



WELCOME PACKET

Thank you for choosing Hope for Adoption to complete your home study. Hope for Adoption is committed to providing you and your family with quality support. We wish you much success throughout your adoption journey.

Please complete the entire home study packet. When completing your forms, always use your FULL LEGAL NAME – no nicknames. Also, please use a blue or black pen.

You may submit your completed home study packet to Hope for Adoption in one of two ways:

1. Give your completed home study packet to your Caseworker at the 1st or 2nd meeting.
2. Ship your completed home study packet to our office at the address below.

PLEASE NOTE: It is very important that you retain a complete copy of all your home study paperwork.

Should you have any questions, please feel free to contact our office at 1-800-807-0848.

Cheri Denmon
Executive Director



HOME STUDY PACKET CHECKLIST

Hope for Adoption Forms

1. Orientation Checklist – Pre-Application
2. Orientation Checklist for Approved Families
3. Home Study Application
4. Home Study Agreement
5. Fee Schedule
6. Post Placement Agreement
7. Paperwork Acknowledgement
8. Self Study (Husband and Wife)
9. Financial Statement (Attach copy of warranty deed, mortgage payment stub, or lease agreement)
10. Firearm Statement
11. Swimming Pool Statement
12. Child Safety Agreement
13. Guardianship Letter
14. HIPAA Disclosure
15. Criminal Check Acknowledgement
16. Employment Verification (Husband and Wife)
17. Medical Evaluation Form (Husband and Wife)
18. Pediatrician Form
19. Reference Form/Letters of Reference
20. Health Insurance Verification
21. Training Documentation
22. Authorization for Release of Information

Background Checks

23. Local Background Check (Husband and Wife)
24. GBI Fingerprints
25. FBI Fingerprints

Documents Needed

26. Tax Returns (Previous 2 years)
27. Drug Screen (Husband and Wife)
28. Copy of Health Insurance Cards
29. Copy of Auto Insurance Cards
30. 911 Call Report (Last 5 years)
31. Birth Certificates/Marriage Certificate/Divorce Decree/Death Certificate (4 copies each)
32. Pet Vaccinations Record
33. Septic Tank Letter or Copy of Water Bill
34. Copy of Driver's License (Husband and Wife)
35. Profile



HOME STUDY PACKET

1. Orientation Checklist – Pre-Application: Overview of the Home Study and Adoption Process, Fees, and Paperwork.

2. Orientation Checklist for Approved Families: Overview of the Adoption Process and Fees.

3. Home Study Application: Please complete and sign.

4. Home Study Agreement: Please sign and mail the Home Study Agreement along with your completed application.

5. Fee Schedule: This form explains the fees for all services provided by Hope for Adoption, Inc.

Home Studies: One half of the total fee is due at your 1st home study meeting and the remaining half is due at your 2nd home study meeting. Mileage is due at the home visit.

Post Placements and Home Study Updates: The entire fee plus mileage is due at the post placement or home study update meeting.

Domestic Adoption Court Reports: This fee must be received by Hope for Adoption before the court report will be released for your adoption finalization court hearing.

6. Post Placement Agreement: After your child is born and you take placement you will need to complete some post placement visits before your adoption can be finalized. Your Hope for Adoption case worker will complete the post placement visits for you.

7. Paperwork Acknowledgement: Please read and sign.

8. Self Study: One for each adoptive parent. Please answer all questions and sign.

9. Financial Statement: Complete all applicable sections. **Please attach a copy of your warranty deed, mortgage payment stub or lease agreement.**

10. Firearm Statement: Please read and sign.

11. Swimming Pool Statement: Please read and sign.

12. Child Safety Agreement: Please read and sign.

13. Guardianship Letter: Please read and sign.



HOME STUDY PACKET

14. HIPAA Disclosure: Please sign and turn in the HIPAA Disclosure along with your completed application.

15. Criminal Check Acknowledgement: Please sign and turn in the Criminal Check Acknowledgement along with your completed application. This is an acknowledgement that multiple background checks will be conducted.

16. Employment Verification: The form must be completed, signed and dated by your employer. If you are self-employed, your CPA must fill out and sign the Employment Verification.

17. Medical Evaluation Form: One per adult family member over the age of 16. This form must be completed by your physician. The form must be signed and the physician must also **print** their name along with the date. Please schedule this appointment as quickly as possible as completion of the Medical Evaluation frequently delays the completion of the home study.

18. Pediatrician Form: One per child family member under the age of 16. This form must be completed by your pediatrician. The form must be signed and the pediatrician must also **print** their name along with the date.

19. Reference Letters: Five references must be completed (2 from family and 3 from friends) before your home study is completed. These references must be returned to you and placed in your home study packet or mailed to our office. NOTE: If you have worked with children in the past 5 years, one of the references must be obtained from the child care employer.

20. Health Insurance Verification: Please complete and sign.

21. Training Documentation: Training information to be covered in the Home Study. Please sign and turn in with the home study packet.

22. Authorization for Release of Information: Please complete and sign.

***23. Local Criminal Background Check:** Completed at your local police/sheriff's department. The Record Check results should be returned to Hope for Adoption in the home study packet.

24. GBI Fingerprints: You need to be fingerprinted at your local GAPS location. Follow the instructions included.

25. FBI Fingerprints: You need to be fingerprinted at your local Fieldprint location. Follow the instructions included.

26. Tax Returns: Provide the summary from your last 2 year's Federal Income Tax Return.



HOME STUDY PACKET

27. Drug Screen: No form or application needed. Just visit your local doctors office or lab and get a general (anywhere between 3-10 panel) drug screen. A standard urine drug screen must be performed on all members in the home over the age of 18.

28. Health Insurance Cards: Please provide a copy of the front and back of your health insurance card(s).

29. Automobile Insurance Card: Please provide a copy of car insurance policies for all driver's in the home.

***30. 911 Call Report:** Contact your local police/sheriff's department or dispatch office. A 911 Report should be obtained for each residence over the last 5 years.

31. Birth/Marriage Certificate/Divorce Decree/Death Certificate: Provide copies for each family member. Birth certificates for children in the home must be included. If a marriage ended due to the death of a spouse, a death certificate must be included.

32. Pet Vaccinations: Obtain copies of these records from your veterinarian.

33. Septic Tank Letter: If applicable, you must provide a letter from your county health department, builder or a septic tank company stating that the septic tank is free of bacteria and can accommodate an additional person in the home. If you do not have a septic tank, you can include a copy of your water bill.

34. Drivers License: Please provide a copy of driver's license for all drivers in the home.

35. Profile: Provide pictures of adoptive father, adoptive mother, front of home, room where baby will reside, friends and family, and (if applicable) children already in the home.

*** PLEASE NOTE: Call your local police/sheriff's department and ask them the following questions:**

1. Do they complete criminal checks and 911 reports?
2. Is there a fee charged? Do they take credit cards or cash only?
3. Are there set times during the day or week that these checks are done for the public?



ICPC CHECKLIST

When you travel to pick up your child please take the following paperwork with you. You will need 3 complete packets with the following information so please make 3 copies of each document listed below and compile 3 separate packets. **Without this information, you will not be able to be approved through GA ICPC and could prolong your out-of-state travel time.** Please give 2 copies to your placing agency so they can submit your complete ICPC paperwork.

