

HOMESTUDY – Supplemental Questionnaire

(Feel free to add additional sheets if we have not provided enough space.)

To be completed and signed by each prospective adoptive parent individually. Every question must be answered. Indicate not applicable using N/A.

Dear Client: All of the information requested below must be included or referred to in our home study narrative report to satisfy state, federal or foreign jurisdiction requirements. Some of this information will be discussed with you in person during the adoption caseworker's home visit.

OTHERS IN HOME in addition to your children previously described:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION:

<u>Degree or last grade</u>	<u>Name of School</u>	<u>Major Subjects studied</u>	<u>Location of School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARRESTS or involvement in criminal activity:

Have you ever been charged and/or arrested (include DUI information) or been involved in criminal activity, even if it did not result in arrest?

Yes _____ No _____

Please provide the following information for each incident: Date; Where arrested; Nature of charge; Final disposition

Do you have any experience of problems with alcohol or chemical dependency? If yes, please describe briefly, or use additional sheet. _____

Do you have any history of mental health problems or have you ever been hospitalized for a mental or emotional condition? _____

Have you ever had psychotherapy? Please describe circumstances: _____

EMPLOYMENT:

Employer _____

Position _____ Date Employed _____

Hours per week? _____ Annual Income _____

Please describe the kind of work that you do _____

Previous employment/Dates/Location/Description _____

FINANCIAL INFORMATION: Please complete the enclosed ADOPTION FINANCIAL REPORT and attach a copy of your most recent tax return.

ADOPTION PREPARATION: If you have already begun to prepare to become an adoptive parent, please describe your efforts to date:

REQUIRED INFORMATION

If you are currently working with an agency or attorney on an expected placement, please provide the following (if applicable, for each adoption agency and attorney): name, address, telephone number, fax number, e-mail address, copy of agency license, website, and name of contact person: (one parent may complete this item) _____

For inter-country home studies, please provide a photocopy of your I600 or I800

How open do you feel regarding present or future contact with the child's birth parent(s)?

Are you familiar with the expenses, difficulties and delays that are sometimes associated with domestic and foreign adoptions? Yes___ No___

Do you understand and are you able to accept the fact that children who are adopted at any age sometimes have attachment difficulties, experiences of grief or loss, or unforeseen developmental delays? Yes___ No___

Are you aware that social and medical histories of adopted children are sometimes very limited, and are you able to accept that? Yes___ No___

CHILD DESIRED: If you are planning to adopt a specific child, please identify the child and how you learned of this child: (one parent may complete this item)

Please describe your early childhood and youth: _____

If you are married, please describe how you met your spouse, your courtship, marriage and lifestyle.

NARRATIVES ON HOME AND COMMUNITY: (one parent may complete this item)

Please describe your home in detail: number of rooms and description, indoor and outdoor areas, pool, patio, yard, fences, children's rooms, etc.

Please describe your neighborhood and community in detail, including demographic description of residents, resources for recreation, proximity of houses of religious worship, and cultural events offered.

CHILD CARE PLAN AFTER PLACEMENT: (one parent may complete this item)

WHO WILL BE APPOINTED **GUARDIANS** FOR YOUR CHILDREN IN THE EVENT OF YOUR UNTIMELY DEATH? (Name, address, and relationship to you, ages, how employed, and description of their children, if any) (one parent may complete this item)

EXPECTED CHANGES IN CIRCUMSTANCES

If there are any expected changes in your living or work circumstances, please describe:

Do you have any history, whether or not reported, of physical abuse, sexual abuse, child abuse, or domestic violence, either as victim or perpetrator? Yes___ No___

Have you ever been rejected as a prospective adoptive parent or been the subject of an unfavorable homestudy for reason? Yes___ No___

