



Connecting Hearts
Adoption Services
Connecting hearts. Building families.

Post Placement Contact Information Sheet

CONGRATULATIONS! Now that you have arrived home with your new child, please fill out this form and email it to our office so that we can begin scheduling your post placement visits.

Family Name	
Phone Number	
Baby's Full Name	
Date of Birth	
City and State where Baby was born	
Name of Placing Agency/Attorney	
Address	
City, State, Zip	
Phone Number	
Fax Number	
Contact Person	

Different states have different requirements for the post placement reports. Please check with your placing agency to determine the number of visits required, the months they are required (January, February etc.) and where the appointment must take place and fill in the appropriate spaces below. Please ask your agency if BOTH parents are required to be present at the post placement visits.

Total # of Post Placement visits required _____

- 1st Visit – Month _____ At home _____ Office _____ Telephone _____
- 2nd Visit – Month _____ At home _____ Office _____ Telephone _____
- 3rd Visit – Month _____ At home _____ Office _____ Telephone _____
- 4th Visit – Month _____ At home _____ Office _____ Telephone _____

Connecting Hearts Adoption Services
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