Adoption Advocacy

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You will need the items below in order to have your home study completed:

1) Income verification
   a.) Documentation of all sources of income
   b.) Financial Information Statement (Form Included)

2) 3 Current Reference Letters dated (Form Included)
   NOTE: The references must be signed and have the name, address, and phone number of the person providing the reference.

3) Copy of Birth Certificate and Driver's License

4) Copy of Marriage Certificate, if applicable

5) Copy of Divorce Papers, if applicable

6) Medical Clearance Statement for all Adults in the home (Form Included)

7) Medical Clearance Statement for Children in the home (Form Included)

7) SLED/DSS/Sex Offender/FBI Background Clearances (Forms Included)

8) References Letters from your adult children, if applicable (Form Included)

(Adoptive Mother) Name:

Address:

Phone Number: Home: _____ Cell: _____

Office: _____ E-Mail: _____

Social Security Number: _____

Birth date:

Birthplace:

Parents:
*Mother's Name, Age, Occupation and Residence:
(Note: If deceased please list age and cause of death.)

*Father's Name, Age, Occupation and Residence
(Note: If deceased, please list age and cause of death.)

How many years have your parents been married?

If your parents are divorced, what age were you when they divorced? Did you live with your mother or your father?

Describe your current relationship with your parents:

Siblings:

Name	Age	Residence	Occupation
1.			
2.			
3.			

4.

5.

6.

Which sibling are you closest to in your family? _____

Describe your current relationship with your siblings:

Children:
Please list all of your children below, even if they do not live in the family home:

Name	Age	Residence	Education	Occupation	Marital Status	Children/list ages
1.						
2.						
3.						
4.						
5.						

What is your current relationship with your adult children? Are they supportive of your decision to adopt children?

Who else lives in your home other than you and your children? If so, please list their name and age:

Is anyone in your family adopted? _____

Are you a current foster family? _____

Have you ever been a foster family? _____

How many children have you fostered? _____

How many years have you been a foster parent?_____

If you are a foster parent currently, please list the agency, address, telephone number and case worker that you are assigned to:

Education:
Please list your education starting with high school:

SCHOOL	YEARS ATTENDED	DEGREE EARNED

Marital History/Relationship:

Date of your current marriage:

How long did you date:

When and how did you meet?

Describe your marital relationship:

How do you resolve disagreements or problems in the home?

If you are a single parent, are you currently involved in a long-term relationship with a "significant other"?

Have you ever been married before?

If you have been previously married, please list to whom, dates, and reason for termination:

Spouse	Dates of Marriage	Termination: Death or legal divorce

If you are divorced or separated, what is your relationship with your prior spouse?

Military History:

Yes _____ No _____

Years: _____Branch: _____

Rank: _____ Discharge: Honorable or Dishonorable

Employment Information:

*Job Title: _____Company: _____

Length of service with your company: _____

Previous Employment & reason for leaving: _____

_____

_____

_____

Financial Information: *Complete all that apply below:*

Monthly Income/Salary _____

Social Security: _____Child Support: _____

Adoption Subsidy: _____ Disability: _____

Food Stamps: _____

Monthly surplus after all bills are paid: _____

Who is responsible for budgeting and managing your family's money?

_____

Life Insurance Policy: _____

* If you receive disability, explain why and how this disability limits your ability to parent and/or hold employment:

Activities/Volunteer Work: _____

_____

Church Membership: _____

How often do you attend church?

Are you involved in any activities?

Civic Clubs: _____

Hobbies: _____

Medical History:

List regular medications: _____

List chronic illnesses: _____

Height: _____ Weight: _____

Hair Color:_____ Eye Color:_____

Skin Tone: _____

Have you ever been arrested in any state?

If so, please explain:

Have you ever been fingerprinted for any reason? If so, please explain:

Are you listed on the Central Registry for Child Abuse?

Do you have a criminal record?

Are you listed on the sex offender registry?

