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Legal Information & Purpose

The Social Services Administration provides post-adoption search, contact, and reunion services that consist of two programs: (1) the Mutual Consent Voluntary Adoption Registry (MCVAR), which is a program wholly conducted by SSA’s central office, and (2) Confidential Intermediary Services (CI Services), which are individualized search, contact, and reunion services provided by specially-trained Confidential Intermediaries (CIs) in Local Departments of Social Services (LDSS) or child placement agencies (CPAs). The statutes relating to MCVAR are found at subtitle 4C of Title 5 of the Family Law Article, and the statutes relating to CI Services are found at subtitle 4B of Title 5 of the Family Law Article. The accompanying regulations relating to both programs are found at COMAR 07.02.13.01-.09.

Policy

This Policy Directive provides CIs with the attached Confidential Intermediary Manual and Appendix for use when they are providing individualized search, contact, and reunion services to people who are approved to receive such services, (Registrants). The Manual includes step-by-step direction regarding the provision of CI Services, the forms needed to provide CI Services and to report outcomes, and helpful information about post-adoption search contact and reunion services.

Procedural Guidance

All post-adoption search, contact, and reunion services are coordinated by SSA. SSA is responsible for processing all applications for post-adoption search, contact, and reunion services, training and certifying all CIs, monitoring the services provided by CIs to Registrants, and maintaining the MCVAR.

When an individual applies for post-adoption search, contact, and reunion services, that individual is first registered in the MCVAR. This process allows SSA to determine if the sought after birth relative has also registered with DHSS/SSA, and if a match exists, SSA staff verify the connection and facilitate contact if that connection is valid. If no connection is found on the MCVAR and the Registrant is eligible for CI Services, SSA staff assign the search to a CI based upon the location of the adoption record.

CIs providing individualized search, contact, and reunion services are required to follow the process outlined in the Manual in accordance with the applicable laws and regulations. This Policy Directive, specifically the Confidential Intermediary Manual and Appendix, clarifies the manner in which services are to be provided, the scope of those services, and the reporting requirements associated with the provision of these services.

The Manual addresses the requirements for those individuals who perform CI Services and contains references to the applicable regulations and statutes governing training and certification of CIs.

Definitions

MCVAR: Mutual Consent Voluntary Adoption Registry

Registrant: an applicant for post-adoption search, contact, and reunion services

LDSS: Local Departments of Social Services

CI: Confidential Intermediary

CI services: individualized search, contact, and reunion services provided by specially-trained Confidential Intermediaries (CIs) in Local Departments of Social Services (LDSS) or child placement agencies (CPAs).
Alignment with Practice Model and Desired Outcomes.

Maryland’s goal is to ensure that CI Services are provided effectively and consistently and in accordance with applicable laws and regulations.

Forms

All forms necessary to provide CI Services are contained in the Appendix to the Confidential Intermediary Manual. These forms include:

- Post-Adoption Search, Contact, and Reunion Services Fact Sheet and Overview (DHS/SSA 826)
- Consent to Release Information from an Adult Adoptee (DHS/SSA 2064)
- Consent to Release Information from a Birth Relative or Adoptive Family Member (DHS/SSA 2065)
- Pre-Search Questionnaire for Adult Adoptee (DHS/SSA 2067)
- Pre-Search Questionnaire for Birth Parent (DHS/SSA 2068)
- Confidential Intermediary Service Agreement (DHS/SSA 2070)
- Non-Identifying Information Form (DHS/SSA 2069)
- Disclosure Veto (DHS/SSA 2072)
- Status Report to DHS/SSA (DHS/SSA 2073B)
- Status Report to the Registrant (DHS/SSA 2073A)
- Client Satisfaction Survey (DHS/SSA 2074)
- Application Form for Minor in Out-of-Home Placement (DHS/SSA 2088)
- Confidential Intermediary Service Agreement for Minor in Out-of-Home Placement (DHS/SSA 2091)
- Consent to Release Information Form for Minor in Out-of-Home Placement (DHS/SSA 2090)
- Status Report—Minor in Out-of-Home Placement (DHS/SSA 2092)

Related Information

- Family Law § 5-359
- Family Law § 5-3A-42
- Family Law § 5-3B-29
- Family Law § 5-4B-01 through 12
- Family Law § 5-4C-01 through 07
- General Provisions § 4-101
- Health General § 4-211
- Maryland Rule 9-112
- COMAR 07.02.13.01 through .09
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INTRODUCTION TO POST-ADOPTION SEARCH, CONTACT, AND REUNION SERVICES

The Social Services Administration (Administration) of Maryland's Department of Human Services (DHS) oversees post-adoption reunion services. These services consist of two programs: (1) the Mutual Consent Voluntary Adoption Registry and (2) Confidential Intermediary Services. An individual whose application has been accepted for post-adoption search, contact, and reunion services is referred to as a "Registrant."

The Maryland Mutual Consent Voluntary Adoption Registry (MCVAR) is a confidential cross-referencing database of adoptees, birth parents, and birth siblings. MCVAR is accessible to those whose adoptions were either finalized or initiated in Maryland. The Administration maintains MCVAR, entering all Registrants and cross referencing them with existing entrants. Regulations relating to the Registry can be found in COMAR 07.02.13.02 and 07.02.13.03 (http://www.dsd.state.md.us/comar/searchtitle.aspx?scope=07); and the relevant statutes can be found in sections 5-4C-01 through 07 of the Family Law Article in the Maryland Code (http://mgaleg.maryland.gov/webmga/frmStatutes.aspx?pid=statpage&tab=subject5).

Confidential Intermediary Services are available to birth parents, adult adoptees, and siblings of adult adoptees provided they are over the age of 21 and have also been adopted. These services are available only to those whose adoptions were finalized in Maryland. Confidential Intermediaries (CIs) are trained and certified by the Director of the Social Services Administration to search, contact, and assist in the reunification of birth relatives. The Administration regulates the services CIs provide through regulations, policies, and standard operating procedures. The Administration reviews applications and assigns cases to CIs, who may be current or former employees of local departments of social services (LDSS), or licensed private child placement agencies (CPA). Regulations relating to Search, Contact, and Reunion Services can be found in COMAR 07.02.13.01 through 02 and 07.02.13.04 through .09, (http://www.dsd.state.md.us/comar/searchtitle.aspx?scope=07); and the relevant statutes can be found sections 5-4B-01 through 12 of the Family Law Article in the Maryland Code (http://mgaleg.maryland.gov/webmga/frmStatutes.aspx?pid=statpage&tab=subject5).

The Confidential Intermediary Manual is a resource for CIs. It outlines the responsibilities and duties of CIs and contains the policies and procedures that CIs are required to follow as they perform search, contact, and reunion services. The Manual contains resources to assist in locating birth relatives, and the accompanying appendix contains the forms necessary to provide these services. The Manual also references the applicable laws and regulations relating to post-adoption search, contact, and reunion services.
CONFIDENTIAL INTERMEDIARY QUALIFICATIONS AND REQUIREMENTS

DHS is an equal opportunity organization and is committed to ensuring equality in personnel practices. DHS, through the Administration, oversees the certification of Confidential Intermediaries (CIs) throughout the State of Maryland, and only CIs may provide search services within the State. CIs receive requests from the Administration to work on behalf of adult adoptees, siblings of adult adoptees, birth parents, and LDSS directors who have applied for CI search services. All CIs must meet preliminary qualifications and attend at least eight hours of Initial Training, provided through DHS or its designee. CIs also must attend an approved Refresher Training every two years to maintain their certifications.

