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

- 1) CURRENT Income verification including the last two years of tax returns and documentation of all sources of income
- 2) 3 Current Reference Letters dated in 2009 NOTE: The references must be signed and have the name, address, and phone number of the person providing the reference.
- 3) Birth Certificate
- 4) Marriage Certificate
- 5) Divorce Papers, if applicable
- 6) Medical Clearance Statement (2009) from your doctor
- 7) Several pictures of your home and all members of your household
- 8) SLED/DSS Forms
- 9) Court Certified Dispositions and/or Expungements for any prior arrest
- 10) 2 notarized letters of explanation of any prior arrests
- 11) Money Order for each person over 17 years old in the amount of \$40/person to cover clearances. This amount only covers the SC clearances. The family is responsible for added clearances needed by the Hague Convention.
- 12) Check for adoption home study services payable at the time of the home visit.

Name:

Address:

Phone Number: Home: _____ Cell: _____

Office: _____ E-Mail: _____

Birth date:

Birthplace:

*Mother's Name, Age, Occupation and Residence:

*Father's Name, Age, Occupation and Residence:
(* If deceased, tell age and cause of death)

Siblings:

Name	Age	Residence	Occupation
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Please list all of your children below:

Name	Age	Residence	Education	Marital Status
------	-----	-----------	-----------	----------------

1.

2.

3.

4.

5.

6.

Who else lives in your home other than you and your children? If so, please 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 name, address, and case worker that you are assigned to:

Please list education starting with high school:

SCHOOL	YEAR ATTENDED	DEGREE EARNED
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Date of your current marriage:

How long did you date:

Have you ever been married before?

Please list to whom, dates, and reason for termination below:

Spouse	Dates of Marriage	Termination
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If you are divorced or separated, what is your relationship with your prior spouse?

Military History: Yes or No _____

Years: _____ Branch: _____

Rank: _____ Discharge: Honorable or Dishonorable

Employment Information:

*Job Title: _____ Company: _____

Length of service with your company: _____

Financial Information:

Salary: _____ Net Assets: _____

Social Security: _____ Child Support: _____

Adoption Subsidy: _____ Disability: _____

Monthly surplus after all bills are paid: _____

Life Insurance Policy: _____

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

Outside Activities: _____

Church Membership: _____

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:

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)

Describe your childhood:

List five traits that you feel that you have as an adult:

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

Describe your favorite childhood memory:

Outline your plans for childcare:

Significant life events:

- 1.
- 2.
- 3.

Method of discipline for children:

How do you deal with anger management?

Custody plan if you die or become very ill:

Name: _____ Age (s) _____

Relationship to you: _____

Residence: _____

Occupations: _____

Ages of children in the home: _____

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: _____

I. Medical History

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

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Cancer | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Impaired Hearing | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Impaired Sight | <input type="checkbox"/> Allergies | <input type="checkbox"/> Neurosis |
| <input type="checkbox"/> Any Surgical Operations | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> STD |
| <input type="checkbox"/> Communicable Diseases (HIV+,
Hepatitis B, other) | | |

Comments: _____

II. General Health and Physical Condition

Height: _____ Weight: _____

Blood Pressure: _____

TB Test: (Date and Finding) _____

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: _____

REFERENCE LETTER FOR ADOPTIVE PARENTS

Name of applicant(s): _____

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

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/applicants' 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

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