

## ADOPTION HOME STUDY

(Insert Date)

**(Name and Name Surname)**

**(Address)**

**(Telephone)**

	<b><u>(Full Legal Name #1)</u></b>	<b><u>(Full Legal Name #2)</u></b>
<b>Date of Birth:</b>		
<b>Place of Birth:</b>		
<b>Religion:</b>		
<b>Education:</b>	(Degree only)	(Degree only)
<b>Occupation:</b>	(Title only)	(Title only)
<b>Heritage:</b>	(Ancestral)	(Ancestral)
<b>Annual Income:</b>		
<b>Others in the home:</b>	(If applicable; include pets on domestic adoption)	

### **Dates of Contact:**

Adoption Education (dates) Adoption Education 10 hours  
Classes: Topics Covered: **list out here**  
First Meeting: DATE, with Client and Client at Location  
Second Meeting: DATE, with Client and Client at Location  
Third Meeting: DATE, with Client and Client at Location  
Reference Meeting: DATE, with specified reference at Location (ME ONLY)

**Social Worker:** (Insert name and credentials)

### **CHILD PREFERENCE**

State clearly what program family wishes to adopt from and race/age/gender preferences, be sure what they will accept matches their acknowledgment of health risks/considerations form

### **MOTIVATION TO ADOPT**

Assess how grief around infertility (if applicable) has been resolved

### **BACKGROUND: (insert full Name 1) add birth certificate numbers**

State, "birth certificate has been verified by this social worker." Include family constellation, work/education history and childhood information. Include discipline used on applicant while growing up. Include any history of abuse/neglect how long and by whom. Significant life experiences, values learned and stressed within family. Include applicants self assessment as to why they will be a suitable adoptive parent. Make statement, "It is this worker's assessment that NAME is emotionally, physically and mentally stable and will provide a loving home for any child placed in this family."

**BACKGROUND: (insert full Name 2) add birth certificate numbers**

Same as above

**FAMILY LIFESTYLE / MARRIAGE**

(Family lifestyle if single, Marriage if married) State that marriage cert. was verified or state #  
Discuss relationship, how they communicate, how they resolve conflict. Ask each to describe other as spouse and why they think other will make a good adoptive parent. Discuss what they do in spare time both together and as individuals. State if marriage counseling current or past and how resolved. Get letter from counselor if counseling in past 5 years.

**CHILD(REN) or OTHERS IN THE HOME (if applicable)**

If over 18 include same screenings/duty to disclose. Must interview all household members or state why this would not be appropriate.

**PARENTING EXPECTATIONS AND CHILD CARE PLAN**

Include clear plan for discipline and statement that family is open to counseling support if deemed appropriate. State this family is aware of the medical needs and developmental delays often present in inter-country adoption. They are prepared to parent a child who is delayed due to institutionalization. The family understands and accepts that a child may have health care diagnosis according to the normal standards of care for an institutionalized child from a developing country which may not necessarily be the same level as for children in the U.S.

State the applicants have completed a minimum of 10 hours of adoption related training in compliance with Hague Convention requirements. This includes, but is not limited to: MAPS 7 hour preadoptive training the educational series which includes: the 7 core issues in adoption, child development and adoption issues, identity and search, openness in adoption and respect for birth parents, genetics vs. environment, and the life long process of adoption. In addition, the family completed multiple adoption related readings as well as a conference titled, "Families Formed by Adoption." This documentation is clearly documented in their file.

**GUARDIANSHIP**

At the request of the family, (insert name) and (insert name) have agreed to be named as guardians of the child in the event of the untimely death or incapacity of the applicants. Include guardian's age, profession, marital status, and family constellation. Statement from social worker that "guardians listed appear to be suitable."

**FEELINGS REGARDING ADOPTION AND BIRTH PARENTS**

Discuss feelings about openness including thoughts regarding future search and reunion and whether family will be supportive. Make statement that it appears that the family will help their child understand his or her adoption story in a way that will promote development of positive self esteem.

**TRANSRACIAL/CULTURAL ISSUES (if applicable)**

It is this writer's opinion that this family is fit and suitable and has the capacity to parent children coming from a different racial and cultural milieu. It is anticipated that the child will also fit into the environment of the adoptive family and the community in which he/she will live

**EXTENDED FAMILY**

### **HOME AND COMMUNITY**

Include statement re: firearms on premises and working fire detectors/carbon monoxide detectors. Describe child's room. Make statement that this home meets requirements for a preadoptive home for the state of \_\_\_\_\_.

