

## Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions



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Sponsored by: Office of Planning, Research, and Evaluation, Administration for Children and Families

### Instrument 1a: Agency Web Survey - Adoption

## Agency Web Survey: Contact after Adoption

Note: The consent form will be covered prior to completing the survey.

### Section A: Routine Contact that Your Agency Initiates with Families Post-Adoption

**Definition of agency:** When we use the term “agency,” we mean the public agency responsible for providing child welfare services. We understand that in some jurisdictions, the actual services may be contracted out to a private agency. In this survey, we are asking the public child welfare agency to report on the services they **either provide directly or contract out to private agencies to provide.**

We recognize that you may represent a state-administered or county/hybrid-administered system. We also recognize that there is variation across states in how adoption agencies implement the practices described in this survey. This variation may be especially common in county-administered systems. For the entirety of this survey, please reflect at a high-level about what you think is typical practice across the majority of your state’s agencies.

**INTRO A:** In this section, we ask about the types of routine contact that your agency initiates with families **after** adoption has been finalized.

**A1\_A\_REGCON.** Does your agency have regular contact with families after adoption?

1. Yes
2. No

[If A1\_A\_REGCON =2, go to Section B]

**A2\_A\_TYPE.** [If A1=1] What types of regular contact does your agency have with families after adoption? Please select Yes or No for each option below.

		Yes	No
<b>A2_A_1_NEWS</b>	Newsletter for adoptive families	1	2

**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

<b>A2_A_2_WLLB</b>	Agency sends a letter or form to adoptive parents to ascertain the well-being of the child in their care or to check-up on the status of the child (well-being letter)	1	2
<b>A2_A_3_SERV</b>	Agency follow-up after a parent or child's request for service or support	1	2
<b>A2_A_4_PAS</b>	Agency follow-up after a parent or child has completed post-adoption services	1	2
<b>A2_A_5_ASUB</b>	Agency follow-up after a parent requests a change to their adoption subsidy	1	2
<b>A2_A_6_AGR</b>	Agency follow-up after a parent requests a change to the services outlined in their adoption agreement	1	2
<b>A2_A_7_OTH</b>	Other	1	2

a. **A2\_A\_Y\_OTH**: Please specify: \_\_\_\_\_

[If A2\_A\_1\_NEWS=1] You indicated that your agency has a newsletter designed for adoptive families.

**A3\_A\_NEWS**. How often is the newsletter sent to adoptive families?

1. Once a month
2. Once a quarter
3. Twice a year
4. Once a year
5. Other (*please specify*): \_\_\_\_\_

**A4\_A\_NEWS**. Who does your agency send the newsletter to? *Please select all that apply.*

1. Parents who have adopted through your agency within a certain number of years.  
*Please specify number of years: \_\_\_\_\_*
2. Parents who are currently receiving an adoption subsidy
3. Parents who have ever received services from your agency after adoption
4. All parents who have ever adopted a child through your agency
5. Children or youth who exited foster care through adoption. *If there are any specific criteria (e.g., currently over the age of 12, or currently residing in your jurisdiction), please specify: \_\_\_\_\_*
6. Other (*please specify*): \_\_\_\_\_

[If A2\_A\_2\_WLLB=1] You indicated that your agency sends a letter or form to adoptive parents to ascertain the well-being of the child in their care or to check-up on the status of the child (well-being letter).

**A5\_A\_INFO**. What type of information does your agency request from adoptive families in the well-being letter? *Please select Yes or No for each option.*

		Yes	No
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**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

<b>A5_A_1_CON</b>	Contact information for the adoptive parents (such as names, addresses)	1	2
<b>A5_A_2_DEMG</b>	Demographic information (such as age, gender, race) for the adoptive parents	1	2
<b>A5_A_3_CLIV</b>	Where the adopted child or youth is currently living	1	2
<b>A5_A_4_HLTH</b>	Physical health status of the adopted child, youth, or the adoptive family	1	2
<b>A5_A_5_EDU</b>	Educational status of the adopted child or youth	1	2
<b>A5_A_6_FIN</b>	If the adoptive parent(s) is providing financial support for the child	1	2
<b>A5_A_7_MENT</b>	Mental health status or needs of the adopted child or youth	1	2
<b>A5_A_8_OTH</b>	Other	1	2

