

## CONFIDENTIAL HOME STUDY INVENTORY

### Identifying Information

#### **Husband's Identifying Information:**

Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_

Hair and eye color: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

#### **Wife's Identifying Information:**

Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_

Hair and eye color: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

#### **E-mail Addresses:**

1) \_\_\_\_\_ 2) \_\_\_\_\_

#### **Phone numbers:**

Home: \_\_\_\_\_ Other: \_\_\_\_\_

His Cell: \_\_\_\_\_ Her Cell: \_\_\_\_\_

His Work: \_\_\_\_\_ Her Work: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

**Husband:**

Have you **EVER** had **ANY** criminal charge, whether it resulted in an arrest or not? including any conviction of a crime and/or if any arrest was expunged from your record (other than minor traffic violations)?\*

No  Yes

If yes, please include detailed explanation of charge indicating date, location, and nature on a separate paper.

**Wife:**

Have you **EVER** had **ANY** criminal charge, whether it resulted in an arrest or not? including any conviction of a crime and/or if any arrest was expunged from your record (other than minor traffic violations)?\*

No  Yes

If yes, please include detailed explanation of charge indicating date, location, and nature of on a separate paper.

**Please be aware that failure to disclose ANY arrest history is grounds for denial of approval of and/or closure of home study proceedings.**

## Home Information

How long at this address \_\_\_\_\_ # of rooms \_\_\_\_\_ baths \_\_\_\_\_

Check one: House \_\_\_\_\_ Apartment \_\_\_\_\_

Check one: Own \_\_\_\_\_ Rent \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

Value: \_\_\_\_\_

### **Description of house:**

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Number of square feet \_\_\_\_\_ Fire Extinguisher? \_\_\_\_\_

Smoke alarms? \_\_\_\_\_ Pool? \_\_\_\_\_

Please list all the states you have lived in for the past five years: \_\_\_\_\_

Please list all the states you have lived in since you were 18 years old:

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## **Adoption Information**

Have you ever had a negative home study for adoption? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

How long have you considered adoption?

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What are your reasons for wanting to adopt this child or children?

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Age of child requested: \_\_\_\_\_ How many children? \_\_\_\_\_

Healthy \_\_\_\_\_ Special needs \_\_\_\_\_ if so, what needs are acceptable?

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If considering special needs, how are you prepared to parent a child with special needs?

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## **Family Background**

**Husband's family background: (If single mother adopting, skip this section)**

Mother's full name, including maiden name \_\_\_\_\_

Father's full name \_\_\_\_\_

What year were your parents married? \_\_\_\_\_

Are your parents still married? \_\_\_\_\_ If not, how many years were they married? \_\_\_\_\_

If they were divorced, how old were you when they divorced? \_\_\_\_\_

How did the divorce impact your life? \_\_\_\_\_

What was your relationship with your parents after the divorce?  
\_\_\_\_\_

Did either of your parents remarry? \_\_ Mother \_\_ Father. What is the name of your step mother  
\_\_\_\_\_ and/or step father. \_\_\_\_\_ How old were you  
when they remarried and how did this impact your life?  
\_\_\_\_\_  
\_\_\_\_\_

Where do your parents currently live? \_\_\_\_\_

What do they currently do for a living? \_\_\_\_\_

Please describe your current relationship with your parents  
\_\_\_\_\_

Are they supportive of your adoption plan? \_\_\_\_\_

**Siblings** (from oldest to youngest)

First Name	Year of Birth	Marital Status	#Children	Profession	City & State of Residence
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Describe your relationship with your siblings:  
\_\_\_\_\_  
\_\_\_\_\_

How often do you visit your siblings? Talk to them on the phone? \_\_\_\_\_

Are your siblings supportive of your adoption plan?  
\_\_\_\_\_

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Are they supportive of your adoption plan? \_\_\_\_\_

Describe your childhood as you were growing up:

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Describe your mother's personality \_\_\_\_\_

Describe your father's personality \_\_\_\_\_

Please describe your happy childhood memories ( camping, eating dinner together, celebrating holidays...)

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Did you enjoy school? \_\_\_\_\_ Did you have a positive experience? \_\_\_\_\_

What kind of student were you? \_\_\_\_\_

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Interests and activities in school and during childhood/adolescence?

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How were you disciplined? \_\_\_\_\_

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How were you rewarded for positive behavior? \_\_\_\_\_

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Were you ever abused as a child? If yes, explain.

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Currently, what are your strengths?

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What are your weaknesses? (Please do not write chocolate or ice cream or state you do not have any weaknesses.)

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How do you cope with stress or problems?

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What are your hobbies and passions?

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**Wife's family background:**

Mother's full name, including maiden name \_\_\_\_\_

Father's full name \_\_\_\_\_

What year were your parents married? \_\_\_\_\_

Are your parents still married? \_\_\_\_\_ If not, how many years were they married? \_\_\_\_\_

If they were divorced, how old were you when they divorced? \_\_\_\_\_

How did the divorce impact your life? \_\_\_\_\_

What was your relationship with your parents after the divorce?

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Did either of your parents remarry? \_\_\_ Mother \_\_\_ Father. What is the name of your step mother \_\_\_\_\_ and/or step father. \_\_\_\_\_ How old were you when they remarried and how did this impact your life?

