July 22, 2026

TO: Utah Office of Licensing
Department of Health and Human Services

RE: Recommendation for Implementing a Protocol for Exceptions to HB 51 Financial Assistance Limitations

Dear OL Licensing Team,

Thank you for the opportunity to assist in developing a process for evaluating requests for exceptions to the financial assistance limitations established by HB 51.

We share the Legislature's goal of ensuring that financial assistance remains reasonable, transparent, and never serves as an inducement for an expectant parent to place a child for adoption. Many expectant parents considering adoption are simultaneously navigating significant medical, housing, employment, safety, or family challenges. While these circumstances do not determine whether an adoption plan is appropriate, they often create legitimate needs that require careful professional assessment.

We recommend that the Office of Licensing adopt a process for evaluating exceptions to the expenses cap which is based on the needs of the expectant parent. If her needs rise to the level of "*high needs*" this would trigger the process for evaluating the case for an exception.

Step One: Define High Needs Pregnancy Case

High Needs Pregnancy Case means an adoption case in which an expectant parent is experiencing one or more significant circumstances that substantially impair the parent's ability to safely maintain the pregnancy, access necessary prenatal care, meet basic living needs, or participate in an informed and voluntary adoption plan without additional assistance beyond the statutory financial limitations.

An expectant parent may qualify for a High-Needs Exception when one or more documented circumstances significantly affect their ability to maintain safe housing, obtain necessary medical care, or meet basic living needs during pregnancy or postpartum recovery.

Examples of qualifying circumstances include but are not always limited to:

Housing Instability: Unhoused, residing in an emergency shelter, or other circumstances that place the expectant parent without safe and stable housing. Active eviction notice or pending loss

840 Pinnacle court, Suite 9A
Mesquite, NV 89027

www.premieradoption.org
reception@premieradoption.org

Phone: 1-800-876-0187
Fax: 1-800-787-0714

of housing. Inability to secure housing due to prior eviction, criminal history, or poor rental history.

Medical or Mental Health Needs: Pregnancy complications requiring reduced work or bed rest. Postpartum recovery extends beyond the standard recovery period (medically, usually 6 weeks post-delivery for uncomplicated vaginal deliveries). Mental health conditions affecting employment or daily functioning.

Lack of Income: Employment loss. Medical restrictions which prevent continued employment. Limited or no access to paid maternity leave. Temporary inability to earn sufficient income to meet basic needs during or after pregnancy.

Step Two: Determine Needs through a Professional Assessment

Licensed clinical social workers are specifically educated and trained to conduct comprehensive biopsychosocial assessments. These assessments evaluate not only financial circumstances, but also housing stability, family support, mental health, physical health, safety concerns, employment, access to community resources, and other factors affecting an expectant parent's overall functioning.

Unlike a simple financial review, a professional needs assessment evaluates the totality of the expectant parent's circumstances and identifies which needs are directly related to maintaining a healthy pregnancy and postpartum recovery.

For this reason, we recommend that the licensed social worker's assessment serve as the primary professional evaluation presented to the Consortium. Similar to the manner in which a physician's recommendations inform medical decisions, the licensed social worker's assessment should provide the primary factual and clinical foundation for determining whether an exception should be considered.

In our adoption program, every expectant parent in our program is assigned a social worker who completes a thorough needs assessment in their first meeting. This needs assessment includes a recommendation at the end which outlines what her needs are. A redacted example of a thorough needs assessment conducted with an expectant parent during their first meeting is attached in Exhibit A.

Step Three: Apply an Objective Review Process

Applying a standardized protocol for the review process will serve to protect the Consortium by ensuring that similar cases are evaluated using consistent criteria regardless of which licensed agency submits the request.

We have developed a High Needs Assessment Matrix that evaluates documented factors such as medical risk, housing instability, personal safety, transportation barriers, pregnancy-related employment limitations, and other extraordinary circumstances. If you like it, feel free to use it as a template for the Consortium’s use.