Here's what we need to have in each family packet for ICPC (in order):

- Copy of a signed Home Study Report
- Hope for Adoption Application
- Self Study (Husband and Wife)
- Local Criminal Record Check Results (Husband and Wife) (from local police department)
- Child Abuse Registry Letter
- National Sexual Offenders Registry Check (Husband and Wife)
- Department of Corrections Screenings (Husband and Wife)
- Parolee Database Screenings (Husband and Wife)
- Fingerprint results (GBI and FBI)
- 911 Call Report for the last 5 years
- Verification of medical/health insurance coverage
- Medical Evaluations (Husband and Wife)
- Pediatrician Form (Children – if applicable)
- Drug Screens (Husband and Wife)
- Child Safety Agreement
- Financial Statement
- Copy of mortgage paperwork, pay slip, etc.
- Most current Tax Return (summary)
- Employment Verification (Husband and Wife)
- Copies of Driver's Licenses (Husband and Wife)
- Copies of Auto Insurance Card(s)
- Birth Certificate or Citizenship Documentation (Husband and Wife)
- Marriage Certificate
- Divorce Decree (if applicable)
- Family Profile
- Current Pet Vaccinations
- Septic Tank Inspection or copy of water bill
- Reference Letters (both family and non-related references)
- Training Documentation
- Signed HIPAA Form



ORIENTATION CHECKLIST – PRE-APPLICATION

Prior to accepting fees of any kind, Hope for Adoption provides the following information through orientation to the prospective adoptive parents to assist them in making an informed decision.

- Hope for Adoption Placement and Home Study Services
- Fee Schedule and Refund Policy
- Eligibility Requirements
- Minimum Requirements for Adoptive Home and Home Study
- Home Study Process
- Expected Completion Time for Home Study
- Expectations During the Home Study
- Description of Adoption Procedures
- Approximate Time of Adoptive Placement
- Hope for Adoption Grievance Procedures
- Type of Children Available for Adoption
- Additional and/or Miscellaneous Questions Answered

Additional comments or follow-up needed: _____

Client Signature: _____ Client Signature: _____

Date: _____ Date: _____

Agency Rep: _____ Date: _____



ORIENTATION CHECKLIST FOR APPROVED FAMILIES

The following information has been covered regarding Hope for Adoption services.

- Overview of Adoption
- Legal Procedure
- Refund Policy
- Minimum Requirements for Adoptive Home and Home Study Process
- Selection and Placement Process
- Process Children Use to Locate Birth Parents
- Process Birth Parents Use to Locate Children
- Grievance Procedures
- Agency's Policies and Procedures (including behavior management techniques and emergency safety interventions)

Additional comments or follow-up needed: _____

Client Signature: _____ Client Signature: _____

Date: _____ Date: _____

Agency Rep: _____ Date: _____



HOME STUDY APPLICATION

Last Name(s): _____

Home Address: _____

County: _____

City, State, Zip: _____

Home Phone: _____

Have you ever been denied an adoptive home study? _____ if yes, please explain: _____

Applicant #1

Applicant #2

| | Applicant #1 | Applicant #2 |
|---------------------------------|---------------------|---------------------|
| First Middle | | |
| Cell Phone Number | | |
| Employer Phone Number | | |
| Social Security Number | | |
| Drivers License Number | | |
| Date of Birth | | |
| Place of Birth – City and State | | |
| Email Address | | |
| Nationality/Heritage | | |
| U.S. Citizen? Yes or No | | |
| Occupation/Position title | | |
| Employer | | |
| Employer Address | | |
| Length of Employment | | |
| Annual Income | | |
| Debt | | |
| Property owned (type/value) | | |



HOME STUDY APPLICATION

| Relatives Name | Age | Name | Age |
|----------------|-----|-----------|-----|
| Father: | | Father: | |
| Mother: | | Mother: | |
| Siblings: | | Siblings: | |
| | | | |
| | | | |
| | | | |
| | | | |

Nearest Hospital: _____ # Miles ____

Nearest Fire Department: _____ # Miles ____

Nearest Police Department: _____ # Miles ____

Nearest Elementary School: _____ # Miles ____

Nearest Middle School: _____ # Miles ____

Nearest High School: _____ # Miles ____

Nearest Religious Institutions: _____ # Miles ____

_____ # Miles ____

_____ # Miles ____

_____ # Miles ____

Nearest Recreational Facilities: _____ # Miles ____

Church Currently Attending: _____ # Miles ____

Directions for Reaching Your Home: (Attach a map if possible)

Please list all cities and states where you have lived in the last 10 years. Include the dates and length of residency.



HOME STUDY APPLICATION

| | | | | |
|--|-----------------------------|-------|------|-------|
| Present Marriage | Date | Place | Date | Place |
| Previous Marriage(s) | Date | Place | Date | Place |
| | Cause of dissolution / Date | | | |
| Education – Grade School City, State Grade Completed | | | | |
| Education – High School City, State Grade Completed | | | | |
| Education – College City, State Degree Completed | | | | |
| Education – Other | | | | |
| Religion/Church or Parish How long have you attended Members: Yes/No | | | | |
| Organizations/Club Memberships | | | | |

Children /Others in the Home (if stepchild, please specify custody arrangement):

| Name | Sex | DOB | Relationship to Applicant #1 | Relationship to Applicant #2 |
|------|-----|-----|------------------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



HOME STUDY APPLICATION

Please give your employment history for the past 10 years. Include employer name, city and state, length of employment, and job title: _____

Have you ever declared bankruptcy? If yes, please explain _____

LIFE INSURANCE

| Amount | Company | Beneficiary |
|--------|---------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Has either applicant ever been accused or convicted of child abuse? Yes _____ No _____
If yes, please explain: _____

Has either applicant ever received psychiatric or psychological counseling? Yes _____ No _____
If yes, please explain: _____

Include date, name and address of physician _____

Does either applicant have a history of prolonged usage of drugs or alcohol (either personal or family history)?
Yes _____ No _____ If yes, please explain: _____

Has either applicant ever suffered any sexual or physical abuse as an adult or in childhood?
Yes _____ No _____ If yes, please explain: _____

Has either applicant ever been arrested or convicted of any criminal offense? Yes _____ No _____
If yes, please explain: _____



HOME STUDY AGREEMENT

This Home Study Agreement, made and entered into this _____ day of _____, 20____, between Hope for Adoption, Inc. at 130 Prominence Point Parkway, Suite 130-239, Canton, GA 30114, a Georgia non-profit corporation hereinafter referred to as "Hope for Adoption" and _____, Resident of the State of Georgia (hereinafter referred to as the "Individual/s"):

Hope for Adoption is a licensed child placement agency in the State of Georgia which is authorized by the Department of Human Resources of the State of Georgia to conduct home studies of prospective adoptive Individuals, such a home study being a necessary condition to placement of a child with the Individual and the finalization of an adoption petition in the State of Georgia

- 1) Hope for Adoption shall conduct a study of the home of the individual in compliance with laws of the State of Georgia and regulations of the Department of Human Resources governing home studies for prospective placement and/or adoption of children. Hope for Adoption shall conduct said home study with a view toward a child being placed with the individual by the private resource and with a view toward the individual filing a petition for the Adoption of said child.
- 2) The individual acknowledges and agrees that in agreement to conduct such a home study, Hope for Adoption is not acting as a guarantor of the results of said home study. The individual further acknowledges and agrees that by agreeing to conduct a home study for the individual, Hope for Adoption is not participating in the proposed placement of the child with the individual or with the adoption process, nor in the relationship between the individual and the private resource with respect of the success or failure of the placement of the child with the individual or the ultimate outcome of any prospective adoption. The parties stipulate and agree that Hope for Adoption sole role and responsibility is to conduct the home study described herein.
- 3) The individual hereby agrees to indemnify and hold harmless Hope for Adoption, its officers, directors, employees, agents and assign from any and all expenses, claims, losses, damages, lawsuits and judgments with Hope for Adoption may incur by reason of Hope for Adoption conducting the home study described herein.
- 4) The individual shall pay Hope for Adoption for the services described herein the sum of \$_____. Said sum shall be paid \$_____ at the first visit of the Home Study and \$_____ at the second visit of the Home study. Mileage will be charged separately at the Home Visit. The individual acknowledges and agrees that should the prospective adoption fail for any reason, the individual shall remain obligated to Hope for Adoption for the \$_____ fee described herein.

IN WITNESS WHEREOF, the parties have set the hands to the Agreement of the date first written above.

