S BIRTH**

BIRTH MOTHER				BIRTH FATHER				
Age (in years)	Race	Nationality		Age (in years)	Race	Nationality		
Ethnic Background		Number years school completed		Ethnic Background		Number years school completed		
II. GENERAL PHYSICAL APPEARANCE				GENERAL PHYSICAL APPEARANCE				
Height	Weight	Skin		Height	Weight	Skin		
Eyes		Hair		Eyes		Hair		
I hereby acknowledge receipt of a copy of this form:			Signed (Adoptive Mother)			Signed (Adoptive Father)		
Signed (Agency Representative)			Agency					
Agency Address						Date		

INSTRUCTIONS: One copy of this form is to be given to the adoptive parents prior to entry of the Final Order for Adoption and, upon written request of the adoptee, to the adoptee upon his reaching the age 21. One copy is to be retained in the agency's file on this adoption. This information, or any part thereof may be withheld only if it is of such a nature that it would tend to identify a biological relative of the adoptee. G.S. 48-25 (d); July, 1981.

Name of Agency _____
 Agency Case # _____
 Adoptee's First Name _____

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
 Division of Social Services
 Adoption Health History Form, Part I

I. BIRTH MOTHER'S MENSTRUAL HISTORY & PREGNANCY HISTORY INVOLVING THIS CHILD

Age At onset of menses _____	Usual length of period _____	Regular <input type="checkbox"/> Yes <input type="checkbox"/> No	No. days between periods _____
------------------------------	------------------------------	---	--------------------------------

II. THIS PREGNANCY

Mother's age at onset of this pregnancy? _____	No. of weeks of this pregnancy? _____	When did pre-natal care begin? _____
Complications during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If complications, explain _____	Single birth _____ Multiple birth _____ If multiple, number _____

III. DELIVERY HISTORY OF THIS CHILD

Duration of Labor _____	Type of delivery <input type="checkbox"/> Natural <input type="checkbox"/> Caesarean	Forceps <input type="checkbox"/> Yes <input type="checkbox"/> No	Father's blood type _____ Mother's blood type _____ Mother's RH Factor _____
Serology _____	Anesthesia/Medication used _____	Mother's RBC _____ Date _____	

IV. CONDITIONS DURING THIS PREGNANCY

German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No	infections* <input type="checkbox"/> Yes <input type="checkbox"/> No
Veneral Disease* <input type="checkbox"/> Yes <input type="checkbox"/> No	Accidents* <input type="checkbox"/> Yes <input type="checkbox"/> No
Virus* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If "Yes," specify type _____

V. DRUGS TAKEN DURING OR WITHIN FIVE YEARS OF THIS PREGNANCY

Prescription Drugs Names	Taken		When	How often	Amount
	During pregnancy	Within five years			
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Non-prescription Drugs, inc. aspirin, nose drops, etc.	Taken		When	How often	Amount
	During pregnancy	Within five years			
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Alcohol and other substances	Taken		When	How often	Amount
	During pregnancy	Within five years			
Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Amphetamines (Uppers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Barbiturates (Downers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cigarettes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
LSD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

VI. HISTORY OF PREVIOUS PREGNANCIES

(Attach additional page, if necessary)

Number of pregnancies _____ If any resumed in multiple births, indicate number born during each pregnancy: 1. _____ 2. _____ 3. _____ 4. _____	Information About Previous Pregnancies		
	Duration	Live Birth	Still Birth/Miscarriage
1. _____ wks./mos.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. _____ wks./mos.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. _____ wks./mos.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. _____ wks./mos.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

INSTRUCTIONS: One copy of this form is to be given to the adoptive parents prior to entry of the Final Order for Adoption and, upon written request from the adoptee, to adoptee (for adoptions completed on or after July 10, 1981). One copy is to be retained in the agency's file on this adoption G S 43-25 (e) July 1981

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
Division of Social Services
Adoption Health History Form, Part II

Name of Agency _____
 Agency Case # _____
 Adoptee's First Name _____

I. HEALTH HISTORY OF BIOLOGICAL PARENTS AND OTHER RELATIVES

INSTRUCTIONS: Use separate sheet for each parent. Check appropriate space to indicate which parent the information concerns: MOTHER FATHER

Name of Agency Social Worker completing form, if not completed by parent: _____

Indicate by checking appropriate box if YOU or any RELATIVES (i.e. Your mother, father, sisters, brothers, other children born to you) have had or now have the medical conditions listed below. Indicate person's relationship to you. Please complete Comments Section. If a medical condition resulted in death of a family member, indicate this and the person's approximate age at time of death in Comments Section. When more than one condition is indicated within a Condition Section, circle the appropriate condition to identify the other condition. (For example: if a biological parent or a relative is allergic to certain foods or other substances but does not have hay fever, in Section B.2, below, the words "other allergy" should be circled to indicate that the parent or relative has had that condition.)