Enclosed for your consideration are the following documents:

- Exhibit A – Redacted Needs Assessment
- Appendix A - Process for Reviewing Requests for Exceptions to HB 51 Financial Assistance Limitations
- Appendix B - High Needs Assessment Matrix
- Appendix C - High Needs Assessment Worksheet

Other Recommendations: Because these requests frequently involve pregnancy-related medical, housing, or safety issues, we recommend that the Consortium meet weekly or establish an expedited review process capable of issuing decisions within five business days. Waiting up to three months to consider an expectant parent's immediate needs is unlikely to meet the realities of crisis intervention and pregnancy-related care.

We appreciate the opportunity to collaborate with the Office of Licensing on this important issue and remain available to assist with any revisions or additional guidance that may be helpful.

Respectfully,

Lauren Murray, MSW, CSW &
The Premier Adoption Agency Team

Exhibit A

Expectant Parental Assessment

Assessment Date: 07/18/26
Assessment Time: 3:00pm
Birth Mother: [redacted]
Birth Father: [redacted]
Location: [redacted] Pregnancy Center, [redacted]
Due Date: January 29th, 2026
Race of baby: Caucasian
Gender of Baby: Unknown

This reporter had the opportunity to discuss with [redacted] her decision to establish an adoption plan for her child. During our conversation, this reporter provided [redacted] with a thorough explanation of Premier Adoption's role, the adoption plan, and apprised her of the Arizona laws mandating the involvement of a licensed adoption agency in legal proceedings, including the relinquishment of parental rights, seventy-two hours after the child's birth. [redacted] was informed that Premier Adoption would assume legal guardianship of the child until finalization of the adoption. We delved into the intricacies of the relinquishment timeline, which incorporates the signing process for both the birth mother, [redacted] and the child's father, [redacted], report to this writer that he is in complete agreement to adoption, is willing to sign all paperwork, and will meet with Premier staff whenever required.

[redacted] is anticipating the birth of the baby on or about January 29th, 2026. Neither [redacted] or [redacted] are of Native American ancestry and are not of Native American descent. As a result, the Indian Child Welfare Act, does not apply.

Birth mother's living situation:
[redacted] conscientiously expressed her belief during this assessment that adoption is the ultimate choice for her child, emphasizing her desire for the child to be nurtured in a healthy, loving household and demonstrating unwavering confidence in her decision. [redacted] stated that her child's father, [redacted] is residing with her at [redacted]

[redacted] has no rent payment, as she lives in a trailer (not owned by her) on a property owned by a family friend. She lives with [redacted], and his father, [redacted]. They have one dog. There is no water (no sewage) bill as there is no water in the trailer; nor electric bill, as there is no electricity; and no Wi-Fi, so there is no bill for that service either. Water is brought to the trailer from outside sources; and when there is money for gas and the generator works, there is power in the trailer for several hours a day. However, the generator is no longer working so there has been no power in the trailer for several days.

[redacted] is unemployed and was removed from the work schedule of [redacted], on [redacted], [redacted]. She has an automobile, and the monthly payments are $500.00, paid to her grandfather, who then makes the payments to the loan company; and then $600.00 a year, for car insurance. She is not behind on any payments and is paid up to [redacted] with the following payments dues the eighteenth of month, thereafter[redacted] However, due to now being unemployed, the car will have to be returned at the end of [redacted]; and she will no longer have her own transportation.

She had a nice disposition and maintained eye contact during this assessment. She had a positive attitude and was respectful. She appeared not to be under the influence of alcohol or substances; and stated that she and the baby will test negative.