Hope for Adoption, Incorporated

Applicant

Date

Applicant

Date

Agency Representative

Date



HOME STUDY FEE SCHEDULE

Cash, Check and Credit Cards (Visa and MasterCard) are accepted.

| <u>Service</u> | <u>Fee</u> |
|---|---|
| <input type="checkbox"/> Domestic Home Study | \$1,500.00 (1 home & 2 office visits - \$750 is due at initial visit & at 2 nd visit) *plus mileage reimbursements paid directly to the case worker per home visit |
| <input type="checkbox"/> International Home Study | \$2,000.00 (1 home & 2 office visits - \$1000 is due at initial visit & at 2 nd visit) *plus mileage reimbursements paid directly to the case worker per home visit |
| <input type="checkbox"/> Expedited Home Study | \$2,000.00 (1-2 weeks - \$1000 is due at initial visit & at 2 nd visit) *plus mileage reimbursements paid directly to the case worker per home visit |
| <input type="checkbox"/> Home Study Update | \$500.00 due at time of home visit *plus mileage reimbursements paid directly to the case worker per home visit |
| <input type="checkbox"/> Subsequent Home Study | \$750.00 due at time of home visit *plus mileage reimbursements paid directly to the case worker per home visit |
| <input type="checkbox"/> Post Placement Supervision | \$250.00 per visit due at time of visit *plus mileage reimbursements paid directly to the case worker per home visit |
| <input type="checkbox"/> Court Report for Finalization | \$350.00 to be direct billed to client after completion (Domestic Adoption) |
| <input type="checkbox"/> Travel (paid directly to the caseworker) | 58.5 cents per mile roundtrip, due at time of home visit |
| <input type="checkbox"/> Copy of all Home Study Documents | \$25.00 |
| <input type="checkbox"/> Additional Home Study Reports | \$25.00 each (3 Reports are provided) |

Home Study Refund Policy

Clients are billed at the time service is rendered therefore, there are no refunds. I agree to pay Hope for Adoption, Inc. for the Home Study services described above in the sum of \$_____. This amount shall be paid \$_____ upon execution of the Home Study Agreement and completion of initial meeting and \$_____ upon completion of the 2nd visit. I acknowledge and agree that should the prospective adoption fail for any reason or I decide not to pursue adoption for any reason, I shall remain obligated to Hope for Adoption, Inc. for the \$_____ fee described. I will only be billed for services rendered therefore, there are no refunds.

| Payment | | |
|--|--|-------|
| Total: \$ | Credit Card Information: | |
| Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check # Returned Check Fee: \$47.00 <input type="checkbox"/> Paypal | We use Paypal for paying by credit card. We will have to email an invoice to you through Paypal so please give us your email address. E-mail address: | |
| Client Signature: | Printed Name: | Date: |
| Client Signature: | Printed Name: | Date: |
| HFA Authorized Signature: | Printed Name: | Date: |



POST PLACEMENT AGREEMENT

Post Placement visits are required by the State of Georgia. A case worker must make at least 2 home visits after the placement of a child and prior to the filing of the petition for adoption. After the visit, the case worker will write a report and file it with the appropriate agencies (placement agency, home study agency, attorney, ICPC). Please note the Fee Schedule for Post Placement Visit pricing.

I, _____, agree to use Hope for Adoption, Inc for my post placement supervisory visits.

I will contact the office immediately when I arrive home to schedule the first post placement visit.

Signed: _____

Date: _____

Signed: _____

Date: _____



PAPERWORK ACKNOWLEDGEMENT

- Please make sure that you keep a copy of ALL paperwork that you turn into us. You will need 3 copies of this for ICPC. We will make a copy of any paperwork that comes directly to us and give it to you. If you prefer us to make a copy of the complete packet for you, the cost is \$25.
- You will receive 3 original documents of your home study. Most agencies will accept a **copy** of the home study until the time that you match with them. At that time, they may request an original copy. You should not need more than the 3 copies (1 of which you should keep). If you need additional copies, there will be a fee.
- There are certain documents that expire one year from the date they were completed regardless of when the home study expires. Here is the list of documents that expire:

Medical Evaluations
Pediatrician Report
Drug Screen
Pet Vaccinations
Septic Tank Letter
Local Background Check
GBI Prints
FBI Prints

Once these documents expire, it is **your** responsibility to update them.

Signed: _____

Date: _____

Signed: _____

Date: _____



SELF STUDY - HUSBAND

A major task of the Home Study process is getting to know you as an individual, couple and family. This is not a test; your answers will reflect your thoughts and feelings. Please complete these questions without talking with your spouse. After completing the self-study, you may compare answers, however, please do not change what you have written. This self-study will become a confidential part of your adoption record and a basis for interviews with your social worker.

Name: _____
First Middle Last

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth _____ City, State: _____

Mother's Full Name: _____ Age: _____

Father's Full Name: _____ Age: _____

Signature: _____

PRE-CLEARANCE

1. Have you ever been arrested? Yes _____ No _____
2. Do you have a history of substance and/or alcohol abuse? Yes _____ No _____
3. Do you have a history of sexual or child abuse? Yes _____ No _____
4. Do you have a history of domestic violence? Yes _____ No _____
5. Have you ever been rejected as a prospective adoptive parent or have been the subject of an unfavorable family home-study? Yes _____ No _____



SELF STUDY

Please type your answers in a word document. You do not have to re-type or write the questions, just number each answer based on the question. If you prefer to hand write it that is fine as well. We can give you a document with space to write your answers.

CHILDHOOD AND FAMILY OF ORIGIN:

1. Describe the family in which you grew up. Please include your parents' occupations, education, number of brothers and sisters, their age, marital status, number of children they have, their occupation, their spouses name, where your parents and siblings live and your current relationship with your parents and siblings. How often do you see them?
2. What was it like to be a child in your family? What types of activities did your family do together?
3. What were your mother's strengths and weaknesses? Describe your relationship with her.
4. What were your father's strengths and weaknesses? Describe your relationship with him.
5. Did you like the way that you were parented? How did your parents discipline you and your siblings? What aspects of their parenting do you hope to emulate & what will you avoid?
6. How were major issues handled (ex: money, education, discipline, etc.) How would you describe your parent's marriage?
7. Describe your relationships with your extended family. How often did you visit with them? Did you have a significant relationship with a particular family member(s)? Describe your current relationships with extended family.
8. Have you experienced any major or minor losses? How did you handle them?

PERSONALITY:

9. Describe your personality; include what you view as your strengths and weaknesses.
10. Briefly explain the events and experiences in your life that you feel shaped your personality.
11. What gifts or abilities do you have?
12. List some of your personal goals and family goals.
13. What activities or hobbies do you enjoy? What gifts or abilities do you have?



SELF STUDY

EDUCATION:

14. Where did you go to school? Include names of school, city and state, degree, and graduation date.

High School: _____

Graduated: _____

College: _____

Degree: _____

Graduated: _____

Post-Graduate: _____

Degree: _____

Graduated: _____

Vocational Training _____
(Describe):

15. What type of student were you? In what activities did you participate?

EMPLOYMENT:

16. Give a brief description of your work history (last 10 years). Include name of company, where company is located, position, and dates of employment.

17. Describe your current job (position, responsibilities, hours, job satisfaction, and employment goals).

18. Explain your desires and expectations for care of your child from birth through school (i.e. stay at home parent, in-home sitter, daycare, care of relative, etc.).



SELF STUDY

MARRIAGE:

19. When/how/where did you and your spouse meet?
20. What first attracted you?
21. What qualities in your spouse made you decide to marry? What qualities now make you want to stay married?
22. Describe any change(s) you would like to make in your marital relationship to make it better?
23. Please describe the circumstances of any previous marriage(s), divorce(s). List problem areas in the previous relationship and how you came to dissolve the marriage. Give name of spouse, length of marriage, children of the marriage and relationship with them today.
24. What did you learn from this experience? How has it affected your current marriage?
25. What are your strengths and weaknesses as a marital partner?
26. What are your partner's strengths and weaknesses?
27. Describe your communication in your marriage.
28. How does your spouse encourage communication?
29. How does your spouse stifle communication?
30. What are your areas of disagreements? How do you settle disagreements?
31. Describe a typical day in your home? Include specifics such as time you get up and go to bed, work hours, what time you eat dinner, and what you do in the evenings.
32. How do you divide family responsibilities such as wage earnings, household jobs, and childcare?
33. What are your priorities when you spend money? Do you and your spouse agree on this?
34. How do you make decisions on major issues (where to live, buying a home, leisure time, etc)?
35. What interests do you share with your spouse? What are your separate interests?
36. What are your relationships with each other's family? Do they live within visiting distance? When do you get together? How do they feel about your adopting?



