

P.A.C.E.S.

POST ADOPTION CENTER for EDUCATION AND SUPPORT OF WNY

**P.O. Box 1223, Amherst, NY 14226-7223 [716] 837-0787/[716] 824-3967
e-mail Paceswny@juno.com**

POLICY ON SEARCHING MEMBERS WHO RESIDE OUT OF TOWN

The Directors of the Post Adoption Center for Education and Support of WNY recognize that Out-of-Town residents who conduct their search in the NY State area have different needs and requirements from their counterparts in their hometowns. As an all volunteer group dedicated to helping adoptees, birth parents and related family members (from birth & adoptive families), P.A.C.E.S is delighted to offer assistance to its members.

For those members of the Adoption Triad, who reside outside the WNY area (outside a 50 mile radius of Buffalo), we offer this membership status to be inclusive of all the same rights and privileges granted to all other members in regards to search assistance.

As dedicated searchers and educators, members of the P.A.C.E.S search committee are always pleased to assist. We do not, however, conduct *full searches on behalf of any member*.

Our belief is that the search is personal in nature and belongs to the person or families which took part in or were party to this action. All search advisors will lend their expertise freely to your search, but will not be responsible for following through on information or leads given.

Out-of-Town members need to be aware that their search advisors may be assisting in many other Out-of-Town searches, all of which require a great deal of effort. Some delay in individual response may be inevitable. Special requests for information, records searching and other related items will be honored by the individual advisor if time permits. If time does not permit, P.A.C.E.S will make a referral to an appropriate research consultant.

All Correspondence will be answered, but again keep in mind that since all search advisors are volunteers, there may be a delay. Please read the following agreement on '**Addressing a Search Request**' and initial where indicated. We require you to make and keep a copy of our Out-of-Town Policy, as well as all data and documents pertaining to your adoption search. Your information will be kept Confidential, and only the necessary information will be given to the designated Search Advisor.

ADDRESSING A SEARCH REQUEST

1. All calls returned to clients will be placed **collect**. If you maintain a phone block (Caller ID), please include that information on the Telephone/home line of your membership application by indicating (BLOCKED).
2. **Out-of-Town members** are expected to either provide their Search Advisor with petty cash or to reimburse their Advisor promptly, with the understanding that all fees will be verified, and the member is to consent to all work done on their behalf, prior to any action being taken. These expenses may include, but are not limited to: parking, tolls, copying, telecommunications charges, faxes, gasoline expenses and postage.
3. P.A.C.E.S works closely with the local agencies in representation of it's members. If necessary, we will advocate on your behalf.
4. We ask that you follow your advisors recommendations, always feeling free to question the avenue they are offering, as you have the sole right to make the decisions. We however request that you **copy all documents**, and keep your Search Advisor abreast of other independent efforts being done on your behalf.
5. P.A.C.E.S accepts only first party searchers. We understand the concern for those members in ones family or friends who want to take on the search for someone they care for a great deal. However, P.A.C.E.S will only work with directly related parties, acknowledging that family and friends may be assisting you in this journey, not leading it.
6. Any questions or concerns may be directed to Post Adoption Center for Education and Support of WNY C/O Kathryn Blake P.O. Box 1223 Amherst, NY 14226-7223 or Phone (716) 837-0787. Our email address is **paceswny@juno.com**.

I have read and agree to the terms set forth in this Policy. _____ (Initial).

Authorized Signature _____

Please Print, Authorized Signature _____

Address _____

City _____ State _____ Zip Code (include 4 digit extension)

Date signed _____ Membership enclosed (check #) _____

PLEASE COPY

Date: _____



Membership Application

Name: _____

Address: _____

City, State, Zip _____

Telephone/Home _____ Telephone/Work _____

- Please Check One: Out of Town/Searching** \$45.00 Full Search \$60.00 Friend \$100.00
 Out of Town/Supporting \$40.00 Supporting \$40.00 Life \$500.00

****Out of Town Search/Supporting Membership is determined by your locale. If you are living OUTSIDE A 50 MILE RADIUS OF BUFFALO, you are an Out-of-Town Member**

Due to financial circumstances you may qualify to have fees broken down in payments or have fees dropped. All decisions reviewed by Executive Board. Please enclose a copy of your most recent 1099-Disability or copy of Public Assistance Id.

Please Check those which apply:

- Adoptee, Searching Adoptive Mother Sibling Reunited
 B-Mother, Searching Adoptive Father Adoptee Reunited
 Sibling, Searching Preadoptive / Foster Parent B-Mother/Father, Reunited
 B-Father, Searching Adoption Professional Other: _____

Have you registered with International Soundex Reunion Registry, Carson City, NV? Yes No

Have you registered with the NYS Adoption Reunion/Medical Information Registry? Yes No

Child's Date of Birth: _____ Male Female

City/State/Country of Birth: _____

Name of Hospital: _____ Agency Private

Name of Agency: _____

County Court of Finalization:

Have you obtained Non-Identifying Information? Yes No Surrogate/Family/Supreme County State Please attach a COPY.

Have you obtained Hospital Records? Yes No Please attach a COPY.

Do you own a Computer? Yes No

Are you Searching On Line? Yes No

Other information about your adoption you wish to share? [use back if needed]

Your E-mail Address: _____

Paces relies solely on Membership Fees, Donations and volunteers to complete it's mission of Education, Search and Support. If you have skills or talents you would like to Volunteer to the organization, and are willing to help others as well as yourself, please answer the questions below:

What Technical Expertise, Skill or Talents? _____

Your Education [Degree or Field of Endeavor]? _____

Your Occupation: _____

Foreign Language: _____

Computer Programs you have: _____

HOW DID YOU FIND OUT ABOUT PACES? _____

Please send your completed Application, and check or money order, payable to P.A.C.E.S., our address below.

Membership Selected: _____ \$

Additional Donation _____ \$

Total Enclosed: _____ \$

Please do not write below this line. Thank you.

Recorded on: _____

By: _____