

**Maryland Department of Human Services
Social Services Administration
Post-Adoption Search, Contact, and Reunion Services**

**APPENDIX TO THE
CONFIDENTIAL INTERMEDIARY
MANUAL**

2019

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Confidential Intermediary Service Forms and Materials

POST-ADOPTION SEARCH, CONTACT, AND REUNION SERVICES FACT SHEET AND OVERVIEW

The Social Services Administration of Maryland's Department of Human Services (DHS) oversees Post-Adoption Search, Contact, and Reunion Services for adoptions that were finalized in Maryland. These services consist of two programs: the Mutual Consent Voluntary Adoption Registry (MCVAR), and Search, Contact, and Reunion Services, which are the services provided by Confidential Intermediaries who are trained and certified by the Social Services Administration. MCVAR is a confidential, cross-referencing database of adult adoptees, birth parents, and birth siblings. If there is a match, the identities of the parties are confirmed and contact is facilitated. Search, Contact, and Reunion Services involves active searching for birth relatives by Confidential Intermediaries, who then assist in the facilitation of contact if the parties are interested.

The Social Services Administration provides oversight to ensure applications for these services are complete, and then enters the information contained in the applications into MCVAR. The MCVAR database then cross-references the new Registrant's information with information provided by existing entrants. If there is a match in MCVAR, the Social Services Administration confirms the accuracy of the match, and releases the contact information provided to the individuals in accordance with their notarized consent forms.

If a match is not made in the Registry and a Registrant so desires, the Social Services Administration assigns the search to a Confidential Intermediary (CI) based upon whether the adoption occurred through a private child placement agency, a local department of social services, or through the help of a private attorney.

The Registrant and the CI will be notified in writing of the search assignment, and the Registrant must then contact the CI to begin the actual search. The Registrant and CI then enter into a Service Agreement to clarify and document the services requested. If the adoption occurred through a private child placement agency that offers CI services, there may be a fee for CI services. Such fees are addressed in the Service Agreement. Search services do not begin until a CI receives a signed Service Agreement from the Registrant.

The CI will then identify and locate the birth relatives sought, and inquire into the birth relatives' willingness to have contact. If all parties are interested in contact, the CI will assist in arranging and facilitating contact.

There is no guarantee that information, or the person sought, will be found; and there is no guarantee that if found, the person sought will be interested in contact or reunion with the Registrant. While CI Services may or may not lead to a reunion, these services often assist the adult adoptee, the birth family, and the adoptive family in obtaining medical history.

CONSENT TO RELEASE INFORMATION FROM AN ADULT ADOPTEE

I, _____, _____, am an adoptee who is at least 21 years old.
(Current Name) (Social Security Number)

My adoption was initiated and/or finalized in the State of Maryland, and the petition was filed by (check one if known):

- ___ A Local Department of Social Services in _____ (County/City)
- ___ A Private Child Placement Agency (name) _____ or
- ___ An Independent Agent (attorney's name) _____

Pursuant to the Code of Maryland Regulations (COMAR) 07.02.13.01 – 09, I hereby give permission, or refuse to give permission, to the Department of Human Services/Social Services Administration (DHS/SSA), or a private child placement agency, to do the following concerning my birth parents, birth siblings who has also been adopted, or in the event that my birth parent is deceased, birth relatives, including grandparents, adult brothers and sisters, aunts and adult uncles **(print “Yes” by the actions you want to occur, and “No” by the actions you do not want to occur):**

- ___ Release updated medical information
- ___ Release my name and address
- ___ Release my telephone number
- ___ Release my email address
- ___ Facilitate written contact
- ___ Facilitate telephone contact
- ___ Facilitate a reunion

I will notify DHS/SSA of any change of name and/or address. In the event that I forget to notify the Department of these changes, I am providing the name, address, and telephone number of a close friend or relative who will know how I can be contacted:

(Name, Address, Telephone Number)

I understand that I may withdraw my consent to release identifying information in writing at any time.

SIGNATURE DATE

ADDRESS

HOME PHONE NUMBER WORK PHONE NUMBER

=====

Notary Public: _____ Date: _____

PRE-SEARCH QUESTIONNAIRE FOR ADULT ADOPTEE

Please complete this questionnaire prior to meeting your assigned Confidential Intermediary.

Your Full Name: _____ Date of Birth: _____

Your Full Adopted Name (if different): _____

Current Address: _____

Current Phone Numbers: (H) _____ (W) _____ (C) _____

Marital Status: _____ Spouse's Name: _____ Years Married: _____

Names of Children and Ages: _____

Occupation/Type of Work: _____

Employer: _____

Level of Education: _____ Degree/Area of Study: _____

Religion: _____

Hobbies, Interests, Talents, Achievements:

CONFIDENTIALITY NOTICE: Your responses to the following questions are confidential and would not be discussed with another party without your knowledge and written permission. **Please answer, in as much detail as possible, the following questions. If you need more space, use the backs of pages or type your responses separately and attach them to this form.**

1) Why did you initiate this search, and why have you chosen to initiate it at this time?

2) What are your expectations/hopes/goals for this search?

3) Who in your life is aware of your search, and what has their reaction been?

4) If any of your siblings are adopted, have any of them conducted a search for their birth parents? If so, briefly describe the outcome and the impact on your sibling.

5) Briefly describe your childhood and your relationship with your adoptive parents and any siblings. Are there any current unresolved issues with your adoptive family?

6) How was the subject of adoption handled in your adoptive family? (For example, when were you told; were you parents open with you in discussing your adoption, including the reasons why adoption was planned for you, and any background information? Did you feel comfortable asking questions about your adoption?)