Birth father's living situation:
[redacted] was born on 11/28/04, and his phone number is [redacted]. He is a Caucasian male, who lives on [redacted]. He is employed at [redacted], in [redacted]. He does not have a home but lives in a trailer, on the property of a family friend. [redacted] has no rent payment and is not charged currently to live on the property. [redacted] and his father, [redacted], live with him; and their dog. There is no water (no sewage) bill as there is no water in the trailer; nor an electric bill, as there is no electricity; and no Wi-Fi so there is no bill for that service either. Water is brought to the trailer from outside sources; and when there is money for gas and the generator works, there is power in the trailer for several hours a day. However, the generator is no longer working so there has been no power in the trailer for several days. [redacted] has an automobile and his own cell phone. He shares the automobile with [redacted], and due to her being unemployed, it will have to be returned at the end of [redacted]. The next car payment ($500.00) is due on [redacted] (and 18th of each month, thereafter). He is not behind on any car payments currently but cannot make any future payments. [redacted] (and [redacted]) lives and works in [redacted], and his job is twenty-five minutes, seven miles away from home.

He is in full agreement with adoption as he cannot raise a (another) child at this time, according to him. He reported that he has no stable home, and no way to ensure basic utilities, for himself, [redacted] or a newborn.

[redacted] has no medical insurance, serious medical issues, or mental health diagnosis, nor is he taking medication. He stated that he was not of Native American decent.

He was clear, pleasant, and made eye contact during this assessment. He had a positive attitude and was respectful. He appeared not to be under the influence of alcohol or substances. He is engaged and stated he would like to proceed and will attend all future meetings.

Reasons for choosing adoption:
Both [redacted] and [redacted] state that they do not have the means to raise a child currently. Housing, gainful employment, unemployment, lack of insurance, and no means of transportation are of serious concern. In addition, [redacted] has two other children, who are being cared for by their father in Arizona; while [redacted] has a daughter in California, that is being cared for by that child's mother.

Insurance coverage:
Neither [redacted] nor [redacted] have public or private health insurance.

Prenatal care:
[redacted] has had no prenatal care; and is not taking Prenatal Vitamins. However, she is very interested in seeking assistance to obtain both. She is twelve weeks, and two days pregnant. She provided a photo of her ultrasound, which verified her pregnancy, from [redacted]. Which was taken on [redacted], at [redacted]. The ultrasound does not identify if the baby is male or female.

Medical history:
[redacted] reports that she has no medical issues and is not taking any prescribed or over the counter medication.

Mental health history:
[redacted] was diagnosed at two years old with ADHD; and at twelve years old, Bi-Polar. She reports that she was told the ADHD diagnosis was due to her being "hyper" and excessively talkative. She was medicated with Ritalin (dosage unknown); but gained access to the bottle while unsupervised and took a large unknown quantity of pills. Her Bi-Polar Disorder diagnosis was following a behavior of cutting (arm and leg) of her limbs, as a "means of coping". She reports being bullied at school, and under a great deal of stress following the death of her mother. As an adult she takes no medication, is not in treatment nor reports to need it.

Substance abuse:
[redacted] reports no heroin, Fentanyl, alcohol, Marijuana or methamphetamine use.
She does not smoke; and drank various types of alcohol, one beverage, every other month. This ceased when it was determined she was pregnant.

Extended family contact (we will not contact):
[redacted] mother is deceased. Her father, [redacted], lives in Nevada. Her grandmother, [redacted] and grandfather [redacted], live in Arizona.

Other children:
[redacted] has a son named, [redacted], age seven, male, who lives in Arizona, and is cared for by his father. Her daughter, [redacted], age four, lives in Arizona with the child's father and [redacted]. She was married to her children's father for seven years, and they were together for ten. She will provide Premier with a copy of the divorce decree.

Adoptive family preferences:
[redacted] (and [redacted]) are open to families of same sex, any race, all religions, in state or out of the country, an only child or siblings.

Openness desired:
Both would like a Semi Open adoption, with access to Child Connect.

Recommendations:
After careful consideration, I fully support [redacted] (and [redacted]) adoption plan. She appears to be resolute and well informed about her decision. Based on the information noted above she will not test positive for any substances.

