

Application for Home Study Adoptions & Family Support Network, Inc.

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Mail correspondence to: P.O. Box 420 St. John, IN 46373

www.adoptionandfamily.com * adoptionandfamily@att.net

Check all that apply: ___ home study only ___ placement services only/already have HS ___ home study & placement services
I am/we are adopting a child: ___ not yet matched ___ already matched ___ already in home ___ related to me/us

SECTION 1- INSTRUCTIONS

- Type or Print CLEARLY in ink. **Fill out completely & sign.** If a question does not apply, write "N/A".
- If you need additional space, please attach a separate sheet of paper.
- This application is confidential and used for INTERNAL purposes only.
- Please **MAIL** all forms and documents (unless given other instructions) to: **PO Box 420, St. John, IN 46373**
- When completed, please mail in this application, release of information, financial form, State form 53259, and \$275 check or money order for the non-refundable application fee. (please keep copies of everything for your records.)
- After your application packet is reviewed, an adoption worker will contact you to further discuss the home study process and additional required forms.
- Once all the required documents/forms, background checks and fees are received, a home visit will be scheduled.
- See the instructions for details about the forms, steps through the home study process, and fees.

SECTION 2- CONTACT INFORMATION

Applicant 1 _____
Legal First Name Legal Middle Name Legal Last Name

Applicant 2 _____
Legal First Name Legal Middle Name Legal Last Name

Current Address City State Zip Code County years lived here
(____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Number Cell Number-App1 Cell Number-App2

Primary E-Mail Address Secondary E-Mail Address

List the addresses of where you have lived over the **past 5 years** with dates.

Applicant 1 _____
_____ address _____ county _____ dates lived there

Applicant 2 _____

What is your current situation that brought you to this agency for a home study? _____

How did you hear about this agency? _____

SECTION 3- GENERAL INFORMATION

Applicant 1

Applicant 2

SSN _____
(needed for background checks)

Birth Date & Age _____

Citizenship _____

Race _____

Education _____

List other names you have used and specify: nick name, shortened name, maiden name, previous marriage, or birth name)

SECTION 4 – MARITAL & FAMILY INFORMATION

Current status:

Married

Divorced

Single (Never Married)

Widowed

Date and place of current marriage: _____

Dates of any previous marriages/divorces? Appl 1 _____ Appl 2 _____

Dates of any previous marriage(s) if widowed. _____

List **ALL** children including step-children or children not yet adopted but **living in the home**:

Child's Full Name	Date of birth	Relationship to applicant(s)- Biological/adopted/step/not related?	Living in the home? If yes, how long?	From previous marriage/relationship, current relationship, or N/A

Have you ever terminated your parental rights of a biological or adopted child? _____

Are there other people living in your home? _____ If yes, please list their names, ages, and relationship to you.

(All people living in the home over age 17 have to get all background checks done.)

Do you have any pets in the home? _____

Proof of current rabies shots for dogs and cats are required.

SECTION 5- ADOPTION INFORMATION

Why are you getting an adoption home study? _____

What made you choose adoption? _____

In what ways have you explored/researched adoption? _____

Are you familiar with adoption and issues that may arise for the child later in life? Please explain.

If the child you are adopting is living with you, how long have you been parenting him/her? And what do they know about the adoption? _____

How is your family and support network reacting to your decision to adopt? _____

What kind of contact are you willing to have with the birth parents? _____

If adopting trans-racially, what are your thoughts and concerns?

Please make a brief statement describing the type of child(ren) you want to adopt (ie. age, race, siblings).

Will you accept any handicaps? HIV positive? Substance exposure? Special needs on a case-by-case basis? It is okay to be honest and specific about what situations you are prepared to handle or are not equipped to handle.

SECTION 6- HOME STUDY HISTORY & REFERENCES

Have you ever had a home study done? _____ Are working with another agency for placement services? _____

If yes, please provide the following information on that agency. If more than one agency, list on the back of this page.

Agency:	Address:	Email:
Contact person:	Tel:	Fax:
Home Study date:	Services receiving through other agency?	

Have you ever been rejected as a prospective adoptive parent? _____

Have you ever been the subject of an unfavorable home study? _____

If yes, when and from what agency? _____

List the names and street or email addresses of 4 people who have known you for at least 2 years, to serve as a character reference for you. A form will be mailed or emailed to them to complete and return. Only one reference from a relative will be accepted. The rest should be from co-workers, friends, or neighbors.

SECTION 7- HEALTH INFORMATION

IF YOU LIST ANY MENTAL HEALTH ISSUES, PLEASE PROVIDE A LETTER FROM A THERAPIST or DOCTOR.

	<u>Applicant 1</u>		<u>Applicant 2</u>	
Tuberculosis	Yes	No	Yes	No
Tumor (non-cancerous)	Yes	No	Yes	No
Cancer	Yes	No	Yes	No
Heart Disease	Yes	No	Yes	No
Liver Disease	Yes	No	Yes	No
Neuropathy	Yes	No	Yes	No
Genetic Disease	Yes	No	Yes	No
Any Operations*	Yes	No	Yes	No
Diabetes:				
Type I	Yes	No	Yes	No
Type II	Yes	No	Yes	No
Alcoholism	Yes	No	Yes	No
Substance Abuse	Yes	No	Yes	No
Seizures	Yes	No	Yes	No
Impairments:				
Vision	Yes	No	Yes	No
Genetic Disease	Yes	No	Yes	No
Hearing	Yes	No	Yes	No
Mobility	Yes	No	Yes	No
Communicable Diseases:				
HIV	Yes	No	Yes	No
Hepatitis A	Yes	No	Yes	No
Hepatitis B	Yes	No	Yes	No
Hepatitis C	Yes	No	Yes	No
Other: _____	Yes	No	Yes	No
Mental Illness:				
Bi-Polar Disorder	Yes	No	Yes	No
Eating Disorder	Yes	No	Yes	No
Depression	Yes	No	Yes	No
Anxiety	Yes	No	Yes	No
Other _____	Yes	No	Yes	No