SELF STUDY

RELIGION:

37. What is your religious background and current involvement in your religion?
38. What is your church involvement?
39. Would you be willing to foster and support the religious interest and growth of your child?

CHILDREN:

40. If you have children already, please give a physical description of them, their ages, personality characteristics, interests, strengths and weaknesses. Indicate if they are birth children, adopted children or foster children.
41. How does/do your child (ren) feel about your adopting?

ADOPTION MOTIVATION:

42. Provide a statement regarding your motivation to adopt. When did you first start thinking about adoption and why?
43. If infertility is present, please comment on when and what medical diagnosis/consultation you have received, how long ago, your reaction then and now. Are you still pursuing medical means to conceive?
44. At what point are you in resolving your feelings about infertility?
45. Do you and your spouse feel the same about adoption? Who initiated the action?
46. How does your extended family and friends feel about your adoption?
47. Describe how you will help your child (ren) understand adoption?
48. To what extent are you willing and expecting to have contact with your child's birth parents? How would you feel about your child deciding to search for his/her birthparents?



SELF STUDY

PARENTING/DISCIPLINE:

49. What strengths and experiences do you have as a person that you feel will help you to parent? What experience, if any, have you had with children?
50. How do you anticipate a child (or another child) will impact your life socially, psychologically, vocationally, and personally?
51. What will your methods of discipline be with your children? How will you set limits? What do you feel are important characteristics of good discipline?

HEALTH:

52. Describe your general health.
53. Describe medical or emotional stresses you have had in life. How have you dealt with them?

HOME AND COMMUNITY:

54. Describe your house (size, number of rooms), & property. Describe the importance of your neighborhood, residents, friends, and children. What resources are close by? (i.e., hospitals, schools, shopping)

FAMILY LIFESTYLE:

55. Describe what you do to have fun as a family.
56. Who are your support systems for your family? How do you utilize them?



SELF STUDY - WIFE

A major task of the Home Study process is getting to know you as an individual, couple and family. This is not a test; your answers will reflect your thoughts and feelings. Please complete these questions without talking with your spouse. After completing the self-study, you may compare answers, however, please do not change what you have written. This self-study will become a confidential part of your adoption record and a basis for interviews with your social worker.

Name: _____
First Middle (Maiden) Last

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth _____ City, State: _____

Mother's Full Name: _____ Age: _____

Father's Full Name: _____ Age: _____

Signature: _____

PRE-CLEARANCE

1. Have you ever been arrested? Yes _____ No _____
2. Do you have a history of substance and/or alcohol abuse? Yes _____ No _____
3. Do you have a history of sexual or child abuse? Yes _____ No _____
4. Do you have a history of domestic violence? Yes _____ No _____
5. Have you ever been rejected as a prospective adoptive parent or have been the subject of an unfavorable family home-study? Yes _____ No _____



SELF STUDY

Please type your answers in a word document. You do not have to re-type or write the questions, just number each answer based on the question. If you prefer to hand write it that is fine as well. We can give you a document with space to write your answers.

CHILDHOOD AND FAMILY OF ORIGIN:

1. Describe the family in which you grew up. Please include your parents' occupations, education, number of brothers and sisters, their age, marital status, number of children they have, their occupation, their spouses name, where your parents and siblings live and your current relationship with your parents and siblings. How often do you see them?
2. What was it like to be a child in your family? What types of activities did your family do together?
3. What were your mother's strengths and weaknesses? Describe your relationship with her.
4. What were your father's strengths and weaknesses? Describe your relationship with him.
5. Did you like the way that you were parented? How did your parents discipline you and your siblings? What aspects of their parenting do you hope to emulate & what will you avoid?
6. How were major issues handled (ex: money, education, discipline, etc.) How would you describe your parent's marriage?
7. Describe your relationships with your extended family. How often did you visit with them? Did you have a significant relationship with a particular family member(s)? Describe your current relationships with extended family.
8. Have you experienced any major or minor losses? How did you handle them?

PERSONALITY:

9. Describe your personality; include what you view as your strengths and weaknesses.
10. Briefly explain the events and experiences in your life that you feel shaped your personality.
11. What gifts or abilities do you have?
12. List some of your personal goals and family goals.
13. What activities or hobbies do you enjoy? What gifts or abilities do you have?



SELF STUDY

EDUCATION:

14. Where did you go to school? Include names of school, city and state, degree, and graduation date.

High School: _____

Graduated: _____

College: _____

Degree: _____

Graduated: _____

Post-Graduate: _____

Degree: _____

Graduated: _____

Vocational Training _____
(Describe):

15. What type of student were you? In what activities did you participate?

EMPLOYMENT:

16. Give a brief description of your work history (last 10 years). Include name of company, where company is located, position, and dates of employment.

17. Describe your current job (position, responsibilities, hours, job satisfaction, and employment goals).

18. Explain your desires and expectations for care of your child from birth through school (i.e. stay at home parent, in-home sitter, daycare, care of relative, etc.).



SELF STUDY

MARRIAGE:

19. When/how/where did you and your spouse meet?
20. What first attracted you?
21. What qualities in your spouse made you decide to marry? What qualities now make you want to stay married?
22. Describe any change(s) you would like to make in your marital relationship to make it better?
23. Please describe the circumstances of any previous marriage(s), divorce(s). List problem areas in the previous relationship and how you came to dissolve the marriage. Give name of spouse, length of marriage, children of the marriage and relationship with them today.
24. What did you learn from this experience? How has it affected your current marriage?
25. What are your strengths and weaknesses as a marital partner?
26. What are your partner's strengths and weaknesses?
27. Describe your communication in your marriage.
28. How does your spouse encourage communication?
29. How does your spouse stifle communication?
30. What are your areas of disagreements? How do you settle disagreements?
31. Describe a typical day in your home? Include specifics such as time you get up and go to bed, work hours, what time you eat dinner, and what you do in the evenings.
32. How do you divide family responsibilities such as wage earnings, household jobs, and childcare?
33. What are your priorities when you spend money? Do you and your spouse agree on this?
34. How do you make decisions on major issues (where to live, buying a home, leisure time, etc)?
35. What interests do you share with your spouse? What are your separate interests?
36. What are your relationships with each other's family? Do they live within visiting distance? When do you get together? How do they feel about your adopting?



SELF STUDY

RELIGION:

37. What is your religious background and current involvement in your religion?
38. What is your church involvement?
39. Would you be willing to foster and support the religious interest and growth of your child?

CHILDREN:

40. If you have children already, please give a physical description of them, their ages, personality characteristics, interests, strengths and weaknesses. Indicate if they are birth children, adopted children or foster children.
41. How does/do your child (ren) feel about your adopting?

ADOPTION MOTIVATION:

42. Provide a statement regarding your motivation to adopt. When did you first start thinking about adoption and why?
43. If infertility is present, please comment on when and what medical diagnosis/consultation you have received, how long ago, your reaction then and now. Are you still pursuing medical means to conceive?
44. At what point are you in resolving your feelings about infertility?
45. Do you and your spouse feel the same about adoption? Who initiated the action?
46. How does your extended family and friends feel about your adoption?
47. Describe how you will help your child (ren) understand adoption?
48. To what extent are you willing and expecting to have contact with your child's birth parents? How would you feel about your child deciding to search for his/her birthparents?



SELF STUDY

PARENTING/DISCIPLINE:

49. What strengths and experiences do you have as a person that you feel will help you to parent? What experience, if any, have you had with children?
50. How do you anticipate a child (or another child) will impact your life socially, psychologically, vocationally, and personally?
51. What will your methods of discipline be with your children? How will you set limits? What do you feel are important characteristics of good discipline?