7) How do you think that being adopted has impacted your relationships, your life, and how you feel about yourself? Are there any sensitive areas or issues connected with being adopted that have affected you, and/or currently affect you?

8) What effect, if any, will contact with your birth parent(s) have on your relationship with your adoptive family?

9) Briefly describe your personality. Are there currently any significant unresolved problems in your personal life (i.e. marital or other family issues, work problems, interpersonal problems, drugs, alcohol, etc.)

10) How do you typically handle stressful situations?

11) Have you ever received counseling/treatment/medication/hospitalization for any emotional, mental, alcohol, or any other substance abuse problems? Are you currently in any kind of treatment for any issues? Please describe.

12) Have you ever been arrested, convicted of a crime and/or incarcerated? If yes, please describe.

13) Have you had, or do you currently have, any physical or medical problems? Please describe.

14) Based on the background information that you received about the circumstances of your placement for adoption, what are your feelings toward your birth parents for making this decision?

15) What kind of person do you expect your birth parent(s) to be?

16) What obstacles or issues do you think might prevent your birth parent(s) from responding positively to your desire for contact?

17) Please discuss what your feelings and reactions might be to the following possible scenarios:

A. Your birth parent declines contact with you, and will not disclose any information:

B. Your birth parent is ill, mentally ill, has a challenging personality, or is very needy:

C. Your birth parent never told anyone, including a spouse or children, about the adoption:

D. Your birth parent cannot be located or is deceased:

E. Your birth parent is uncertain about how much contact to have or how to proceed:

F. Your birth parent wants more contact than you are ready to have:

18) Please share your feelings about the State of Maryland's requirements:

A. That an intermediary is appointed to provide search services:

B. That you have an interview to discuss your readiness to proceed with the search process:

C. That Maryland is a mutual consent state, and your birth parent has the right to decline contact or the release of any information:

19) Please use the following space to add any additional comments or concerns:

Signature

Date

PRE-SEARCH QUESTIONNAIRE FOR BIRTH PARENT

Please complete this questionnaire prior to meeting your assigned Confidential Intermediary.

Your Full Name: _____ Date of Birth: _____

Your Full Name at Time of Adoption (if different): _____

Current Address: _____

Current Phone Numbers: (H) _____ (W) _____ (C) _____

Marital Status: _____ Spouse's Name: _____ Years Married: _____

Names of Children and Ages: _____

Occupation/Type of Work: _____

Employer: _____

Level of Education: _____ Degree/Area of Study: _____

Religion: _____

Hobbies, Interests, Talents, Achievements:

CONFIDENTIALITY NOTICE: Your responses to the following questions are confidential, and will not be discussed with another party without your knowledge and written permission. **Please answer, in as much detail as possible, the following questions. If you need more space, use the backs of pages, or type your responses separately and attach them to this form.**

1) Why did you initiate this search, and why have you chosen to initiate it at this time?

2) What are your expectations/hopes/goals for this search?

3) Who in your life is aware of your search, and what has their reaction been?

4) Do you know anyone else who placed a child for adoption and then conducted a search for that person? If so, briefly describe the outcome and the impact on the person who searched.

5) Briefly describe your personality. Are there currently any significant unresolved problems in your personal life (i.e. marital or other family issues, work problems, interpersonal problems, drugs, alcohol, etc.)

6) How do you typically handle stressful situations?

7) Have you ever received counseling/treatment/medication/hospitalization for any emotional, mental, alcohol, or any other substance abuse problems? Are you currently in any kind of treatment for any issues? If yes, please describe.

8) Have you ever been arrested, convicted of a crime, and/or incarcerated? If yes, please describe.

9) Have you had, or do you currently have, any physical or medical problems? Please describe.

10) Please describe the circumstances of the adoption as you remember them to be.

11) At the time of the adoption, who in your life knew that you had a child that you placed for adoption?

12) Do you feel the plan for adoption was your decision, or do you feel that others were in control of the decision?

13) How was the pregnancy and adoption handled within your family of origin? Was it ever discussed after the placement?

14) How do you now feel about your original decision to place your child for adoption?

15) How has your decision to place your child for adoption impacted your life and relationships? How has it affected how you feel about yourself?

16) What kind of person do you expect your adult child to be?

17) What obstacles or issues do you think might prevent your adult child from responding positively to your desire for contact?

18) How will the search or contact affect your adult child's adoptive family?

19) Please discuss what your feelings and reactions might be to the following possible scenarios:

A. Your adult child declines contact with you, and will not disclose any information:

B. Your adult child is ill, has/had an addiction, is mentally ill, has had a very difficult life, has a challenging personality and/or is very needy on some level?

C. Your adult child never knew that he/she was adopted?

D. Your adult child cannot be located or is deceased?

E. Your adult child is happy to be found but uncertain about how much contact to have or how to proceed?

F. Your adult child wants more contact than you are ready or want to have?

20) Please share your feelings about the State of Maryland's requirements:

A. That a confidential intermediary is appointed to provide search services:

B. That you have an interview to discuss your readiness to proceed with the search process:

C. That Maryland is a mutual consent state, and your adopted adult child has the right to decline contact or release of any information:

Please use the following space to add any additional comments or concerns:

Signature

Date

CONFIDENTIAL INTERMEDIARY SERVICE AGREEMENT

The Confidential Intermediary (CI) agrees to undertake search, contact, and reunion services (“Services”) on behalf of the Registrant in accordance with Family Law, §§ 5-4B-01, *et seq.*, of the Maryland Annotated Code, COMAR 07.02.13.01, *et seq.*, and applicable Department of Human Services (DHS) policy. This Agreement is not a guarantee that the CI will locate or make contact with an individual sought by a Registrant. While a CI may locate an individual, that individual may refuse contact, decline to participate in a reunion, or refuse to provide updated medical or background information. In cases where the individual sought is deceased, the CI will provide additional Services with respect to other relatives if requested in the Conditional Service Agreement. The CI reserves the right to refuse to facilitate a reunion if, based on the professional opinion of the CI, doing so could cause harm to either party.

