

RESPONSE FORM

Date: _____

To: Christian Family Services, Inc.
PO Box 36426
Rock Hill, SC 29732

From: _____

Phones: _____ Home
_____ Adoptive Father Work _____ Cell
_____ Adoptive Mother Work _____ Cell

E-mail: _____

We have read the materials concerning adopting a child through your agency.

We understand that we may choose any one, two, or all of the following options, which were explained on Page 2 of the General Information sheet. We have chosen the following:

- _____ #1 - We would like to be considered for an **AGENCY ADOPTION**.
We will wait until we are included in an Agency Adoption Orientation.
- _____ #2 - We would like to be considered for a **SPECIAL NEEDS ADOPTION**.
- _____ #3 - We are planning an **IDENTIFIED ADOPTION**, and would like CFS to facilitate the placement.
- _____ #4 - We live in South Carolina and are planning to adopt a child from another agency, attorney, country or state. We would like for you to conduct our home study and post-placement visitation.

Placing Agency or Attorney

Placing Agency or Attorney's Contact Information

Country or State (if applicable)