

Ohio Department of Job and Family Services
OHIO LAW AND ADOPTION MATERIALS

SECTION I: GENERAL INFORMATION ABOUT ADOPTION

Ohio law requires that agencies or attorneys who work with parents who wish to place their child for adoption must discuss the adoption process, provide parents with written information on adoption and discuss the ramifications of consenting to a child's adoption. By signing this section of the form, you will be acknowledging that you:

- have been provided with a copy of written materials on adoption;
- were able to discuss and ask questions about the materials and the adoption process; and
- are now fully aware of the ramifications of consenting to the adoption of your child or entering into a voluntary permanent custody surrender agreement.

Signature of Biological Parent	Please Print Name	Date
Signature of Assessor	Please Print Name	Date
Signature of Witness	Please Print Name	Date

Ohio law allows parents who will be placing their child for adoption to decide at any time whether they will permit the Ohio Department of Health (ODH) to release identifying information from the adoption file about themselves to the adoptive parents and the child. Identifying information includes first name, last name, maiden name, alias, social security number, address, telephone number, place of employment, number used to identify a person for the purpose of a statewide education management system and any other number federal/state law requires or permits use of as a means of identifying a person.

By signing this section of this form you will be acknowledging that you:

- have been provided with detailed information about your ability to consent to the release of identifying information;
- are aware of the fact that you can allow the ODH to release identifying information about yourself to the adoptive parent when the adopted person is at least eighteen years of age but younger than twenty-one years of age; and to the adopted person when the adopted person is twenty-one years of age or older;
- can prohibit the release of identifying information about yourself; and
- were informed that the decision you make today can be changed at any time and as many times as you desire by signing, dating and having filed with the ODH a Denial of Release Form or an Authorization of Release Form once you provide the Ohio Department of Health with two forms of identification.

Signature of Biological Parent	Please Print Name	Date
Signature of Assessor	Please Print Name	Date
Signature of Witness	Please Print Name	Date
Child's Name		Child's Date of Birth

SECTION II: DENIAL OR AUTHORIZATION TO RELEASE SPECIFIC IDENTIFYING INFORMATION ABOUT MYSELF

<p>Under Ohio law, parents are permitted to release specific identifying or non-identifying information. Please check either YES or NO to the following questions:</p>	
<p>Release of Materials (Other than Photographs), i.e., baby blanket, letter to the child, baby bracelet, books, etc.</p> <p><input type="checkbox"/> YES, I authorize the agency or attorney to release materials (other than photographs) upon request to the adoptive parent or to the adopted person.</p> <p><input type="checkbox"/> NO, I do not authorize the release of materials about me to the adoptive parent or to the adopted person.</p>	
<p>Release of Photographs</p> <p><input type="checkbox"/> YES, I authorize the agency or attorney to release photographs of myself upon request to the adoptive parent or to the adopted person.</p> <p><input type="checkbox"/> NO, I do not authorize the release of photographs of myself to the adoptive parent or to the adopted person.</p>	
<p>Release of First Name</p> <p><input type="checkbox"/> YES, I authorize the agency or attorney to release my first name upon request to the adoptive parent or to the adopted person.</p> <p><input type="checkbox"/> NO, I do not authorize the release of my first name.</p>	
<p>By signing this section of the form, I also acknowledge that I have been provided a copy of written materials about adoption prepared by the Ohio Department of Job and Family Services. In addition, I have been given an explanation of the adoption process and the ramifications of consenting to adoption or entering into a voluntary permanent custody surrender agreement have been discussed with me. I have been provided the opportunity to review the materials and ask questions about the materials.</p>	
Signature of Biological Parent	Date
Signature of Assessor	Date
Signature of Witness	Date
Child's Name	Child's Date of Birth