The CI will provide a status report regarding the progress of the search to the Registrant 90 days after the commencement of the search. Additional status reports will be provided every 90 days thereafter until the search is completed. Likewise, the CI will provide a status report to DHS 90 days after the commencement of the search and every 90 days thereafter until the search is completed. Copies of all Service Agreements and status reports will be retained by DHS in accordance with applicable law, regulations, and procedures.

If the CI is unable to make progress in either locating or making contact with the individual sought, the CI will notify the Registrant that if additional information is not found or the individual does not return correspondence within 90 days, the search will be considered completed at the end of that 90-day period. The CI will notify the Registrant that the search is considered completed and will forward to DHS all information discovered in the course of the search. A Registrant may reapply for Services two years after the search’s completion.

The State of Maryland provides CI Services without charge. However, if the adoption occurred through a Private Child Placement Agency (CPA), that CPA may charge a fee up to the amount listed in the schedule below, which is based upon the federal poverty guidelines, available at <https://aspe.hhs.gov/poverty-guidelines>. The fee charged cannot exceed the actual cost of providing the Services.

If the Services requested are necessary because of a medical emergency that is documented and supported by a physician’s letter or the Registrant’s gross income is at or below the federal poverty line, no fee will be charged. CPAs may exercise their discretion and reduce or waive the fee.

Confidential Intermediary Services Fee Schedule for CPAs

Registrant’s Gross Income as a Percentage of the Federal Poverty Guideline	Paid to Confidential Intermediary’s CPA	
	CI Services for One Person	CI Services for Two People
At or Below 100%	\$0	\$0
At or Below 200%	\$125	\$225
At or Below 300%	\$175	\$275
At or Below 400%	\$250	\$350
At or Below 500%	\$325	\$425
At or Below 600%	\$400	\$500
At or Below 700%	\$475	\$575
At or Below 800%	\$550	\$650
At or Below 900%	\$625	\$725
Above 900%	\$700	\$800

Fees will not be refunded if the individual sought refuses contact, declines to participate in a reunion, refuses to provide updated medical or background information, is unable to be located, or is deceased. Nor will fees be refunded if a CI refuses to facilitate a reunion based on the CI’s professional opinion that such a reunion could cause harm to either party.

If the Registrant requests and pays a CI with a CPA for Services with respect to one individual and, within one year, requests Services relating to a second individual, the additional fee charged is the difference between the fees for the two Services as shown on the chart above. If the individual sought is deceased and the CI provides additional Services with respect to relatives or family members of the deceased individual, the CI may charge the Registrant a reasonable fee for the additional Services provided, and that additional fee should not exceed those outlined above. All fees will be determined and agreed upon by the CI and the Registrant prior to the CI providing the additional search services. The total fees a CPA may collect for Services cannot exceed the cost of providing those Services.

Investigation No.: _____

Registrant’s Initials: _____

INITIAL SERVICE AGREEMENT

Applicant's Name: _____

Address: _____

Phone (home): _____ **(cell):** _____ **(work):** _____

I, _____, have read and understand the terms of the Confidential Intermediary
(Applicant's full name)

Service Agreement. I am requesting the following Services (initial one):

- | | |
|--|--|
| <p>A. ____ Contact with (check one) _____ birth mother or _____ birth father to obtain medical information needed because of a documented medical emergency.</p> <p>B. ____ Contact with both birth parents to obtain medical information needed because of a documented medical emergency.</p> <p>C. ____ Contact with one adult adoptee to obtain medical information needed because of a documented medical emergency.</p> | <p>D. ____ Contact with (check one) _____ birth mother or _____ birth father for the purpose of reunion.</p> <p>E. ____ Contact with both birth parents for the purpose of reunion.</p> <p>F. ____ Contact with one adult adoptee for the purpose of reunion.</p> |
|--|--|

I agree to make payment in full of \$ _____ for a search involving one individual or a payment of \$ _____ for a search involving two individuals prior to the Confidential Intermediary initiating the requested search. I understand that a payment schedule can be arranged.

Applicant's Signature	Date	Confidential Intermediary's Signature	Date
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CONDITIONAL SERVICE AGREEMENT

In the event that an above-described individual is deceased, I, _____, request
(Applicant's full name)
contact with said individual's relatives or adoptive family members to (initial one option):

- | | |
|--|--------------------------------|
| <p>A. ____ Obtain medical information needed due to a documented medical emergency.</p> | <p>B. ____ Reunite.</p> |
|--|--------------------------------|

I agree to make an additional payment in full of \$ _____ for a search involving a relative or adoptive family member in the event an above-described individual is deceased prior to the Confidential Intermediary initiating the additional search. I understand that a payment schedule can be arranged.

Applicant's Signature	Date	Confidential Intermediary's Signature	Date
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NON-IDENTIFYING INFORMATION FORM

Note: The information contained on this page will be shared with the adult adoptee. Please do not provide any identifying information on this form. If you are open to releasing identifying information you must sign a notarized consent. The form is available by request.