MEDICAL CONDITION	No	Not Known	YES Self	YES-RELATIVE (Specify) *	COMMENTS
A. CONGENITAL IMPAIRMENTS					
1. Club foot or any orthopedic problem					
2. Harelip (cleft lip) or cleft palate					
3. Chromosome abnormality					
4. Downs Syndrome					
5. Hydrocephalus					
6. Muscular dystrophy					Parts of body involved? Age at onset?
7. Dwarfism					
8. Spina bifida					
9. Congenital heart defect					
10. Tay-Sachs disease					
B. ALLERGIES					Any cause known? What treatment? What medication?
1. Eczema or other skin condition					
2. Hay fever or other allergy					
3. Drug allergy					To what drugs?
C. EYE, EAR, DEVELOPMENTAL DISORDERS					
1. Yes, glaucoma, color blindness, visual problems					

(OVER)

MEDICAL CONDITION	No	Not Known	YES Self	YES-RELATIVE (Specify)	COMMENTS
1. Deafness or other ear problems					Special education? If "Yes", indicate age at onset.
3. Speech problems					
4. Learning disability					
5. Retardation: mental or physical					Any diagnosis? Hospitalization?
D. CIRCULATORY DISORDERS					
1. Hemophilia					
2. Sickle cell anemia or trait					
3. Hypertension (high blood pressure)					Age at onset? What treatment? Hospitalization?
4. Stroke					
5. Heart attack (coronary)					
6. Arthritis					What kind? Age at onset? What part of body?
7. Kidney Disease					Age at onset? What treatment?
E. HORMONAL DISORDERS					
1. Diabetes					Age at onset? What treatment?
2. Thyroid disorder					
F. RESPIRATORY DISORDERS					
1. Asthma					Any cause known? What treatment?
2. Tuberculosis					What kind? Age at onset? What part of body?
G. MENTAL AND BEHAVIORAL DISORDERS					
1. Diagnosed schizophrenia					Age at onset? What treatment? Hospitalization?
2. Diagnosed manic depressive					
3. Other mental illness. Describe, using additional page, if necessary.					
4. Alcoholism or heavy drinking					
5. Drug usage					Kind, amount, and when taken?

(OVER)

MEDICAL CONDITION	No	Not Known	YES Self	YES-RELATIVE (Specify)	COMMENTS
L. RHATIC DISORDERS 1. Cancer					What kind? Age at onset? What part of body?
2. Tumors					
3. Cystic fibrosis					
4. Hodgkins disease					
I. NERVOUS SYSTEM DISORDERS 1. Multiple sclerosis					Parts of body involved? Age at onset?
2. Huntington's disease					
3. Cerebral palsy					
4. Seizures or convulsions					Age at onset? What treatment? Frequency?
5. Epilepsy					
J. INFECTION, HOSPITALIZATION 1. Repeated attacks of fever with known infection					Diagnosis?
2. Repeated severe infection necessitating hospitalization					
3. Hospitalization, operation, or injury					What for? When?
K. OTHER IMPAIRMENT, ALLERGY DISORDER OR DISEASE					

INSTRUCTIONS: One copy of this form is to be given to the adoptive parents prior to entry of the Final Order for Adoption and, upon written request from the adoptees, to the adoptees. One copy is to be retained in the agency's file on this adoption. G.S. 48-25 (e); July, 1981.

What is your relationship with your parents - now and as a child: _____

Your Father's Brothers & Sisters

1. Full name _____ Age _____ Sex _____
Address _____ Occupation _____
Highest grade completed _____ Height _____ Weight _____ Eyes _____ Hair _____
2. Full name _____ Age _____ Sex _____
Address _____ Occupation _____
Highest grade completed _____ Height _____ Weight _____ Eyes _____ Hair _____
3. Full name _____ Age _____ Sex _____
Address _____ Occupation _____
Highest grade completed _____ Height _____ Weight _____ Eyes _____ Hair _____

Your Mother's Brothers & Sisters

1. Full name _____
Address _____ Occupation _____
Highest grade completed _____ Height _____ Weight _____ Eyes _____ Hair _____
2. Full name _____ Age _____ Sex _____
Address _____ Occupation _____
Highest grade completed _____ Height _____ Weight _____ Eyes _____ Hair _____
3. Full name _____ Age _____ Sex _____
Address _____ Occupation _____
Highest grade completed _____ Height _____ Weight _____ Eyes _____ Hair _____

YOUR GRANDPARENTS

- Your Father's Father's name _____ Age _____ Occupation _____
Health problems _____ If deceased, age & cause of death _____
- Your Father's Mother's name _____ Age _____ Occupation _____
Health problems _____ If deceased, age & cause of death _____
- Your Mother's Father's name _____ Age _____ Occupation _____ 4 |
Health problems _____ if deceased, age & cause of death _____
- Your Mother's Mother's name _____ Age _____ Occupation _____
Health problems _____ If deceased, age & cause of death _____

YOUR BROTHERS & SISTERS

1. Full name _____ Age _____ Sex _____
 Address _____ Occupation _____
 Highest grade completed _____ Height _____ Weight _____ Eyes _____ Hair _____ Complexion _____
 Health _____

2. Full name _____ Age _____ Sex _____
 Address _____ Occupation _____
 Highest grade completed _____ Height _____ Weight _____ Eyes _____ Hair _____ Complexion _____
 Health _____

(if more space is needed, continue on back of sheet.)