**A5\_8\_A\_OTH:** Please specify: \_\_\_\_\_

**A6\_A\_WELLB.** How frequently does your agency send the well-being letter?

1. At least twice a year
2. At least once a year
3. Other (*please specify*): \_\_\_\_\_

**A7\_A\_SUBS.** How many children are currently receiving adoption subsidies in your state?

1. \_\_\_\_\_ number of children receiving state-funded adoption subsidies
2. \_\_\_\_\_ number of children receiving federally funded adoption subsidies

**A8\_A\_WELLB.** How many well-being letters were sent in the past year, that is since [DATE]?

*If your agency sent such requests for information multiple times throughout the year, please count each child only once.*

1. \_\_\_\_\_ number of well-being letters sent to families receiving state-funded adoption subsidies
2. \_\_\_\_\_ number of well-being letters sent to families receiving federally funded adoption subsidies

**A9\_A\_WELLB.** How many well-being letter responses did your agency receive in the past year, that is since [DATE]?

1. \_\_\_\_\_ number of responses from families receiving state-funded adoption subsidies
2. \_\_\_\_\_ number of responses from families receiving federally funded adoption subsidies

**A10\_A\_WELLB.** How many well-being letters were returned unanswered (e.g., undeliverable, wrong postal or email address)?

1. \_\_\_\_\_ number of returned unanswered from families receiving state-funded adoption subsidies

**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

2. \_\_\_\_\_ number of returned unanswered from families receiving federally funded adoption subsidies

**A11\_A\_WELLB.** How are well-being letter responses received back from families? *Please select all that apply.*

1. E-mail
2. Phone
3. Mail
4. Other (*please specify*): \_\_\_\_\_

**A12\_A\_WELLB.** Are the well-being letter responses that your agency receives recorded and maintained in some way?

1. Yes
2. No

**A13\_A\_WELLB.** [If A12\_A\_WELLB =2] Please provide a brief description of what your agency does with the well-being letter information once received.

\_\_\_\_\_ [Open fill]

**A14\_A\_WELLB.** [If A12\_A\_WELLB=1] How are well-being letter responses recorded and maintained? *Please select all that apply.*

1. Formal, structured record (e.g., an excel sheet or data base that lists family ID and associated activity)
2. Electronic database (e.g., administrative data system, SACWIS)
3. Informal staff notes that the agency keeps (electronic or paper notes)
4. Other (*please specify*): \_\_\_\_\_

**A15\_A\_WELLB.** [If A12\_A\_WELLB =Yes] Once well-being letter responses are received, how long are they stored in your system?

1. A month
2. Less than 6 months
3. About a year
4. Other (*please specify*): \_\_\_\_\_

**A16\_A\_WELLB.** When adoptive families do not respond to the well-being letter, does your agency try to follow-up with them again?

1. Yes, *please specify the type of contact (e.g., a phone call, a letter) and the frequency (e.g., every two weeks until contact):* \_\_\_\_\_
2. No

**A17\_A\_WELLB.** How does the agency use responses to well-being letters? *Please select all that apply.*

**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

1. To plan tailored outreach to a family that is specific to their needs
2. To check-in on the well-being (e.g., mental health, physical health, behavioral health, etc.) of children
3. For some other purpose (*please specify*): \_\_\_\_\_

[If A2\_A\_3\_SERV=1] You indicated that your agency follows-up with an adoptive family after a request for service or support.