Describe home and community, cleanliness of home, access to community resources etc.

### **HEALTH**

(Have separate paragraph for each applicant's health history)

NAME was examined by his physician on DATE. He was found to be free of infectious diseases.

NAME was found to be of sufficient emotional stability to parent a child. This report was reviewed by this worker and the above findings are as stated. It is this worker's assessment that NAME is emotionally, physically and mentally stable and will provide a loving home for any child placed in this family. Make statement according to the report submitted by applicants physician, this applicant is expected to have a normal life expectancy and should enjoy sufficient good health to parent a child to majority. State whether applicant is in counseling or has history of counseling. Get letter from counselor if in past 5 years. State any mental health diagnosis. State if applicant is on any medication and for what reason.

### **RELIGIOUS BACKGROUND**

Discuss faith and/or religion and how it will impact child's life.

### **FINANCIAL**

According to the 1040 income tax form submitted by the applicants for the year 2008, their adjusted gross income was BLANK. Include explanation if current salary on first page differs from 1040 reflection.

According to written statements by the applicants, their monthly expenses are: BLANK. Must include any child support income or payments. The family has a savings of BLANK and IRA/401(K)'s worth BLANK. List life insurance policies. List how family will pay for adoption expenses. Health insurance for the family is through STATE CARRIER and will cover the adopted child upon placement and for any pre-existing conditions. This is verified on file by NAME OF SPECIALIST for CARRIER.

### **SCREENINGS**

(Have a separate paragraph for each applicant's clearances)

The preparer of this home study informed \_\_\_\_\_ and \_\_\_\_\_ of their duty to disclose any relevant information regarding physical, mental or emotional health problems in addition to information regarding arrests, history of substance or abuse, or an offender of sexual abuse, child abuse, or family violence. The applicant was informed of the consequences should they fail to disclose any information for questions that were asked. The prospective adoptive parents have been informed and understand that under penalty of perjury it is their duty to disclose all information under 8 CFR 204.311(d). The prospective adoptive parent is aware that he/must notify the home study preparer and USCIS of any new event or information that may warrant submission of an amended or updated home study and that the duty to disclose is ongoing while form I800-A is pending, after it is approved, and while any form I800-A is pending until there is a final decision admitting the child to the U.S. on a visa.

Blank and Blank each separately deny any criminal history and state that they have never been arrested anywhere in the world. When \_\_\_\_\_ was asked if he had any criminal history as an offender in the

United States or abroad or if he had any history of substance abuse he answered, "No." When \_\_\_\_\_ was asked if she had any criminal history as an offender in the United States or abroad or is she had any history of substance abuse she answered, "No." APPLICANT 1 was asked whether he has any history of substance abuse, child abuse, sexual abuse or family violence as an offender or victim whether in the United States or abroad even if such history did not result in an arrest or conviction and he answered, "No." APPLICANT 2 was asked whether she has any history of substance abuse, child abuse, sexual abuse or family violence as an offender or victim whether in the United States or abroad even if such history did not result in an arrest or conviction and she answered, "No."

(Insert appropriate state clearance info – Sample from Maine)

Both APPLICANT NAMES have received clearances from the Maine State Bureau of Investigation (November 2, 2007), the Department of Motor Vehicles (November 2, 2007), and the Maine Department of Health and Human Services (November 1, 2007) indicating no history of criminal involvement or child abuse or neglect.

Each applicant was asked if they have lived in any other state or country since the age of 18. APPLICANT reported that he has resided in BLANK (NOTE STATE). APPLICANT reported that she has resided in BLANK (STATE COUNTRY). Clearances for APPLICANT from the State/COUNTRY of BLANK on DATE and were clear of any charges.

MAPS has determined that APPLICANTS have a background that is free of conduct that would bear adversely on their ability to provide for the safety and well being of children in accordance with \_\_\_\_\_ State Law.

MAPS has a signed and notarized medical report on file for each applicant stating that APPLICANT and APPLICANT are currently in good physical and emotional health. APPLICANT and APPLICANT each separately deny any involvement, past or present, with controlled substances, or any involvement in psychiatric treatment. This social worker asked APPLICANTS separately whether they previously had a home study process in relation to an adoption and whether or not it was completed and they each separately stated, "No." (IF applicant has had previous study done, need agency, dates and explanation of situation) APPLICANT was asked if they have never been turned down as adoptive parents, or received an unfavorable home study and each separately answered, "No". There are no other adults living in the household over eighteen years of age.

The applicants were each asked if immigration had ever refused them a visa clearance. Applicant one answered, "No." Applicant two answered, "No."

(insert name/s) has/have been advised of the possible risks of international adoption, the process through which an international adoption occurs, the possible expenses to be incurred, and the potential difficulties and delays associated with international adoption. They have agreed to be available for post-placement counseling for a minimum of six months.

## **REFERENCES**

Discuss three references and the face to face interview. (Only Maine requires face-to-face interviews).

### **SUMMARY AND RECOMMENDATIONS**

The prospective adoptive parents meet the specific requirements established by (Identified Hague Country) and are therefore eligible for adoption in (Identified Country). The applicants meet or exceed the requirements for adoption as required by (Identified Country). (Please refer to country specific guide we emailed to everyone and state what specific criteria they meet).

This social worker actually conducted the home study personally and with the professional diligence necessary to protect the best interests of the child, who APPLICANT/T might adopt. This included personal interviews, home visits, and all other aspects of the investigation needed to prepare the home study.

The factual statements in the home study are true and correct, to the best of this social worker's knowledge, information, and belief; and this social worker has advised APPLICANT of the duty of candor, specifically noting the ongoing duty of disclosure of new events or information, which may require an updated or amended home study and the consequences for not disclosing information appropriately.

The adoptive applicants have met all the criteria set forth by the State of \_\_\_\_\_ licensing division. APPLICANT has a settled conviction to adopt, have demonstrated a stable lifestyle for over 2 years and are in good mental, physical and emotional health. The results of child abuse and state background clearances were clear, there is sufficient space in the home and the family appears to have adequate financial resources to support their existing family and additional family members. The home meets licensing standards for adoptive homes for the State of \_\_\_\_\_. All children biological or adopted will inherit equally.

Based on this worker's assessment, MAPS approves this family to adopt a (gender) child up to age BLANK from BLANK with any specific special needs a family is willing to consider. This family has proven through extensive interview, home visits and supporting documentation that they are highly responsible and loving parents that have demonstrated a stable family lifestyle, adequate family support, financial security and a suitable home environment to be approved to adopt. They meet all preadoptive home requirements for the state of \_\_\_\_\_. They have no history that would bear adversely on their ability to adopt a child. No further medical or mental health referrals were warranted for the above stated applicants. Post placement services will be provided by MAPS. The applicants meet all requirements for the USCIS and MAPS.

This adoption home study is a true and exact copy of the home study that was provided to the adoptive parents, and to the Department of Homeland Security.

### **AGENCY CREDENTIALS**

(Insert appropriate state licensing info – Sample from Maine)

MAPS is licensed by the State of Maine Human Services Department license number 216597, expiration date April 15, 2009. This social worker is authorized under 22CFR part 96 to complete home studies for Convention adoption cases under MAPS Hague accreditation in the state of \_\_\_\_\_, United States of America. MAPS is approved as a (PRIMARY OR SUPERVISED) provider (primary if placing agency, supervised if HS/PP only). MAPS and this preparer are authorized to complete home studies per (STATE) adoption law as recorded in Title 18-A, Article 9, Sections 9-101 through 9-404 and is COA

approved. This preparer is also individually licensed by the State of \_\_\_\_\_ licensing and regulatory department in (CITY, STATE where licensing body is located).

MAPS is an accredited child placing agency in the State of \_\_\_\_\_ authorized to conduct Convention adoption home studies. This preparer has reviewed this home study, is fully aware of its contents and highly recommends the approval of the proposed adoption based on the supporting reasons outlined above.

\_\_\_\_\_  
(Name, Credentials)  
Social Worker

\_\_\_\_\_  
(Name, Credentials)  
Clinical Supervisor

\_\_\_\_\_  
Date

(Be sure correct notary statement for state is used – Sample for Maine)

State of \_\_\_\_\_

County of \_\_\_\_\_ ss.

Sworn and subscribed to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public Signature/Comm Exp: \_\_\_\_\_