

REQUEST FOR POST-ADOPTION SERVICES

Adoptee's Current Nam	e:			
Adoptee's Korean Nam	e:			
Adoptee's Case #:	K-			
Date of Birth:				
Adoptee's Address:				
Primary Phone Number		Alternate #:		
Email Address:		1		
Adoptive Parents' Nam	es:			
Address:				
Primary Phone Number	-		Alternate #:	
Email Address:				
Review and/or duplication Post-adoption counse Search for foster pare Meeting with foster p	· · · · · · · · · · · · · · · · · · ·	Update file at KSS with Counseling session/visi Search for birth mother Meeting with birth mot		
(Signature of Adoptee)		(Date)		
chigan Office 140 Van Dyke – Suite 110 erling Heights, MI 48314 one: 586-726-2988	Livingston Office 3075 E. Grand River – Suite 116 Howell, MI 48843 Phone: 517-615-1275	Monroe Office 754 S. Monroe Monroe, MI 48161 Phone: 734-344-6606	Ohio Office 143 Gougler Avenue Kent, OH 44240 Phone: 330-296-2757	

Mi 42 Ste

Ph Fax: 586-726-2599

Fax: 517-618-0283

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Fax: 330-296-2859