I am the (please check one) **Birth mother:** _____ **Birth father:** _____

YOUR PHYSICAL DESCRIPTION

Height: _____ Weight: _____ Complexion: _____

Hair color: _____ Eye color: _____

General Build: _____

YOUR PERSONAL BACKGROUND

Level of schooling completed? _____

How did you do in school? _____

What were your favorite subjects? _____

If you had any learning problems in school, what were they? _____

If you had other training, what type? _____

Present occupation? _____

Briefly describe your personality: _____

What are your interests, and talents (i.e. artistic, mechanical, athletic, science, musical, etc.)?

Please add any additional information that you would like to share about yourself or your family history:

YOUR MOTHER

Hair Color: _____ Eye Color: _____ General Build: _____
Complexion: _____ Ethnic Background: _____
General Health: _____
Level of Education: _____ Occupation: _____
If deceased, age at death and cause of death: _____

YOUR FATHER

Hair Color: _____ Eye Color: _____ General Build: _____
Complexion: _____ Ethnic Background: _____
General Health: _____
Level of Education: _____ Occupation: _____
If deceased, age at death and cause of death: _____

Please add any additional information that you would like to share about your family's social history:

IF BIRTH MOTHER, PREGNANCY WITH ADOPTED CHILD

Age at first menstruation? _____

Did you have prenatal care? If so, when did such care begin? _____

If there were problems during pregnancy (i.e. high blood pressure, diabetes, etc.), please describe:

Was the child born earlier or later than expected? If so, which, and by how much time? _____

Was the child born via a Caesarian Section (C-section)? If so, why? _____

If there were problems during the labor or soon after birth, please describe:

FAMILY MEDICAL HISTORY

Instructions: if you have any of the problems listed below, or have had the problem in the past, place an X next to the problem. If someone else in your family has had the problem, list that person’s relationship to you (i.e. aunt, brother, grandmother). If you have more information about the particular problem please provide it at the end of this section.

Medical Issue	Self	Family Member Affected (grand parent, aunt, brother, son etc.)
Acne or pimples		
Addiction Disorder		
Alcoholism		
Allergy (food); what kind?		
Allergy (non-food) what kind?		
Alzheimer’s		
Anemia		
Anencephaly (born with no brain)		
Arthritis: where?		
Asthma		
Attention disorder (ADD/ADHD)		
Bed wetting		
Bipolar illness (manic depression)		
Birth defects: what kind?		
Blindness or very poor sight		
Braces on teeth		
Bronchitis		
Cancer: what kind?		
Cleft lip or palate		
Club foot		
Colitis		
Color blindness		
Crohn’s Disease		
Cystic Fibrosis		
Dental problems: what kind?		
Deafness or hearing problems		
Diabetes in childhood		
Diabetes starting in adulthood		
Down’s Syndrome		
Dwarfism or very short height		
Ear Infections		
Eczema		
Emphysema		
Endometriosis:		
Epilepsy or seizures		
Eye problems		
Glasses: what for?		
Glaucoma		
Growth disorder or excessive height		
Headaches or migraines		
Heart attack or heart problems		
Hemochromatosis (excess iron)		
Hemophilia or bleeding		

Medical Issue	Self	Family Member Affected (grand parent, aunt, brother, son etc.)
Hives		
High blood pressure		
Huntington's Chorea		
Infertility		
Irritable Bowel Syndrome (IBS)		
Jaundice (yellow skin)		
Kidney disease		
Learning problems or disabilities		
Left-handed		
Liver disease		
Lupus		
Mental retardation		
Miscarriages		
Muscular Dystrophy		
Weight issues (under or overweight)		
Osteoporosis (porous/brittle bones)		
Paralysis		
Phenylketonuria (PKU)		
Rectal or intestinal polyps		
Rheumatic fever		
Schizophrenia		
Schizoaffective disorder		
Serious depression		
Sickle cell anemia		
Sinus infections		
Skin disease		
Spina bifida		
Speech problems: what kind?		
Stillbirths		
Stomach problems: what kind?		
Stroke		
Suicide		
Tay-Sachs disease		
Thalassemia (red blood cell disorder)		
Thyroid problems		
Tuberculosis		
Twins/multiple birth		
Ulcers		
Varicose veins		
Wilson's Disease		
Other (please describe):		

Please add any additional information that you would like to share about your family's medical history:

DISCLOSURE VETO

Once this Disclosure Veto is completed, please provide it to the Social Services Administration of the Department of Human Services at the address listed below.

- I, _____, _____, am an adoptee who
(Print Current Name) (Social Security Number)
- was born on _____. My adoptive name is _____.
(Date of Birth) (Print Adoptive Name)
- I, _____, _____, am the _____
(Print Current Name) (Social Security Number) (Relationship to Adoptee)
- of _____ who was born on _____.
(Name of Adoptee) (Date of Birth)

The adoption was initiated or finalized in the State of Maryland, and the petition was filed by (check one):

- A Local Department of Social Services in _____
(city or county)
- A Private Child Placement Agency _____
(name of private child placement agency)
- An Independent Agent _____
(name of attorney)

Pursuant to sections 5-359, 5-3A-42, and 5-3B-29 of the Family Law Article, my signature below signifies my declaration that I **do not** want my name, address, or any other identifying information released.

I UNDERSTAND THAT I MAY WITHDRAW THIS DISCLOSURE VETO AT ANY TIME BY NOTIFYING THE SOCIAL SERVICES ADMINISTRATION IN WRITING, AT:

The Department of Human Services
Social Services Administration
Search, Contact, and Reunion Services
311 West Saratoga Street
Baltimore, Maryland 21201

SIGNATURE

DATE

ADDRESS

HOME PHONE NUMBER

WORK PHONE NUMBER

Notary Public: _____ Date: _____

STATUS REPORT TO DHS/SSA

The CI must submit this form to the Administration 90 days after the initiation of the CI Services and every 90 days thereafter until the search is completed.

