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: __________________________
CONSENT TO RELEASE INFORMATION FROM A BIRTH RELATIVE OR ADOPTIVE FAMILY MEMBER

If any of the requested information is unknown, please print “Unknown” in the appropriate space.

I, ________________________________________________________________, ______________________,  
(Current Name) (Social Security Number)

am the __________________________________ of __________________________________________,  
(Relationship to Adoptee) (Name of Adoptee)

who was born on __________________________ in__________________________________________________.
(Date of Birth) (Place of Birth)

If a birth parent, my name at the time of the adoptee’s birth was __________________________________________.

This child’s 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 __________________________ (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), and/or the private child placement agency to do the following concerning the adoptee (print “Yes” by the actions you want to occur, and “No” by the actions you do not want to occur):

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

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?)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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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

<table>
<thead>
<tr>
<th>Registrant’s Gross Income as a Percentage of the Federal Poverty Guideline</th>
<th>Paid to Confidential Intermediary’s CPA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CI Services for One Person</td>
</tr>
<tr>
<td>At or Below 100%</td>
<td>$0</td>
</tr>
<tr>
<td>At or Below 200%</td>
<td>$125</td>
</tr>
<tr>
<td>At or Below 300%</td>
<td>$175</td>
</tr>
<tr>
<td>At or Below 400%</td>
<td>$250</td>
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<tr>
<td>At or Below 500%</td>
<td>$325</td>
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<tr>
<td>At or Below 600%</td>
<td>$400</td>
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<tr>
<td>At or Below 700%</td>
<td>$475</td>
</tr>
<tr>
<td>At or Below 800%</td>
<td>$550</td>
</tr>
<tr>
<td>At or Below 900%</td>
<td>$625</td>
</tr>
<tr>
<td>Above 900%</td>
<td>$700</td>
</tr>
</tbody>
</table>

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

A. ___ Contact with (check one) ________ birth mother or_______ birth father to obtain medical information needed because of a documented medical emergency.

B. ___ Contact with both birth parents to obtain medical information needed because of a documented medical emergency.

C. ___ Contact with one adult adoptee to obtain medical information needed because of a documented medical emergency.

D. ___ Contact with (check one) ________ birth mother or_______ birth father for the purpose of reunion.

E. ___ Contact with both birth parents for the purpose of reunion.

F. ___ Contact with one adult adoptee for the purpose of reunion.

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 ______________

CONDITIONAL SERVICE AGREEMENT

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

A. _____ Obtain medical information needed due to a documented medical emergency.

B. _____ Reunite.

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 ______________
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.

