

Adoptions & Family Support Network, Inc.

1834 – 45th Street Munster, IN 46321 Phone: 219-924-2600 fax: 219-922-1694

adoptionandfamily@att.net www.adoptionandfamily.com

Check all that apply: Adoption & Home Study Adoption only/already have home study
Home Study for adoption of: step-child relative child unborn child of already matched birth parents

SECTION 1- INSTRUCTIONS

- Type or Print CLEARLY in ink. Fill out completely. If a question does not apply to your family, use “N/A”.
- If you need additional space, please attach a separate sheet of paper.
- This application is confidential and used for INTERNAL purposes only.
- To begin the home study process, please send to the above address - \$250 check for the non-refundable application fee, this application, fee agreement, and release of information.
- Obtain local and fingerprint background checks and begin gathering documents on the check list.
- Upon receipt of this application, you will receive more forms to complete and an adoption worker will contact you to further discuss the home study process.
- Once all documents/forms on check list are received at this agency, a home visit will be scheduled.

SECTION 2- CONTACT INFORMATION

For step-parent adoptions, applicant 1 is step-parent and applicant 2 is birth parent of child being adopted.

Applicant 1 _____
Legal First Name Legal Middle Name Legal Last Name

Applicant 2 _____
Legal First Name Legal Middle Name Legal Last Name

Street Address Apt/Unit No.

City State Zip Code County

(____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Number Work Number-App1 Work Number-App2

(____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Fax Number Cell Number-App1 Cell Number-App2

Primary E-Mail Address Secondary E-Mail Address

Years at the above address _____ Dates in current county _____

List any other counties or states you have lived in and dates you lived there. _____

How did you hear about this agency? _____

SECTION 3- GENERAL INFORMATION

Applicant 1

Applicant 2

SSN _____

Birth Date _____
(MM/DD/YY) Age

_____ (MM/DD/YY) Age

Citizenship _____

Race _____

Religion _____

Education _____

Any other names you have used (nick name, maiden name, previous marriage, or pre-adoptive name)

SECTION 4 – MARITAL & FAMILY INFORMATION

Married Divorced Single (Never Married) Widowed

Date and place of marriage: _____

Are there previous marriages? _____ Divorces? _____ Please list dates below.

Applicant 1

Applicant 2

Marriage Date:	Divorce Date:	Marriage Date:	Divorce Date:
Marriage Date:	Divorce Date:	Marriage Date:	Divorce Date:

List ALL children including step-children:

Child's Name	Age & date of birth	Biological/adopted/step	Living in the home?	Current or previous marriage or relationship?

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 adopting a step-child or relative, how long has he/she been living with you?

SECTION 5- ADOPTION INFORMATION

Are you infertile? _____ pregnant? _____ going through infertility treatment? _____

Are you familiar with adoption and issues that may arise for the child later in life? Please explain.

Why do you want to adopt? _____

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 you are looking for (ie.age, race). Will you accept any handicaps? HIV positive? Substance exposure? On a case-by-case basis? It is okay to be specific about what situations you are prepared to handle or are not equipped to handle.

SECTION 6- HOMESTUDY

Do you have a current home study? _____ Are currently working with another agency? _____

If yes, please provide the following information on that agency.

Agency:	Address:	Email:
Contact:	Tel:	Fax:
Completed?	In Progress?	Expected Completion?

Have you ever been rejected as a prospective adoptive parent? _____

Have you ever been the subject of an unfavorable home study? _____

List the names and addresses or emails of 4 people to serve as a character reference for you with only one being from a relative. A form will be mailed or emailed to them to complete and return.

SECTION 7- HEALTH INFORMATION

(If you answer **yes** to any of the below, please provide **full details & dates**. Please use another sheet if needed.)
IF YOU LIST ANY MENTAL HEALTH ISSUES, PLEASE PROVIDE A LETTER FROM A 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 | Appl 2 |
| 2. Medicine: _____ | Reason: _____ | Appl 1 | Appl 2 |
| 3. Medicine: _____ | Reason: _____ | Appl 1 | Appl 2 |
| 4. Medicine: _____ | Reason: _____ | Appl 1 | 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? _____

SECTION 8- POLICE RECORD

Have you ever been arrested 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 issues with substance abuse, sexual abuse, child abuse, or domestic violence even if it did not result in an arrest or conviction? Describe – 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 1		Arrest/Conviction 2		Arrest/Conviction 3	
	Appl 1	Appl 2	Appl 1	Appl 2	Appl 1	Appl 2
Charge Misdemeanor or felony?						
Year it occurred Date dismissed						
Dismissed/Guilty/Probation/ Not Guilty/, etc.						
Fine/Probation/Jail, etc.						
Time spent in jail, if any						
Type & Length of probation						

On separate paper, write dates and explanation of what happened, how it concluded, & what you learned from it.

SECTION 9- FINANCIAL INFORMATION

Applicant 1

Applicant 2

Employer: _____

Address of employer: _____

Occupation/Position: _____

How long at job stated above? _____

Annual Income: \$ _____

Other Income: \$ _____

Total Assets (vehicles, personal property, value of home, stocks/bonds, checking/savings, etc.) \$ _____

Indebtedness (including mortgage, credit cards, auto payments, and other) \$ _____

Approximate monthly expenses (mortgage/rent, car payments, insurances, utilities, etc.) \$ _____

SECTION 10- COMMENTS / REFERRAL INFORMATION

You will need an attorney to file the petition to adopt along with other possible documents. Do you have an attorney already or would you like a list of area lawyers with adoption experience? _____

Name, address, and phone number of your attorney: _____

Any comments or questions? _____

Please share why you chose this agency: _____

SECTION 12 – STATEMENT OF AGREEMENT AND SIGNATURE

I/WE understand:

That there are risks in adoption which include unforeseen difficulties and delays.

That a birth mother may change her mind and Support Adoptions & Family 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 of the adopted child received through this agency is limited and based on all available data provided by the birth mother and medical staff.

Adoptions & Family Support Network does not guarantee a favorable home study.

I/WE HEREBY CERTIFY BY SIGNING BELOW, GIVE CONSENT AND AGREEMENT TO THE ABOVE AND THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND ABILITY.

X _____ Date: _____
Applicant 1

X _____ Date: _____
Applicant 2

FOR OFFICE USE ONLY

Application received on _____ Payment of _____ received on _____

Reviewed By _____ Date _____ Assigned to _____

Family Notified By _____ Date _____

Home visit scheduled for _____ All documents/forms received _____

Dates of : home visits _____ rough draft review _____

final home study complete _____ mailed/delivered to family and attorney _____