The child's father, [redacted], is in full agreement with the relinquishment proceedings and the adoption of his child. Both parents arrived fifteen minutes before the scheduled assessment time. They were polite, appropriately dressed, pleasant, and engaged throughout the assessment process. They spoke clearly and demonstrated an understanding of the adoption process, their rights, and expectations. Both have spoken to the Pregnancy Center staff and discussed all their other options. They both have working phones and are timely in their response to calls and text messages. I don't have any concerns about her plan now.

[redacted] will need immediate assistance with obtaining prenatal care with OBGYN and prenatal vitamins; which she is eager to begin as well as obtaining health insurance. [redacted] is unemployed and will be losing her automobile which she shares with [redacted], who uses it for work, at the end of the month [redacted] as she/they will no longer be able to make the payments ($500.00, due [redacted]).

She is living in a trailer with no air conditioning, water, refrigeration, sewage or electricity. Living expenses support is needed as well as relocation to housing that will provide the necessities. Her cell phone bill is paid up to the end of the year (i.e., she paid six months before she became unemployed). It's also recommended that she be allowed to review the redacted home study of the family that Premier Adoption selects for their child. [redacted] and [redacted] would like a semi-open adoption.

Suggested next steps include securing adequate housing, obtaining a copy of the divorce decree, and scheduling prenatal care. Also, exploring the possibility of providing temporary assistance with car payments should be considered, due to limited transportation options in the rural community of [redacted].

Michael [redacted] BS, MSW, LMSW [redacted]
[redacted]

Appendix A-
Utah Child-Placing Agency Consortium

Process for Reviewing Requests for Exceptions to HB 51 Financial Assistance Limitations

1. Purpose

The purpose of this protocol is to establish a consistent, objective, and transparent process for reviewing requests for exceptions to the financial assistance limitations established by Utah law. Exceptions should be granted only in extraordinary, documented circumstances and never as an inducement to place a child for adoption.

2. Guiding Principles

- Protect the health and safety of the expectant parent and unborn child.
- Preserve voluntary and informed adoption decision-making.
- Promote consistency among licensed child-placing agencies.
- Require objective documentation to support every request.
- Ensure exceptions remain reasonable, and well-justified.

3. Definitions

High Needs Pregnancy Case

A High Needs Pregnancy Case is an adoption case in which an expectant parent is experiencing one or more significant circumstances that substantially impair the parent's ability to safely maintain the pregnancy, access necessary prenatal care, meet basic living needs, or participate in an informed and voluntary adoption plan without assistance beyond the statutory financial limitations. Financial hardship alone is insufficient.

Unhoused

An individual who lacks a fixed, regular, and adequate night-time residence, including an individual residing in an emergency shelter, transitional housing, a vehicle, or a place not ordinarily intended for human habitation, or who is at imminent risk of losing safe housing without an identified alternative.

Pregnancy-Related Need

A documented need directly resulting from pregnancy or one that materially affects the health, safety, or welfare of the expectant parent or unborn child.

Objective Documentation

Information obtained from a qualified third party or reliable records sufficient to substantiate the circumstances supporting a request for an exception.

4. Eligibility for Consortium Review

Examples of circumstances that may support a High Needs designation include:

- Serious maternal medical conditions or a high-risk pregnancy requiring extraordinary care.
- Domestic violence, human trafficking, stalking, or documented safety concerns requiring emergency intervention or relocation.
- Being unhoused, residing in an emergency shelter, or experiencing imminent loss of safe and stable housing.
- Pregnancy-related disability or physician-imposed restrictions affecting the ability to obtain food, housing, transportation, or prenatal care.
- Transportation or temporary lodging needs required for medically necessary prenatal care.
- Natural disaster, fire, or other catastrophic event affecting health and safety.
- Other documented circumstances creating a substantial risk to the health, safety, or welfare of the expectant parent or unborn child.

