

# Quaker Special Risk

a division of Quaker Agency, Inc.  
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## ADOPTION AND FOSTER CARE PLACEMENT AGENCY SUPPLEMENTAL APPLICATION

This section is **FOR OFFICE USE ONLY** – Please do not complete.

Diamond State Ins. Co     United National Ins. Co     United National Casualty Ins. Co.     United National Spec. Ins Co.

Name of the Agency \_\_\_\_\_

Name of the Facility \_\_\_\_\_  
(if different from your agency name)

### ADOPTION PLACEMENT AGENCIES

**IMPORTANT: Please attach copies of all homestudy applications and information to prospective families, placement guidelines and procedures.**

1. Estimated number of adoption placements expected for the upcoming year:

Domestic Placements \_\_\_\_\_ International Placements \_\_\_\_\_

2. Are both birth parents contacted prior to all adoption proceedings?     Yes     No

3. Do you have an attorney on staff?  Yes     No If yes, provide the name of the Legal Errors and Omissions carrier and limits carried: \_\_\_\_\_

4. Do you perform homestudies for clients other than your prospective adoptive parents?  Yes     No  
If yes, please provide estimate of the number of these homestudies performed. \_\_\_\_\_

5. If international adoptions, please list the country of origin: \_\_\_\_\_

6. Do you perform consulting services for other agencies?  Yes     No

7. Do you provide specific information about the child/children to the prospective adoptive parents prior to formalizing the agreement?  Yes     No  
If yes, are these disclosures written or verbal? \_\_\_\_\_

### FOSTER PLACEMENT AGENCIES

**Important – Please attach: Current list of foster families and copies of placement procedures, family selection and training guidelines.**

Using your last calendar or fiscal year, please provide the following:

1. Maximum number of children in foster care at any one time in the past year \_\_\_\_\_
2. Total Capacity \_\_\_\_\_
3. How often do you counsel or visit child or foster family? \_\_\_\_\_
4. Current number of certified foster families \_\_\_\_\_
5. Average number of cases per caseworker \_\_\_\_\_

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name and Title