

## NON DISCRIMINATION LAW

The law in Montgomery County Maryland (Chapter 27 Montgomery County Code) prohibits discrimination on the basis of race, color, religious creed, ancestry, national origin, sex, sexual orientation, marital status, presence of children, age, disability or source of income.

## ACKNOWLEDGEMENT

I have received the brochure on Adoption Services and have been advised of my rights and responsibilities, the process for complaints, grievances and appeals. By signing this acknowledgement, I waive no rights.

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Signature

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Print Name

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Signature

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Print Name

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Social Worker

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Date

## CHILD WELFARE SERVICE LOCATIONS

### CWS CENTRAL OFFICE

1301 Piccard Drive, 4th Floor  
Rockville, Maryland 20850  
240-777-3500 • Maryland Relay 7-1-1

### GERMANTOWN CENTER

12900 Middlebrook Road, 2nd Floor  
Germantown, Maryland 20874  
240-777-1742 • Maryland Relay 7-1-1

### TREE HOUSE CHILD ASSESSMENT CENTER

7300 Calhoun Place, Suite 400  
Rockville, Maryland 20855  
240-777-4435/3391 • Maryland Relay 7-1-1



### MARC ELRICH

Montgomery County Executive

### LISA MERKIN

CWS Administrator

Alternative formats of this brochure are available upon request. Call 240-777-3558 or Maryland Relay 711.

Montgomery County  
Department of Health and Human Services  
401 Hungerford Drive  
Rockville, Maryland 20850  
[www.montgomerycountymd.gov/hhs](http://www.montgomerycountymd.gov/hhs)



Under the Mandate of the  
Maryland Department of Human Resources

Montgomery County, Maryland  
Department of Health and Human Services  
CHILD WELFARE SERVICES

# ADOPTION SERVICES



*Building a healthy, safe and strong  
community one person at a time*

## ADOPTION SERVICES

Adoption Services are provided to prepare children for placement with adoptive families. Once placed, CWS provides a variety of supports including post-adoption services.

## ELIGIBILITY CRITERIA

All children under the age of 18 whose long term permanency plan has changed to adoption.

## CONFIDENTIALITY

Federal and State laws provide that any information Child Welfare Services obtains about you and your family is confidential. These laws limit what information we may share with others outside of CWS. There are situations when we can or must share information about you or give information to others:

- When you sign a written release we will share only information you allow and only with persons indicated in the release.
- We may be required to provide information to a Court if ordered to do so.
- Article 88A§6b of the Annotated Code of Maryland provides limited circumstances under which we may disclose certain information to other Child Protective Services or Law Enforcement personnel for the purposes of protection or providing treatment to a child or children.

***Our mission is to protect children, preserve families, strengthen communities and ensure permanency for every abused and neglected child in Montgomery County.***



## YOUR RIGHTS AND RESPONSIBILITIES

- ✓ You have the right to be treated courteously and with respect when receiving services.
- ✓ You have the right to participate in service planning.
- ✓ As the adoptive parent you are considered an essential part of the treatment team for the child you are adopting.
- ✓ We expect you to work with us to resolve problems and to treat staff courteously.

## COMPLAINTS/GRIEVANCES

If you have a complaint, contact your social worker. If you need further assistance, please contact the supervisor. If the matter is still unresolved, you may contact the Administrator at 240-777-4767. Complaints may be made by phone or in writing.

## APPEALS

In cases where you disagree with a decision made by Child Welfare, you may have the right to a formal appeal process. Notice of your right to appeal is given in writing when you are notified of such decisions.

## HOURS

Regular office hours are from 8:30am to 5:00pm, Monday through Friday, except holidays. There is a system to contact an on-call social worker in the event of an emergency (see phone numbers).

## YOUR SOCIAL WORKER IS

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Phone Number

## THE CHILD'S SOCIAL WORKER IS

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Phone Number

In an emergency call:

\_\_\_\_\_