5. High Needs Assessment Matrix

The Consortium shall utilize the High Needs Assessment Matrix. A total score of 10 or greater qualifies a case for Consortium review. Scores below 10 generally do not qualify unless approved through the Clinical Override process.

6. Documentation Requirements

Requests should include appropriate documentation such as a *Needs Assessment* conducted by a licensed social worker, medical records, provider statements, police reports, eviction notices, shelter verification, employer documentation, benefit eligibility documentation, or other independent verification.

7. Consortium Review Process

Requests shall be submitted by the licensed agency with supporting documentation. The Consortium shall review each request independently, document its decision, and communicate approval or denial in writing.

8. Approval Criteria

- The case meets the definition of a High Needs Pregnancy Case.
- The need is pregnancy-related or directly affects health and safety of the expectant parent of the unborn child.
- Available public benefits and community resources have been explored where reasonably possible.
- The requested assistance is necessary and supported by documentation.
- The assistance cannot reasonably be viewed as an inducement to place a child for adoption.

9. Clinical Override

The Consortium may approve an exception below the scoring threshold when documented evidence demonstrates that denial of assistance would create a substantial risk to the

health, safety, or welfare of the expectant parent or unborn child. Written justification is required.

10. Documentation and Reporting

All determinations shall be documented and retained by the referring agency. The Consortium should maintain records of approvals and denials to promote statewide consistency and support periodic review.

11. Annual Review

The Consortium should review this protocol annually and recommend revisions based upon legislative changes, Office of Licensing guidance, and implementation experience.

Appendix B-
High Needs Assessment Matrix

Purpose: This assessment is intended solely to determine whether an expectant parent's circumstances warrant Consortium review for a possible exception to the statutory financial assistance limitations. A qualifying score does not authorize additional assistance.

Category	0 Points	1 Point	2 Points	3 Points
Medical Risk	Healthy pregnancy	Minor complications	High-risk pregnancy requiring increased care	Serious maternal illness or medically fragile pregnancy requiring extraordinary services
Housing Stability	Stable housing	Temporary housing or risk of losing housing	Imminent loss of safe housing or residing in temporary accommodations	Unhoused, residing in an emergency shelter, or other circumstances that place the expectant parent without safe and stable housing
Personal Safety	No concerns	Limited concerns	Documented domestic violence, stalking, or credible threats	Immediate danger requiring relocation or protective measures
Transportation Access	Reliable transportation	Occasional barriers	Repeated inability to access prenatal care	Extraordinary travel or lodging required for medically necessary care
Income / Basic Needs	Basic needs met	Temporary hardship	Difficulty obtaining food, utilities, or essentials despite available resources	Severe inability to meet basic living needs that jeopardizes maternal or fetal health

Support System	Strong support	Limited support	Minimal family/community support	Completely isolated or abandoned without practical assistance
Pregnancy-Related Employment Impact	No impact	Reduced work hours	Temporary inability to work due to pregnancy	Physician-directed work restriction resulting in significant loss of income
Extraordinary Circumstances	None	Minor unusual circumstance	Significant documented event	Catastrophic event (fire, flood, crime victimization, etc.) creating exceptional hardship

Samples of Required Documentation

- Social worker needs assessment
- Physician/prenatal provider statement
- Hospital records
- Police report/protective order
- Eviction notice or shelter verification
- Employer documentation
- Benefit eligibility documentation
- Other third-party verification

Scoring Thresholds

Score	Recommendation
0–5	No Consortium review.
6–9	Moderate needs; exhaust community resources, Consortium review if unmet needs remain.
10–15	High Needs Case; eligible for Consortium review.
16+	Exceptional High Needs Case; expedited review recommended.

Conditions for Approval

1. Case meets High Needs definition.
2. Need is pregnancy-related or directly affects health and safety.
3. Public benefits and community resources have been explored.
4. Requested assistance is reasonable, necessary, and documented.
5. Assistance is not an inducement to place a child for adoption.

