



ALTERNATIVE MARKETS | DEDICATED TO PUBLIC ENTITY  
SUPPLEMENTAL APPLICATION FOR INSURANCE

Entity Name

ADOPTION/FOSTER SERVICES

Services Provided:

- Yes  No Adoption  
 Yes  No Foster

Adoption:

\_\_\_\_\_ Number Placements Last Year

\_\_\_\_\_ Number Placement Expected This Year

Foster:

\_\_\_\_\_ Number Foster Families Certified at One Time

\_\_\_\_\_ Number Children Placed at One Time

- Yes  No Do adoptive/foster family applicants complete and pass all state required courses, tests, and inspections?  
 Yes  No Are any medical services provided by employees?  
 Yes  No Are the Entity operations in compliance with state regulations and licensing requirements?  
 Yes  No Is the operation accredited by COA (Council on Accreditation Services for Children and Families)?

Do written policies address the following?

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Adoption/Foster Family Eligibility   | <input type="checkbox"/> Domestic Adoptions | <input type="checkbox"/> Interstate Adoptions | <input type="checkbox"/> Unmarried Fathers' Rights |
| <input type="checkbox"/> Local, State and Federal Regulations | <input type="checkbox"/> Privacy Standards  | <input type="checkbox"/> Right to Consent     |  |