<table>
<thead>
<tr>
<th>Medical Issue</th>
<th>Self</th>
<th>Family Member Affected (grand parent, aunt, brother, son etc.)</th>
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<tbody>
<tr>
<td>Acne or pimples</td>
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<td>Addiction Disorder</td>
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<td>Alcoholism</td>
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<td>Allergy (food); what kind?</td>
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<tr>
<td>Allergy (non-food) what kind?</td>
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<tr>
<td>Alzheimer’s</td>
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<tr>
<td>Anemia</td>
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<tr>
<td>Anencephaly (born with no brain)</td>
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<td>Arthritis: where?</td>
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<tr>
<td>Asthma</td>
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<td>Attention disorder (ADD/ADHD)</td>
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<tr>
<td>Bed wetting</td>
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<tr>
<td>Bipolar illness (manic depression)</td>
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<tr>
<td>Birth defects: what kind?</td>
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<td>Blindness or very poor sight</td>
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<tr>
<td>Braces on teeth</td>
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<tr>
<td>Bronchitis</td>
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<tr>
<td>Cancer: what kind?</td>
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<tr>
<td>Cleft lip or palate</td>
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<td>Club foot</td>
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<td>Colitis</td>
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<tr>
<td>Color blindness</td>
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<tr>
<td>Crohn’s Disease</td>
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<tr>
<td>Cystic Fibrosis</td>
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<td>Dental problems: what kind?</td>
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<tr>
<td>Deafness or hearing problems</td>
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<td>Diabetes in childhood</td>
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<tr>
<td>Diabetes starting in adulthood</td>
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<tr>
<td>Down’s Syndrome</td>
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<td>Dwarfism or very short height</td>
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<tr>
<td>Ear Infections</td>
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<td>Eczema</td>
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<td>Emphysema</td>
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<td>Endometriosis:</td>
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<td>Epilepsy or seizures</td>
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<td>Eye problems</td>
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<td>Glasses: what for?</td>
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<td>Glaucoma</td>
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<td>Growth disorder or excessive height</td>
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<tr>
<td>Headaches or migraines</td>
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<tr>
<td>Heart attack or heart problems</td>
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<td>Hemochromatosis (excess iron)</td>
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<td>Hemophilia or bleeding</td>
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<tr>
<td>Medical Issue</td>
<td>Self</td>
<td>Family Member Affected (grand parent, aunt, brother, son etc.)</td>
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<td>Hives</td>
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<td>High blood pressure</td>
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<td>Huntington’s Chorea</td>
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<tr>
<td>Infertility</td>
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<td>Irritable Bowel Syndrome (IBS)</td>
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<td>Jaundice (yellow skin)</td>
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<tr>
<td>Kidney disease</td>
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<td>Learning problems or disabilities</td>
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<tr>
<td>Left-handed</td>
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<tr>
<td>Liver disease</td>
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<td>Lupus</td>
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<td>Mental retardation</td>
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<td>Miscarriages</td>
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<tr>
<td>Muscular Dystrophy</td>
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<td>Weight issues (under or overweight)</td>
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<tr>
<td>Osteoporosis (porous/brittle bones)</td>
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<tr>
<td>Paralysis</td>
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<td>Phenylketonuria (PKU)</td>
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<td>Rectal or intestinal polyps</td>
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<td>Rheumatic fever</td>
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<td>Schizophrenia</td>
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<td>Schizoaffective disorder</td>
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<td>Serious depression</td>
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<td>Sickle cell anemia</td>
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<td>Sinus infections</td>
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<td>Skin disease</td>
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<td>Spina bifida</td>
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<td>Speech problems: what kind?</td>
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<tr>
<td>Stillbirths</td>
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<td>Stomach problems: what kind?</td>
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<tr>
<td>Stroke</td>
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<tr>
<td>Suicide</td>
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<tr>
<td>Tay-Sachs disease</td>
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<td>Thalassemia (red blood cell disorder)</td>
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<td>Thyroid problems</td>
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<td>Tuberculosis</td>
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<td>Twins/multiple birth</td>
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<tr>
<td>Ulcers</td>
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<tr>
<td>Varicose veins</td>
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<tr>
<td>Wilson’s Disease</td>
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<tr>
<td>Other (please describe):</td>
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</tbody>
</table>

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:**

_____________________________________________________________________________________

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Confidential Intermediary’s Signature

Date

DHS/SSA 2073B (12/2019) Page 2 of 2
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: _____________________

Regrettant (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: ______________________________________________________
____________________________________________________________________
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Confidential Intermediary’s Signature ________________________________ Date ____________________________

DHS/SSA 2073A (01/2019) Page 2 of 2
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:

<table>
<thead>
<tr>
<th>First Three Digits of SSN</th>
<th>State Where SSN Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-003</td>
<td>New Hampshire</td>
</tr>
<tr>
<td>004-007</td>
<td>Maine</td>
</tr>
<tr>
<td>008-009</td>
<td>Vermont</td>
</tr>
<tr>
<td>010-034</td>
<td>Massachusetts</td>
</tr>
<tr>
<td>035-039</td>
<td>Rhode Island</td>
</tr>
<tr>
<td>040-049</td>
<td>Connecticut</td>
</tr>
<tr>
<td>050-134</td>
<td>New York</td>
</tr>
<tr>
<td>135-158</td>
<td>New Jersey</td>
</tr>
<tr>
<td>159-211</td>
<td>Pennsylvania</td>
</tr>
<tr>
<td>212-220</td>
<td>Maryland</td>
</tr>
<tr>
<td>221-222</td>
<td>Delaware</td>
</tr>
<tr>
<td>223-231</td>
<td>Virginia</td>
</tr>
<tr>
<td>232-236</td>
<td>West Virginia</td>
</tr>
<tr>
<td>237-246</td>
<td>North Carolina</td>
</tr>
<tr>
<td>247-251</td>
<td>South Carolina</td>
</tr>
<tr>
<td>252-260</td>
<td>Georgia</td>
</tr>
<tr>
<td>261-267</td>
<td>Florida</td>
</tr>
<tr>
<td>268-302</td>
<td>Ohio</td>
</tr>
<tr>
<td>303-317</td>
<td>Indiana</td>
</tr>
<tr>
<td>318-361</td>
<td>Illinois</td>
</tr>
<tr>
<td>362-386</td>
<td>Michigan</td>
</tr>
<tr>
<td>387-399</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>400-407</td>
<td>Kentucky</td>
</tr>
<tr>
<td>408-415</td>
<td>Tennessee</td>
</tr>
<tr>
<td>416-424</td>
<td>Alabama</td>
</tr>
<tr>
<td>425-428</td>
<td>Mississippi</td>
</tr>
<tr>
<td>429-432</td>
<td>Arkansas</td>
</tr>
<tr>
<td>433-439</td>
<td>Louisiana</td>
</tr>
<tr>
<td>440-448</td>
<td>Oklahoma</td>
</tr>
<tr>
<td>449-467</td>
<td>Texas</td>
</tr>
<tr>
<td>468-477</td>
<td>Minnesota</td>
</tr>
<tr>
<td>478-485</td>
<td>Iowa</td>
</tr>
<tr>
<td>486-500</td>
<td>Missouri</td>
</tr>
<tr>
<td>501-502</td>
<td>North Dakota</td>
</tr>
<tr>
<td>503-504</td>
<td>South Dakota</td>
</tr>
<tr>
<td>505-508</td>
<td>Nebraska</td>
</tr>
<tr>
<td>509-515</td>
<td>Kansas</td>
</tr>
<tr>
<td>Social Security Numbers</td>
<td>States</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>516-517</td>
<td>Montana</td>
</tr>
<tr>
<td>518-519</td>
<td>Idaho</td>
</tr>
<tr>
<td>520</td>
<td>Wyoming</td>
</tr>
<tr>
<td>521-524</td>
<td>Colorado</td>
</tr>
<tr>
<td>525</td>
<td>New Mexico</td>
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<tr>
<td>526-527</td>
<td>Arizona</td>
</tr>
<tr>
<td>528-529</td>
<td>Utah</td>
</tr>
<tr>
<td>530</td>
<td>Nevada</td>
</tr>
<tr>
<td>531-539</td>
<td>Washington</td>
</tr>
<tr>
<td>540-544</td>
<td>Oregon</td>
</tr>
<tr>
<td>545-573</td>
<td>California</td>
</tr>
<tr>
<td>574</td>
<td>Alaska</td>
</tr>
<tr>
<td>575-576</td>
<td>Hawaii</td>
</tr>
<tr>
<td>577-579</td>
<td>District of Columbia</td>
</tr>
<tr>
<td>580-584</td>
<td>Puerto Rico</td>
</tr>
<tr>
<td>585</td>
<td>New Mexico</td>
</tr>
<tr>
<td>586-599</td>
<td>American Samoa, Philippine Islands and Guam</td>
</tr>
<tr>
<td>587</td>
<td>Mississippi</td>
</tr>
<tr>
<td>589-595</td>
<td>Florida</td>
</tr>
<tr>
<td>596-597</td>
<td>Virgin Islands</td>
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<tr>
<td>598-599</td>
<td>?</td>
</tr>
<tr>
<td>600-601</td>
<td>Arizona</td>
</tr>
<tr>
<td>602-626</td>
<td>California</td>
</tr>
<tr>
<td>627-645</td>
<td>Texas</td>
</tr>
<tr>
<td>646-647</td>
<td>Utah</td>
</tr>
<tr>
<td>648-649</td>
<td>New Mexico</td>
</tr>
<tr>
<td>700-729</td>
<td>Railroad Workers</td>
</tr>
<tr>
<td>Ten digits beginning with 0)</td>
<td>Railroad and Military (from 1970’s)</td>
</tr>
</tbody>
</table>

**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

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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, or 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)
___________________________________________________
(Name of Minor)
___________________________________________________,
a minor in out-of-home care.

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 (Name) (Title)

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: __________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________  

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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 ____________________