6. Exception is approved and documented by the Utah Child-Placing Agency Consortium.

Clinical Override

The Consortium may approve an exception below the scoring threshold when documented evidence shows denying assistance would create a substantial risk to the health, safety, or welfare of the expectant parent or unborn child. Written justification is required.

Appendix C
High Needs Assessment Worksheet

Agency: _____
Case Number: _____
Date Submitted: _____
Expectant Parent Initials: _____
Estimated Due Date: _____
Case Manager: _____

Assessment Categories

Category	Score (0-3)	Supporting Documentation
Medical Risk		
Housing Stability		
Personal Safety		
Transportation Access		
Income / Basic Needs		
Support System		
Pregnancy-Related Employment Impact		
Extraordinary Circumstances		

Total Score: _____

Does the case meet the definition of a High Needs Pregnancy Case? ☐ Yes ☐ No

Clinical Override Requested? ☐ Yes ☐ No

Case Manager Summary:

_____

_____

_____

BIRTH PARENT ESTIMATED LIVING ASSISTANCE

Agency Providing Services:
Expectant Parent Case Number:
Due Date:
Time Frame for Assistance:

Category of Living Assistance Include a thorough description of how funds will be used and justification for why they need to exceed the cap	**Total Amount Anticipated**
Housing: Include a description of the housing and the dates on which housing is provided.	Pre-Placement: $
	Post-Placement: $
Utilities: Include all utilities associated with housing, not included in the housing payment.	Pre-Placement: $
	Post-Placement: $
Phone: Include time frame for which phone services are being provided.	Pre-Placement: $
	Post-Placement: $
Out-of-State Transportation: Include description of mode and date of transportation provided, as well as cost.	Pre-Placement: $
	Post-Placement: $
In-State Transportation: Include description of type of transportation assistance being provided.	Pre-Placement: $
	Post-Placement: $
Groceries & Personal Needs: Include a breakdown of how these funds are distributed.	Pre-Placement: $
	Post-Placement: $
Clothing Allowance: Include a breakdown of how these funds are distributed.	Pre-Placement: $
	Post-Placement: $
TOTAL ESTIMATED ASSISTANCE:	**Pre-Placement: $**
	Post-Placement: $

Please indicate if the client is receiving any of the following:

- ☐ **Receiving Medicaid**
- ☐ **Receiving SNAP**
- ☐ **Receiving WIC**
- ☐ **Receiving TANF**
- ☐ **Other public benefits _____**

What state is providing these benefits to the client:_____

Lorraine Moon- Act of Love Adoptions -

One document needs to be created for folks to fill out when and if additional expenses arise for all to review and approve.

Here are thoughts from Act of Love that we feel would be pertinent and beneficial for birth parents. Not in any particular order.

* Complicated/unexpected medical assistance (bed rest, C-section, illness etc.).

*Child-care or day care needs.

* Housing. Every state has very different housing costs. Act of love does not own any housing in Utah to offset expenses.

* Cost of living increases.

*Transportation and utilities from state to state differ so much. (car insurance, car repairs, mass transit, air conditioners, etc.)

Denise Garza -Love and Light Adoptions-

See complete submission in attached PDF " Love and Light suggestions"

Proposed Submission Process

1.Category of Need
Housing, Utilities, Food, Transportation, Medical, Maternity, Other

2. Amount Requested Above Cap
Total amount and timeframe

3.Concise Justification
Brief explanation of why cap is insufficient and why support is needed

4.Agency Attestation
Confirmation that need is verified and documentation is on file

