Service Request and Fee Schedule

Name: _____ Date: _____

✓ **For all services, please return the following:**

- ☐ Copy of valid photo identification
- ☐ What Every Client Should Know (signature page)
- ☐ Acknowledgment of Receipt: Notice of Privacy Practices (signed)
- ☐ Medical Form (only required for birth parent & surviving relative of birth parent)
- ☐ Descendent of a deceased adopted person and surviving relative of a deceased birth parent must provide copy of death certificate or obituary, and proof of relationship to the deceased.

✓ **For Registry/Search & Connection/Outreach, <u>you will also need to return</u>:**

- ☐ Authorization for Release of Information (signed)
- ☐ Your "First Letter" (optional for Registry)

✓ **For Search & Connection Services, <u>you will also need to return</u>:**

- ☐ Copy of Illinois Adoption Registry confirmation letter from the IL Department of Public Health. Go to http://www.idph.state.il.us/vitalrecords/adoption/Pages/iarmie_info.htm for forms.
- ☐ Personal History Biography Questionnaire

Requested Services/Fees:

- ☐ Non-Identifying Background Report - $150
- ☐ Non-Identifying Background Report (pre 1940 or limited information) - $75
- ☐ Non-Identifying Brief Update Report to Background Information previously provided - $75
- ☐ Search and Connection - $350 per person
- ☐ Outreach/Reconnection or Additional Search - To Be Determined by Director

Payment Method:

☐ Credit Card:
- ◯ Visa
- ◯ MasterCard
- ◯ Discover
- ◯ American Express

☐ Check

Name on Card: _____

Card Number: _____

Expiration Date: _____

3-digit Security Code on back of card _____

Signature: _____

Current Address:

_____

_____

Donation $_____

Total: $_____

FEES ARE NON-REFUNDABLE REGARDLESS OF OUTCOME. FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

☐ I would like to receive news and updates from The Cradle.

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