HEALTH:

52. Describe your general health.
53. Describe medical or emotional stresses you have had in life. How have you dealt with them?

HOME AND COMMUNITY:

54. Describe your house (size, number of rooms), & property. Describe the importance of your neighborhood, residents, friends, and children. What resources are close by? (i.e., hospitals, schools, shopping)

FAMILY LIFESTYLE:

55. Describe what you do to have fun as a family.
56. Who are your support systems for your family? How do you utilize them?



FINANCIAL STATEMENT

Date:

| | | |
|---|------------------------------|---------|
| Family Name: | Father: | Mother: |
| Father's Occupation: | | |
| Name and Address of Employer: _____ | | |
| Date Employed: | Monthly/Yearly Gross Salary: | |
| Mother's Occupation: | | |
| Name and Address of Employer: _____ | | |
| Date Employed: | Monthly/Yearly Gross Salary: | |
| Other Household Income: | | |
| Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent | Monthly Payment/Rent: | |
| Amount of Mortgage: | Approximate Market Value: | |
| List All Other Assets: | | |
| Checking Account Balance: | Savings Account Balance: | |
| Total Amount of Assets (including House): | | |
| Life Insurance: | | |
| Father: | Mother: | |
| Health Insurance: _____ | | |
| Is an adopted child covered from date of placement: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is there a waiting period for pre-existing conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |



FINANCIAL STATEMENT

List All Outstanding Debts: (show total owed and monthly payments) Attach additional page if needed.

| Name of Creditor | Total Owed | Monthly Payment |
|-------------------------|------------|-----------------|
| Credit Cards: | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Automobile(s): | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Bank Loan(s): | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Furniture/Appliance(s): | | |
| _____ | _____ | _____ |
| Student Loan(s): | | |
| _____ | _____ | _____ |
| Other (list): | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



FINANCIAL STATEMENT

Monthly Expenses: (List all monthly expenses by name and amount) Attach additional page if needed.

| Monthly Expense | Amount of Expense |
|----------------------------------|-------------------|
| Rent/Mortgage | _____ |
| Electricity | _____ |
| Gas | _____ |
| Water | _____ |
| Sewage | _____ |
| Telephone | _____ |
| Insurance | |
| Automobile | _____ |
| Home | _____ |
| Health | _____ |
| Dental | _____ |
| Life | _____ |
| Medical and Prescription Expense | _____ |
| Cable Television | _____ |
| Internet Service | _____ |
| Cell Phone | _____ |
| Groceries | _____ |
| Clothing | _____ |
| Tithes/Charitable Contributions | _____ |
| Child Support | _____ |
| Day Care | _____ |
| Other (List): | _____ |

Total Monthly Income (After Withholding): _____
 (-) Total Monthly Payments and Expenses: _____
 (=) Available Monthly Surplus: _____



FIREARM STATEMENT

A portion of each adoptive home assessment addresses health and safety issues for children placed in their prospective home. Children are injured, or injure others, by playing with unsecured firearms or other weapons in the home. In order to be approved as an adoptive home; guns, rifles, shotguns or other weapons must be secured away from children. Gun cabinets must be locked. Weapons and ammunitions must be kept in separate locked locations inaccessible to children. Trigger locks must be used on guns and the weapons must be unloaded. Weapons in vehicles must be locked away from the reach of children.

Please complete the following statement. This statement will become part of your home study:

_____ I/We have NO guns, rifles, shotguns or other weapons in our home or in our vehicle.
(Initial)

_____ I/We do have one or more weapons in our possession.
(Initial)

Weapons in our home and or vehicle are safeguarded from children by the following means:

The social worker must observe the weapon in a locked box, unloaded with the trigger lock on and with the ammunition stored in a separate locked location during the home visit.

Signed: _____ Date: _____
Foster or Adoptive Parent

Signed: _____ Date: _____
Foster or Adoptive Parent



SWIMMING POOL STATEMENT

A portion of each adoptive home assessment addresses health and safety issues for children placed in their prospective home. By law, pools must be fenced with a locked gate to prevent unsupervised access. In addition, the pool must meet all the applicable community ordinances.

Please complete the following statement. This statement will become part of your home study:

_____ I/We do NOT have a swimming pool.
(Initial)

_____ I/We do have a swimming pool.
(Initial)

The swimming pool is safeguarded from children by the following means:

The social worker must observe the swimming pool and the fence with a locked gate during the home visit.

Signed: _____ Date: _____
Adoptive Parent

Signed: _____ Date: _____
Adoptive Parent



CHILD SAFETY AGREEMENT

This form contains information about the safety of the children placed in your care through adoption. Your initials and signature indicate your acknowledgement that the agency has reviewed with you the safety requirements outlined in this form and that you are in agreement with the safety requirements for adoptive homes as stated below.

| | |
|--|---|
| <p>Animal Safety – As children are the primary victims of animal bites, I/We agree to comply with the following mandates listed below to assure the safety of any child placed in my/our home:</p> <ul style="list-style-type: none"> ● Provide close supervision of children when around animals. ● Refrain from keeping dangerous or aggressive dogs, or other pets, in the home, unless properly secured with a leash, fence or cage, etc. ● Notify officials immediately if any dog attacks a child placed in your home. | <p>Adoptive Parent(s) Initial Below</p> <p>_____</p> |
| <p>Gun Safety – Firearms take the lives of thousands of children each year. To prevent the accidental death of any child placed in my/our home, I/we agree to the following mandates:</p> <ul style="list-style-type: none"> ● Inform the case worker of the presence of firearms in my/our home, now or at any time in the future. ● Secure all firearms in my/our home, using one of the commercial brand safety locks available for this purpose, or under lock and key. ● Keep all firearms unloaded and out of the view and reach of children in the home. ● Never allow children placed in the home to handle guns. | <p>Adoptive Parent(s) Initial Below</p> <p>_____</p> |
| <p>Motor Vehicle Safety – Motor vehicle accidents are the leading causes of death for children of all races, ages 5 – 14, according to national statistics. To ensure the safety of children placed in my/our care, I/we agree to adhere to the following safety precautions while riding or driving motorized vehicles:</p> <ul style="list-style-type: none"> ● Secure children 4 years of age and under in a federally approved child safety restraint seat that is properly installed according to the manufacturer’s instructions. ● Secure children over 4 years of age in the rear seat of the vehicle with federally approved and properly installed safety seat belts. ● Refrain from transporting children/youth under 18 years of age in the bed of a pickup truck at any time. Children must always be properly secured with safety seat belts. | <p>Adoptive Parent(s) Initial Below</p> <p>_____</p> |



CHILD SAFETY AGREEMENT

| | |
|---|--|
| <p>Supervision – Children in care are required to be supervised by appropriate adult caretakers at all times. In keeping with this requirement, I/we agree to adhere to the following:</p> <ul style="list-style-type: none"> ● Provide appropriate adult supervision for the children in my care at all times. ● Refrain from leaving children unattended in a motor vehicle. | <p>Adoptive Parent(s) Initial Below</p> <p>_____</p> |
| <p>Water Safety – According to the recent statistics, drowning ranks highest among the causes of accidental deaths for children and youth 0 – 24. Parents with an in-ground/above ground swimming pool are required to take extra safety precautions. To ensure the safety of the children in my/our home, I/we agree to the following water safety guidelines:</p> <ul style="list-style-type: none"> ● Inform case worker immediately if/when our home fits the above criteria. ● Ensure direct adult supervision of children when around bodies of water. ● Ensure the compliance with any local and state ordinances regarding pools or waterfront property. ● Secure the entire perimeter of the pool area with a fence and locked gate of sufficient height to prevent the entry of young children. <p>* Note: Homes with ponds, or homes located on waterfront property, are required to employ substantive safety measures to ensure the protection of children in the home.</p> | <p>Adoptive Parent(s) Initial Below</p> <p>_____</p> |
| <p>Discipline Policy – Hope for Adoption policy prohibits the use of corporal or unusual punishment on a child in the home. To ensure the safety and well-being of the children placed in my/our home, I/we agree to the following:</p> <ul style="list-style-type: none"> ● Refrain from the use of any corporal or unusual punishment on a child placed in my/our home, including but not limited to the following: <u>spanking, slapping, switching, shaking, pinching, biting, twisting, or pulling; tying with rope, withholding food, force feeding, denying mail, denying appropriate contacts with family, denying contact with worker; degrading child or child’s family, or humiliating child; creating fear, anger and anxiety, locking child in room, closet or outside the home; group punishment or delegating older children to administer punishment; destroying the child’s property and any other practices which may physically or emotionally damage the child.</u> ● Seek on-going information/training to build and enhance my/our child’s behavioral management skills. ● Immediately inform the agency of the need for assistance in managing the behavior of any child placed in my/our home, <u>prior to finalization of adoption.</u> | <p>Adoptive Parent(s) Initial Below</p> <p>_____</p> |



