

**RESPONSE FORM**

Date: \_\_\_\_\_

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

From: \_\_\_\_\_ Name  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, State, Zip Code

Phone \_\_\_\_\_ Home  
Numbers: \_\_\_\_\_ Adoptive Father Work  
\_\_\_\_\_ Adoptive Mother Work  
\_\_\_\_\_ Adoptive Father Cell  
\_\_\_\_\_ Adoptive Mother Cell

E-mail: \_\_\_\_\_

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

Enclosed are the following:

- Adoption Application
- Picture of us labeled by month and year
- Picture of our home
- Our \$100.00 non-refundable check

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.
- #5 - We live in another state and need information about having our home study done.