Date of Initial Service Agreement: _____ Investigation No: _____

Name of CI: _____

Agency: _____ Phone Number: _____

Registrant (the person searching):

Current Name: _____ Adoptee _____ Birth parent: _____

Address: _____

Current Phone Numbers: (H): _____ (W): _____ (C): _____

Search Subject:

Adult Adoptee Birth Mother Birth Father Other _____

Name (if found): _____

Address: _____

Current Phone Numbers: (H): _____ (W): _____ (C): _____

Attach all correspondence sent to and received from Registrant in last 90 days, including any Service Agreements signed.

The Registrant was notified by letter of the search progress, if any, on: _____
(Date)

Number of hours spent on search in last 90 days: _____
(Date)

Fee, if any, collected from the Registrant in last 90 days: \$ _____

Date Satisfaction Survey sent if search completed: _____
(Date)

Actions in Last 90 Days:

- The individual being sought has not been located. Please detail the information you have and the attempts you have made in the Comments Section below. Include all known names, telephone numbers, addresses, that may be helpful in the future.

- The individual sought has been located, and the individual's identity has not been confirmed.
 - The following attempts were made to contact the individual:

- The individual sought has been located, and the CI has confirmed the individual's identity.
 - The individual sought has consented to disclosure of specified information using a CI as the intermediary
 - The individual being sought consented to full disclosure and contact with the Registrant. The method of contact:
 - Phone Letter In-person Email
 - The individual being sought did not consent to disclosure of any information or to have any contact. If the adoptee was adopted after January 1, 2000, the individual was also informed of the right to file a disclosure veto.
 - The individual being sought is deceased.
 - If deceased, other relatives were contacted and:
 - Agreed to disclosure of information using the CI as an intermediary.
 - Agreed to full disclosure and contact with the Registrant.
 - Did not agree to contact.
 - Upon exhausting all resources presently available, no progress has been made in furthering the search in the last 90 days. Please detail any actions that you have taken in the last 90 days the Comments Section below.
 - The Registrant was notified that if no additional progress is made in the next 90 days, the search will be considered completed.
 - No progress has been made in 180 days, and, as a result, the search is considered completed.
 - The Registrant was notified that the search is considered completed.
 - All materials relating to the search have been provided to DHS, including notes.
 - The Registrant withdrew the request.
 - Other: _____

Comments: _____

Confidential Intermediary's Signature

Date

STATUS REPORT TO THE REGISTRANT

The CI must submit this form to the Registrant 90 days after the initiation of the CI Services and every 90 days thereafter until the search is completed.

Date of Initial Service Agreement: _____ Investigation No: _____

Name of CI: _____

Agency: _____ Phone Number: _____

Registrant (the person searching):

Current Name: _____ Adoptee _____ Birth parent: _____

Address: _____

Current Phone Numbers: (H): _____ (W): _____ (C): _____

Search Subject:

Adult Adoptee Birth Mother Birth Father Other _____

Actions in Last 90 Days:

The individual being sought has not been located. If the individual sought has not been located, please detail the attempts you have made in the Comments Section below.

The individual sought has been located, but the CI has not been able to confirm the individual's identity.

The following attempts to contact the individual were made:

The individual sought has been located, and the CI has confirmed the individual's identity.

The individual sought has consented to disclosure of specified information through the CI.

The individual being sought consented to full disclosure and contact with the Registrant.

The method of contact:

Phone Letter In-person Email

The individual being sought did not consent to disclosure of any information or to contact with Registrant.

- The individual initially sought is deceased.
- Other relatives are currently being identified.
- Other relatives have been identified and located, but the CI has not been able to confirm their identities.

- The following attempts to contact the other identified relatives were made:

- Other relatives were identified, located, and contacted and they:
 - Agreed to disclosure of information using the CI as an intermediary.
 - Agreed to full disclosure and contact.
 - Did not agree to contact.
- Upon exhausting all resources presently available, no progress has been made in furthering this search in the last 90 days. If no progress is made in the next 90 days, this search will be considered completed.
- After exhausting all resources presently available, no progress has been made in furthering this search in the last 180 days. In accordance with your previously signed service agreement, this search is now considered completed. You may reapply to DHS for CI Services involving the same individual two years from the date of this notification. All materials relating to the search have been provided to DHS, including notes. If, however, the individual you sought does make contact with the CI in the future, the CI will notify you and DHS, and will continue to provide CI Services on your behalf.
- Other: _____

Comments: _____

Confidential Intermediary's Signature

Date

CLIENT SATISFACTION SURVEY

Please take a few moments to complete this questionnaire. Your comments help improve Confidential Intermediary Services. Please return the completed questionnaire to:

Maryland Department of Human Services
Social Services Administration
Search, Contact, and Reunion Services
311 West Saratoga Street
Baltimore, Maryland 21201

Name of the Confidential Intermediary (CI): _____

Name of Local Department or Child Placement Agency: _____

Please check your answer to each item below. The one (1) means unsatisfactory and five (5) means very satisfactory:

- A. Your overall satisfaction? 1 2 3 4 5
- B. Your CI's professionalism? 1 2 3 4 5
- C. Your CI's courtesy? 1 2 3 4 5
- D. Your CI's knowledge? 1 2 3 4 5
- E. Your CI's sensitivity to your needs? 1 2 3 4 5
- F. Has your search resulted in an exchange of identifying information? Yes No
- G. If CI services were provided through a private child placement agency, were fees for CI services reduced or waived? Yes No
- H. Did your CI suggest counseling or other supportive services? Yes No N/A
- I. Would you recommend CI services to others? Yes No
- J. Would you be willing to share your experience for the purpose of publicizing CI services? Yes No N/A If yes, please provide your name, address and phone number:

- K. Is there anything you want to suggest that could have improved the service you received?
Yes No Please provide your comments on the back of this form.

