



# European Adoption Consultants, Inc.

A Non-Profit, 501(c)(3), Licensed Adoption Agency  
HAGUE ACCREDITED

12608 Alameda Drive, Strongsville, OH 44149  
(440) 846-9300 • (800) 533-0098 • Fax (440) 846-1705  
www.eaci.com • email: Adopt@eaci.com

## POST PLACEMENT AFFIDAVIT

To Whom It May Concern:

We/I, \_\_\_\_\_, hereby swear and/or affirm:  
(Name's)

- That it is my/our intent to comply fully with post adoptive placement requirements of the government of \_\_\_\_\_ (Country adopting from).
- I/We have previously received an Agreement with European Adoption Consultants, Inc., which provides in part: "At all times after the completion of international adoption in the foreign country, assume all financial responsibility for the care and support of the child(ren) adopted from the date including, without limitation, medical expenses incurred for the care and treatment of the child(ren). There are no reliable medical records in the foreign countries in which EAC maintains international adoption programs, and in all cases of international adoption records for adoptive children and the biological parents of children to be adopted are either non-existent or extremely unreliable. EAC will provide to Applicant(s) the medical records of the child or children to be adopted that are made available to EAC; however, those records and the translations of those records are unreliable. The medical records for prospective international adoptive children received by EAC and Applicant(s) prior to travel to a foreign country often, if not always, differ from the records available in the foreign country, including the records available in the orphanages and courts of the foreign country involved. While EAC will make every effort to locate medical records for children to be adopted, EAC does not and cannot assume responsibility for any such records or for the medical condition of the child or children to be adopted by Applicant(s)."
- Applicant(s) must submit an Affidavit of Health Insurance Coverage before a referral of a child for international adoption. Failure to submit a signed Affidavit of Health Insurance Coverage will result in disqualification for international adoption. Provide EAC with copies of all documents pertaining to a completed international adoption in a country by Applicant(s) in the foreign country of adoption, including all court decrees and foreign medical records and hospital records and hospital bills and hospital bills for the child or children to be adopted or re-adoption as required. Provide to EAC, when appropriate, copies of all such adoption decrees.
- Comply with all post placement requirements. (Applicant(s) must contract with a home study agency licensed in the state of the Applicant(s) residence pursuant to which the licensed home study agency will conduct the required post placement visits. Applicant(s) are financially responsible for the costs of all post placement services. Proof of payment for said post placement services must be provided to European Adoption Consultants, Inc. prior to referral of a child for international adoption.)
- Provide EAC with monthly parental post placement reports and at least four (4) different photographs (frontal view) for each adopted child during the first year after completion of international adoption; and quarterly written parental post placement reports (with photos) during the second and third year after completion of international adoption.
- I/We, \_\_\_\_\_, also hereby acknowledge that European Adoption Consultants, Incorporated requires at least one adoptive parent stay home with the adoptive child(ren) for a minimum of four weeks or make pre-approved arrangements by European Adoption Consultants, Incorporated. We further acknowledge that European Adoption Consultants, Incorporated recommends that for the bonding and attachment purposes that twelve weeks is preferred.
- That it is my/our intent to utilize \_\_\_\_\_ (Name of Agency Providing Post Placement Services)

**SAMPLE**

\_\_\_\_\_ for all post placement services required.  
(Agency Address and Telephone Number)

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

State:  
County:

Sworn to and subscribed before me, below signed notary public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ and \_\_\_\_\_ who are personally known to me \_\_\_\_\_ or provided identification in the form of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public