

**Yavapai CASA for Kids, Foundation**

**Adoption Exchange Mailbox**

**P.O. Box 12438**

**Prescott, AZ 86304**

**PROCESS:**

1. Both an adoptive parent and birth parent or relative must be registered with the Adoption Exchange Mailbox as exchange partners to participate in the confidential mail exchange program. To register, please complete an Adoption Exchange Mailbox Enrollment Agreement and mail it to the above address.
2. To use the mailbox: The sender places correspondence (may be photos, letters, reports, etc.) in an envelope, ENVELOPE #1, seals it and places the words "To Adoptive Parents of" or "To Birth Parents of" or "To Relative of" child's birth name and birth date on the front.

**FOR**

**EXAMPLE:**

<p style="text-align: center;"><b>ENVELOPE # 1</b></p> <p style="text-align: center;"><b>TO THE ADOPTIVE PARENTS OF JOHNNY SMITH, DATE OF BIRTH: 1-10-09</b></p>
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Envelope #1 is then sealed and placed in another envelope, ENVELOPE #2 and addressed to:

**Adoption Exchange Mailbox**

**P.O. Box 12438**

**Prescott, AZ 86304**

The sender's correct return address should be on ENVELOPE #2 to ensure its delivery or return. Also, please include the postage for mailing ENVELOPE #1. The Adoption Exchange Mailbox will remove ENVELOPE #1, place it into a new envelope, address it to the receiving partner, and mail it.

If the receiving partner withdraws from the mail exchange or the address is not valid and the envelope is returned to the Adoption Exchange Mailbox, the sealed envelope, ENVELOPE #1, will be returned to the sender.

**ALL NAMES AND ADDRESSES WILL REMAIN CONFIDENTIAL**

**ADOPTION EXCHANGE MAILBOX**

**P.O. Box 12438**

**Prescott, AZ 86304**

**Enrollment Agreement**

Please initial each of the conditions listed on the indicating your agreement and sign this application as your request to be enrolled in the Adoption Exchange Mailbox program.

\_\_\_\_\_ I would like to exchange letters, photos and communications with the parties from the adoption of the child listed on this form. I am doing this voluntarily.

\_\_\_\_\_ I wish to join the Adoption Exchange Mailbox program as the \_\_\_\_\_ adoptive parent, \_\_\_\_\_ the birth parent, or \_\_\_\_\_ relative of the adopted child listed below on this form. Both parties must join the program before an exchange of communications can occur. (The adoption Exchange Mailbox does not search for parties).

\_\_\_\_\_ I understand that I must provide the Adoption Exchange Mailbox with a valid mailing address. Mail that is returned to the Adoption Exchange Mailbox because of an invalid address will be returned to the sender.

\_\_\_\_\_ I understand that I or the other party may withdraw from the Adoption Exchange Mailbox at any time by notifying the Adoption Exchange Mailbox in writing. Also, I may rejoin the Adoption Exchange Mailbox at any time by sending a written request to the mailbox.

\_\_\_\_\_ I understand that the names and addresses of the adopted child, birth parents, adoptive parents or relatives will be kept confidential by the mailbox. Any disclosures of personal information within the communications that are forwarded are the responsibility of the participants and not the Adoption Exchange Mailbox program or its sponsors.

\_\_\_\_\_ I understand that this exchange of written communications is a free service provided by the Adoption Exchange Mailbox program and I will enclose stamps with my letters for the re-mailing of my correspondence.

\_\_\_\_\_ I understand that the Adoption Exchange Mailbox cannot guarantee what birth parents, adoptive parents, relatives or the adoptive child will send in the correspondence or when the communications will occur or what any participant will do with the mail they receive in this exchange.

\_\_\_\_\_ I agree not hold harmless the Adoption Exchange Mailbox program from any consequences resulting from the exchange of the communications passed through this program.

**Please check one:**

<input type="checkbox"/> <b>Adoptive Parent</b>	<input type="checkbox"/> <b>Grandparent</b>	<input type="checkbox"/> <b>Relative</b>
<input type="checkbox"/> <b>Birth Parent</b>	<input type="checkbox"/> <b>Sibling</b>	<input type="checkbox"/> <b>Other</b>
<b>Printed Name:</b>	<b>Date:</b>	
<b>Signature:</b>		
<b>Mailing Address:</b>		
<b>Home Address:</b>		
<b>Adoptive Child's Birth/Legal Name:</b>		
<b>Child's Date of Birth:</b>		
<b>DCS Case Manager:</b>		