CHILD SAFETY AGREEMENT

Note: This Child Safety Agreement is reviewed with adoptive parents at the time of the initial approval of the home and at the time of the re-evaluation. Both caretakers are required to initial and sign as indicated.

Father Date

Mother Date

Other Caregiver Date

Case Manager Date



GUARDIANSHIP LETTER

Father's Full Legal Name

Mother's Full Legal Name

Do you have a legal will? Yes _____ No _____

If yes, date of will completion _____

In the event of the deaths or incapacitation of (Parent's Names) _____,

I/We have instructed the following person(s) to assume guardianship of our child:

Name: _____ Relationship: _____

Address: _____

Phone #: _____

Profession: _____ Age _____

Profession: _____ Age _____

Names/Ages of Guardian's children: _____

Signed: _____

Date _____

Signed: _____

Date _____



HIPAA DISCLOSURE

Notice of Privacy Practices
Georgia Department of Human Resources

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED TO THE DEPARTMENT AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice is effective April 14, 2003. It is provided to you pursuant to provisions of the Health Insurance Portability and Accountability Act of 1996 and related federal regulations. If you have questions about this Notice, please contact the Legal Services Office at the address below.

The Department of Human Resources is an agency of the State of Georgia responsible for numerous programs that deal with medical and other confidential information. Both federal and state laws establish strict requirements for most programs regarding the disclosure of confidential information, and the Department must comply with those laws. For situations where more stringent disclosure requirements do not apply, this Notice of Privacy Practices describes how the Department may use and disclose your protected health information for treatment, payment, health care operations and for certain other purposes. This notice also describes your rights to access and control your protected health information, and provides information about your right to make a complaint if you believe the Department has improperly used or disclosed your "protected health information". Forms are available upon request to the contact persons identified in Section 3 to assist you in exercising your rights or filing a complaint. Protected health information is information that may personally identify you and relates to your past, present or future physical or mental health or condition and related health care services. The Department is required to abide by the terms of this Notice of Privacy Practices, and may change the terms of this notice, at any time. A new Notice will be effective for all protected health information that the Department maintains at the time of issuance. Upon request, the Department will provide you with a revised Notice of Privacy Practices by posting copies at its facilities, publication on the Department's website, in response to a telephone or facsimile request to the Privacy Office, or in person at any facility where you receive services from the Department.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by the Department, its administrative and clinical staff and others involved in your care and treatment for the purpose of providing health care services to you, and to assist in obtaining payment of your health care bills.

Treatment: Your protected health information may be used to provide, coordinate, or manage your health care and any related services, including coordination of your health care with a third party that has your permission to have access to your protected health information, such as, for example, a health care professional who may be treating you, or to another health care provider such as a specialist or laboratory.

Payment: Your protected health information may be used to obtain payment for your health care services. For example, this may include activities that a health insurance plan requires before it approves or pays for health care services such as: making a determination of eligibility or coverage, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Health Care Operations: The Department may use or disclose your protected health information to support the business activities of the Department, including, for example, but not limited to, quality assessment activities, employee review activities, training, licensing, and other business activities. The Department may use a sign-in sheet at the registration desk at any facility where services are provided. You may be asked to provide your name and other necessary information, and you may be called by name in the waiting room when a staff member is ready to see you,



HIPAA DISCLOSURE

and your protected health information may be used to contact you about appointments or for other operational reasons. Your protected health information may be shared with third party “business associates” who perform various activities that assist us in the provision of your services. Other uses and disclosures of your protected health information will be made only with your written authorization, which you may revoke in writing at any time, except as permitted or required by law as described below.

Other Permitted or Required Uses and Disclosures With Your Authorization or Opportunity to Object: The Department may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Unless you object, the Department may disclose protected health information for a facility directory or to a family member, relative, or any other person you identify, information related to that person’s involvement in your health care and may use or disclose protected health information to notify or assist in notifying a family member, personal representative or other person responsible for your care of your location, general condition or death. The Department may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. Objections may be made orally or in writing.

Permitted or Required Uses and Disclosures Without Your Authorization or Opportunity to Object: The Department may use or disclose your protected health information without your authorization when required to do so by law; for public health purposes; to a person who may be at risk of contracting a communicable disease; to a health oversight agency; to an authority authorized to receive reports of abuse or neglect; in certain legal proceedings; and for certain law enforcement purposes. Protected health information may also be disclosed without your authorization to a coroner, medical examiner or funeral director, for certain approved research purposes; to prevent or lessen a threat to health or safety; and to law enforcement authorities for identification or apprehension of an individual.

Required Uses and Disclosures: Under the law, the Department must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine the Department’s compliance with the requirements of the Privacy Rule at 45 CFR Sections 164.500 et.seq.

2. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. Upon written request, you may inspect and obtain a copy of protected health information about you for as long as the Department maintains the protected health information. This information includes medical and billing records and other records the Department uses for making medical and other decisions about you. A reasonable, cost-based fee for copying, postage and labor expense may apply. Under federal law you may not inspect or copy psychotherapy notes; information compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding, or protected health information that is subject to a federal or state law prohibiting access to such information.

You have the right to request restriction of your protected health information. You may ask in writing that the Department not use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations, and not to disclose protected health information to family or friends who may be involved in your care. Such a request must state the specific restriction requested and to whom you want the restriction to apply. The



HIPAA DISCLOSURE

Department is not required to agree to a restriction you request, and if the Department believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted, except as required by law. If the Department does agree to the requested restriction, the Department may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. Upon written request, the Department will accommodate reasonable requests for alternative means for the communication of confidential information, but may condition this accommodation upon your provision of an alternative address or other method of contact. The Department will not request an explanation from you as to the basis for the request.

You may have the right to request amendment of your protected health information. If the Department created your protected health information, you may request in writing an amendment of that information for as long as it is maintained by the Department. The Department may deny your request for an amendment, and if it does so will provide information as to any further rights you may have with respect to such denial.

You have the right to receive an accounting of certain disclosures the Department has made of your protected health information. This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, excluding any disclosures the Department made to you, to family members or friends involved in your care, or for national security, intelligence or notification purposes. Upon written request, you have the right to receive legally specified information regarding disclosures occurring after April 14, 2003, subject to certain exceptions, restrictions and limitation.

You have the right to obtain a paper copy of this notice from the Department. Upon request, all written requests regarding your rights, as set forth above should be sent to the DHR Division, Office or facility that maintains your PHI.

3. Complaints

You may complain to the Department and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing with the DHR Division, Office or facility that maintains your PHI. You must state the basis for your complaint. The Department will not retaliate against you for filing a complaint. You may contact the Division, Office or facility **Privacy Coordinator** or the Department's **Legal Services Office** at telephone (404) 657-1123, or by mail to **2 Peachtree Street NW, Room 29.210, Atlanta, Georgia 30303-3142** for further information about the complaint process or this notice. Please sign a copy of this Notice of Privacy Practices for the Department's records.

