

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

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

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## FOR STEP-PARENT HOME STUDY

### SECTION 1- INSTRUCTIONS

- Type or Print CLEARLY in ink. **Fill out completely & sign.** If a question does not apply, write "N/A".
- 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**
- To begin the home study process, **MAIL** this application, fee agreement, Release of Information, State form 53259, and a check or money order for the non-refundable application fee of \$275.
- Please keep copies of everything for your records.
- After your application is reviewed, an adoption worker will contact you to further discuss the home study process and additional required forms.
- Once all forms, documents, and home study fee(s) are received at this agency, a home visit will be scheduled.
- See instruction page for details about the forms, steps for the home study process, and fees.

### SECTION 2- CONTACT INFORMATION

Applicant 1 \_\_\_\_\_  
(Adopting step-parent)      Legal First Name                      Legal Middle Name                      Legal Last Name

Applicant 2 \_\_\_\_\_  
(Birth parent child lives with)      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 all addresses where you have lived over the **past 5 years** with dates.

Applicant 1      state                      county                      dates lived there

Applicant 2 \_\_\_\_\_

How did you find out about this agency? \_\_\_\_\_

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.

Who is your attorney? List name, address, and phone number: \_\_\_\_\_

**SECTION 3- GENERAL INFORMATION**

Applicant 1

Applicant 2

SSN \_\_\_\_\_

\_\_\_\_\_

Birth Date \_\_\_\_\_  
(MM/DD/YY) Age

\_\_\_\_\_ Age  
(MM/DD/YY)

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 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? \_\_\_\_\_

Records 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 is the situation with the other birth parent? \_\_\_\_\_

Briefly describe the child you are adopting (ie. personality, likes, interests, his/her relationship with you).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 6-HOME STUDY HISTORY & REFERENCES**

Have you ever had a home study done? \_\_\_\_\_ Have you ever worked with another child placing agency? \_\_\_\_\_

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 relative is allowed, the rest can be 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

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? \_\_\_\_\_

**SECTION 8- BASIC FINANCIAL INFORMATION**

Applicant 1

Applicant 2

Employer: \_\_\_\_\_  
 Address of employer: \_\_\_\_\_  
 Occupation/Position: \_\_\_\_\_  
 How long at job stated above? \_\_\_\_\_  
 Total Annual Income: \$ \_\_\_\_\_ Approximate monthly expenses \$ \_\_\_\_\_

(Further financial information will be required on a separate financial form along with verification of employment and income, ie. check stubs, W-2's, or letter from employer and 1040 tax returns.)

**SECTION 9- 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 10 – 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 11 – 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.

**I/WE** hereby certify by signing below:

- that 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.

Applicant 1 \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2 \_\_\_\_\_ Date: \_\_\_\_\_