

Exhibit E TO SUPERVISED PROVIDER AGREEMENT

Post-Placement Requirements for Family's State of Residence

Supervised Provider -- Post-Placement Monitoring Until Final Adoption, 22 CFR Section 96.50 (b)

Please identify below the number and timing of post-placement regulations (until finalization occurs in PAP state of residence) required to meet State law.

Supervised Provider: _____

Family Name(s): _____

Family's State of Residence: _____

Home Visit	Report	Home Visit & Report	Time Parameters
<i>EXAMPLE:</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1 month after placement</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>then monthly until finalization</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

OTHER REQUIREMENT(S) *(provide specifics)*

*EXAMPLE:
PAP must finalize adoption in state of residence within 6 months.*

Printed Name, Authorized Agency Representative

Signature, Authorized Agency Representative

Date

Title