Medical Issue 1 Appl 1 Appl 2

Condition _____

Date of Diagnosis _____

Treatment Received _____

Prognosis/Outcome _____

Ongoing Treatment, if any _____

Medication, if any _____

Medical Issue 2 Appl 1 Appl 2

Condition _____

Date of Diagnosis _____

Treatment Received _____

Prognosis/Outcome _____

Ongoing Treatment, if any _____

Medication, if any _____

Medical Issue 3 Appl 1 Appl 2

Condition _____

Date of Diagnosis _____

Treatment Received _____

Prognosis/Outcome _____

Ongoing Treatment, if any _____

Medication, if any _____

Appl. 1's Health: Excellent Good Fair Poor

HT _____ Wt _____ Doctor's Name _____

Appl. 2's Health: Excellent Good Fair Poor

HT _____ Wt _____ Doctor's Name _____

**Other than tonsils, appendix, dental, joints, vision, cosmetic, pregnancy, etc.*

Please list: 1. Medicine: _____ Reason: _____ Appl 1 or Appl 2

 2. Medicine: _____ Reason: _____ Appl 1 or Appl 2

 3. Medicine: _____ Reason: _____ Appl 1 or Appl 2

What kind of health insurance do you have? _____ Does it cover your family? _____

When will insurance coverage start for your adopted child? birth, placement, finalization? _____

It is important to have a will/affidavit appointing a guardian in case both applicants become unable to care for the child(ren)? Do you have a guardian? _____ If not, are you willing to do this in the near future? _____

Who will be the guardian? _____

What is their relationship to you? _____

What city and state do they live in? _____ Do they have other children? _____

Are they emotionally, physically, mentally, and financially able to care for your child(ren)? _____

SECTION 8- POLICE RECORD (You have to answer yes or no, do not put n/a.)

Have you ever been arrested for or convicted of any crimes, including but not limited to, shoplifting, fraud, theft, DUI, DWI, assault, or possession of a controlled substance? Describe: _____

Applicant 1 _____ **Applicant 2** _____

Have you had any history of substance abuse, sexual abuse, child abuse, or domestic violence even if it did not result in an arrest or conviction? Describe: (i.e.family history, victim, perpetrator, etc.) _____

Applicant 1 _____ **Applicant 2** _____

Have you ever been arrested or convicted of crimes other than those listed above, not including minor traffic violations? Describe: _____

Applicant 1 _____ **Applicant 2** _____

If you answered "yes" to any of the questions above, please provide information below.

	Arrest/Conviction Appl 1	Arrest/Conviction Appl 2	
Date of arrest(s): Misdemeanor or felony?			
Time spent in jail, if any: Outcome:			

On separate paper, write an explanation of what happened, how it concluded, & what you learned from it.

If it shows up on your local police check, provide documentation of the outcome and current status of the case.

SECTION 9- FINANCIAL INFORMATION

Applicant 1

Applicant 2

Employer: _____

Address of employer: _____

Occupation/Position: _____

How long at job stated above? _____

Total Household Annual Income: \$ _____ Approximate monthly expenses \$ _____

Verification of employment and income will be required – (ie. check stubs, W-2's, or letter from employer)

SECTION 10- COMMENTS / REFERRAL INFORMATION

You will need an attorney to file the petition to adopt along with other possible documents. If you do not have an attorney already, would you like a list of area lawyers with adoption experience? _____

Name, address, and phone number of your attorney: _____

Do you have a court date set for the adoption? If so, when? _____

At least 6-8 weeks is needed to complete a home study assessment so if your court date is before that, you may need to discuss with your attorney the possibility of rescheduling it to a later date.

Please share why you chose this agency: _____

SECTION 11 – HOME ENVIRONMENT

After all paperwork is submitted, results of all the background checks have been received, and fees are paid, a home visit will be made by your adoption worker. All family members and any other persons living in the home are required to be present at the home visit. Your adoption worker will interview everyone, observe the interaction among family members, and walk through the home to make sure it is a safe environment.

Be sure your home has:

- _____ standard safety equipment (i.e. smoke and carbon monoxide detectors, fire extinguisher, etc.).
- _____ the environment inside and outside of the home is safe for children.
- _____ there is appropriate furnishings and space for everyone living in the home and the child(ren) you plan to adopt.
- _____ outdoor pool is fenced with a lockable gate.
- _____ firearms are kept in a locked box or safe.
- _____ you have plans to “baby proof” your home, if applicable.

SECTION 12 – STATEMENT OF AGREEMENT AND SIGNATURE

I/WE understand:

- that Adoptions & Family Support Network, Inc. does not guarantee a favorable home study.
- that home study fees are nonrefundable.
- that there are risks in adoption which include unforeseen difficulties and delays.
- that a birth parent may change her/his mind and Adoptions & Family Support Network, Inc. will not be held responsible for the financial loss that may have incurred to that point.
- that the information on health and all other matters regarding the adopted child received through this agency is limited and based on all available data provided by the birth parent(s) and medical staff.

I/WE hereby certify by signing below:

- that I/we understand and agree with the above statements.
- that all information given in this application is correct to the best of my/our knowledge.
- that all information and documentation I/we provide for the home study report is true and not falsified.
- that we consent to continue with the home study services provided by Adoptions & Family Support Network, Inc.

X _____ Date: _____
Applicant 1

X _____ Date: _____
Applicant 2