SPECIAL NOTATIONS

Twins in family? _____ Musical or mechanical ability in family? _____

Any strong family resemblances or characteristics? _____ What? _____

Name and address of the biological father _____

My impression of this person is _____

I especially want the child, as he grows up, to have _____

Please put a check by each of the following diseases that you have had and indicate at what age as near as can be remembered:

<u>Disease</u>	<u>Had</u>	<u>Age</u>	<u>Disease</u>	<u>Had</u>	<u>Age</u>
Whooping cough	—	—	Scarlet Fever	—	—
Chicken pox	—	—	Typhoid Fever	—	—
Mumps	—	—	Asthma	—	—
Red Measles	—	—	Diphtheria	—	—
German Measles	—	—	Rheumatic Fever	—	—
Polio	—	—			

Have you been pregnant before? ___ If "yes", please indicate the year of the pregnancy and if you had an abortion, released the child for adoption, or if you have the child(ren) with you or a relative _____

Did you have any medical complications with previous pregnancies or has your doctor indicated you may have any problems with this pregnancy? _____

Is biological father aware of the pregnancy? _____

Does he admit that he is the father of the baby? _____

Do your parents know about the pregnancy? _____

Living arrangements at time of birth _____

Address _____

What are your plans for the future? _____

Why do you feel adoption is the best plan for this baby? _____

What type of family would you prefer to have your baby placed with (ie, specific religion, etc.)? _____

In high school (and/or) college, please state your favorite and best subjects and state your school activities. Did you enjoy school? If not, why? _____

The above information about myself and my family is correct to the best of my knowledge:

Date _____ Signature _____

SINGLE AND PREGNANT?



**FLORENCE
CRITTENTON
SERVICES**

A Place to Live

Counseling

Medical and Health Care

Public School on Campus

Financial Assistance

Parenting Support

Adoption Support

CALL

1-800-448-0024

or

704-372-4663

Florence Crittenton Services offers a comprehensive range of residential services for women who are single and pregnant from 10 years and older, who need a safe and healthy environment through the delivery of their baby.

PROGRAMS AND SERVICES

Maternity Program

- A Place to Live
- Individual/Group Counseling
- Prenatal and Health Care
- Childbirth Classes
- Family Planning/Birth Control
- Public School on Campus - Grades 4 - 12
- Recreational Activities
- Self-Enrichment/Spiritual Opportunities
- Adoption Support
- Career Counseling
- Parenting Skills
- Early Childhood Development & Education
- Support Groups
- Substance Abuse Prevention Services

Hunter House Child Development Center (Infants to age 3)

- Professional Trained Staff
- Individualized Development Care
- Parent Education
- Early Childhood Development & Education
- Support Groups

Adoption Support Program

- Transitional Adjustment
- Career Counseling
- Individual and Group Counseling
- Family Planning/Birth Control
- Life Planning Education
- Support Groups
- Education

Community-based, but serving all of North Carolina and South Carolina, Florence Crittenton Services focuses on providing a continuum of care to meet the specific needs of each client. Programs center around producing healthy babies and providing parenting choices and parenting skills to women.



For admissions and/or information on any of Florence Crittenton's programs, contact:
Admissions Office,
1-800-448-0024 or
in Charlotte area,
(704) 372-4663

INTERNATIONAL SOUNDEX REUNION REGISTRY

ISRR • P.O. BOX 2312 • CARSON CITY, NEVADA 89702 • (702) 882-7755

Dear Registrant:

When Julie, a birth mother, was reunited with her daughter, Ronald with his birth father, Jeffrey with his brother and two sisters, none of them had ever really expected an end to their search and to experience the joys of the reunions that followed.

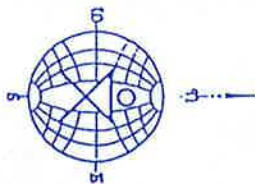
Since 1975, many thousands had their dreams come true, just by simply registering with Soundex Reunion Registry. You too, are given this same hope and opportunity.

The registry had always been provided without cost to its registrants, supported entirely by individual registrant's contributions.

Costs are incurred in the operation and maintenance of your registry, a cost that increases annually.

Won't you please help to ensure your registry will continue to serve you and so many by your generosity. Send your contribution today. All donations are gratefully accepted.

The ISRR Voluntary Board of Trustees thank you.



YES! I want to help.

Enclosed please find my contribution: \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Make checks payable to: **ISRR**

(Indicate if receipt is desired)

“united today for the reunions of tomorrow”
your contributions are tax-deductible

INTERNATIONAL SOUNDEX REUNION REGISTRY

ISRR · P.O. BOX 2312 · CARSON CITY, NEVADA 89702 · 702-882-7755

What Is A Reunion Registry?

A system for matching persons who desire contact with their next of kin-by-birth.

Who Can Register?

1. Any child/adoptee who is 18 years of age or older.
2. Birth parents.
3. Adoptive parents of adoptees who are still under the age of 18.

How Does It Work?

When a registration is received the information is computerized. If data matches and the ISRR registrar determines a relationship exists, both parties will be notified immediately.

How Is This Registry Funded?

ISRR is a non-profit, tax-exempt corporation funded entirely by your donations.

How Much Does It Cost?