Timeline
Requests should be reviewed within 24-48 hour

Randy Mitchell - Nightlight Christian Adoptions -

GENERAL POLICY

A. Agencies will not provide an expectant/birth mother with cash payments and direct cash payments will disqualify the case immediately
    i. All expenses (rent, utilities, etc.) paid on behalf of an expectant/birth mother will be paid directly to the provider/landlord
    ii. Obtain a copy of rental agreement or confirmation from apartment complex *(cannot pay a relative or friend without a lease)*
B. Proof of pregnancy must be obtained prior to paying expenses on behalf of expectant/birth mothers
C. Requests to exceed the limit should not be higher than 15% of all cases per agency per year
D. Requests to exceed the limit should prioritize birth mother's already in the State of Utah over women who travel to Utah for the purpose of placement.
E. Agencies should provide a budget letter as part of the request including an estimated amount that the fees will exceed the limit
F. Receipts for the $8,000 should be provided to the consortium as part of the review process.
G. Length of time a birth mother has been working with an agency should factor into the decision to exceed the limit.
    i. depends on cost, need, availability of public housing, and length of time working with mom
H. Two-thirds of the consortium must agree for the limit to be exceeded.

Lauren Murray - Premier Adoption -

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(see all in the attached PDF "OLR letter")

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Appendix C - High Needs Assessment Worksheet

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Megan Anderson -Adoption Life-
Megan worked with Tara Romney Barber from CSS and Steve Sunday from Forever Bound.

See attached PDF "proposed Utah Living Assistance Form"

Tara Romney Barber - Children Service Society"

…regarding the approval process for the rare or extenuating circumstances in which the Consortium may approve an exception to the financial limits established in HB51.

My first thought is that when an agency would like the Consortium to approve an exception, there could be a standardized form that is completed by the agency and shared with Consortium members prior to the meeting to help expedite the review process. The form could include information related to the expectant parent's circumstances, the anticipated duration of the need, the specific need that will be addressed, and the amount being requested, and efforts to reduce costs including connections to community resources to address the need which have been attempted.

I know there was some concern expressed about protecting expectant parent/birth parent privacy, and I believe all necessary information needed for the Consortium to make a determination could be shared without collecting or disclosing any identifying information.

To assist the Consortium in making an informed determination, I think it would be helpful for agencies to provide information explaining why the requested assistance is necessary for the health, safety, or basic well-being of the expectant/birth parent and/or the child; why the need

could not reasonably be delayed or addressed within the existing statutory limits; and whether the circumstances are temporary, emergent, or ongoing. I also think it would be helpful, whenever possible, for agencies to include documentation supporting the identified need.

I also think financial transparency is essential for the Consortium to make an informed determination. It would be helpful for agencies requesting an exception to provide itemized expenses, the amount of financial support already provided by the agency, the amount being requested, any remaining anticipated expenses, the expected total financial assistance that will be provided, and documentation supporting the need whenever possible (i.e. eviction notice, physician recommendation, utility shut off notice, employer documentation if there are changes in ability to work, etc.)

Beyond the information requested from agencies, I think it would be helpful for the Consortium to establish a set of guiding principles that we consistently apply when considering requests. Some principles that came to mind include:

- Exceeding the statutory financial limits should be rare and reserved for exceptional circumstances.
- Agencies should be expected to maximize available community, governmental, charitable, and natural support resources before requesting Consortium approval.
- Financial assistance should address documented needs rather than serve as a substitute for available public benefits or ongoing income.
- Assistance must never be offered—or perceived—as an incentive to choose adoption.
- The Consortium should seek to balance compassion for expectant parents experiencing hardship with our responsibility to preserve voluntary, informed, and uncoerced decision-making.
- Requests should be evaluated consistently across agencies using objective criteria while recognizing that each family's circumstances are unique.

I also think it would be beneficial for the Consortium to agree upon a consistent set of review factors to guide our discussions and decision-making. Some questions we might consider for every request include:

- Is this truly an exceptional circumstance?
- Is the expense directly related to health, safety, or basic living needs?
- Is the need adequately documented?
- Has the agency demonstrated diligent efforts to access other resources? Have reasonable public and community resources been exhausted?
- Is the request reasonable in amount?
- Is the request consistent with non-coercive adoption practice, or would approval create the appearance of financial inducement?
- Is the request consistent with previous Consortium decisions?

