

# Sunny Ridge Family Center

## Post Adoption Contact and Counseling Services

### *Service Request and Fee Schedule*

I am requesting the following service(s):

CHECK	SERVICE	FEE
<input type="checkbox"/>	Correspondence Support	Donations
<input type="checkbox"/>	Non-identifying Medical/Social Information	\$50
<input type="checkbox"/>	Brief File Check/Update	\$25
<input type="checkbox"/>	Letter of outreach or telephone contact to Birth Family	\$50.
<input type="checkbox"/>	Search (outreach fee applied)	\$350
<input type="checkbox"/>	Consultation Services (by phone or in person)	\$75 per hour
<input type="checkbox"/>	Counseling Services	\$75 per hour
<input type="checkbox"/>	Meeting Arrangements:	
<input type="checkbox"/>	Setting up meeting (at Sunny Ridge or off-site)	\$25
<input type="checkbox"/>	Staff present	\$75
<input type="checkbox"/>	Retainer for combination of services	\$ _____

**TOTAL FEES** \$ \_\_\_\_\_  
**DONATION** \$ \_\_\_\_\_  
**TOTAL PAYMENT** \$ \_\_\_\_\_

**Please enclose personal check or money order to *Sunny Ridge Family Center*.**  
**MAIL TO:** Sunny Ridge Family Center, Post Adoption Services, 2 South 426 Orchard Road, Wheaton, Illinois 60187.

**PLEASE COMPLETE:**

The services are requested for \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Was this an adoption through Sunny Ridge? \_\_\_\_\_

If adoptee is under 21, a parent signature is required:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am:  birth parent     adopted person     adoptive parent     other \_\_\_\_\_

<b>For Office Use Only:</b> Date _____ Received: _____ Check Number: _____
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