There is no fee for this service at this time. All contributions are tax deductible. The generosity of each registrant will enable this registry to provide for the reunions of tomorrow.

ISRR Policy

This registry does not perform a search or provide search advice.

Voluntary registration by adults desiring contact or reunion with their next of kin-by-birth, is deemed legal consent for contact between parties to a match.

Registrants are held responsible for all information provided on their form and any documentation attached thereto.

ISRR will not notify you unless a "match" is made.

ISRR will not accept an unsigned registration form.

INTERNATIONAL SOUNDEX REUNION REGISTRY

Official Registration Form -- Confidential

MAIL TO: ISRR, P.O. BOX 2312, CARSON CITY, NV 89702

FOR OFFICE USE ONLY

FILE _____ **I**

ENTRY _____ **II**

SN	S	DOB	CT	CN	BN	AN
----	---	-----	----	----	----	----

DO NOT WRITE ABOVE THIS LINE

PLEASE TYPE or PRINT LEGIBLY WITH BLACK INK

This registration is my FIRST ENTRY an UPDATE

I AM THE: CHILD BIRTH PARENT SIBLING OTHER (explain) _____

PRESENT NAME _____

ADDRESS _____ QTY _____ STATE _____ ZIP CODE _____

TELEPHONE HOME () _____ SOCIAL SECURITY # _____

NUMBER(S) WORK () _____ REFERRED BY _____

Information about the CHILD

Child is MALE FEMALE

BIRTH DATE (Month/Day/Year) _____ TIME _____ AM PM BIRTHWEIGHT _____ lb _____ oz

HOSPITAL (Birth Place) _____ ATTENDING PHYSICIAN (or other) _____

CITY OF BIRTH _____ COUNTY _____ STATE _____

NAME GIVEN AT BIRTH _____

NAME GIVEN AT ADOPTION _____

ADOPTIVE PARENT'S NAMES _____

BIRTH CERTIFICATE #'S -- File # _____ Registrar # _____

IF THIS WAS A PLURAL BIRTH (Twins/Triplets, etc.), How many MALES? _____ How many FEMALES? _____

Were they separated by adoption? YES NO Their name(s) _____

COURT OF JURISDICTION _____ CITY _____ STATE _____

ATTORNEY OF RECORD _____ DATE OF FINAL DECREE _____

This Adoption was -- PRIVATE BY AN AGENCY SOCIAL WORKER/INTERMEDIARY _____

NAME OF PLACEMENT AGENCY _____ CITY _____ STATE _____

Information About the BIRTH PARENTS (at time of separation)

Birth Mother

Birth Father

NAME(S)								
Maiden Name								
Used at time of birth								
Signed on Relinquishment/Consent								
BIRTH DATE	Age				Age			
BIRTH PLACE								
MARITAL STATUS								
RELIGION								
EDUCATION								
OCCUPATION								
MILITARY BRANCH								
NATIONALITY								
DESCRIPTION	HEIGHT	WEIGHT	HAIR	EYES	HEIGHT	WEIGHT	HAIR	EYES
OTHER CHILDREN								

Were they separated by adoption YES NO Their name(s) _____
 COURT OF JURISDICTION _____ CITY _____ STATE _____
 ATTORNEY OF RECORD _____ DATE OF FINAL DECREE _____
 This Adoption was -- PRIVATE BY AN AGENCY SOCIAL WORKER/INTERMEDIARY _____
 NAME OF PLACEMENT AGENCY _____ CITY _____ STATE _____

Information About the BIRTH PARENTS (at time of separation)

Birth Mother

Birth Father

NAME(S)								
Maiden Name								
Used at time of birth								
Signed on Relinquishment/Consent								
BIRTH DATE	Age				Age			
BIRTH PLACE								
MARITAL STATUS								
RELIGION								
EDUCATION								
OCCUPATION								
MILITARY BRANCH								
NATIONALITY								
DESCRIPTION	HEIGHT	WEIGHT	HAIR	EYES	HEIGHT	WEIGHT	HAIR	EYES
OTHER CHILDREN								
PARENT'S NAMES								

REMARKS

I, the undersigned hereby give my permission to the International Soundex Reunion Registry to release this vital information to the person(s) for whom this search is conducted. I understand this permission is necessary for verification of identity, and my relationship to the missing person.

SIGNATURE _____ DATE _____

ALTERNATIVE ADDRESS AND/OR PHONE _____

INSTRUCTIONS

Please Read this Carefully Before Filling Out the Other Side

1. Fill out both sections of this form with all known facts.
2. Do not abbreviate!
3. Fill out a separate registration for each child.
4. Do not send documents with this form.

How Do I Update My Registration?

When you have additional information or have changed your address, complete a new registration form with all known data. Be sure to mark the UPDATE box. If you are reunited by other means please notify ISRR.

How Do I Obtain More Information?

Before submitting this registration we recommend that you make every effort to obtain documents, records and facts pertaining to you and the family members you seek. Contact agencies, search organizations or specialists for guidance. (See Enclosed)

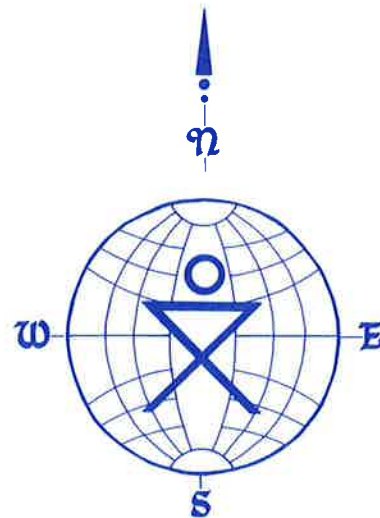
How Will I Know You have Received My Registration?

If you enclose a stamped, self-addressed envelope with your registration we will send you a notice of receipt in that envelope.

How Will I Know If There Is A Match?

The ISRR registrar will contact you by phone or mail. It is very important that you notify ISRR of any change of name, address or phone number. Remember that someone could register looking for you at any time in the future.

INTERNATIONAL SOUNDEX REUNION REGISTRY



A HUMANITARIAN SERVICE · ESTABLISHED 1975

I.S.R.R.
P.O. BOX 2312
CARSON CITY, NV 89702
(702) 882-7755

UNIVERSITY OF NORTH CAROLINA AT PEMBROKE

CHANCELLOR'S SCHOLARS PROGRAM



GUIDELINES FOR THE PREPARATION OF THE
CHANCELLOR'S SCHOLARS THESIS/PROJECT

INTRODUCTION AND REQUIREMENTS

A Chancellor's Scholar wishing to graduate from the University of North Carolina at Pembroke with the special designation of Chancellor's Scholar on his/her transcript and to be so recognized during commencement exercises must satisfactorily complete a major research thesis or an appropriate creative project. Before the thesis or the project is begun, the student must secure the approval of a faculty advisor and the Chancellor's Scholars Council. Following the completion of the thesis research, each senior will submit to the Chancellor's Scholars Council a written essay explaining the research undertaken and the results obtained. An oral summary of the thesis will be then presented before the assembled faculty and students of the Chancellor's Scholars Program. If a creative project is undertaken, the completed work will also be presented to faculty and students of the Chancellor's Scholars Program.

This Thesis/Project, which the Chancellor's Scholars Council views as a most important aspect of each Chancellor's Scholars program of study, provides the student with an invaluable educational experience. By encouraging the student to focus the entire range of imaginative and intellectual resources at his/her command on a single important topic, it permits the student to put into practice the knowledge and skills learned in the general Basic Studies sequence, in the course of study prescribed by the major field. Moreover, mastering the process of planning, researching, and writing a thesis is suitable preparation for graduate and/or professional school. The act of preparing and presenting both the written thesis and the oral report is, further, excellent training for the many jobs that demand proficiency in just these skills. And, above all, this requirement presents the student with the opportunity to conduct independent scholarly research and to enjoy the experience of becoming an expert on the chosen topic. The Chancellor's Scholars Thesis, hence, is by no means an idle academic exercise; it is rather an integral aspect of the education of the superior student.

To be acceptable to the Chancellor's Scholars Council, the research project should meet the following criteria:

1. The project must involve the investigation of a significant problem within the student's major field of study. The topic should be selected in consultation with an advisor in the major department. Exceptions to this policy require the advance approval of the Director of the Chancellor's Scholars Program and the Chancellor's Scholars Council.
2. The topic must be chosen and the project designed so that the student undertakes some original, not just secondary research. The project, in other words, must not result in simply a long term paper. Suitable topics might include, to mention but a few examples, a survey of opinion on a controversial subject, an appropriate experiment in one of the sciences, a statistical analysis of a body of data, a computer program designed to accomplish a task in a novel

way or with novel effectiveness, a critical study of selected works of literature, art, or music, or a historical study of a body of primary sources.

3. A student majoring in one of the Fine Arts may elect to create an original work, such as a musical composition, a major painting, a piece of sculpture, or a play.

4. The proposed research project or creative work must have the formal written approval of a faculty advisor in the major field of study, of the Director of the Chancellor's Scholars Program, and of the Chancellor's Scholars Council.

5.. The length suitable for a thesis will vary according to the topic and the academic discipline. As a general rule, however, papers in the humanities and the social sciences should exceed forty pages. Papers in the sciences and mathematics may be somewhat shorter. The key element is to make sure that the topic is adequately covered. Creative projects in the arts will be of a quality judged by the student's advisor to appropriately reflect the professional standard of the field.

STEPS IN THE PREPARATION OF A CSP THESIS/PROJECT

The planning, researching, and writing of the Thesis, a complex process which normally requires three semesters of work, begins during the second semester of the Junior Year. Students should accordingly enroll in CSP 400 for that semester. At the beginning of the semester, the Faculty Coordinators of the Chancellor's Scholars Program will meet with students enrolled in CSP 400, and they will review the Thesis/Project requirements and explain the six stages of the research process. The "Statement of Proposed Topic" and the "Prospectus" are completed while the student is enrolled in CSP 400. The "Preliminary Draft," "The Final Draft," and "The Oral Presentation" are completed during the two semesters of the Senior year and while the student is enrolled in CSP 450.