TIPS FOR WRITING A LETTER OF INTRODUCTION TO YOUR ADOPTED ADULT CHILD

Your letter is your introduction to the adoptee for whom you are searching. This person is a stranger to you, so your letter will serve as a first impression of you. To avoid overwhelming the adoptee, we recommend that the letter be no more than two pages (preferably one sheet front and back). As long as your handwriting is legible, it is nicer to send a handwritten letter as it feels so much more personal than a typewritten letter. If you choose to type your letter, then be sure to sign the letter in your own handwriting.

This first contact should be non-identifying in nature. Please do not use your last name and do not include your address, telephone number, or specific place of work. The intent of this letter is to convey that you are a thoughtful and sincere person without any disreputable intent and that you are interested in the adoptee's best interests as well as your own.

The letter should contain general information about you, such as your age, education, occupation, special talents or interests, marital status, and whether you have any other children. You may give a physical description of yourself, but we also recommend that you include photographs of yourself, and perhaps your immediate family. We find that these photographs are extremely appreciated. Adoptees are almost always curious about who they might resemble. You may wish to include something about why you are searching at this time. If you are unsure what should be included, put yourself in your adopted child's position and imagine what you would want to know.

In general, if your background includes difficult information, this is not the time to share it, as you have not yet established any type of rapport. Unfavorable circumstances of conception, negative feelings toward the birth father, or anger regarding your decision are not appropriate at this time. These types of situations are best shared as your relationship develops, not at the outset, when negative feelings may overshadow all other positive aspects of developing a relationship with you.

If your decision to relinquish the child was difficult to make, you may want to briefly share this information and indicate if the child has remained in your thoughts over the years. To reassure the adoptee that you want a mutually beneficial relationship, you may include a statement that you would like to email, phone or meet, but will respect the adoptee's need for time to process this contact and to determine his or her comfort level with meeting. In closing, sign the letter with your first name and, if you choose, you can refer to yourself as "your birth mother or birth father," not Mom, Mother, Dad, Father, etc.

TIPS FOR WRITING A LETTER OF INTRODUCTION TO YOUR BIRTH PARENT

Your letter is your introduction to the birth parent for whom you are searching. This person is virtually a stranger to you, so your letter will serve as a first impression of you. To avoid overwhelming your birth parent, we recommend that the letter be no more than two pages (preferably one sheet front and back). As long as your handwriting is legible, it is nicer to send a handwritten letter as it feels so more personal than a typewritten letter. If you choose to type your letter, then be sure to sign the letter in your own handwriting.

This first contact should be non-identifying in nature. Please do not use your last name and do not include your address, telephone number, or specific place of work. The intent of this letter is to convey that you are a thoughtful and sincere person without any disreputable intent and that you are interested in your birth parent's best interests as well as your own.

The letter should contain general information about you, such as your age, education, occupation, special talents or interests, marital status, and whether you have any children. You may give a physical description of yourself, but we also recommend that you include photographs of yourself, and perhaps your immediate family. We find that these photographs are extremely appreciated. You may wish to include something about why you are searching at this time. If you are unsure what should be included, put yourself in your birth parent's position and imagine what you would want to know.

In general, if your background includes difficult information, this is not the time to share it, as you have not yet established any type of rapport. Negative adoption information, such as being placed with a difficult family or having a challenging relationship with an adoptive family member, even if true, is not appropriate at this time. This type of information is best shared later, once a relationship has developed. Most birth parents report that they experience feelings of guilt over the relinquishment decision. They harbor the fear that their decision, which at the time came out of their desire to do what was most beneficial for you, may not have turned out as well as they anticipated. If negative information is shared at the outset, that information may overshadow all other positive aspects of developing a relationship with you as their adult child.

If you feel grateful to your birth parent for the decision they made (i.e. to give your life and to plan adoption for you), you can certainly share this. If you desire information regarding updated medical/family background history, you may mention this. When contacting the birth mother, we recommend that adoptees not ask about the birth father at first. This may yet be a painful subject for the birth mother and she will most likely share this information spontaneously at a later date.

To reassure the birth parent that you want a mutually beneficial relationship, you may include a statement that you would like to email, phone, or meet, but will respect his/her need for time to process this contact and to determine his/her comfort level with meeting. In closing, sign the letter with your first name.

Confidential Intermediary Service Form Letters and Search Tips

SAMPLE LETTER FROM A CI TO AN ADULT ADOPTEE

Date: _____

Dear: _____,

My name is _____ and I am a social worker with _____ (your agency's name). I am a Confidential Intermediary working on behalf of the State of Maryland to provide search, contact, and reunion services to birth parents and adult adoptees. I am looking for _____ (the name of the person you are looking for, and the month and year of their birth – you could also add in the name of the adoptive parents).

I have some personal information that may be of interest to you. Please call me at your earliest convenience at _____ (your phone number) so that I can share this information with you.

If you are not the person for whom I am searching, I would very much appreciate you letting me know, as that would be very helpful in my search process.

I look forward to hearing from you soon.