Have you even been in marriage counseling? If so, please explain:

Have you ever been in drug abuse therapy? If so, please explain:

Have you even been in any type of prolonged counseling program? If so, please explain:

Please answer these questions in the space provided:
Describe your home: (Include square footage)

Do you own or rent your home?

How long have you lived at your current address?

Do you have any pets in the home? If so, please list breed, gender, and age. Are they up-to-date on all vaccinations?

Describe your childhood:

How were you disciplined as a child?

What responsibilities and chores did you have around the house as a child?

What do you identify as your strengths, successes, and failures?

Strengths:

Successes in Life:

Failures in Life:

List extracurricular activities that you were involved in as a child and youth:

Describe your favorite childhood memory:

Outline your plans for child care arrangements:

Significant life events:

1.

2.

3.

Method of disciplining your children:

How do you deal with anger management?

How do you deal with stress?

Custody plan if you die or become very ill:

Name (s): _____ Age(s) _____

Relationship to you: _____

Residence: _____

Occupations: _____

Ages of children in the home: _____

Motivation to Adopt:

Why have you chosen to adopt?

How long you have considered adoption?

Describe your support system:

If you're a single parent, who will be the other sex role model?

What do you believe you have to offer a child?

(Adoptive Father) Name:

Address:

Phone Number: Home: _____ Cell: _____

Office: _____ E-Mail: _____

Social Security Number: _____

Birth date:

Birthplace:

Parents:
*Mother's Name, Age, Occupation and Residence:
(Note: If deceased please list age and cause of death.)

*Father's Name, Age, Occupation and Residence
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What do you believe you have to offer a child?

MEDICAL CLEARANCE FORM FOR ADOPTIVE PARENT

Patients Name: _____

I hereby authorize _____ to release the medical information contained on this form to **Adoption Advocacy** for the purpose of assessing my family for adoptive placement.

Patients Signature: _____

Date: _____

I. Medical History

Check any of the following conditions the patient has or has had in the past and provide comments.

___ Mental Illness	___ Cancer	___ Ulcers
___ Impaired Hearing	___ Hypertension	___ Heart Disease
___ Impaired Sight	___ Allergies	___ Neurosis
___ Any Surgical Operations	___ Diabetes	___ Epilepsy
___ Depression	___ Tuberculosis	___ STD

___ Communicable Diseases (HIV+, Hepatitis B, other)

Comments: _____

II. General Health and Physical Condition

Height: _____ Weight: _____

Blood Pressure: _____

What medication(s) is/are patient taking?

_____

_____

Is there any organic or functional disorder that would affect the patient's life expectancy or ability to function as a parent? No _____ Yes _____

If yes, please elaborate: _____

How long have you known this patient? _____

From a medical viewpoint, would you recommend this patient as an adoptive parent?

Yes _____ No _____

Date of Last Examination _____

Licensed Medical Practitioner's Signature: _____

Printed Name of Medical Practitioner: _____

Address of Licensed Medical Practitioner: _____

Telephone Number: _____

MEDICAL CLEARANCE FORM FOR ADOPTIVE PARENT

Patients Name: _____

I hereby authorize _____ to release the medical information contained on this form to **Adoption Advocacy** for the purpose of assessing my family for adoptive placement.

Patients Signature: _____

Date: _____

I. Medical History

Check any of the following conditions the patient has or has had in the past and provide comments.

___ Mental Illness	___ Cancer	___ Ulcers
___ Impaired Hearing	___ Hypertension	___ Heart Disease
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___ Any Surgical Operations	___ Diabetes	___ Epilepsy
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Yes _____ No _____

Date of Last Examination _____

Licensed Medical Practitioner's Signature: _____

Printed Name of Medical Practitioner: _____

Address of Licensed Medical Practitioner: _____

Telephone Number: _____

REFERENCE LETTER FOR ADOPTIVE PARENTS

Name of applicant(s): _____

How long have you know the applicant(s)? _____

In what capacity have you known the applicant (s), e.g. neighbor, friend? _____

How often do you visit or have contact with applicant(s)? _____

Describe the home environment of the applicant(s)?