1. STATEMENT OF PROPOSED TOPIC.

This statement should consist of a short description of the proposed topic, a description of the nature of the research to be undertaken, and a brief explanation of why this topic is appropriate for a Chancellor's Scholars Thesis. Include in this statement an indication of how the proposed topic relates to the academic major and to plans for professional school and/or employment. This statement should have the written approval of the thesis advisor before it is submitted to the Chancellor's Scholars Council. A student should be prepared to discuss the proposed topic with individual members of the Chancellor's Scholars Council.

2. PROSPECTUS.

An expanded version of the "Statement of Proposed Topic," the Prospectus should give clear evidence that some preliminary research has been undertaken. It should include at least a comprehensive statement of the subject under investigation, and indication of the importance of the subject, and, above all, a clear plan of research. Although the research plan will vary according to the subject, it should involve some sort of original investigation, the nature of which is to be explained in the Prospectus. Appended to the Prospectus will be a preliminary bibliography of both primary and secondary source material available locally and a list of the indexes (or other research aids, such as bibliographies) consulted. Before submitting the Prospectus, the student should review it and ensure that it covers the following points:

- A Tentative Title of the Thesis/Project;
- A Statement of the Research Problem;
- A Statement of Relevant Research and Theory;
- A Summary of Appropriate Research Methods and Procedures;
- Anticipated Sources of Materials and Data.

3. PRELIMINARY DRAFT.

This draft, which must be in a form (preferably typed) suitable for distribution to the members of the Chancellor's Scholars Council for their comments and approval, should embody the fruits of some original research. It must be approved in writing by the Faculty Advisor. Comments and suggestions for revisions will be given the student so that he/she may incorporate them into the final version of the paper. The student should be prepared to meet with individual faculty members for a discussion of the rough draft.

4. FINAL DRAFT.

The final draft will be due at least thirty days before the end of the semester. It must be approved in writing by the Faculty Advisor before it is submitted.

5. ORAL PRESENTATION.

After the final version of the Thesis is submitted to the Director of the Chancellor's Scholars Program and the members of the Chancellor's Scholars Council, the student will prepare for presentation to members of the Council and the Chancellor's Scholars Program a brief report on the Thesis. This presentation, no more than fifteen to twenty minutes in length, should include a statement of the problem investigated, an account of the research

atement of Proposed Topic," the
dence that some preliminary research
include at least a comprehensive
investigation, and indication of the
above all, a clear plan of research.
vary according to the subject, it
iginal investigation, the nature of
Prospectus. Appended to the
y bibliography of both primary and
ble locally and a list of the indexes
bibliographies) consulted. Before
tudent should review it and ensure
ts:

Project;
blem;
ch and Theory;
earch Methods and Procedures;
and Data.

orm (preferably typed) suitable for
he Chancellor's Scholars Council for
ould embody the fruits of some
roved in writing by the Faculty
ions for revisions will be given the
orporate them into the final version of
e prepared to meet with individual
of the rough draft.

t thirty days before the end of the
writing by the Faculty Advisor

sis is submitted to the Director of
n and the members of the
e student will prepare for
Council and the Chancellor's
n the Thesis. This presentation, no
tes in length, should include a
ated, an account of the research

undertaken, a summary of the results obtained, and an indication of possible directions for future work in the field. A student who submits a creative work in the Fine Arts will also present the completed work to the members of the Chancellor's Scholars Program. At the conclusion of the presentation, the student will respond to questions from other Chancellor's Scholars and from members of the faculty.

6. LIBRARY COPY.

Following the oral presentation to the members of the Chancellor's Scholars Program and after the final version of the Thesis/Project is formally approved by the Director of the Chancellor's Scholars Program and the Chancellor's Scholars Council, the student will submit one copy of the Thesis/ Project suitable for binding and permanent placement in the library to the Director of the Chancellor's Scholars Program.

Sample copies of CSP Thesis/Projects are available for consultation in the Mary Livermore Library, and a bibliography of them may be obtained at the Circulation Desk. They are also entered in the online catalog under the title "Chancellor's Scholars Program."

[Proposed Title of Thesis/Project]

A Statement of Topic for a CSP Thesis/Project

Presented to

the Chancellor's Scholars Council of

The University of North Carolina at Pembroke

In Partial Fulfillment

of the Requirements for Completion of

the Chancellor's Scholars Program

by

[Name]

[Date]

Faculty Advisor's Approval _____

Date _____

S

ing to graduate from the University of North
designation of Chancellor's Scholar on his/her
ng commencement exercises must satisfactorily
appropriate creative project. Before the thesis
st secure the approval of a faculty advisor and
llowing the completion of the thesis research,
lor's Scholars Council a written essay explaining
s obtained. An oral summary of the thesis will
l faculty and students of the Chancellor's
is undertaken, the completed work will also be
e Chancellor's Scholars Program.

e Chancellor's Scholars Council views as a most
Scholars program of study, provides the student
nce. By encouraging the student to focus the
tual resources at his/her command on a single
to put into practice the knowledge and skills
uence, in the course of study prescribed by the
process of planning, researching, and writing a
ite and/or professional school. The act of
ten thesis and the oral report is, further,
at demand proficiency in just these skills. And,
e student with the opportunity to conduct
enjoy the experience of becoming an expert on
nolars Thesis, hence, is by no means an idle
al aspect of the education of the superior

ellor's Scholars Council, the research project

ne investigation of a significant
major field of study. The topic should
h an advisor in the major department.
ire the advance approval of the
cholars Program and the Chancellor's

nd the project designed so that the
nal, not just secondary research. The
not result in simply a long term paper.
to mention but a few examples, a
versial subject, an appropriate
ces, a statistical analysis of a body of
igned to accomplish a task in a novel

[Proposed Title of Thesis/Project]

A Prospectus for a CSP Thesis/Project

Presented to

the Chancellor's Scholars Council of
The University of North Carolina at Pembroke

In Partial Fulfillment
of the Requirements for Completion of
the Chancellor's Scholars Program

by

[Name]

[Date]

Faculty Advisor's Approval _____

Date _____



[Proposed Title of Thesis/Project]

A Thesis

Presented to

the Chancellor's Scholars Council of
The University of North Carolina at Pembroke

In Partial Fulfillment

of the Requirements for Completion of
the Chancellor's Scholars Program

by

[Name]

[Date]

Faculty Advisor's Approval _____

Date _____

Eight Questions and Answers About Permanency Planning



North Carolina Coalition
For Foster Children
June 1981



1. What is Permanency Planning?

Permanency planning is a way of providing services to children and their families based on the conviction that children need roots. They need and deserve to grow up belonging to a family of their own. Each child needs to have an ongoing relationship with at least one caring adult that he or she can count on over a long period of time. Of course, good food, shelter, health care, safety, and education are also very important. But without this very basic feeling of belonging, children lack all that they need for normal growth and development. In permanency planning the focus for services is on the child's need for this belonging, and everyone involved with the child and family is working toward this goal.

2. Is Permanency Planning New?

In our country we have always believed that children need permanent homes. But, in spite of this belief, many children and their families have become caught in "foster care drift." One 13 year old girl, who had been in "temporary" foster care for years, described it this way. She said, "I feel like I'm in the lost and found. I'm lost. When will I ever be found?" That's "foster care drift!"

Foster care designed to be temporary out-of-home placement for children is a good resource when used wisely. It can give a child good care while the child's family has time to solve the problems causing the placement and to plan for the child's future. Foster care, in foster families, community group homes, or residential group child care settings, will always be a needed and important service.

Sometimes, however, the "temporary" placement goes on - and on - and on. Children are

moved from one foster care setting to another. Families are not actively involved in planning for their children. This is "foster care drift."

No one wants this to happen. But it happens when social workers are too busy, when services for families are lacking in communities, when our laws are unclear. It happens when lawyers, judges, social workers, legislators, foster parents — in fact, all of us — are unaware of the problem and how to solve it.

The new part of permanency planning is that now we know how to stop "foster care drift." We know the right combination of actions it takes to achieve permanency planning. We know that permanency planning can help assure that each child will grow up with that basic feeling of belonging. We know it works!

3. What Does Permanency Planning Look Like?

When families and children are having problems, every effort is made to solve the problems without separating children from their families. Community support services for families are a vital part of permanency planning.

When out-of-home placement is necessary, everyone involved knows the placement is temporary. And everyone involved acts quickly, so the temporary placement will not drag on. Action and cooperation are important parts of permanency planning. Goals and time limits are set, problems are solved, and plans are made for the child to settle in a family of his own as quickly as possible.

When temporary custody of a child has been given to the county Department of Social Services by the court, special attention is given to prevent "drift." Both the court and the county DSS review the progress being made toward the goal for the child, on a regular basis. Often foster parents and concerned citizens help with this review. Frequent case reviews are a part of permanency planning.

When a child cannot return home and needs a new family, legal steps are taken to free the child for adoption. An adoptive family is selected and prepared, the child is prepared, and the legal work is done so the child can become part of a new family. Sometimes the child's foster family becomes the new permanent family. Specialized adoption services are a part of permanency planning.

4. What Are The Permanency Options?

The first choice, of course, is that the child and family will be able to stay together. When out-of-home placement is necessary for a planned period of time, the first-choice permanency option is for the child to return to his or her own family, or to relatives.

Sometimes, return home is not possible soon enough. Children grow up quickly, and some problems take too long to solve. So, a permanent home with a new family — adoption — is the second choice. All kinds of children, of all ages and conditions, are adoptable and are being adopted by new families of their own these days.

Sometimes, adoption is not chosen because the child's ties to his or her own family are too important, even though the child cannot return home. In these cases, permanent out-of-home care becomes the option. This is no longer temporary placement. It is permanent care in one home or group care setting, where the child will finish growing up and preparing for adult life. Everyone involved knows and agrees in writing that this is permanent — the child, his or her family, the agency, and the caregivers.

5. What Does It Take To Implement Permanency Planning?

A puzzle doesn't become a whole picture until all the pieces are in place. Permanency planning has a number of different pieces, all of which need to be in place to make permanency planning happen. Some of these pieces are —

- Trained social workers with enough time to see that plans are made and carried out for each child.
- Social service agencies with clear policies and procedures to achieve permanence for children.
- Legal counsel available for agencies and for parents, and guardians ad litem for children.
- Regular reviews of all children in out-of-home care, by agencies and by courts.
- Supportive services to troubled families, such as day care, homemakers, counseling, emergency financial assistance, housing, parent education, and medical, educational and mental health services for children with special needs.
- Information systems to keep track of all children in out-of-home placement.