The requirements to be certified as a CI are the same for LDSS employees and CPA employees or former CPA employees. These requirements can be found at COMAR 07.02.13.04E and Family Law § 5-4B-03.

All CIs must adhere to post-adoption reunion services regulations, policies and procedural guidelines. Specifically, they must adhere to the rules of confidentiality contained in the post-adoption reunion services regulations. They must also submit all documentation and status reports to the Administration within the specified time frames.

All services must be delivered in accordance with established Administration policy and procedural guidelines, and the Confidential Intermediary Code of Ethics and the Oath of Confidentiality, which is signed after the completion of CI training. The Code of Ethics and the Oath of Confidentiality requires that the CI:

- Will not disclose to anyone, directly or indirectly, identifying or confidential information contained in the records or otherwise obtained through the search process, except under the conditions specified by the Maryland Department of Human Services and as permitted by the provisions of the Code of Maryland Regulations 07.02.13.01 through 07.02.13.09.
- Will conduct a reasonable search for an individual being sought and make a discreet and confidential inquiry as to whether the individual consents to the release of identifying information, medical information, communication with the Registrant and/or direct contact with the Registrant and will report the results of the search and inquiry to the Administration.
- Act in accordance with the regulations of the Administration to facilitate any meeting or communication between the Registrant and the individual being sought if they consent in writing to meet or to communicate with each other.
- Will not accept any fee or compensation for Confidential Intermediary services except as authorized by the Administration and by the Maryland statutes.
HISTORY OF ACCESS TO ADOPTION RECORDS IN MARYLAND

Prior to 1947, individuals adopted in the State of Maryland could access the court records relating to their adoption upon reaching the age of majority. In 1947, following a nationwide trend, Maryland required by statute that adoption court records be sealed and made inaccessible except by court order. Although adoption court records were sealed, adopted individuals and biological parents were permitted access to medical and non-identifying information contained in agency adoption records and court records.

In response to growing pressure from adoptees to release information about their birth parents, Maryland began the Mutual Consent Voluntary Adoption Registry (MCVAR) in 1986 for adopted individuals, birth parents, and siblings of adoptees. MCVAR is a confidential cross-referencing database of adult adoptees, birth parents, and birth siblings.

Prompted by advocates for open records, the General Assembly in 1999 attempted to balance the interests of adopted individuals in knowing more about their pasts and the interests of biological parents in maintaining their privacy. The resulting legislation expanded, centralized, and streamlined post adoption reunification services provided in Maryland. The General Assembly formalized the process so that all eligible seekers, who are interested in contact or reunification with birth relatives, are now entered into MCVAR. Additionally, the confidential intermediary system was developed so that the privacy interests of both biological parents and adult adoptees remained protected while allowing for the exploration of connection or information exchange. This process also enabled adoptees to get any non-identifying information from the adoptee record, including medical information about birth relatives.

In line with the growing trend toward openness concerning adoptions, the General Assembly also provided for open birth records in cases of adoptions finalized on or after January 1, 2000. Consequently, for adoptions finalized on or after January 1, 2000, adoptees are able to access original birth certificates once they are 21 years old. Similarly, birth parents are able to access amended birth certificates once the adoptee is 21 years old. If an adoptee or birth parent wishes to remain unknown, a party may file with the Administration a signed and notarized Disclosure Veto, which is available through the DHS website, which prevents the release of identifying information on the birth certificate. Disclosure Veto (DHS/SSA 2072)
MUTUAL CONSENT VOLUNTARY ADOPTION REGISTRY

The Mutual Consent Voluntary Adoption Registry (MCVAR) is a confidential database that allows birth parents, adult adoptees, and birth siblings of adoptees to register and share their information with their birth relatives who have also registered in MCVAR. Family Law § 5-4C-02.

Registration in MCVAR is open to adult adoptees who are 21 years of age or older, birth parents, and birth siblings who are 21 years of age or older and do not have a birth sibling younger than 21 years of age who have the same adoptive parents. Family Law § 5-4C-05.

The completed application packet, which includes a copy of the Registrant’s photo identification, must be returned to the Administration before the Registrant’s name is entered into MCVAR. Registration on MCVAR is a free service provided by the Administration. Family Law § 5-4C-06.

A match may be established through MCVAR if the adult adoptee and both birth parents, or a birth sibling, has also registered. In the cases where an adult adoptee and only one birth parent have registered on MCVAR, the match may only be made if:

1. The unregistered birth parent was provided with notice of the filing for the petition of adoption and chose not to participate in the proceedings that terminated the parent-child relationship;

2. An adult adoptee and a birth mother register, and there is no known natural father (this may be based on submission of the natural mother, the agency, or a judgment declaring that the identity of the father is unknown);

3. The Administration has information that indicates the other natural parent is deceased;

4. Notice of the filing of the petition for adoption was not given to the unregistered birth parent; or

5. One year has elapsed since the registration of the registered birth parent and the unregistered birth parent has not filed a notarized affidavit refusing to permit the match.

However, matching information is also provided to an adult adoptee if only the adult adoptee is registered and both birth parents are deceased. Family Law § 5-4C-07(b).

Before information is released, however, and the parties are notified of the match, the relationship between the Registrant and the person(s) being sought must be verified by a third party, such as the agency that placed the child for adoption, the Division of Vital Records, or the court that issued the adoption order. Family Law § 5-4C-07(e).
CONFIDENTIAL INTERMEDIARY SERVICES

Who May Receive Confidential Intermediary Services

CIs may provide services to the following individuals if the subject adoption was finalized in the State of Maryland (Family Law § 5-4B-02):

Adult adoptees who are 21 years of age or older and who do not have a birth sibling younger than 21 years of age who has the same adoptive parents. Adult adoptees may utilize CI Services to locate birth parents regardless of the circumstances of how the parental rights were terminated so long as the birth parent(s) being sought have not filed a Disclosure Veto with the Administration. See Disclosure Veto (DHS/SSA 2072).

Birth parents if the adoptee had not been found to be a Child in Need of Assistance (CINA) prior to the termination of parental rights, and the adoptee sought is 21 years of age or older.

Birth siblings, including half siblings, if they are at least 21 years of age and have also been adopted. This requirement that birth siblings must have been adopted to receive CI Services is different from the eligibility requirements for siblings seeking to register on MCVAR, which requires only that the sibling be over the age of 21.

Director of a LDSS who is acting on behalf of a minor in out-of-home placement for the purpose of developing a placement resource or to facilitate a family connection.

CI Services Application and Initiation Process

Search inquiries may be made through DHS website at http://dhr.maryland.gov/adoptions/search-contract-and-reunion/; or through regular mail at:

Maryland Department of Human Services
Social Services Administration
Search, Contact, and Reunion Services
311 W. Saratoga Street
Baltimore, MD 21201-3521

Once the Administration receives a Registrant’s completed application packet, the Administration reviews the application to ensure that all parts are complete. The Administration is also responsible for verifying the identity of anyone requesting post-adoption reunion services. A copy of a photo ID, or other proof of identity determined to be acceptable by the Administration, is required for the completion of the application packet. Family Law § 5-4B-02(b).

Once the Administration determines that the application is complete, the Administration will enter the Registrant’s name into MCVAR. If no match is made, the Administration will verify the data submitted by the Registrant and gather additional information from the Maryland Archives or the Child Placement Agency (CPA) that facilitated the adoption. Using the verified information, a CI is assigned to the case.
If the adoption occurred through a CPA that continues to operate in the State of Maryland, the CI from that CPA will be assigned the case. If the adoption occurred through a local department of social services (LDSS), the CI from that LDSS will be assigned the case. An agency is able to delegate search services to a CI in another agency. The letter of assignment is sent to the Registrant and the CI. When a Registrant contacts the CPA that provided adoption services first, the CPA should direct the Registrant to the DHS web site or to contact DHS directly. DHS will assist the Registrant to send the completed application to the Administration.

Registrants adopted independently will be assigned to a CI who works in a LDSS. The agency must agree that the CI will be allowed to provide services for independent adoption finalizations.
EMOTIONAL IMPLICATIONS OF SEEKING POST-ADOPTION SEARCH SERVICES

Literature related to the experience of adopted individuals searching for birth parents generally concludes that the wish for information and the need to search are not related to the success or failure of the adoptive experience. Many adopted individuals are interested in their origins and the reason for their adoptions. Whether adopted individuals choose to actively search for their birth parents or not depends on a number of variables including their own personality, their life experiences, the attitudes of their family and friends, and their current situations.

Often certain “triggers” prompt an adoptee to search for a birth parent, including the desire or need for medical information. The birth of a child may bring up feelings related to genetic connections. For some, it may be the death or illness of an adoptive parent that motivates the search for a birth parent. For others, it can simply be the passing of time, sometimes accentuated by an important event or milestone birthday. Finally, knowledge of another adopted individual who has successfully searched may be the impetus needed to begin the process. Most searches are initiated by adopted individuals rather than birth parents, but literature indicates that birth parents frequently suffer from unresolved grief related to the adoption and often hope to be found.

The search process can be broken into different phases:

- Making the decision to search
- The waiting period
- Making contact
- Integrating the experience
- Evolution of the new relationship

Clinicians working with individuals who are contemplating a search should prepare them for the myriad of emotions they will face as they undertake the search process and support them through the potential starts and stops and ups and downs of the process.

People searching often need assistance in creating realistic expectations about the type of relationship they envision if a reunion does occur. They may need help in understanding that the person sought may be in an emotionally different place from the person searching. And during the search process, issues of loss, which were thought to have been resolved, can resurface. Many adoptees fear rejection by a birth parent and also fear the disapproval of the search by the adoptive parents.

Reunions do not bring closure to adoption issues, but provide new opportunities to work on them and new opportunities for the participants to achieve a fuller and more complete sense of their identity. Often, those involved in a reunion must navigate a relationship with a stranger with whom they have only a genetic tie. They may also have past issues to resolve or current lives that may not be congruent.
CONFIDENTIAL INTERMEDIARY SEARCH PROCESS AND PROCEDURE

Common Search Requests

A. Non-Identifying Medical Information or Background Information:

A request for non-identifying information, which includes information about medical histories and general background information, may be sent to the agency that facilitated the adoption without going through the Administration. No consent is required to release non-identifying information relating to a birth parent that may be contained in the adoption record or agency file. See Non-Identifying Information Questions.

B. Documents

(1) Birth Certificates

A CI may not provide a birth certificate to a Registrant. The Administration and CIs, however, may obtain copies of original and amended birth certificates only for information gathering purposes.

If the adoption was finalized on or after January 1, 2000, an adult adoptee or birth parent may request a copy of an original or amended birth certificate from the Division of Vital Records of the Maryland Department of Health. However, if a Disclosure Veto was filed by the adult adoptee (with respect to the amended birth certificate) or the birth parent (with respect to the original birth certificate), the Maryland Department of Health will not release the birth certificate requested. Family Law §§ 5-359; 5-3A-42; 5-3B-29; Disclosure Veto (DHS/SSA 2072).

If the adoption was finalized before January 1, 2000, the individual may petition the circuit court that issued the adoption decree to release a copy of the birth certificate. There is no guarantee that the petition will be granted. The individual may also contact the Division of Vital Records of the Maryland Department of Health, which may provide a copy of the requested birth certificate if all information is already known (i.e., the adult adoptee knows the names of the birth parents listed on the birth certificate). Health General § 4-211(g)(2).

(2) Adoption Decrees or Other Documents from the Adoption Court Record

A CI may not provide any copies of documents found in court records relating to the adoption. Beginning on June 1, 1947, the General Assembly sealed all court records relating to adoptions, there is a limited exception that allows CIs to inspect these documents for the purpose of performing post-adoption search, contact, and reunion services. However, if an adoption was finalized prior to June 1, 1947, an adult adoptee or birth parent may inspect the record at the State Archives, or wherever it is currently housed, so long as no court specifically ordered that case record sealed. Maryland Rule 9-112
(3) Agency Files

A CI may not release materials contained in the agency adoption file. If, however, there is a document contained in the file that has clearly been identified as a document (i.e. a letter) provided to the agency with the expectation that it be released to an adult adoptee or birth parent, the document may be released upon consultation with the Administration.

C. Contact and Reunion

If the Registrant is seeking identifying information or contact with a birth relative, the CI must obtain a signed and notarized consent form (DHS/SSA 2064 and DHS/SSA 2065) indicating the information that the Registrant is authorizing the CI to share with the individual being sought.

The CI may not release identifying information to the Registrant until the individual being sought submits a signed and notarized consent specifying the information to be released. See Consent to Release Confidential Information from an Adult Adoptee (DHS/SSA 2064); Consent to Release Confidential Information from a Birth Relative or Adoptive Family Member (DHS/SSA 2065)

In the event that the sought adult adoptee is deceased, the CI may contact the adult adoptee’s adoptive parents and may release identifying information about an adoptive family member if the adoptive family member submits a signed and notarized consent form. Consent to Release Confidential Information from a Birth Relative or Adoptive Family Member (DHS/SSA 2065)

If an individual sought by the Registrant decides not to release identifying information, the CI must record the decision in the Search, Contact, and Reunion Services case file, notify the Administration of the outcome of the search, and inform the Registrant. Status Report to DHS/SSA (DHS/SSA 2073B)

Initial Contact and Assessment of Registrant’s Readiness

After the Administration has assigned a CI to the Registrant’s search and notified both the Registrant and CI of the assignment, the process begins only when the Registrant contacts the CI. After this initial contact is made, the CI should review the Pre-Search Interview Questionnaire (DHS/SSA 2067 and DHS/SSA 2068).

It is highly recommended that the assigned CI interview the Registrant, in person if possible, to discuss the Pre-Search Interview Questionnaire (DHS/SSA 2067 and DHS/SSA 2068). Such an initial interview provides the opportunity to discuss with the Registrant possible search scenarios, the Registrant’s goals and expectations for the search.

During their first contact, the CI explains the search process to the Registrant, answers the Registrant’s questions, and gathers important information regarding the Registrant’s intentions, expectations, and motivations with respect to the search process.

In situations where the Registrant lives far away or outside of Maryland, the interview can be conducted by telephone, through internet/live screen connections, or using a professional who
has experience in the post-adoption search and reunion process and is able to conduct a readiness assessment prior to beginning the actual search. Some private child placement agencies require a pre-search readiness interview regardless of a client's geographical location. If a professional is conducting the pre-search interview on the CI's behalf, that professional must have experience providing therapy to individuals engaged in post-adoption search and reunion.

Through the interview process, the CI should assess the Registrant to determine whether the Registrant may benefit from certain services throughout the process. Some important considerations include:

- Motivation to search:
  
  ○ What is the Registrant's motivation to begin a search now?
  ○ What is he/she seeking to find by initiating the search?
  ○ How does the Registrant feel about the search process?

- Expectations – The Registrant needs to consider and discuss with the CI these possible scenarios:
  
  ○ The party being sought either wants no contact or wants more contact than the party searching wants.
  ○ The party being sought cannot be located or is deceased.
  ○ The party being sought is ill, mentally ill, has a difficult personality or is very needy on some level.
  ○ The party being sought has not told anyone, including a spouse and children, about having placed a child for adoption.
  ○ The party being sought is happy to be found but confused about how much contact to have or how they want the reunion process to proceed.
  ○ How does the Registrant imagine the reunion?

- General assessment of the Registrant's feelings about the adoption and the adoptive family:
  
  ○ Does the Registrant seem to be in good mental health overall?
  ○ Is the Registrant ready to begin the search process?
  ○ Is there any reason to limit the search, contact or reunion process?
  ○ Should this search be handled in a special manner?
  ○ Is further counseling or a professional referral of any kind recommended either in general or on this particular issue?

If the CI has concerns regarding the motivations or the emotional stability of the Registrant as a result of the interview, the CI may recommend delaying or denying the search at the time. Concerns may include an active addiction, a serious mental illness, significant anger issues (especially with regard to their adoption), arrests or incarceration for certain crimes, or other behaviors that may be a threat to one or both parties. To resolve a difficult issue leading to delay of the search, the CI should recommend appropriate actions that the Registrant can take to resolve the issue, such as substance abuse treatment, mental health counseling, or a search support group.
If the Registrant needs additional counseling or referrals, the CI should provide such a referral. There are three long-standing adoption support groups in Maryland, and there may be similar support groups located in other states if the Registrant does not live locally.

The three long-standing adoption support groups in Maryland are: Jewish Community Services of Baltimore Search Group, Catholic Charities Adoption Reunion Services Exchange, and the Barker Foundation. The Barker Foundation hosts a group for birthparents, a group for adopted persons over the age of 18, and a group for adoptive parents of adolescents. All three groups welcome all adult adoptees and birthparents who are contemplating a search, currently in the search process, or who have completed a search. Registrants can benefit from participation in a support group where they can share their experiences or discuss concerns, issues or feelings related to search, reunion, and aftermath of the process. These organizations provide services to adoptees and birth parents whose adoptions were facilitated through any agency, regardless of their religious affiliations.

Once the Registrant is emotionally equipped for the search process or has any necessary support structures in place, the CI should begin the search process.

**Registrant Letter**

At the start of the search, it is helpful to suggest that a Registrant write a letter of introduction to be provided to the individual being sought. This letter should not contain any identifying information, but it is recommended that the Registrant include current pictures. See Tips for Writing a Letter of Introduction to Your Adopted Adult Child; Tips for Writing a Letter of Introduction to Your Birth Parent; Pre-Search Interview Questionnaire—Adult Adoptee; Pre-Search Interview Questionnaire—Birth Parent.

**Service Agreements**

After the CI determines the Registrant’s readiness to search, the CI should provide the Registrant with a Confidential Intermediary Service Agreement (DHS/SSA 2070) that sets forth the services to be provided and the cost of those services (if any in cases of private CPAs). These Service Agreements must be signed by the Registrant and returned to the CI before the CI’s search begins. A copy of the signed Service Agreement must also be provided to the Administration. Family Law § 5-4B-05.

Within 90 days after executing the Service Agreement, the CI must submit a report to the Administration reporting the outcome of the search. The CI will provide a report to the Administration every 90 days until the case is closed or is considered completed. Family Law § 5-4B-07, Status Report to DHS/SSA (DHS/SSA 2073B).

Likewise, within 90 days after executing the Service Agreement, the CI should inform the Registrant of the progress of the search. The CI should not use the report sent to the administration to accomplish this task, but use the separate form provided in the Appendix. Status Report to Registrant (DHS/SSA 2073A). This status report to the Registrant should
discuss any progress made and should serve to inform the Registrant if progress has ceased and provide notice to the Registrant that if no additional progress is made by a certain point, the search will be considered completed. No identifying information should be revealed to the Registrant about the person sought.

If the individual sought is deceased, the CI shall report that the individual is deceased to the Registrant, but shall not disclose the individual's identity. If the Registrant completed the Conditional Service Agreement, the CI may proceed to search for other family members. **Confidential Intermediary Service Agreement (DHS/SSA 2070).** Otherwise, the CI and the Registrant may execute a separate written Service Agreement to allow the CI to search for other family members or relatives of the individual who are over the age of 21. A copy of the separate written Service Agreement must be sent to the Administration. The CI may charge the Registrant a fee (if applicable in cases where the CI is affiliated with a private CPA) for the additional services provided. **Family Law § 5-4B-11.**

If a birth parent is sought and found to be deceased, the relatives for whom the CI is authorized to search are: the parent, brother sister, child, aunt, or uncle of the birth parent. When the adoptee is sought and found to be deceased, the CI may search for the adoptive parents, grandparents, brother or sister. The familial relationship may be based on blood or marriage of the person being sought.

**CI Services Search Strategies and Techniques**

If the Registrant is interested in searching for both birth parents, it is recommended that attempts be made to locate the birth mother first. The birth mother may not have identified or misidentified the birth father at the time of placement and may now provide accurate information.

**A. Agency Adoption File**

The CI should first look to the agency's adoption file for information. Many times, these files contain sufficient information to begin a search. If there is insufficient information available in the adoption file, or the file is missing, the CI can obtain helpful information from court record or the birth record. To review court records the CI must obtain a notarized letter of authorization from the Administration. **Family Law § 5-4B-06(e); General Provisions § 4-101(g).**

**B. Administration Assistance**

If assistance is needed, the Administration may be contacted for help in obtaining information beyond the information provided in the application, such as current names, addresses, or phone numbers, which can assist the CI in locating the individual being sought.
C. Additional Sources of Useful Data

1. State Department of Assessments and Taxation can be used to check if an individual, or a relative, is still living at an address listed in the records. If the person has relocated, the database will sometimes indicate when the person moved. Likewise the Maryland Land Records are available online and open to the public with free registration. Most jurisdictions provide for searches based on individual names.

2. Facebook can be helpful in finding the person being sought by sending that person a message using this media.

3. Social Security Numbers, when they are available, can indicate where an individual lived or was born. See Social Security Search Tips

4. Social Security Death Index can be checked to see if the individual being sought is deceased. A death certificate can be ordered through the Division of Vital Records if the death occurred in Maryland. Death notices and obituaries can provide a wealth of information, such as current names and locations. Websites or governmental entities may charge a fee to view a death notice online or to have a library find the record.

5. Maryland Judiciary Case Search is a free online database that can be checked to determine if the individual is known to the judicial system, and if more current information has been provided to a court in Maryland. If the individual being sought has been involved in a serious crime, the CI must proceed with caution. CI should only proceed after determining that a reunion is safe and in the best interest of the Registrant. There may be similar public court databases in other states that may be helpful if the individual being sought moved out of Maryland.

6. Other helpful databases include: Ameridex or LocatePlus.com, which contain information, such as current names, addresses, phone numbers, and dates of birth. Payment is required for these services.

Reporting of Search Progress Every 90 Days

The CI should be in contact with the Registrant throughout the search process and should update the Registrant every 90 days about the progress of the search. Unlike the status reports provided to the Administration, these progress reports to the Registrant should be about the search itself, not the information discovered. Status Report to Registrant (DHS/SSA 2073A).
Possible Outcomes

There are several possible outcomes of a search. In all cases, if the person sought has mental health issues, the CI must determine that individual’s readiness to meet the Registrant. This may entail, with the individual’s permission, (1) consultation with the individual’s therapist, or (2) referral to a counseling service for assessment of the individual’s mental health status.

A. Initial Contact

When initially reaching out to the person being sought, if the first contact is by mail, do not use an envelope marked with the local department or CPA’s logo. Rather, use an envelope the size of a note card or invitation, which is the most likely to be opened. Often plain white envelopes are discarded as junk mail. If the only available address is the person’s place of employment, the letter should be marked “personal and confidential.” See Sample Letter from CI to Adoptee; Sample Letter from CI to Birth Mother; Sample Letter from CI to Birth Father.

B. Successful Contact and Interest in Reunion

In situations where the person being sought is found and is open to contact with the Registrant, the CI can give each party the other party’s identifying information to allow direct contact between the two after receiving the notarized consent for release of information on file from the individual being sought. The Registrant’s notarized consent should have been received prior to the initiation of the search process. Family Law § 5-4B-08.

One practice that has been identified by many veteran CIs as particularly helpful when the individual is found and interested in contact is to arrange for the parties to communicate by letter through the CI, before they have direct contact with one another.

To begin this process, the CI can request that the Registrant write an introductory letter, not including identifying information, along with some photos, and send it to the CI to pass on to the person who has been found. The CI then passes the letter along to the found individual with the suggestion that the individual write a responsive introductory letter, with photos, for the CI to pass along to the Registrant. This process allows the parties to have some current information about one another and some time to consider the information and their feelings before making the decision to go forward with direct contact. Should the parties decide to have direct contact, the CI will only release that contact information which is specified on the Consent to Release Information Form (i.e. telephone number or email address or mailing address).

When a Registrant is a birth parent searching for an adult adoptee, the CI may facilitate contact or the exchange of information between the birth parent and an adoptive parent only if the adoptee has consented to disclosure of the information to the birth parent, or if the adult adoptee is deceased. Family Law § 5-4B-11.
C. Successful Location and Reluctance about Contact

It is not uncommon for the person who has been located to feel caught off guard and in some emotional turmoil when receiving the news that the Registrant is seeking contact with them. This does not necessarily mean that the individual is not open to contact, but rather that they may need some time and support before coming to a decision. In such cases, it is important for the CI to be respectful of the individual’s feelings and not to put any pressure on the individual to make a decision at that point.

One way to attempt to work through the situation is by asking whether the individual would accept the Registrant’s introductory letter and, if so, send it along to the individual in a timely manner. The CI should also inquire as to any information that the individual would be willing to share with the Registrant at the time and then attempt to work out a plan with the individual as to how to move forward with the process.

The CI can provide supportive services and can make the individual aware of any resources, such as a search support group or counseling services, that the CI feels may be helpful to the individual.

It is also important to advise the individual that he or she may refuse contact but change his or her mind at any time later. Declining contact initially does not affect one’s ability to engage at a future time.

Some birth parents, more commonly birth mothers, may be especially apprehensive about contact with an adult adoptee because they have not told others, including current spouses or other children about the adoption. In such cases, the birth parent may want time and support, such as counseling, referral to a support group, or recommended readings from the CI to help them prepare to inform relatives or a spouse about the adoption before they are ready for contact with the Registrant.

D. Successful Location and Refusal of Contact

In cases where the individual sought does not want direct contact with the Registrant, the CI should thoroughly explain that Maryland is a mutual consent state and that the decision to pursue contact is theirs. Additionally, declining contact at one time does not preclude that individual’s ability to engage the Registrant at a future time.

The CI must report that the individual declined contact with the Registrant. The CI should still attempt to obtain as much information as possible from the individual, including family and medical information, to pass along to the Registrant. However, if the individual being sought states that he or she is not interested in providing any information or speaking with the CI, the CI must cease all inquiry with the individual. The CI must not attempt contact with the individual in the future. The CI must not disclose any identifying information about the individual contacted. Family Law § 5-4B-09.
E. The Individual Sought is Deceased

If the individual sought is deceased, the CI may not reveal the individual’s identity, but will inform the Registrant that the individual initially sought is deceased and may provide the year of that individual’s death to the Registrant. Family Law § 5-4B-11.

If a sought birth parent is deceased, the CI is authorized by law to search for other specified birth relatives over the age of 21. The specific birth family relatives for whom the CI is authorized to search on the behalf of an adult adoptee include: the birth parents themselves and the birth parent’s parents, children, aunts and uncles, and siblings. If the Registrant completed the Conditional Service Agreement, the CI may proceed to search for other family members. Confidential Intermediary Service Agreement (DHS/SSA 2070). Otherwise, the CI and the Registrant may execute a separate written Service Agreement to allow the CI to search for other family members or relatives of the individual who are over the age of 21. A copy of the separate written Service Agreement must be sent to the Administration. The CI may charge the Registrant a fee (if applicable in cases where the CI is affiliated with a private CPA) for the additional services provided. Family Law § 5-4B-11.

If a birth relative is located, the CI will explore that individual’s willingness to exchange information or have direct contact with the Registrant in accordance with the procedures discussed above.

If a sought adult adoptee is deceased, the CI is authorized by law to search for other specified adoptive family members over the age of 21. Those specific adoptive family members include: the adoptive parents, grandparents, and adoptive siblings. If the Registrant completed the Conditional Service Agreement, the CI may proceed to search for other family members. Confidential Intermediary Service Agreement (DHS/SSA 2070). Otherwise, the CI and the Registrant may execute a separate written Service Agreement to allow the CI to search for other family members or relatives of the individual who are over the age of 21. A copy of the separate written Service Agreement must be sent to the Administration. The CI may charge the Registrant a fee (if applicable in cases where the CI is affiliated with a private CPA) for the additional services provided. Family Law § 5-4B-11. If an adoptive family member is located, the CI will explore the individual’s willingness to exchange information or have direct contact with the Registrant in accordance with the procedures discussed above.

F. The Individual Sought Cannot be Located/the Search Cannot Progress

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 the individual sought or making contact with said individual, the CI will notify the Registrant that no progress has been made during the 90-day reporting period and that if additional information is not found or the individual does not return correspondence within next 90-day reporting period, the search will be considered completed. If after a second 90-day reporting period the search does not progress, the CI will notify the Registrant that the search is considered completed. The CI should remind the Registrant that he or she may reapply for services through DHS with respect to the same individual two years after the search’s completion. While the CI will not actively search for the individual, if the CI is contacted by the individual, the CI will notify the Registrant of such
contact. The CI shall also file a report with the Administration documenting the efforts made 
and the information discovered about the individual sought. Family Law § 5-4B-10.

The CI can provide supportive services and can make the Registrant aware of any resources, 
such as a search support group or counseling services, that the CI feels may be helpful.

G. The Individual Sought has a Serious Problem that may Inhibit Contact or Reunion

In cases where there is a potential barrier to reunification or contact, such as untreated mental 
ilness, serious addiction, extensive criminal history, or is incarcerated, the CI should still assess 
if the individual found is interested in contact with the Registrant.

If the individual is not interested in contact, then the CI should follow the procedure regarding 
contact refusal discussed above. If the adoption was finalized after January 1, 2000, the CI 
should inform the individual about the possibility of filing a Disclosure Veto. Disclosure Veto 
(DHS/SSA 2072).

If the individual is interested in contact and consents to disclosure of information, then the CI 
should inform the Registrant of the problems that the individual found is having. Should the 
Registrant still be interested in contact, the best course of action for the CI is to offer to act as the 
intermediary for contact between the parties for an extended, but defined, period of time. This 
course of action allows for contact while giving each party, as well as the CI, an opportunity to 
acquire more information about the situation. The CI would then rely on professional discretion 
in deciding if; or when, it would be appropriate to facilitate direct contact between the two 
parties, should they desire that contact.

Case Closure and Documentation of CI Services Outcome

There are three steps to formally close a case:

1. The CI shall inform the Registrant, both verbally and through a status report, of the 
search outcome. The status report documents and outlines the search results and 
provides clarity as to the search outcome should there be any misunderstanding on the 
part of the Registrant in the future. Status Report to Registrant (DHS/SSA 2073A).

2. The CI shall send a Client Satisfaction Survey to the Registrant. This allows the CI to 
receive valuable client feedback about the overall CI Services that were provided. 
The CI shall advise the Registrant to return the completed Client Satisfaction Survey 
to the Administration. See Client Satisfaction Survey (DHS/SSA 2074). A client 
satisfaction survey should not be sent in cases where the Registrant is a Director of a 
LDSS receiving services on behalf of a minor in out-of-home placement.

3. The CI must send a completed report to the Administration indicating the outcome of 
the completed search and must include copies of all written communication between 
the CI and the Registrant that was not previously provided to the Administration. 
Family Law § 5-4B-07; Status Report to DHS/SSA (DHS/SSA 2073B).
EMOTIONAL STAGES OF REUNION

Although the search process is an emotional process for the Registrant, the reunion process is also fraught with complicated emotions even in cases where reunion is sought and mutually desired. These feelings can result in certain patterns of interaction between the birth relatives as they feel each other out and determine the nature of the relationship they wish to have. These patterns can be broken into four distinct stages:

Stage One – The Honeymoon

The honeymoon phase is characterized by euphoria, joy, and a sense of being on top of the world. Efforts are made by both parties to find similarity and common interests. Much time is spent together in an effort to catch up on each other’s lives; exchanges of picture, letters and gifts, preoccupation with the other party. At times there are minor negotiations about relationship, such as what to call birth relatives.

Stage Two – Time Out

One party may pull back to evaluate and process events. The honeymoon is over. The other party may feel confused when this occurs. Birth relatives may feel hurt, angry, frustrated and frightened of the adoptee, and so pull back. The adoptee may feel rejected by the birth relative if he/she pulls back. Problems in the relationship may develop at this point because of the lack of understanding of the emotional issues that surface during the search process, and the parties involved may need help resolving these types of issues.

Stage Three – Showdown

Confrontation between the parties may happen. Issues may surface that will address the status of the relationship and its future development. If the birth relative initiates confrontation, she/he may fear the loss of the adoptee. The bond is fragile and the biological tie may not be strong enough to ensure a continued relationship. If the adoptee confronts the birth relative, she/he may fear being rejected by the birth relative.

Stage Four – Disengagement or Solidification

In this stage, disengagement is characterized by either the adoptee or the birth relative pulling back and away from the other party. Disengagement can be extremely painful for either party. Feelings of anger, loss, and rejection are typical. This stage can occur if expectations are too rigid or if differences between parties are too great.

Solidification is characterized by continuing, and sometimes earnest, negotiations between all parties. Roles, differences and issues continue to be worked out, but the relationship is more solid and settled because agreement has been reached in many areas. Renegotiations occur as life changes and growth takes place and new relationship roles emerge.
CI SERVICES AND MINORS IN OUT-OF-HOME PLACEMENT

The law authorizes directors of local departments of social services (LDSSs), acting on behalf of a minor in out-of-home placement, to apply for CI Services to develop a placement resource or facilitate a family connection with biological relatives when: (1) the minor in out-of-home placement has biological adult siblings who were adopted; or (2) the minor in out-of-home placement was previously adopted through a LDSS and the LDSS has determined reunification with the adoptive family is not in the minor’s best interests. Family Law § 5-4B-02.

The Director of a LDSS or the Director’s designee, on behalf of a minor child in an out-of-home placement, may apply to the Administration for the appropriate services. See Application Form for Minor in Out-of-Home Placement (DHS/SSA 2088). If the minor had previously been adopted through a LDSS and reunification with the adoptive parents is not in the minor’s best interests, the Director or the Director’s designee may request services to contact relatives of the minor to develop a placement resource or facilitate a family connection. The relatives included in such searches should be related to the minor by blood or marriage within five degrees of consanguinity or affinity under the civil law rule. If the minor had not previously been adopted, the Director or the Director’s designee may request services to contact the adult adopted siblings of the minor for the purpose of developing a placement resource or facilitating a family connection.

After the Administration approves the application, it will then assign the case to a CI in the appropriate local department of social services. A pre-search interview is not conducted in cases where a Director of a LDSS is receiving services on behalf of a minor in out-of-home placement.

The CI will obtain consent prior to beginning the search and will submit the form to the Administration. The consent form shall be signed by the parent, guardian, or attorney of the child in out-of-home placement if the child is younger than 16 years old, unless the local department has a court order granting the local department the right to release the information. See Consent to Release Information Form for Minor in Out-of-Home Placement (DHS/SSA 2090). The consent may be signed by the child if the child is age 16 or older.

The CI and Director or the Director’s designee who applies for Search, Contact, and Reunion Services shall execute a written agreement outlining the CI’s responsibilities and the requested search services. See Confidential Intermediary Service Agreement for Minor in Out-of-Home Placement (DHS/SSA 2091). Pursuant to this agreement, if the CI is able to locate an adult relative, the CI will ascertain if that relative is interested in contact with the minor child and whether the relative could be a potential placement resource or family connection. If the adult relative or adopted adult sibling is interested in contact and such contact could lead to a family connection or the development of a placement resource, the CI will inform the Administration and the Director or the Director’s designee. The CI will complete a report that includes recommendations for future case planning. See Status Report—Minor in Out-of-Home Placement (DHS/SSA 2092). The CI will assist in facilitating contact between the adult relative, or the adopted adult sibling, and the minor in out-of-home placement if requested by the Director or the Director’s designee.
If the adult relative or adopted adult sibling is not interested in contact, the CI will inform the Administration and the Director or the Director’s designee and also will request medical/health history information from the adopted adult sibling or adult relative for the benefit of the minor in out-of-home placement. If such information is provided, the CI will provide that information to the Administration and the Director or the Director’s designee. The CI will refrain from any further contact with the relative or the adopted adult sibling.

If the CI is unable to locate any adult relatives or adopted adult siblings, the CI will inform the Administration and the Director or the Director’s designee.

If the CI determines that an adult relative or adopted adult sibling is deceased, the CI shall report the fact that the individual sought is deceased but will not disclose the identity of the relative. In cases where the minor in out-of-home placement was previously adopted through a LDSS, the CI should also continue to search for other adult relatives. In cases where the minor in out-of-home placement was not previously adopted and the search services requested involved an adult adopted sibling, the CI may, with the consent of the Director or Director’s designee, attempt to contact a member of the adopted sibling’s family who is at least 21 years old to assess the willingness of that member of the sibling’s adoptive family to communicate or exchange medical information with the applicant. In such cases, if the Director or Director’s designee consents to contacting a member of the adult sibling’s adopted family, the Director or Director’s designee shall execute another written agreement with the CI.
PERMISSIBLE FEES FOR CI SERVICES PROVIDED BY PRIVATE CPAS

As of October 1, 2015, there are no fees associated with post-adoption search, contact, and reunion services provided by CIs who are employees of the Administration or any local department of social services.

Additionally, there are no fees for CI Services in cases where there is a documented medical emergency. The documentation may include a letter from a physician stating the need for certain information about the Registrant’s birth relatives.

Private Child Placement Agencies (CPAs), however, may charge a fee up to the reasonable amount determined and authorized by the Director of the Social Services Administration through its policies and regulations. These fees are payable directly to the CPA providing the CI Services, and they are collected to defray and cover the costs of staff time required to complete the steps of the search process and to properly conduct the search through online databases, archives, and court records. These fees are based on the Registrant’s gross income (income before taxes) and the federal poverty guidelines, which are available at: https://aspe.hhs.gov/poverty-guidelines. The federal poverty guidelines are updated in January of every year and published by the United States Department of Health and Human Services in the Federal Register. A CPA, however, may waive or reduce the allowable fee if it so chooses. These fees may also be paid to the CPA in installments, but the CPA may choose not to commence the CI Services until the entire fee has been collected. COMAR 07.02.13.04

To determine the fee associated for a particular Registrant’s CI Services, a CPA may seek copies of the Registrant’s:

1. Federal Tax Form 1040;
2. Statements relating to payment of unemployment benefits;
3. Statements regarding the receipt of Medical Assistance;
4. Statements regarding the receipt of other public benefits including food stamps, social security benefits, veterans benefits, etc.; and
5. Statements regarding receipt of retirement benefits, including pensions, and distributions from retirement account.

Fees for CI Services are non-refundable, even when the search does not result in the outcome that the Registrant desired.
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<th>CI Services for Two Individuals</th>
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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: ___________________________

DHS/SSA 2065 (05/2019) Page 1 of 1
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?

____________________________________________________________________________

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DHS/SSA 2067 (05/2019) Page 1 of 6
2) What are your expectations/hopes/goals for this search?

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

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

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

6) How was the subject of adoption handled in your adoptive family? (For example, when were you told; were you parents open with you in discussing your adoption, including the reasons why adoption was planned for you, and any background information? Did you feel comfortable asking questions about your adoption?)
7) How do you think that being adopted has impacted your relationships, your life, and how you feel about yourself? Are there any sensitive areas or issues connected with being adopted that have affected you, and/or currently affect you?


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


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


10) How do you typically handle stressful situations?


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


DHS/SSA 2067 (05/2019) Page 3 of 6
12) Have you ever been arrested, convicted of a crime and/or incarcerated? If yes, please describe.

________________________________________________________________________

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

________________________________________________________________________

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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?

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
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:

   __________________________________________________________

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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?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

__________________________________________________________________________
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?

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

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

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

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?

________________________________________________________________________

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________________________________________________________________________

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

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

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_________________________________________________________________________
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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:

________________________________________________________________________

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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, §§ 6-48-01, 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.

<table>
<thead>
<tr>
<th>Confidential Intermediary Services Fee Schedule for CPAs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CI Services for One Person</strong></td>
</tr>
<tr>
<td>Registrant’s Gross income as a percentage of the Federal Poverty Guideline</td>
</tr>
<tr>
<td>At or Below 100%</td>
</tr>
<tr>
<td>At or Below 200%</td>
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<tr>
<td>At or Below 300%</td>
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<tr>
<td>At or Below 400%</td>
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<tr>
<td>At or Below 500%</td>
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<tr>
<td>At or Below 600%</td>
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<tr>
<td>At or Below 700%</td>
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<tr>
<td>At or Below 800%</td>
</tr>
<tr>
<td>At or Below 900%</td>
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<tr>
<td>Above 900%</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.

Registrant’s Initials: __________________

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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, _______________________, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Acne or pimples</td>
<td></td>
<td></td>
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<tr>
<td>Addiction Disorder</td>
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<td></td>
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<tr>
<td>Alcoholism</td>
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<tr>
<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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<tr>
<td>Arthritis; where?</td>
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<tr>
<td>Asthma</td>
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<tr>
<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></td>
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<tr>
<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>
<td></td>
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<tr>
<td>Club foot</td>
<td></td>
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<tr>
<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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<tr>
<td>Dental problems; what kind?</td>
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<td></td>
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<tr>
<td>Deafness or hearing problems</td>
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<tr>
<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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<tr>
<td>Eczema</td>
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<td>Emphysema</td>
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<tr>
<td>Endometriosis;</td>
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<tr>
<td>Epilepsy or seizures</td>
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<tr>
<td>Eye problems</td>
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<td>Glasses; what for?</td>
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<tr>
<td>Glaucoma</td>
<td></td>
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<tr>
<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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<tr>
<td>Hemochromatosis (excess iron)</td>
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<tr>
<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>---------------------------------------------------</td>
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<td>---------------------------------------------------------------</td>
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<tr>
<td>Hives</td>
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<tr>
<td>High blood pressure</td>
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<tr>
<td>Huntington’s Chorea</td>
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<tr>
<td>Infertility</td>
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<tr>
<td>Irritable Bowell Syndrome (IBS)</td>
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<tr>
<td>Jaundice (yellow skin)</td>
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<tr>
<td>Kidney disease</td>
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<tr>
<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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<tr>
<td>Lupus</td>
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<tr>
<td>Mental retardation</td>
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<tr>
<td>Miscarriages</td>
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<tr>
<td>Muscular Dystrophy</td>
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<tr>
<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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<tr>
<td>Phenylketonuria (PKU)</td>
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<tr>
<td>Rectal or intestinal polyps</td>
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<tr>
<td>Rheumatic fever</td>
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<td>Schizophrenia</td>
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<tr>
<td>Schizoaffective disorder</td>
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<tr>
<td>Serious depression</td>
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<td>Sickle cell anemia</td>
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<tr>
<td>Sinus infections</td>
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<td>Skin disease</td>
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<tr>
<td>Spina bifida</td>
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<tr>
<td>Speech problems: what kind?</td>
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<tr>
<td>Stillbirths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach problems: what kind?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tay-Sachs disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thalassemia (red blood cell disorder)</td>
<td></td>
<td></td>
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<tr>
<td>Thyroid problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twins/multiple birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ulcers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicose veins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wilson’s Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please describe):</td>
<td></td>
<td></td>
</tr>
</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. If the adoptee was adopted after January 1, 2000, these other relatives were informed of their right to file a disclosure veto.

☐ Upon exhausting all resources presently available, no progress has been made in furthering the search in the last 90 days. Please detail any actions that you have taken in the last 90 days the Comments Section below.
   ☐ The Registrant was notified that if no additional progress is made in the next 90 days, the search will be considered completed.

☐ No progress has been made in 180 days, and, as a result, the search is considered completed.
   ☐ The Registrant was notified that the search is considered completed.
   ☐ All materials relating to the search have been provided to DHS, including notes.

☐ The Registrant withdrew the request.

☐ Other:

**Comments:**

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Confidential Intermediary’s Signature __________________________ Date __________________________
STATUTORY REPORT TO THE REGISTRANT

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

Date of Initial Service Agreement: ____________ Investigation No: ____________
Name of CI: ____________________________
Agency: ________________________________ Phone Number: ____________________________

Registrant (the person searching):
Current Name: ____________________________ Adoptee ______ Birth parent: ______
Address: ________________________________
Current Phone Numbers: (H): ____________ (W): ____________ (C): ____________

Search Subject:
☐ Adult Adoptee ☐ Birth Mother ☐ Birth Father ☑ Other ____________

Actions in Last 90 Days:
☐ The individual being sought has not been located. If the individual sought has not been located, please detail the attempts you have made in the Comments Section below.

☐ The individual sought has been located, but the CI has not been able to confirm the individual’s identity.
   ☐ The following attempts to contact the individual were made:

________________________________________

☐ The individual sought has been located, and the CI has confirmed the individual’s identity.
☐ The individual sought has consented to disclosure of specified information through the CI.
☐ The individual being sought consented to full disclosure and contact with the Registrant.
   ☐ The method of contact:
   ☐ Phone ☐ Letter ☐ In-person ☐ Email

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

DHS/SSA 2075A (01/2019) Page 1 of 2
☐ The individual initially sought is deceased.
☐ Other relatives are currently being identified.
☐ Other relatives have been identified and located, but the CI has not been able to confirm their identities.
   ☐ The following attempts to contact the other identified relatives were made:

☐ Other relatives were identified, located, and contacted and they:
   ☐ Agreed to disclosure of information using the CI as an intermediary.
   ☐ Agreed to full disclosure and contact.
   ☐ Did not agree to contact.

☐ Upon exhausting all resources presently available, no progress has been made in furthering this search in the last 90 days. If no progress is made in the next 90 days, this search will be considered completed.

☐ After exhausting all resources presently available, no progress has been made in furthering this search in the last 180 days. In accordance with your previously signed service agreement, this search is now considered completed. You may reapply to DHS for CI Services involving the same individual two years from the date of this notification. All materials relating to the search have been provided to DHS, including notes. If, however, the individual you sought does make contact with the CI in the future, the CI will notify you and DHS, and will continue to provide CI Services on your behalf.

☐ Other:

Comments:


Confidential Intermediary’s Signature

Date
CLIENT SATISFACTION SURVEY

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

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

Name of the Confidential Intermediary (CI):

Name of Local Department or Child Placement Agency:

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

A. Your overall satisfaction? 1 □ 2 □ 3 □ 4 □ 5 □

B. Your CI’s professionalism? 1 □ 2 □ 3 □ 4 □ 5 □

C. Your CI’s courtesy? 1 □ 2 □ 3 □ 4 □ 5 □

D. Your CI’s knowledge? 1 □ 2 □ 3 □ 4 □ 5 □

E. Your CI’s sensitivity to your needs? 1 □ 2 □ 3 □ 4 □ 5 □

F. Has your search resulted in an exchange of identifying information? Yes □ No □

G. If CI services were provided through a private child placement agency, were fees for CI services reduced or waived? Yes □ No □

H. Did your CI suggest counseling or other supportive services? Yes □ No □ N/A □

I. Would you recommend CI services to others? Yes □ No □

J. Would you be willing to share your experience for the purpose of publicizing CI services? Yes □ No □ N/A □ If yes, please provide your name, address and phone number:

K. Is there anything you want to suggest that could have improved the service you received? Yes □ No □ Please provide your comments on the back of this form.
TIPS FOR WRITING A LETTER OF INTRODUCTION TO YOUR ADOPTED ADULT CHILD

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

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

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

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

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

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

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

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

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

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

To reassure the birth parent that you want a mutually beneficial relationship, you may include a statement that you would like to email, phone, or meet, but will respect his/her need for time to process this contact and to determine his/her comfort level with meeting. In closing, sign the letter with your first name.
Confidential Intermediary Service
Form Letters and Search Tips
SAMPLE LETTER FROM A CI TO AN ADULT ADOPTEE

Date: ____________________

Dear: ____________________

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

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

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

I look forward to hearing from you soon.

Sincerely,
SAMPLE LETTER FROM A CI TO A BIRTH MOTHER

Date: ______________________

Dear: ______________________

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

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

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

I look forward to hearing from you soon.

Sincerely,
SAMPLE LETTER FROM A CI TO A BIRTH FATHER

Date:

Dear: _______________________________________

My name is ___________________ and I am a social worker with ___________________ (your agency). I am a Confidential Intermediary working on behalf of the State of Maryland to provide search, contact, and reunion services to birth parents and adult adoptees. I am looking for ___________________, who was an acquaintance of ___________________ (birth mother’s name at that time) in ______ (year of child’s birth). It is my understanding that he/her __________________ (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>
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<tr>
<td>509-515</td>
<td>Kansas</td>
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<tr>
<td>516-517</td>
<td>Montana</td>
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<td>518-519</td>
<td>Idaho</td>
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<td>520</td>
<td>Wyoming</td>
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<td>521-524</td>
<td>Colorado</td>
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<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>
</tr>
<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 ________________________
CONFIDENTIAL INTERMEDIARY SERVICE AGREEMENT FOR
MINOR IN OUT-OF-HOME PLACEMENT

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

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

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

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

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

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

I, ________________________ (Name of Director/Designee of LDSS)

_________________________ (Name of Confidential Intermediary)

_________________________ (Name of Minor)

am entering into an agreement with

to complete a search on behalf of

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 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 __________________________
________________________________________________________________________________________