**A18\_A\_REQ.** Are follow-ups after a request for service or support recorded and maintained in some way?

1. Yes
2. No

**A19\_A\_REQ.** [If A18\_A\_REQ=1] How are follow-ups after a request for service or support recorded and maintained? *Please selected all that apply.*

1. Formal, structured call record (e.g., an excel sheet that lists family ID and associated activity)
2. Electronic database (e.g., administrative data system, SACWIS)
3. Informal staff notes that the agency keeps (e.g., electronic or paper notes)
4. Other (*please specify*): \_\_\_\_\_

**A20\_A\_REQ.** [If A18\_A\_REQ=1] What type of information is recorded and maintained in some way? *Please selected all that apply.*

1. Type of support or service requested
2. Whether the support or service was provided
3. Contact information for the adoptive parents (such as names, addresses)
4. Where the adopted child or youth is living
5. Physical health status of the adopted child, youth, or the adoptive family
6. Educational status of the adopted child or youth
7. Mental health status or needs of the adopted child or youth

[If A2\_A\_4\_PAS=1] You indicated that your agency follows-up with an adoptive family or child after they completed post-adoption services.

**A21\_A\_COMP.** How does your agency follow-up with an adoptive family or child after they have completed services? *Please select all that apply.*

1. E-mail
2. Phone
3. Mail
4. Other (*please specify*): \_\_\_\_\_

**A22\_A\_COMP.** Are follow-ups after receipt of services recorded and maintained in some way?

**Instrument 1a:** Agency Web Survey

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

1. Yes
2. No

**A23\_A\_COMP.** [If A22\_A\_COMP=Yes] How are follow-ups after receipt of services recorded and maintained?

1. Formal, structured call record (e.g., an excel sheet that lists family ID and associated activity)
2. Electronic database (e.g., administrative data system, SACWIS)
3. Informal staff notes that the agency keeps (e.g., electronic or paper notes)
4. Inquiries from an agency website
5. Through regular reports from the private agencies that contain information on the services they provide
6. Other (*please specify*): \_\_\_\_\_

**A24\_A\_COMP.** [If A22\_A\_COMP=1] What type of information is recorded and maintained in some way? *Please select all that apply.*

1. Type of service requested
2. Whether the service was provided
3. Length of services (e.g., number of months)
4. Contact information for the adoptive parents (such as names, addresses)
5. Where the adopted child or youth is living
6. Physical health status of the adopted child, youth, or the adoptive family
7. Educational status of the adopted child or youth
8. Mental health status or needs of the adopted child or youth

[If A2\_A\_5\_ASUB=1] You indicated that your agency receives requests from adoptive families to change to their adoption subsidy.

**A25\_A\_SUB.** What information is required to make a change to their adoption subsidy? *Please select all that apply.*

1. Formal written description of the reason(s) for the adoption subsidy change request
2. Documentation about needs or experiences of the adopted child or youth from a medical or mental health professional
3. Documentation of the types of services that are needed, which are not already listed in the adoption agreement
4. Other (*please specify*): \_\_\_\_\_

**A26\_A\_SUB.** Are adoption subsidy change requests recorded and maintained in some way?

1. Yes
2. No

**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

**A27\_A\_SUB.** [If A26\_A\_SUB=1] How are adoption subsidy change requests recorded and maintained in some way?

1. Formal, structured call record (e.g., an excel sheet that lists family ID and associated activity)
2. Electronic database (e.g., administrative data system, SACWIS)
3. Informal staff notes that the agency keeps (e.g., electronic or paper notes)
4. Through regular reports from the private agencies
5. Other (*please specify*): \_\_\_\_\_

**A28\_A\_SUB.** [If A26\_A\_SUB=1] What type of information is recorded and maintained in some way?  
*Please selected all that apply.*

1. Type of subsidy change requested
2. Whether the subsidy change was approved
3. Whether the subsidy change was implemented
4. Contact information for the adoptive parents (such as names, addresses)
5. Where the adopted child or youth is living
6. Physical health status of the adopted child, youth, or the adoptive family
7. Educational status of the adopted child or youth
8. Mental health status or needs of the adopted child or youth

[If A2\_A\_6\_AGR=1] You indicated that your agency receives requests from adoptive families to change the services outlined in their adoption agreement.

**A29\_A\_CHNG.** What information is required for your agency to change the services in a family's adoption agreement?

1. Formal written description of the reason(s) for the change in services
2. Documentation about needs or experiences of the adopted child or youth from a medical or mental health professional
3. Documentation of the types of services that are needed, which are not already listed in the adoption agreement
4. Other (*please specify*): \_\_\_\_\_

**A30\_A\_CHNG.** Are these requests to change services recorded and maintained in some way?

1. Yes
2. No

**A31\_A\_CHNG.** [If A30\_A\_CHNG=1] How are requests to change services recorded and maintained?

1. Formal, structured call record (e.g., an excel sheet that lists family ID and associated activity)
2. Electronic database (e.g., administrative data system, SACWIS)
3. Informal staff notes that the agency keeps (e.g., electronic or paper notes)

**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

4. Other (please specify): \_\_\_\_\_

**A32\_A\_CHNG.** Are there any processes or protocols in place to update adoptive family addresses in your data system?

1. Yes
2. No

**A33\_A\_CHNG.** [If A32\_A\_CHNG=Yes] Who in your agency is responsible for updating adoptive family addresses? Please identify their role, not their name.

\_\_\_\_\_

**A34\_A\_CHNG.** [If A32\_A\_CHNG=1] Please briefly describe the process of updating adoptive family addresses.

**A35\_A\_CHNG.** Does your agency provide support and services to adoptive families?

1. Yes
2. No

**A36\_A\_CHNG.** Does your agency contract with another agency to provide support and services to adoptive families?

1. Yes
2. No

**A37\_A\_CHNG.** [If A36\_A\_CHNG=1] What is the name of the contracted agency?

\_\_\_\_\_ [Open fill]



## Section B: Contact that Families Initiate After Adoption

**INTRO B:** The prior section asked you to indicate ways in which families responded to your agency, after your agency took some action. In this section, we ask about ways in which families initiate contact with your agency, outside the mechanisms discussed in previous sections.

**B1\_A\_CONT.** Do adoptive families who need services contact your agency for help?

1. Yes
2. No

**B2\_A\_HOW.** [If B1\_A\_CONT=1] How do adoptive families who are in need of services typically contact your agency for help? *Please select all that apply.*

1. Helpline for adoptive and/or guardianship families
2. Phone call to specific adoption staff members at your agency
3. Phone call to specific adoption staff members at a different (public or private) agency that specifically serves adoptive families
4. Phone call to a general number at the child welfare agency
5. Walk in or visit the office and request assistance
6. Through a website provided by the agency
7. Other (*please specify*): \_\_\_\_\_

**B3\_A\_PUB.** Does your agency publicize how adoptive families should contact your agency for assistance?

1. Yes
2. No

**B4\_A\_WHR.** [If B3\_A\_PUB=1] Where is this publicized?

\_\_\_\_\_ [Open fill]

**B5\_A\_REC.** [If B1\_A\_CONT=1] Are requests from the adoptive family for help recorded and maintained in some way?

1. Yes
2. No

**B6\_A\_HOWREC.** [If B5\_A\_REC=1] How are requests from the adoptive family for help recorded and maintained?

1. Formal, structured call record (e.g., an excel sheet that lists family ID and associated activity)

**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

2. Electronic database (e.g., administrative data system, SACWIS)
3. Informal staff notes that the agency keeps (e.g., electronic or paper notes)
4. Other (*please specify*): \_\_\_\_\_

**B7\_A\_CM.** Do community members, such as school personnel, neighbors, faith community representatives, and others contact your agency about a child's service needs?

1. Yes
2. No

**B8\_A\_CM.** [If B7\_A\_CM=1] How do community members, such as school personnel, neighbors, faith community representatives, and others contact your agency about a child's service needs? *Please select all that apply.*

1. Helpline for adoptive and/or guardianship families
2. Phone call to a general number at the child welfare agency
3. Phone call to specific adoption staff members
4. Other (*please specify*): \_\_\_\_\_

**B9\_A\_CM.** [If B7\_A\_CM=1] Are community members' requests for help recorded and maintained in some way?

1. Yes
2. No

**B10\_A\_CM.** [If B9\_A\_CM=1] How are community members' request for help recorded and maintained?

1. Formal, structured call record (e.g., an excel sheet that lists family ID and associated activity)
2. Electronic database (e.g., administrative data system, SACWIS)
3. Informal staff notes that the agency keeps (e.g., electronic or paper notes)
4. Other (*please specify*): \_\_\_\_\_

**B11\_A\_FFY.** Do former foster youth (youth who exited foster care through adoption) contact your agency about service needs?

