

# ADOPTION REFERENCE GUIDE FOR PROVIDERS IN NEW YORK AND NEW JERSEY



**Community Resources**

**Services Provided by Spence-Chapin**

**Safe Haven or Adoption?**

**Adoption for Infants with Special Needs**

**Tips for Providers**

**New York and New Jersey Adoption Law**

# CONTENTS

- I. Introduction**
- II. New York and New Jersey Adoption Law**
- III. Tips for Providers**
- IV. Adoption for Infants with Special Needs**
- V. Safe Haven or Adoption?**
- VI. Services Provided by Spence-Chapin**
- VII. Community Resources**



# I. INTRODUCTION

As providers we have a responsibility to ensure that our patients who are uncertain about parenting are able to explore all of their options—including parenting, kinship arrangements, and private-sector adoption. In order to do this, we must examine our own ideas about these choices with the goal of replacing out-dated information with current and unbiased facts.

This handbook provides basic information about domestic adoption that providers may find helpful in their interactions with clients and patients. If you have further questions or need immediate assistance with anything related to adoption in New York City, Long Island or New Jersey, feel free to contact **Spence-Chapin’s toll-free information line, 24 hours a day, 7 days a week at 1.800.321.5683. You can locate other important local numbers in the Community Resources section of this guide.**



## Adoption Today

Throughout much of the 20th century, adoption was cloaked in shame and secrecy. The popular and accepted wisdom was that it would be less painful and complicated for all parties if there was a “clean break” between mother and child after the birth of the infant. Adult adoptees who were placed during this period often report a sense of loss and have questions about their origins and why they were placed.

Today, cultural norms have shifted, the use of contraceptives has increased and unintended pregnancies have become less frequent. When adolescents and women become pregnant, they are more likely to make the decision to parent their infant. Those who decide to make an adoption plan are encouraged to choose the adoptive family for their infant and to determine what degree of future contact they would like with their child and his family. This is known as open adoption.

“Open adoption” means a relationship between the birth family, adoptee and adoptive family that can include letters, pictures, emails and contact—ranging from occasional to frequent—between the birth and adoptive families. In an open arrangement, birth parents are able to grieve appropriately for the child they have given to another family and to know that the child is loved and cared for. Adoptive parents are freed from worries about the birth parents “coming back” to reclaim their child and are well informed about their child’s medical history. Adoptees can grow up with an awareness of their roots, and have contact with their family of origin.

## II. NEW YORK AND NEW JERSEY ADOPTION LAW

While this document should in no way be construed as providing legal advice, the following are some important aspects of New York and New Jersey adoption law that may be useful in working with birth parents.

- In **New Jersey**, birth mothers cannot sign the legal paperwork consenting to an adoption until **72 hours** after the infant's birth. After this paperwork is signed in New Jersey, the adoption is **irrevocable**.
- In **New York**, legal paperwork can be signed immediately following the infant's birth. There is, however, **a period of 30 days** (45 days for attorney-facilitated adoption) after legal paperwork has been signed during which birth parents have the right to come before a judge to show that the adoption should be disrupted and the infant be returned to their custody.
- **In neither NY or NJ is it possible for the birth mother to sign papers consenting to adoption prior to the birth of the infant.** If a woman or family has signed such papers or made any type of agreement with an attorney, agency, or prospective adoptive family prior to the birth, she should be advised that these documents are not legally binding.
- In both NY and NJ, **birth parents have the right to terminate their relationship with an agency adoption resource at any time** prior to the birth or before signing legal surrender documents for any reason without consequence, financial or otherwise.
- In NY and NJ, **birth fathers have certain rights under the law** that vary from case to case, depending on the situation. An agency with a knowledge of New York and New Jersey state law will be able to assist birth mothers with questions regarding the birth father and his rights on a case-by-case basis.
- In NY and NJ, **a minor does not need his or her parents' permission to sign a consent to adoption.** Most adoption providers and courts however will strongly encourage communication with supportive family members prior to an adoption decision by a young person.
- In NY and NJ, **a woman who is considering adoption for her infant has the same legal rights as any other mother:** the right to privacy; the right to name the baby; the right to choose circumcision for a male baby, as well as make any other decisions regarding medical care.
- In NY and NJ, **birth parents have the right to independent legal counsel.** If the adoption resource is an attorney, the birth parent should ask about who is representing the prospective adoptive family. It is illegal in New York and New Jersey for attorneys to represent both parties in an adoption.

# III. TIPS FOR PROVIDERS

## A. Tips for Providers in a Prenatal Setting

It is the right of every woman and family to have access to information about all of their options when facing an unintended pregnancy; including abortion, parenting, kinship arrangements and private-sector adoption. Providers can begin this conversation by asking every pregnant woman:

- “How do you feel about this pregnancy?”  
OR
- “How are you feeling about parenting this infant?”  
OR
- “Can we talk a bit about all of your options?”



Engaging in this process with clients and patients will ensure that those who do have questions or uncertainties will feel that they have someone they can speak to without feeling judged or pressured in any one direction. They will also benefit from the assistance of a provider who can refer them to additional community supports and services.

Access to this type of counseling translates into better outcomes for babies as well. If birth families are given the time, space and resources to fully explore all of their options, then the plan that they arrive at will be a strong and viable one—one that will allow for permanency and stability for their baby.

## B. Tips for Providers in a Perinatal setting:

Healthcare providers, including nurses, physicians and social workers, in this setting have a major role to play in ensuring that birth parents are treated with respect and dignity and are given factual, unbiased information about the options available to them.

### • *Counseling and Referrals*

A patient who expresses an interest in adoption or uncertainty about parenting is particularly vulnerable. Sometimes a birth mother feels pressure from nursing and other hospital staff to “keep her baby.” While these gestures are generally well-meaning, they may not be in the best interest of the birth mother or the infant. If you determine that a birth mother you are caring for is ambivalent about parenting, she should be referred immediately to the hospital social work department. The social work department should also be informed, if you or a colleague suspects that the birth mother is being pressured in any way in regard to planning for her infant.

The hospital social worker should have a discussion with the birth mother about her options, and then direct her to community supports that can provide further assistance for adoption or other services. The agency or attorney should have a proven record of advocating on behalf of birth mothers and supporting them in making their own personal decision.

If the birth mother is already working with an agency or attorney, that organization or individual should be contacted immediately.

- ***Before Contacting Child Protective Services***

Every hospital will have its own formal policy regarding situations in which a mandatory report must be made to child protective services. However, caution should be exercised when a case falls outside of mandatory reporting guidelines. Once a call is placed, a report is filed and an investigation may be initiated. It is possible that this may result in an unnecessary foster care placement of an infant.

There are certain situations in which private-sector adoption can be explored as an alternative to foster care placement. If a patient you are caring for is:

- ***ambivalent about parenting or feels unable to parent,***  
**AND**
- ***there are no concerns about the safety of other children in the home,***  
**AND**
- ***the case does not fall under mandatory reporting guidelines,***

referral to an adoption agency for further counseling should be considered prior to making a report.

Also, note that even if a report is filed, it may still be appropriate to refer to an agency. The agency can often work alongside child protective services and with the patient to ensure the best possible outcome for the newborn and family.

- ***Privacy and Confidentiality***

It is not uncommon for staff at the hospital to express an interest in adopting a newborn whose mother feels unable to parent, or to attempt to make a connection with family or friends looking to adopt. While these gestures are well-meaning, agencies work very hard to ensure that their adoptive families have the necessary resources and are thoroughly prepared to parent a newborn. Families are subject to rigorous background checks, required by law, and receive intensive training from the agency about being adoptive parents. Hospital social services should be notified of any conversations between the patient and staff or others regarding adoption that are not facilitated by an agency. Birth mothers also deserve the privacy and confidentiality that all other patients are granted under the law.



### • **Birth Parent Rights**

A birth mother retains all the rights of any other mother prior to signing legal adoption paperwork. These include, but are not limited to:

- Having others, including the prospective adoptive family, present during delivery and afterwards
- Making medical decisions for the infant, including circumcision for male infants
- Rooming-in with the infant
- Naming the infant
- Breast-feeding the infant

The grief that comes with placing an infant for adoption can be similar to the grief associated with a perinatal death. It is often helpful for birth parents to have contact with and “say goodbye” to the infant prior to placement. While this type of contact should be gently encouraged by providers, it should never be forced.



Alternately, it is very common for women who have made an adoption plan during their pregnancy to change their mind and want to parent after the baby is born. This is very normal and should not be discouraged by staff who are aware of the original adoption plan.

### • **Appropriate Adoption Language**

Providers are sometimes concerned they might “say the wrong thing” or do something that will be offensive to the birth mother. The birth mother, like any new mother, will often want to talk about her labor and delivery and hear how the infant is doing. The words and phrases suggested here (and most commonly utilized in contemporary adoption practice) are meant to be non-judgmental and supportive. Using them may help to put providers more at ease and to further open the lines of communication:

#### **Common Phrases**

- “Give up the baby.”
- “Put a baby up for adoption.”
- “Real mother”
- “Keep the baby”

#### **Suggested Alternatives**

- “Make an adoption plan.”
- “Choose adoption for a baby.”
- “Birth mother”
- “Choose to parent the baby.”

## IV. ADOPTION FOR INFANTS WITH SPECIAL NEEDS

Birth parents who are expecting a “normal,” healthy baby and give birth to an infant with special needs may feel unable or unprepared to assume the responsibilities associated with their infant’s special medical or developmental needs. Concerns may include finances, response and support of family members, care for the child, as well as issues of grief related to the loss of the “normal baby” that was anticipated.

### **Responding to Women Who Give Birth to Infants with Special Needs**

It is important that women who give birth to infants with special needs and are uncertain about their ability to parent are given the opportunity to speak with a trained options counselor about all of their options, including parenting, kinship care, and adoption.

*There are many families waiting to adopt infants with a wide range of special needs, even those with the most severe cognitive and physical impairments.*

Often, in these situations, the birth parents wish to have an “open adoption” through which they have the opportunity to visit the child and have contact and updates from the adoptive family as the child gets older. The vast majority of families who adopt special needs infants are very eager to have this type of arrangement as well.



## V. SAFE HAVEN OR ADOPTION?

New York and New Jersey Abandoned Infant Protection legislation, also known as the “Safe Haven” laws, allow women to **anonymously** leave their infants at sites like hospitals or firehouses without fear of prosecution, provided that certain conditions are met.

The impetus behind this well-intentioned legislation is to prevent women and adolescents in crisis from abandoning their infants in unsafe environments like alleys or dumpsters. While everyone would agree that saving infants’ lives is of critical importance, the laws are sometimes misunderstood.

**A woman who enters a hospital to give birth and says she is considering making an adoption plan for her child or expresses uncertainty about parenting is NOT anonymous and is not abandoning her infant. The Safe Haven law does not apply in this type of situation.**

When a woman expresses uncertainty about being able to parent her baby, she is not necessarily asking to abandon her infant and she should not be encouraged to do so. As her provider, you have the opportunity to help her obtain counseling about her options before making this decision.



**One of the drawbacks of Safe Haven laws is that they include no provisions that encourage options counseling or the involvement of extended family members.**

**Additionally, the law requires that “abandoned” infants be taken into the care of the county department of social services.** This means that infants who are reported as abandoned are placed in foster care while legal requirements are fulfilled.

**See the Community Resources section of this guide for the infant abandonment hotline numbers.**

## VI. SERVICES PROVIDED BY SPENCE-CHAPIN

The following are just some of the services Spence Chapin provides, through its offices in New York City, Long Island and New Jersey, to birth families, adoptees and adoptive families. To find out more about any of these services, get professional answers to questions about individual cases, or make a referral, call 1.800.321.5683 24 hours a day, 7 days a week. You can also visit [www.spence-chapin.org](http://www.spence-chapin.org) to learn more.

- **Community-based Options Counseling and Adoption Services:** Our licensed birth parent social workers will meet clients in a location that is convenient and safe for them to discuss all of their options in a non-judgmental and non-directive manner. Spence-Chapin has a full-time Spanish-speaking social worker on staff and can arrange for translation services for those who speak another language.
- **An Inclusive Domestic Adoption Program:** Spence-Chapin's Domestic Program reflects the makeup of our diverse communities in the New York and New Jersey areas. Birth parents of over 40 different races, ethnicities and religions have chosen to place their children through Spence-Chapin in recent years. In many cases, the agency has families waiting to adopt who may reflect the birth parents' own religion and cultural background.

A number of our birth parents are African-American, Hispanic or Asian. Our highly respected African-American program, which began in 1946, has helped thousands of birth mothers choose an adoptive family from their community. For our Latino birth families, the agency has been successful in recruiting adoptive parents who share their heritage and language. Spence-Chapin has also been working with an increasing number of women who have recently arrived from Asian countries.

The agency works hard to ensure that our services are culturally and linguistically competent; and completely confidential in regard to immigration status.

- **The Interim Care Program:** Through this program, newborns are cared for by individuals and families supervised by the agency in their own homes. This offers the birth parents additional time and space to fully consider all of their options before making the best decision for themselves and their baby.
- **A Special Adoption Program (ASAP):** Since the program's inception in 1995, ASAP has placed over 300 infants with special needs with permanent, adoptive families.
- **The Adoption Resource Center (ARC):** This program offers quality, lifelong support, workshops, trainings and educational resources to birth parents, adoptive families and adoptees. It also provides workshops for professionals and educators, as well as the general community.

# VII. COMMUNITY RESOURCES

## Parenting Resources

### NYC:

Prenatal Care Assistance Program (PCAP). Medicaid and WIC for low-income pregnant and newly parenting women in New York state: 1.800.522.5006

Women's Healthline. Resources and referrals for pregnancy-related issues: 1.800.698.0411

MIC Women's Health Services. Comprehensive prenatal and family planning services: 1.866.642.5589

### Long Island:

Suffolk County Perinatal Coalition: 631.475.5400

Suffolk Network on Adolescent Pregnancy: 631.447.0698

Suffolk Network on Adolescent Pregnancy: 631.475.5400

Suffolk County WIC Program: 631.852.8856

Suffolk County FAN (Food and Nutrition) Program: 631.491.4156

Suffolk County Department of Social Services: 631.852.9162

Nassau County Perinatal Services Network: 516.572.0954

Nassau County WIC Program: 516.227.9442

Nassau County FAN Program: 516.623.4387/4568

### New Jersey:

NJ FamilyCare: Insurance for low-income, pregnant and newly-parenting women and their families: 1.800.701.0710

New Jersey WIC State Office: 609.292.9560

NJDHS Family Health Line: 1.800.328.3838

## Abortion

Planned Parenthood locations and information: 1.800.230.PLAN (1.800.230.7526)

## Adoption

Spence-Chapin Services for Families and Children

(offices in New York, New Jersey and Long Island)

Available 24 hours a day, 7 days a week: 1.800-321.5683

New York State Adoption Service. For a comprehensive list of approved agencies and attorneys in New York: 518.474.9406

New Jersey Department of Children and Families Office of Licensing.

For a comprehensive list of approved agencies and attorneys in New Jersey Department of Children and Families Office of Licensing: 1.877.667.9845

## Child Protection/Child Abuse Reporting

NY State Child Abuse State Central Registry: 1.800.635.1522

NJ Child Abuse State Central Registry: 1.877.NJ.ABUSE (652.2873)

NY Safe Haven Infant Abandonment Hotline: 1.866.505.7233

NJ Safe Haven Infant Abandonment Hotline: 1.877.839.2339



**410 East 92nd Street, New York, NY 10128  
212.369.0300**

**1363 Veterans Memorial Hwy, Ste 40  
Hauppauge, New York 11788  
631.979.5863**

**57 Union Place  
Summit, New Jersey 07901  
908.522.0043**

**[www.spence-chapin.org](http://www.spence-chapin.org)**

Copyright © 2008 Spence-Chapin Services