Describe the personal qualities, characteristics, and strengths of the applicant(s)?

Describe applicant's current and/or potential functioning as a parent:

Are there any negative factors which may prohibit placement of a child with applicant(s)? If so, please explain:

Additional Comments:

_____

Print name

_____

Signature

_____

Telephone Number

_____

Date

REFERENCE LETTER FOR ADOPTIVE PARENTS

Name of applicant(s): _____

How long have you know the applicant(s)? _____

In what capacity have you known the applicant (s), e.g. neighbor, friend? _____

How often do you visit or have contact with applicant(s)? _____

Describe the home environment of the applicant(s)?

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_____

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Describe applicant's current and/or potential functioning as a parent:

Are there any negative factors which may prohibit placement of a child with applicant(s)? If so, please explain:

Additional Comments:

_____

Print name

_____

Signature

_____

Telephone Number

_____

Date

Financial Information Statement

I. Family's Monthly Income

	Adoptive Mother	Adoptive Father
Gross Monthly Salary**:**	_____	_____
Other Income	_____	_____
(Adoption subsidy, Child Support, SSI, etc.)		
Gross Monthly Income:	**$**_____	**$**_____
Deductions:		
A. Federal Income Tax:	_____	_____
B. State Income Tax:	_____	_____
C. FICA (Social Security)	_____	_____
D. Other	_____	_____
E. Total Deductions:	_____	_____
F. Net Income:	_____	_____

II. Estimated Monthly Expenses

Mortgage/Rent Payment $ _____

Insurance Premiums:

Life	_____	
Health	_____	
Car	_____	
Home	_____	$ _____

Installment Accounts (credit cards, bank loans) $ _____

Groceries/ Dining out $ _____

Utilities
(Include power, gas, water, phone, garbage, cable) $ _____

Vehicle Expenses
Gas _____

Payment _____

Upkeep/Maintenance _____ $ _____

Clothing $ _____

Recreation and Hobbies $ _____

Church and Charity Contributions $ _____

Other Expenses Not Listed Above (specify) $ _____

Total Monthly Expenses $ _____

Total Monthly Net Income $_____

Total Monthly Expenses $_____

Excess Monthly Income $_____

III. Family Assets/ Debts

Assets		**Debts**	
Cash On Hand and In Checking Accounts:	_____	Total Due on Personal Loans:	_____
Savings Accounts:	_____	Total Due on Credit Cards:	_____
Value of Real Estate Owned (House and Property)	_____	Mortgage Balance on House and Property:	_____
Value of Cars, Boats, Trucks & Machinery, etc.	_____	Loans on Cars, Boats Trucks & Machinery, etc.	_____
Other Assets: (Stocks, bonds, etc.)	_____	Other Debts:	_____
	_____		_____
	_____		_____

TOTAL ASSETS:	$ _____	TOTAL DEBTS:	$ _____
		TOTAL ASSETS:	$ _____
		NET WORTH:	$ _____

By signing below, I verify that the information on this financial form is true and correct to the best of my knowledge.

_____ _____

Adoptive Mother Date

_____ _____

Adoptive Father Date

CHILDREN'S MEDICAL REPORT

Name of Child: _____

Date of Birth: _____

I give permission for _____to share information about my child with Adoption Advocacy for the purpose of an adoptive home study.

Signature of Parent(s):_____ Date: _____

Comprehensive Health and Developmental History: (Document any known chronic health problems, medications, allergies, significant acute illnesses and prenatal history of the child.)

Are immunizations up to date? _____
If not, which immunizations are needed?

Physical Assessment:
Height: _____Weight: _____ Blood Pressure: (Over age 3) _____
Assessment of Nutritional Adequacy and Overall Well-Being:

Behavior/Developmental Assessment: (include an assessment of behavior, language, social and psychomotor skills)

Current Medications:

Significant Findings/Recommendations:

_____
Licensed Medical Practitioner's Signature

Date: _____

Please print/type name and address of Licensed Medical Practitioner: