



Jim Doyle
Governor

Helene Nelson
Secretary

State of Wisconsin

Department of Health and Family Services



This is to confirm your willingness to accept the adoptive placement of _____, born on _____. We are looking forward to proceeding with the placement.



_____ please sign and return the enclosed adoptive placement agreement. The agreement identifies the responsibilities and rights of the family and the agency, confirms that you _____ received a full presentation of the available background information regarding _____ and indicates the outcome of our discussion regarding Adoption Assistance. This agreement _____ is required by s.48.63(1), Wisconsin Statutes.

We have made the following plans for pre-placement visits and placement _____



Congratulations on your newly planned adoptive placement. Please feel free to call me at _____ any time at _____. We wish the best for your new family.



Sincerely,



_____, Adoption Social Worker
Adoption and Consultation Unit
Division of Children and Family Services