1. Yes
2. No

**B12\_A\_FFY.** [If B11\_A\_FFY=1] How do former foster youth (youth who exited foster care through adoption) contact your agency about service needs? *Please select all that apply.*

1. Helpline for adoptive and/or guardianship families
2. Phone call to a general number at the child welfare agency
3. Phone call to specific adoption staff members
4. Walk in or visit the office and request assistance
5. Other (*please specify*): \_\_\_\_\_

**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

**B13\_A\_FFY.** [If B11\_A\_FFY=1] Are requests for services by former foster youth recorded and maintained in some way?

1. Yes
2. No

**B14\_A\_FFY.** [If B13\_A\_FFY=1] How are requests for services by former foster youth recorded and maintained?

1. Formal, structured call record (e.g., an excel sheet that lists family ID and associated activity)
2. Electronic database (e.g., administrative data system, SACWIS)
3. Informal staff notes that the agency keeps (e.g., electronic or paper notes)
4. Other (*please specify*): \_\_\_\_\_

**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

**Section C: Instability Events After Adoption Finalization**

**INTRO C:** In this section, we ask about the types of instability children and youth may experience after adoption that your agency may learn about.

**C1\_A\_NOTF.** In the past year, that is since [DATE], has your agency been notified when a child or youth experiences one of the following “out of the home” events.

<b>Out of home event</b>		
C1_A_1_HMLS. Homelessness after adoption?	Yes	No
C1_A_2_IRC. Institutional or residential care?	Yes	No
C1_A_3_GHC. Group home care?	Yes	No
C1_A_4_RNWHY. Runs away from their adoptive home?	Yes	No
C1_A_5_ANT. Another situation where the child is living with friends (other than a roommate or partner) or relatives, (this could include couch surfing or other temporary living arrangement)?	Yes	No

**C2\_A\_FREQ.** [If ANY C1\_A\_NOTF =1] How often was your agency notified that a child or youth experienced an “out of the home” event after adoption?

1. Once a month
2. Once a quarter
3. Twice a year
4. Once a year
5. Other (please specify): \_\_\_\_\_

**C3\_A\_WHO.** [If ANY C1\_A\_NOTF=1] Who notified your agency that a child or youth experienced an “out of the home” event after adoption? Please select all that apply.

1. Youth or child who is experiencing the event
2. Parent or other relative of the child who is experiencing the event
3. School personnel
4. Service provider
5. Community member
6. Another child welfare agency staff
7. Other (please specify): \_\_\_\_\_

**C4\_A\_OPT.** [If ANY C1\_A\_NOTF=1] Once your agency has been notified that a child or youth has experienced an “out of the home” event after adoption, what are your options for follow-up? Please select all that apply.

**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

1. Contact the adoptive parents
2. Contact the child
3. Contact a private agency or service provider
4. Refer the adoptive parent and/or child to additional services
5. Not able to do any follow-ups
6. Other (*please specify*): \_\_\_\_\_

## Section D: Administrative Data Linkage for Adoptive Cases

**INTRO D:** The following questions are about linking administrative data for adoptive cases.

**D1\_A\_IDCH.** When a child is adopted through the foster care system, does the child ID change in your state data systems?

1. Yes
2. No

**D2\_A\_FILE.** [If D1\_A\_IDCH=1] Does your agency keep a file that links the old and new IDs?

1. Yes
2. No

**D3\_A\_LINK.** If a child who was previously adopted from foster care comes back into the child welfare system, would your agency be able to link back to the child's old foster care records?

1. Yes
2. No

**D4\_A\_AL.** [If D3\_A\_LINK=1] Has your agency linked these ID's?

1. Yes
2. No

**D5\_A\_FLAG.** If a child reenters foster care after adoption, is there a flag (or field) in your data system that indicates the child had previously been adopted?

1. Yes
2. No

**D6\_A\_MAND.** [If D5\_A\_FLAG=1] Is the flag (or field) mandatory (e.g., one must complete the flag/field before advancing in the data system to the next set of data entry screens)?

1. Yes
2. No

**D7\_A\_WHO.** [If D5\_A\_FLAG=1] Typically, who populates the field indicating that a child is reentering foster care after adoption?

1. The person at your agency who initially comes into contact with the family
2. A child protection investigator
3. A child welfare caseworker
4. Other (*please specify*): \_\_\_\_\_

**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

**D8\_A\_CONF.** [If D5\_A\_FLAG=1] How confident are you that this flag (or field) captures most of the children who reenter foster care after adoption?

1. Extremely confident
2. Very confident
3. Moderately confident
4. Slightly confident
5. Not at all confident

## Section E: Innovative Practices for Adoption

Thank you for answering all our questions. This is the end of the survey. After reviewing these survey results, our team plans to conduct stakeholder interviews with representatives from agencies who are implementing innovative practices. These innovations could be the way that an agency has contact with or receives information about families after adoption. The innovative practices could also be in the way that an agency tracks information about the outcomes of children and youth who have exited the foster care system to adoption.

Below, you may nominate up to five agencies or programs within your state who you believe are implementing innovative practices around routine contact with families post adoption.

Please list the agency/program name, a point of contact, an email address, and a phone number. First, we ask that you provide the contact information and then below that, please select all the practices they are doing that you think are innovative.

### E1\_A\_OPEN.

<p><b>Agency Name:</b></p> <p><b>Point of Contact:</b></p> <p><b>Email for Point of Contact:</b></p> <p><b>Phone Number:</b></p>
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### E1\_A\_TYPE

1. Innovative practice in routine agency contact with families post adoption
2. Innovative practice in how an agency manages contact that families initiate after adoption
3. Innovative practice in administrative data linkage for adoptive cases to help track post adoption outcomes

### E2\_A\_OPEN.



**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

<p><b>Agency Name:</b></p> <p><b>Point of Contact:</b></p> <p><b>Email for Point of Contact:</b></p> <p><b>Phone Number:</b></p>
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**E2\_A\_TYPE**

1. Innovative practice in routine agency contact with families post adoption
2. Innovative practice in how an agency manages contact that families initiate after adoption
3. Innovative practice in administrative data linkage for adoptive cases to help track post adoption outcomes

**E3\_A\_OPEN.**

<p><b>Agency Name:</b></p> <p><b>Point of Contact:</b></p> <p><b>Email for Point of Contact:</b></p> <p><b>Phone Number:</b></p>
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**E3\_A\_TYPE**

1. Innovative practice in routine agency contact with families post adoption
2. Innovative practice in how an agency manages contact that families initiate after adoption
3. Innovative practice in administrative data linkage for adoptive cases to help track post adoption outcomes

**E4\_A\_OPEN.**

**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

<p><b>Agency Name:</b></p> <p><b>Point of Contact:</b></p> <p><b>Email for Point of Contact:</b></p> <p><b>Phone Number:</b></p>
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**E4\_A\_TYPE**

1. Innovative practice in routine agency contact with families post adoption
2. Innovative practice in how an agency manages contact that families initiate after adoption
3. Innovative practice in administrative data linkage for adoptive cases to help track post adoption outcomes

**E5\_A\_OPEN.**

<p><b>Agency Name:</b></p> <p><b>Point of Contact:</b></p> <p><b>Email for Point of Contact:</b></p> <p><b>Phone Number:</b></p>
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**E5\_A\_TYPE**

1. Innovative practice in routine agency contact with families post adoption
2. Innovative practice in how an agency manages contact that families initiate after adoption
3. Innovative practice in administrative data linkage for adoptive cases to help track post adoption outcomes

**Instrument 1a: Agency Web Survey**

Contact After Adoption or Guardianship: Child Welfare Agency and Family Interactions

OMB Control Number: xxxx-xxxx

Expiration Date: XX/XX/XXXX

## End of Survey

This marks the end of the survey. Thank you for your participation! If you have any questions or concerns about the survey, please call [INSERT PHONE NUMBER] to reach a member of the research team.