

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

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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 for INTERNAL purposes only. Please keep copies of everything for your records.
- Please **MAIL** all forms and documents (unless given other instructions) to: **2210 US 41 Schererville, IN 46375**
- To begin the home study process, **MAIL** the completed Application, Fee agreement, Release of Information, State form 53259, and a check or money order for the non-refundable application fee of \$275.
- After your application is reviewed, an adoption worker will contact you to further discuss the home study process and make sure you have all required forms.
- Mail in the rest of the forms, documents, and home study fee(s) when completed.
- When all your paperwork is received and reviewed, a virtual interview and a home visit will be scheduled.
- See instruction page for all steps for the home study process including background checks.

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 date moved in
(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home Number Cell Number-App1 Cell Number-App2

_____ _____
Applicant 1 E-Mail Address Applicant 2 E-Mail Address

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

_____ _____ _____
state county dates lived there
Applicant 1 _____

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, email, and phone number: _____

SECTION 3- GENERAL INFORMATION

Applicant 1

Applicant 2

SSN _____

Birth Date _____
(MM/DD/YY) Age _____

_____ (MM/DD/YY) 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 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
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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 date of birth, race, and social security number for the child abuse background check.

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: _____