Sincerely,

SAMPLE LETTER FROM A CI TO A BIRTH MOTHER

Date: _____

Dear: _____

My name is _____ and I am a social worker with _____ (your agency). I am a Confidential Intermediary working on behalf of the State of Maryland to provide search, contact, and reunion services to birth parents and adult adoptees. I am looking for _____, (birth mother's current name and name at the time of the adoption) who worked with our agency in _____ (year of child's birth). It is my understanding that she _____ (you can add any other information you have, such as date of birth, age at the time, address, profession and/or school they were attending at the time).

I have some personal information that may be of interest to you. Please call me at your earliest convenience at _____ (your phone number) so that I can share this information with you.

If you are not the person for whom I am searching, I would very much appreciate you letting me know, as that would be very helpful in my search process.

I look forward to hearing from you soon.

Sincerely,

SAMPLE LETTER FROM A CI TO A BIRTH FATHER

Date:

Dear: _____

My name is _____ and I am a social worker with _____ (your agency). I am a Confidential Intermediary working on behalf of the State of Maryland to provide search, contact, and reunion services to birth parents and adult adoptees. I am looking for _____, who was an acquaintance of _____ (birth mother's name at that time) in _____ (year of child's birth). It is my understanding that he _____ (you can add any other information you have, such as birth father's date of birth, age at the time, address, profession and/or school they were attending at the time).

I have some personal information that may be of interest to you. Please call me at your earliest convenience at _____ (your phone number) so that I can share this information with you.

If you are not the person for whom I am searching, I would very much appreciate you letting me know, as that would be very helpful in my search process.

I look forward to hearing from you soon.

Sincerely,

SOCIAL SECURITY NUMBER SEARCH TIPS

All social security numbers (SSN) are listed on the Internet's Social Security Death Index (SSDI) next to the name of the deceased person. While it is possible to search the SSDI without the SSN, without the number you cannot be certain that the individual is the person for whom you are searching.

The first three numbers on a social security card tells you where the card was **ISSUED**. This is not necessarily where a person lived in later years. A SSN never changes. The only exception to this is railroad workers (700 – 729) and some military personnel inducted in the 1970s who have a ten-digit number beginning with the number "0". For your convenience, a list of the numbers and the issuing State is presented below:

First Three Digits of SSN	State Where SSN Assigned
001-003	New Hampshire
004-007	Maine
008-009	Vermont
010-034	Massachusetts
035-039	Rhode Island
040-049	Connecticut
050-134	New York
135-158	New Jersey
159-211	Pennsylvania
212-220	Maryland
221-222	Delaware
223-231	Virginia
232-236	West Virginia
237-246	North Carolina
247-251	South Carolina
252-260	Georgia
261-267	Florida
268-302	Ohio
303-317	Indiana
318-361	Illinois
362-386	Michigan
387-399	Wisconsin
400-407	Kentucky
408-415	Tennessee
416-424	Alabama
425-428	Mississippi
429-432	Arkansas
433-439	Louisiana
440-448	Oklahoma
449-467	Texas
468-477	Minnesota
478-485	Iowa
486-500	Missouri
501-502	North Dakota
503-504	South Dakota
505-508	Nebraska
509-515	Kansas

516-517	Montana
518-519	Idaho
520	Wyoming
521-524	Colorado
525	New Mexico
526-527	Arizona
528-529	Utah
530	Nevada
531-539	Washington
540-544	Oregon
545-573	California
574	Alaska
575-576	Hawaii
577-579	District of Columbia
580-584	Puerto Rico
585	New Mexico
586-599	American Samoa, Philippine Islands and Guam
587	Mississippi
589-595	Florida
596-597	Virgin Islands
598-599	?
600-601	Arizona
602-626	California
627-645	Texas
646-647	Utah
648-649	New Mexico
700-729	Railroad Workers
Ten digits beginning with 0)	Railroad and Military (from 1970's)

Note: INVALID SOCIAL SECURITY NUMBERS

1. Three or more leading zeros
2. Ending in four zeros
3. Leading number of nine is suspect, very few ever issued

Check the Social Security Online site. Some of the numbers below are being assigned now:

1. Leading numbers 73 through 79
2. Leading number 6 or 8

When all other search options have been exhausted, the CI can request that the Social Security Administration forward a letter, on behalf of the CI, to the person being sought.

**Confidential Intermediary Services
for Minors in Out-of-Home
Placement**

APPLICATION FORM FOR MINOR IN OUT-OF-HOME PLACEMENT

Investigation No: _____
(to be completed by DHS/SSA)

The Local Department of Social Services (DSS) has determined that reunification with the minor's adoptive parents is not in the minor's best interests. In accordance with Family Law §§ 5-4B-01 and 5-4B-02, the Local DSS would like to develop a placement resource or facilitate a family connection for a minor in an out-of-home placement with a relative of a birth parents who is at least 21 years old and who is related to the minor by blood or by marriage within five degrees of consanguinity or affinity under the civil law rule.

Director of Local DSS or Designee Requesting Services: _____

Local DSS that currently has custody of Minor: _____

Minor in Out-of-Home Placement:

Current Name: _____ DOB: _____ Gender: _____

Name Prior to Adoption (if known): _____

Local DSS or CPA through which Minor's Adoption Occurred (if known): _____

Signature of Director or Director's Designee

Date

**CONFIDENTIAL INTERMEDIARY SERVICE AGREEMENT FOR
MINOR IN OUT-OF-HOME PLACEMENT**

The Confidential Intermediary (CI) agrees to undertake search, contact, and reunion services ("Services") in accordance with Family Law Article, §§ 5-4B-01, *et seq.*, of the Maryland Annotated Code and COMAR 07.02.13.01, *et seq.*, and applicable Department of Human Services (DHS) policy.