SECTION III: DISCLOSURE STATEMENT

<p>Statement Regarding Release of Identifying Information</p> <p>The purpose of this section of the form is for you to decide whether to permit the Ohio Department of Health (ODH) to provide an adopted person and adoptive parent identifying information about you which is contained in the adoption file maintained by ODH. Please check one box only:</p> <p><input type="checkbox"/> Checking this box indicates that <u>I do authorize</u> the release of identifying information about me that is in the adoption file maintained by ODH. This information will be released upon request to the adoptive parent when the adopted person is between the ages of eighteen and twenty-one; and to the adopted person when the adopted person is twenty-one years of age or older.</p> <p><input type="checkbox"/> Checking this box indicates that <u>I do not authorize</u> the release of identifying information about me, and I prohibit the release of identifying information in the adoption file maintained by ODH.</p>	
<p>The following Disclosure Statement Regarding the Release of Identifying Information was read aloud to me, and I fully understand its contents:</p> <p style="padding-left: 40px;">You may change your mind at any time and as many times as you desire regarding the decision you make about the release of identifying information by signing, dating, and filing a Denial of Release Form or Authorization of Release Form prescribed and provided by ODH, and by providing the department with two forms of identification.</p> <p style="padding-left: 40px;">You have been provided with and have had the opportunity to review written materials about adoption provided by the Ohio Department of Job and Family Services. By signing this section of this form, you will be acknowledging that you have been provided a copy of written materials about adoption prepared by ODJFS. Information concerning the adoption process and ramifications of consenting to an adoption or entering into a voluntary permanent custody surrender agreement have been discussed with you, and you have been provided the opportunity to review and ask questions about the materials.</p>	
Signature of Biological Parent	Date
Signature of Assessor	Date
Signature of Witness	Date
Child's Name	Child's Date of Birth

SECTION IV: INFORMATION RELATED TO THE CHILD'S BIRTH AND RELATED COSTS(TO BE COMPLETED BY THE BIRTH MOTHER)

<p>Ohio law requires the court be provided with information on the costs incurred by the mother or other person/agency which were related to the birth of the child and the adoption. Please complete the following questions to the best of your ability.</p>	
<p>Recipient of Medical Assistance</p> <p><input type="checkbox"/> YES, I, the birth mother, during my pregnancy, was a recipient of the medical assistance program established under Chapter 5111. of the Ohio Revised Code or other public health insurance programs.</p> <p style="margin-left: 40px;">My eligibility began My eligibility ended</p> <p><input type="checkbox"/> NO, I, the birth mother, during my pregnancy, was not a recipient of the medical assistance program established under Chapter 5111. of the Ohio Revised Code or other public health insurance programs.</p>	
<p>Covered by Private Health Insurance</p> <p><input type="checkbox"/> Yes, I, the birth mother, during my pregnancy, was covered by private health insurance.</p> <p style="margin-left: 40px;">My coverage began My coverage ended</p> <p style="margin-left: 40px;">My insurance provider's name My type of coverage</p> <p style="margin-left: 40px;">My insurance identification number</p> <p><input type="checkbox"/> No, I, the birth mother, during my pregnancy, was not covered by private health insurance.</p>	
<p>Location of Birth and Medical Care</p> <p>Enter the name and location of the hospital, freestanding birth center, or other place where the mother gave birth, and if different, received medical care immediately after giving birth.</p> <p style="margin-left: 40px;">Name</p> <p style="margin-left: 40px;">Location (City)</p> <p style="margin-left: 40px;">Were your birth and medical expenses paid directly to you or the facility?</p> <p style="margin-left: 40px;">List obstetrical and neonatal care expenses</p>	
<p>Child's Name</p>	<p>Child's Date of Birth</p>

SECTION IV: INFORMATION RELATED TO THE CHILD'S BIRTH AND RELATED COSTS (CONTINUED)

Adoption expenses to be paid include

- Physician's expenses for the mother
- Physician's expenses for the minor
- Hospital expenses for the mother
- Hospital expenses for the minor
- Expenses charged by the attorney arranging the adoption
- Expenses charged by the agency arranging the adoption
- Temporary cost of routine maintenance
- Guardian Ad Litem fees
- Foster care expenses
- Court expenses
- Living expenses not exceeding three thousand dollars for the birth mother that are incurred during pregnancy through the sixtieth day after the date the minor is born and paid by the petitioner to the birth mother through the attorney or agency arranging the minor's adoption.

- YES, I, the birth mother, **have been** informed that the adoptive parents or the agency or attorney arranging the adoption are to pay expenses involved in the adoption. I have been informed as to, or received an estimate of, the expenses to be paid. Expenses to be paid will be in the amount of \$
- NO, I, the birth mother, **have not been** informed that the adoptive parents or the agency or attorney arranging the adoption are to pay expenses involved in the adoption.

By signing this form, I acknowledge that the information contained herein is accurate to the best of my knowledge, and that I have received a copy of this document.

Signature of Biological Parent	Date
Signature of Assessor	Date
Signature of Witness	Date
Child's Name	Child's Date of Birth

OHIO LAW REQUIRES THAT THE PARENT RECEIVE A COPY OF THIS FORM