I think having both agreed-upon guiding principles and a consistent set of review questions would help ensure that requests are evaluated fairly, transparently, and consistently while still allowing the Consortium to thoughtfully consider the unique circumstances of each family.

Yvonne Johanson -A guardian Angel Adoptions, LLC-

I have attached a couple of forms we are using to document each expectant mother's needs and reasons she is seeking adoption, as well as other options she has tried. We are also working on the Social Worker doing a more comprehensive "Needs Assessment".

See attached PDFs “2026 new statement Concerning Adoptions” and “2026 New statement concerning adoptions”

Submitted to: Florencia and John

Submitted by: Denise Garza Love and Light Adoptions

Date: July 23, 2026

Purpose

To establish a realistic, efficient, and privacy-conscious process that allows licensed adoption agencies to request approval for financial assistance exceeding statutory caps—based on the actual, consistent needs of expectant and birth mothers.

Statement of Concern

While the intent behind statutory caps is understood, current limits do not reflect the real cost of living or the financial realities faced by many expectant mothers. It is our hope that agencies will want what is best for the birth parents and to help them in their time of need.

This does not benefit the agency. This is a real live human being that needs help earlier then 12 weeks remaining In her pregnancy.

The need for support beyond the cap is not rare or infrequent—it is common and ongoing.

Agencies get new clients daily and there will be more times than not that we will need to submit for approvals to exceed the 12 weeks and the cap.

Without a practical and responsive approval process:

- Expectant mothers may face avoidable hardship

- Agencies are placed in unworkable positions

- Delays can result in immediate, real-world consequences for the expectant mother and baby.

The consortium may come to see and understand the needs that actually occur, not how they were initially anticipated.

- Detailed documentation should remain within the agency file

- Documentation should not be required to be submitted externally

- Agencies maintain verified records, compliance, and accountability

Privacy needs to be maintained for the clients, and all agencies must have this information in their files.

Proposed Submission Process

1. Category of Need

Housing, Utilities, Food, Transportation, Medical, Maternity, Other

2. Amount Requested Above Cap

Total amount and timeframe

3. Concise Justification

Brief explanation of why cap is insufficient and why support is needed

4. Agency Attestation

Confirmation that need is verified and documentation is on file

Timeline

Requests should be reviewed within 24–48 hours.

A GUARDIAN ANGEL

Statement Considering Adoption
Supplemental Statements

Expectant Mother _____Due Date _____

The following are observations from those assisting this expectant mother with her adoption plan.

Statement Concerning Expectant Mother from Phone Team:

_____
_____
_____
_____
_____
_____

Name _____ Date _____

Statement Concerning Expectant Mother from Case Manager:

_____
_____
_____
_____
_____
_____

Name _____ Date _____

Statement Concerning Expectant Mother from Social Worker:

_____
_____
_____
_____
_____
_____

Name _____ Date _____

Instructions:

Please share your observations about this expectant mother and the challenges she is facing. What was her state of mind when she called? What was her living situation? What were her unmet needs? What were her challenges? Were there any safety concerns? What led her to consider an adoption plan? What were her other options? Had she sought help anywhere else? Family, friends, organizations?

Statement Considering Adoption

I, _____ believe adoption is in the best interest of my child because:

_____

_____

_____

_____

_____

_____

Please describe your situation and circumstances prior to contacting A Guardian Angel Adoptions regarding your adoption plan.

_____

_____

_____

What challenges or circumstances led you to seek support from A Guardian Angel Adoptions to create an adoption plan?

_____

_____

_____

Please share the circumstances you were facing before beginning to work with A Guardian Angel Adoptions.

_____

_____

_____

What was happening in your life that led you to consider adoption and contact A Guardian Angel Adoptions?

_____

_____

_____

I tried contacting the following groups for resources to get help, they told me…

_____

_____

_____

_____

_____

Signatures:

_____

Expectant Mother Signature Date

_____

Social Worker Signature Date