- Laws which protect both parents' rights and children's rights.
- Citizens, volunteers, and foster and adoptive parents who speak out for children who cannot speak for themselves.
- Adoption subsidies, photo listings and adoption exchanges, and active recruitment and educational programs for families interested in adoption.
- Families willing to serve as temporary foster care families or permanent adoptive families.

The glue that holds all these pieces together is a clear sense of commitment from the public and policy makers that permanency planning **will** happen!

6. What About Costs?

The old saying "a stitch in time saves nine" applies to permanency planning. Short-term costs save money in the long run. It saves taxpayers' money when children grow up in families of their own rather than in foster care, even if the family needs help of some sort.

There are extra short-term expenses in permanency planning. Helping troubled families stay together or reunite costs more than not helping. Social work caseloads of 16 children cost more than 45 or even 75 per caseload. Legal fees and specialized adoption services cost more than leaving children in foster care. But these short-term costs are much less expensive than long-term foster care.

Here's an example of a typical foster child in North Carolina:

Jimmy is 11 years old and has been in foster care for 4 years.

If he stays in foster care until he is 18, the cost of foster care board and administration could be about \$28,000

But if he is able to return home at age 12, the cost of only 1 more year of foster care, plus help to his family to solve problems, could be about \$ 8,000

Or, if he cannot return home and is adopted at age 12, the cost of 1 more year of foster care plus adoption services could be about \$ 7,000

Permanency planning costs the taxpayers less — in the long run. And it's **much** better for children, too!

7. What Is North Carolina Doing About Permanency Planning?

North Carolina has made a good beginning. Much more needs to be done.

Eight counties, along with the State Division of Social Services, began a Permanency Planning Pilot Project in 1979. They used the experience of other states that had begun permanency planning. A total of 370 children who were in foster care were included in the project. Results for these 370 children after one year were:

- 238 children (64%) were returned home or to relatives
- 59 children (16%) were adopted, many by their foster families
- 21 children (6%) were waiting for the legal work to be finished so they could be adopted
- 24 children (6%) still were in temporary care, but many were expected to return home.
- 28 children (8%) were in permanent foster care.

This project showed that permanency planning can be done in North Carolina and that it works!

There have been other important actions in North Carolina to help bring permanency planning to all children and families caught in "foster care drift." For example —

- Five court districts in North Carolina have started "Children in Placement" projects, a proven way to conduct case reviews with the help of citizen volunteers.
- The General Assembly and the Governor made some money available in 1980 for:
 - a statewide computer information system on children for whom the state has responsibility for placement
 - adoption services
 - training and assistance in permanency planning for social workers
 - county permanency planning social workers with limited caseloads.
- 72 counties are now involved in permanency planning methods.
- Advocacy groups, foster and adoptive parents, and other citizens are beginning to learn how to help.
- Laws have been changed to help protect the rights of both parents and children.
- PALS, the N.C. photo listing book for children waiting for adoption, is now in use.
- More counties are conducting regular agency reviews of children in temporary placement.

8. What More Needs To Be Done?

A great deal. For instance —

- Many more adoptive and foster families of all kinds are needed, for Black children, older children, groups of brothers and sisters, handicapped children.
- The state needs to continue to make money available for legal services, social worker time, specialized adoption services, etc.
- Citizens need to monitor the use of permanency planning money to be sure it is spent the way the General Assembly intends.
- More community support services for families and children having problems are needed. Churches and civic groups can play a key role.
- Case reviews by courts with the help of citizen volunteers need to be expanded to all court districts.
- All 100 counties need to be involved. All child welfare social workers need to be trained in permanency planning. Legal and agency barriers to adoption need to be removed.

There are still 14,000 children each year in foster care in North Carolina. Many of them are caught in "foster care drift" or will soon be, unless permanency planning is there to help. We can make permanency planning happen for all these children, if we all work together.

More Information

For further information on permanency planning and how you can help, contact —
N.C. Coalition for Foster Children, P.O. Box 30911, Raleigh, N.C. 27622 or Careline, toll free 800-662-7030 or Governor's Advocacy Council for Children and Youth, 112 W. Lane St., Raleigh, N.C. 27611, (919) 733-6880

Published by the N.C. Coalition for Foster Children; prepared by Group Child Care Consultant Services, UNC School of Social Work, Patricia Sipp, text, Mike Mathers, graphics; funded by the Z. Smith Reynolds Foundation.

- 
1. **What Is Permanency Planning?**
 2. **Is Permanency Planning New?**
 3. **What Does Permanency Planning Look Like?**
 4. **What Are The Permanency Options?**
 5. **What Does It Take To Implement Permanency Planning?**
 6. **What About Costs?**
 7. **What Is North Carolina Doing About Permanency Planning?**
 8. **What More Needs To Be Done?**

N.C. Coalition for Foster Children
P.O. Box 30911
Raleigh, N.C. 27622