I have received a copy of this Notice on the date indicated below.

Adoptive Father Signature

Date

Adoptive Mother Signature

Date



CRIMINAL CHECK ACKNOWLEDGEMENT

I/We, the undersigned, do hereby understand and consent to Hope for Adoption, Inc. conducting various background checks on my/our behalf as is required by the State of Georgia for the completion of a home study report.

I/We further consent to these documents being shared as is necessary for the completion of our home study process to offices such as various adoption agencies and ICPC.

I/We understand that these background checks include, but are not limited to, the following and that additional checks may be required at any time:

- Local criminal history check
- Child abuse history check for all States lived in the past five years
- GBI/FBI Fingerprints
- Sexual offenders registry check for all States lived in the past five years
- Parole history check for the State of Georgia
- Department of Corrections check
- 911 history check for the current address

Adoptive Father (print)

Date

Adoptive Mother (print)

Date

Adoptive Father Signature

Adoptive Mother Signature

Others in the home over 18 years of age:

(Last)

(First)

(Middle)

Signature

Date



EMPLOYMENT VERIFICATION - HUSBAND

Date: _____

In Reference to: _____

This is to verify the following information on the above mentioned employee of: _____

Dates of Employment: _____

Position: _____

Department: _____

Salary: _____

Name and Title/Contact Number



EMPLOYMENT VERIFICATION - WIFE

Date: _____

In Reference to: _____

This is to verify the following information on the above mentioned employee of: _____

Dates of Employment: _____

Position: _____

Department: _____

Salary: _____

Name and Title/Contact Number



MEDICAL EVALUATION FORM – HUSBAND

Name of Person Examined: _____ Date: _____

Date of Birth: _____ Adoption Applicant

This form will aid the Department in determining the physical wellness and capabilities of adoptive parents who are or may be caring for children. Please complete the following summary of health problems, conditions, and medication use that may affect his/her ability to maintain alertness, endurance, and performance of tasks and responsibilities associated with caring for children, ages 0 to 18 now and for the foreseeable future.

I. HISTORY

1. Check any health problems:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Lung Problems | <input type="checkbox"/> Obesity | <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Poor Ambulation | <input type="checkbox"/> Confusion | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Weak/Frail | <input type="checkbox"/> Dementia | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision | <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Hearing | <input type="checkbox"/> Strokes/Paralysis | |

Explain all medical condition(s) checked and any other chronic conditions: _____

2. Are there any condition(s) that are progressive in nature? Yes No

If yes, explain: _____

3. Is there a terminal illness that could interfere with this person's ability to care for a child in the next _____ 5 years, _____ 10 years, 15 years? If yes, explain: _____

4. Medication(s): _____



MEDICAL EVALUATION FORM – HUSBAND

Are there any physical limitations as a result of medication(s)? Yes No

If yes, explain: _____

5. Illness/Injuries, Operations or Hospitalizations during the last 5 years:

| Illness/Injury | Operation | Hospitalization | Date | Outcome |
|----------------|-----------|-----------------|------|---------|
| | | | | |
| | | | | |
| | | | | |

6. Health Habits: Is there a history of substances used by the applicant and what degree of impairment exists, if any, from the substance use?

Alcohol _____ Drugs _____

Tobacco _____ Other _____

II. PHYSICAL CAPABILITIES

In your medical opinion could your patient physically be able to:

1. Lift a child: Under 6 months Yes No
 6 months to 3 years Yes No

2. Walk/maneuver 50 – 100 feet without major difficulties: Yes No

3. Bend/Stoop, kneel, reach: Yes No

4. Is an assistive device needed to walk, bend/stoop, kneel, or reach? Yes No

If yes, what type? _____

5. Are there any medical conditions which limit this person’s physical ability to care for a medically complex child which May include the ability to:

- Lift from a bed to chair, etc. Yes No Don't Know
- Frequent Feedings Yes No Don't Know
- Frequent Suctions Yes No Don't Know
- Frequent Monitoring Yes No Don't Know
- Frequent Medication Yes No Don't Know
- Frequent Nebulizations Yes No Don't Know
- Frequent Treatments Yes No Don't Know



MEDICAL EVALUATION FORM – HUSBAND

Are any limiting conditions temporary? Yes No

If yes, which condition(s): _____

For each condition, how long will the limitation exist? _____

III. PHYSICAL EXAMINATION

| Height | Weight | Temperature | Pulse | Blood Pressure (Indicate if Normal) | Eye Color | Hair Color |
|---|--------|-------------|-------|--|-----------|------------|
| Heart | | | | | | |
| Lungs (Including Report of TB Skin Test or Chest X-Ray) | | | | | | |
| Eyes | | | | Vision | | |
| Ears | | | | Extremities | | |
| Nose and Throat | | | | Teeth and Gums | | |
| Abdomen | | | | Pelvis | | |
| Endocrine | | | | Nervous System | | |
| CURRENT LABORATORY TESTS (Including Description and Date) VDRL/RPR/HIV | | | | | | |
| Urinalysis: Specific Gravity | | | | Albumin | | |
| Microscopic | | | | Glucose | | |
| FOR WOMEN: Pap Smear | | | | | | |
| Other Laboratory Tests (Name, Dates, and Results) | | | | | | |

Summary of abnormal physical findings that would affect caring for a child: _____



MEDICAL EVALUATION FORM – HUSBAND

IV. CERTIFICATION/SIGNATURE

I certify that this individual is found free from symptoms of communicable disease. Yes No

If No, explain: _____

I certify that the individual has no physical or cognitive limitations that would prevent him/her from parenting.

Yes No If No, explain: _____

With appropriate signed releases, I am available to discuss this report.

Physician's Signature: _____ Date: _____

State License Number: _____ Telephone: _____

Address: _____



MEDICAL EVALUATION FORM – WIFE

Name of Person Examined: _____ Date: _____

Date of Birth: _____ Adoption Applicant

This form will aid the Department in determining the physical wellness and capabilities of adoptive parents who are or may be caring for children. Please complete the following summary of health problems, conditions, and medication use that may affect his/her ability to maintain alertness, endurance, and performance of tasks and responsibilities associated with caring for children, ages 0 to 18 now and for the foreseeable future.

I. HISTORY

1. Check any health problems:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Lung Problems | <input type="checkbox"/> Obesity | <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Poor Ambulation | <input type="checkbox"/> Confusion | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Weak/Frail | <input type="checkbox"/> Dementia | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision | <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Hearing | <input type="checkbox"/> Strokes/Paralysis | |

Explain all medical condition(s) checked and any other chronic conditions: _____

2. Are there any condition(s) that are progressive in nature? Yes No

If yes, explain: _____

3. Is there a terminal illness that could interfere with this person's ability to care for a child in the next _____ 5 years, _____ 10 years, 15 years? If yes, explain: _____

4. Medication(s): _____



MEDICAL EVALUATION FORM – WIFE

Are any limiting conditions temporary? Yes No

If yes, which condition(s): _____

For each condition, how long will the limitation exist? _____

III. PHYSICAL EXAMINATION

| Height | Weight | Temperature | Pulse | Blood Pressure (Indicate if Normal) | Eye Color | Hair Color |
|---|--------|-------------|-------|--|-----------|------------|
| Heart | | | | | | |
| Lungs (Including Report of TB Skin Test or Chest X-Ray) | | | | | | |
| Eyes | | | | Vision | | |
| Ears | | | | Extremities | | |
| Nose and Throat | | | | Teeth and Gums | | |
| Abdomen | | | | Pelvis | | |
| Endocrine | | | | Nervous System | | |
| CURRENT LABORATORY TESTS (Including Description and Date) VDRL/RPR/HIV | | | | | | |
| Urinalysis: Specific Gravity | | | | Albumin | | |
| Microscopic | | | | Glucose | | |
| FOR WOMEN: Pap Smear | | | | | | |
| Other Laboratory Tests (Name, Dates, and Results) | | | | | | |

Summary of abnormal physical findings that would affect caring for a child: _____



MEDICAL EVALUATION FORM – WIFE

IV. CERTIFICATION/SIGNATURE

I certify that this individual is found free from symptoms of communicable disease. Yes No

If No, explain: _____

I certify that the individual has no physical or cognitive limitations that would prevent him/her from parenting.

Yes No If No, explain: _____

With appropriate signed releases, I am available to discuss this report.

Physician's Signature: _____ Date: _____

State License Number: _____ Telephone: _____

Address: _____



PEDIATRICIAN'S REPORT
TO BE COMPLETED BY FAMILY PHYSICIAN

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Is this child current on all immunizations: Yes _____ No _____

Is this child free of communicable and contagious diseases?

Please comment on the health and development of this child:

Please comment on the level of care that this child has received in the home:

Date: _____

Physician's Signature: _____

Physician's Name: _____

Phone Number: _____

Address: _____



REFERENCE FORM

Thank you for taking the time to provide a reference for the prospective adoptive couple listed below. Please answer the questions openly and honestly. Your feedback will be used in the consideration of their home study approval.

Reference For: _____

- When and under what circumstances did you meet the applicant(s)? How often are you in contact with them?
- How would you describe their lifestyle, religious and cultural activities?
- How would you describe their home in terms of stability, communication, support network, etc?
- Describe their interactions with children?
- What special qualities will they bring to parenting?



Reference For: _____

- Are you aware of any aspects of their background or personality that may interfere in the successful parenting of a child?

- Do you have any doubts, reservations or hesitations about the applicant(s)?

- Are there any other comments you would like to share?

- Do you believe this will or will not make a good adoptive home?

Please return to the adoptive applicants in a sealed envelope or mail to Hope for Adoption, Inc. at 130 Prominence Point Parkway, Suite 130-239, Canton, GA 30114. You may also submit a letter as reference in lieu of this form.

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____



HEALTH INSURANCE VERIFICATION

Date: _____

In reference to: _____
(List employee and others covered under plan (spouse, children))

This is to verify the employee has health insurance through their employment through _____
_____ (Insurance Company)

CONTACT PERSON (Human Resources): _____
Name/Title/Telephone number

Please attach a copy of the front and back of the insurance card to this form.



TRAINING DOCUMENTATION

During our home study process we have received the following training:

- Basics of Adoption Overview
- The Adoption Process & Paperwork
- Multi-Cultural Adoption
- Infertility Resolutions
- Birth vs. Adoption
- Parenting Skills and Values
- Extended Family and Adoption
- Attachment & Bonding
- Communication with the Birth Family

I have also been informed of helpful adoption online training through Adoption Learning Partners (www.adoptionlearningpartners.org) such as:

- Let's Talk Adoption
- The Journey of Attachment
- Understanding the Adoption Tax Credit
- Life Books
- Conspicuous Families (multi-cultural adoptions)

I've also been recommended to the following adoption counselor if I have any additional counseling, parenting or training needs:

- Karen McDonald Crossroads Counseling 678-525-5177

Adoptive Father Signature: _____ Date: _____

Adoptive Mother Signature: _____ Date: _____

Caseworker Signature: _____ Date: _____



ONLINE LENDING LIBRARY

Georgia Center for Adoption and Foster Care
Resources and Support
2250 North Druid Hill Road, Suite 145
Atlanta, GA30329
404-929-0401
866-A-PARENT
404-929-0405 Fax
www.gacrs.org

Library Policies

1. Check Out Period - 5 weeks
2. A post card will be mailed to the consumer 5 days past the due date. Only 2 notices will be sent 2 weeks apart. The second will say "2nd Notice."
3. Only residents of Georgia are able to check out books from the Lending Library.
4. Certain books cannot be checked out -
 - a. Work Books (i.e. life books)
 - b. Out of Print Books (i.e. Abby)
 - c. Reference books/limited brochure
 - d. Only Resource Advisors can check out videos/DVD's over \$25.00. Therefore, you will need to contact our office prior to requesting a video/DVD to determine if your request is under that amount.
5. Families can request The Center to make copies of not over 10 pages of a workbook or reference book. The Center will then mail out these pages to the Adoptive or Foster Parent
6. When books are mailed out, instructions are included for return of books at no charge.
7. A maximum of 3 books can be checked out at any given time at the same household.
8. A consumer who has kept out books after a second overdue notice more than 2 times will not be allowed to check out more books from The Center.
9. Any exceptions to the above policies will need to be approved by The Center Program Managers.

The following rules **MUST** be followed in order for materials to be available to other adoptive and foster families:

- Please do not write or make markings in any of the book(s).
- Please do not rip/tear any pages out of the book(s).
- Retain all packaging for the return of items borrowed. Be sure to affix the return label provided.
- Item(s) are borrowed for a maximum of five (5) weeks. If you need an extension please call to make arrangements.



AUTHORIZATION FOR RELEASE OF INFORMATION

Please complete and sign this form to authorize Hope for Adoption, Inc. to release information concerning you and/or your child (if applicable) from your file to any person, attorney, agency, business or organization related to your adoption.

I authorize Hope for Adoption to release any of the items:

- Home Study
- Child Abuse Checks
- Criminal Record Checks
- Employment Verification
- Medical Reports
- Reference Letters
- To speak with an agency representative
- Post Adoption Report
- Any and all additional adoption related information

I hereby authorize and consent to Hope for Adoption, Inc. reviewing and confirming information regarding my background and/or my current status.

I hereby authorize and consent to Hope for Adoption, Inc. to freely discuss all aspects of my adoption with any professional connected to this case.

I hereby authorize and consent to Hope for Adoption, Inc. to talk with individuals who would have knowledge about my past and/or present life circumstances in order for Hope for Adoption, Inc. to make a fully informed decision regarding my case.

I also hereby give Hope for Adoption, Inc. the authority to release information regarding my case and/or discuss my case with appropriate persons specific to my case.

I understand that the information exchanged will be used solely for the purpose of completing an adoptive home study and/or an adoptive placement.

This consent automatically terminates upon the completion of my adoption effort unless otherwise specified.

Adoptive Father

Date

Adoptive Mother

Date



CRIMINAL BACKGROUND CHECKS

Background checks are required for all couples. There are 3 different background checks required by the state. You have to have a local background check from your local police/sheriff's department, a state (GBI) background check, and a federal (FBI) background check.

LOCAL BACKGROUND CHECK

Go to your local police/sheriff's department and ask for a local background check. They will have a form for you to complete.

FBI BACKGROUND CHECK

For the FBI prints, visit http://www.fieldprintfbi.com/FBISubPage_3col.aspx?ChannelID=265. Look for a location near you and make an appointment. The results will be emailed to you the same day. This process costs around \$50 per person.

GBI BACKGROUND CHECK

The GBI requires that fingerprinting for all adoptions be completed through the COGENT System.

Step 1: To register for GBI fingerprints, follow these instructions:

- Go to the following website: www.ga.cogentid.com
- Select **Applicant Registration**
- Select **Georgia State Only Background Check**
- Read **Non-Criminal Justice Applicant's Privacy Rights**
- Accept terms and click Continue
- For Reviewing Agency ID, enter **GAP232020** (case sensitive)
- For Reason, select **Private Adoption (Adoption Agency) – GA Check Only**
- Complete the required fields
- Print the registration page with the registration number. You will need this at the fingerprinting location.

Step 2: To have your fingerprints completed, follow these instructions:

- On the COGENT home page under Print Site Locations, click on **Print Locations and Hours**. Find a location nearest facility.
- When you go to get fingerprinted, you might want to call first to be sure they are open and have someone available to print you. This is not a problem with most of the locations but call anyway to be prepared. Be sure to bring your Cogent registration page with the registration number (the page you printed when you completed the registration), your money order (if you did not pay by credit card), and your driver's license or photo i.d.
- **Once you have completed your fingerprints, please contact our agency at 678-923-1019 to inform us.**
- Your results will be available within 24 to 48 hours but will only be accessible for 7 days. Hope for Adoption will retrieve the results and give you a copy of the results.