



**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.  
If they are 18 or older, list their birthdate, race, social security number, and email address for the child abuse check.

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

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