Directors of Local Departments of Social Services (DSS) or their designees may register for Services to seek and develop a potential placement resource or facilitate a family connection with an adopted sibling of the minor in out-of-home placement who is over the age of 21 or relatives of the minor in out-of-home placement. Relatives include individuals who are over the age of 21 and who are related to the minor by blood or by marriage within five degrees of consanguinity or affinity under the civil law rule.

This Agreement is not a guarantee that the CI will locate or make contact with the minor's relatives or adopted adult sibling. While a CI may locate a relative, that relative may refuse contact, decline to serve as a placement resource or family connection, may be deceased, or be unfit to be a placement resource or family connection.

If, after performing the search to the best of the CI's ability with the resources currently available, the CI is unable to make progress in either locating or contacting relatives who could serve as potential placement resources or family connections for the minor in out-of-home placement, the CI will notify the Local DSS Director or the Director's designee of such. And, if after such notification, no additional information is found and no contact is made with a relative within 90 days, the search will be considered completed and the Local DSS Director or the Director's designee will be notified. The CI will forward to the Department of Human Services (DHS) all information discovered in the course of the search.

The CI will provide a report regarding the progress of the search to the Local DSS Director or the Director's designee 90 days after the commencement of the search and every 90 days thereafter until the search is completed. Likewise, the CI will provide a report regarding the progress of the search to DHS 90 days after the commencement of the search and every 90 days thereafter until the search is completed.

The State of Maryland provides CI Services without charge to Directors of Local DSS and their designees who are seeking to develop a placement resource or to facilitate a family connection with adopted adult siblings and relatives of minors in out-of-home placement.

I, _____, am entering into an agreement with
(Name of Director/Designee of LDSS)
_____ to complete a search on behalf of
(Name of Confidential Intermediary)
_____, a minor in out-of-home care.
(Name of Minor)

I am requesting the following search services (check all that apply):

- _____ Contact with birth relative or adult adopted sibling for the purpose of placement.
- _____ Contact with birth relative or adult adopted sibling for the purpose of family connection.

Signature of Director/Director's Designee Date Signature of Confidential Intermediary Date

**CONSENT TO RELEASE INFORMATION FORM FOR
MINOR IN OUT-OF HOME PLACEMENT**

I, _____, am over 16 years old and in out-
of-home placement or I, _____,
am the representative of _____ who is
under the age of 16 and in out-of-home placement.

The Local Department has determined that reunification with the minor's adoptive parents is not in the minor's best interests, and it seeks to contact relatives of the minor to develop a placement resource or to facilitate a family connection with the relatives in accordance with Family Law § 5-4B-02

Pursuant to the Code of Maryland Regulations (COMAR) 07.02.13.01 through 07.02.13.09, I give permission to the Department of Human Services/Social Services Administration (DHS/SSA) to facilitate a family connection with my (or the minor's) birth parents, birth siblings, or other birth relatives within five degrees of consanguinity (including: great-great grandparents, great-grandparents, grandparents, great-grand uncles/aunts, great uncles/aunts, uncles/aunts, first cousins once removed, first cousins, adult brother/sister, adult nephews/nieces).

To achieve this purpose, the Confidential Intermediary may:

- Release the minor's name
- Facilitate written contact
- Facilitate telephone contact
- Facilitate a reunion

I understand that I may withdraw my consent to release identifying information, in writing, at any time.

MINOR'S SIGNATURE (if over the age of 16) DATE

PARENT/CHILD'S ATTORNEY/GUARDIAN'S SIGNATURE DATE

STATUS REPORT—MINOR IN OUT-OF HOME PLACEMENT

The CI must submit this form to the Administration 90 days after the initiation of the search services and every 90 days thereafter until the search is completed. This same form should be provided to the Director of the Local DSS or the Director's Designee who requested the search.

Date of Initial Service Agreement: _____ Investigation No: _____
Name of CI: _____ Local DSS: _____
Director of Local DSS or Designee Requesting Services: _____

Minor in Out-of-Home Placement:

Current Name: _____ DOB: _____ Gender: _____
Name Prior to Adoption (if different): _____

Actions Taken in Last 90 Days:

First Search Subject's Name _____ Relationship to Minor: _____
Address: _____
Current Phone Numbers: (H): _____ (W): _____ (C): _____

Email: _____

- The individual sought has not been located
- The individual sought has been located, but the CI has not confirmed the individual's identity.
- The following attempts to contact the individual were made:

- The individual sought has been located and the CI has confirmed the individual's identity.
- The CI has assessed the individual's ability and willingness to serve as a:
 - Family Connection Placement Resource
- The individual being sought is able and willing to serve as a:
 - Family Connection Placement Resource
- The individual being sought is not interested in being either a placement resource or a family connection.
- The individual sought is deceased

Comments: _____

Second Search Subject's Name _____ Relationship to Minor: _____

Address: _____

Current Phone Numbers: (H): _____ (W): _____ (C): _____

Email: _____

- The individual sought has not been located
- The individual sought has been located, but the CI has not confirmed the individual's identity.
- The following attempts to contact the individual were made:

- The individual sought has been located and the CI has confirmed the individual's identity.
- The CI has assessed the individual's ability and willingness to serve as a:
 - Family Connection Placement Resource
- The individual being sought is able and willing to serve as a:
 - Family Connection Placement Resource
- The individual being sought is not interested in being either a placement resource or a family connection.
- The individual sought is deceased

Comments: _____

CI Recommendation: _____

Confidential Intermediary's Signature

Date