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Where do your parents currently live? \_\_\_\_\_

What do they currently do for a living? \_\_\_\_\_

Please describe your current relationship with your parents

\_\_\_\_\_

Are they supportive of your adoption plan? \_\_\_\_\_

**Siblings** (from oldest to youngest)

First Name	Year of Birth	Marital Status	#Children	Profession	City & State of Residence
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Describe your relationship with your siblings:

\_\_\_\_\_

\_\_\_\_\_

How often do you visit your siblings? Talk to them on the phone? \_\_\_\_\_

Are your siblings supportive of your adoption plan?

\_\_\_\_\_

Are they supportive of your adoption plan? \_\_\_\_\_

Describe your childhood as you were growing up:

\_\_\_\_\_

\_\_\_\_\_

Describe your mother's personality \_\_\_\_\_

Describe your father's personality \_\_\_\_\_

Please describe your happy childhood memories ( camping, eating dinner together, celebrating holidays...)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you enjoy school? \_\_\_\_\_ Did you have a positive experience? \_\_\_\_\_  
What kind of student were you? \_\_\_\_\_

\_\_\_\_\_

Interests and activities in school and during childhood/adolescence?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How were you disciplined? \_\_\_\_\_

\_\_\_\_\_

How were you rewarded for positive behavior? \_\_\_\_\_

\_\_\_\_\_

Were you ever abused as a child? If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_

Currently, what are your strengths?

\_\_\_\_\_  
\_\_\_\_\_

What are your weaknesses? (Please do not write chocolate or ice cream or state you do not have any weaknesses.)

\_\_\_\_\_  
\_\_\_\_\_

How do you cope with stress or problems?

\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies and passions?

\_\_\_\_\_  
\_\_\_\_\_



# Marital Relationship

Check if single now: \_\_\_\_\_ (Skip to this section)

Date of Present Marriage \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Place of Present Marriage: \_\_\_\_\_

Describe briefly how you met, how long you dated, any separations, including dates/duration

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What originally attracted you to each other?

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Describe your marriage:

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How do you express affection? \_\_\_\_\_

How are disagreements resolved? \_\_\_\_\_

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How do you handle household finances?

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How do you divide household chores?

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**Describe your spouse:**

Husband: (describe wife)

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Wife: (describe husband)

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Interests in common:

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**List children of present marriage:**

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_ Biological or Adopted \_\_\_\_\_

Grade: \_\_\_\_\_ Hobbies or activities: \_\_\_\_\_

Describe your child's personality: \_\_\_\_\_

Is your child supportive of the adoption plan? \_\_\_\_\_ How do you feel your child will adjust to an adopted sibling in the home? \_\_\_\_\_

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Name of Child \_\_\_\_\_ DOB \_\_\_\_\_ Biological or Adopted \_\_\_\_\_

Grade: \_\_\_\_\_ Hobbies or activities: \_\_\_\_\_

Describe your child's personality: \_\_\_\_\_

Is your child supportive of the adoption plan? \_\_\_\_\_ How do you feel your child will adjust to an adopted sibling in the home? \_\_\_\_\_

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Please use additional paper if needed.

***Previous marriages:*** Attach documentation of death or divorce

Have you ever been married before? If so, how many times (not including current marriage)

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Husband's Previous Marriage:

First and maiden name of previous wife \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Exact date of divorce (month day and year) \_\_\_\_\_

Where any children born of this marriage? \_\_\_\_\_

If yes, please list the names and ages of the children:

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Where does the child(ren) live?

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Please describe your relationship with your child \_\_\_\_\_

Is your child supportive of the adoption plan? \_\_\_\_\_

Wife's Previous Marriage:

First and maiden name of previous wife \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Exact date of divorce (month day and year) \_\_\_\_\_

Where any children born of this marriage? \_\_\_\_\_

If yes, please list the names and ages of the children:

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Where does the child(ren) live?

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Please describe your relationship with your child \_\_\_\_\_

Is your child supportive of the adoption plan? \_\_\_\_\_

## **Religion**

What faith were you raised in? \_\_\_\_\_ Do you currently practice a religion?

\_\_\_\_\_ If so where and how often do you attend?

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## **Parenting**

If this is your first child, what exposure have (each of) you had with children and what do you view as your parenting style?

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What experience do you have with interracial children, if this is an interracial adoption?

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What moral values would you like your child to have?

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What goals do you have for your child's education?

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What ways will you discipline your children?

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Will you use corporal punishment (spanking)? \_\_\_\_\_ If yes, under what circumstances:

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What ways will you reward and encourage your child?

What are your feelings toward birthparents who place their children for adoption?

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How will you explain adoption to your child?

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## **Other Household Members:**

Does any other person, other than the adoptive parents and any biological/adopted children thereof, live in the home? \_\_\_\_\_

If so, please provide the following information:

<b>Names of other household members</b>	<b>Relationship</b>	<b>Age</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

How does each person listed above feel about the adoption plan?

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## **Education and Employment History**

### **Education**

Begin with high school to present.

Include last grade completed, degrees, or special training

	High School	City, State	Degree	Year Completed
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Husband:

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Wife:

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**Employment**

**Husband's Current Employer**

Name and Address of Employer

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Position and Length of Time

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**Husband's Prior Employment**

Name and Address of Employer

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Position and Length of Time

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**Wife's Current Employer**

Name and Address of Employer

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Position and Length of Time

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**Wife's Prior Employment**

Name and Address of Employer

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Position and Length of Time

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How long will each of you take off from work after the arrival of your child?

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Will your leave affect your income? \_\_\_\_\_

What are your childcare plans when you return to work?

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Have you ever served in the military? If yes, please list branch, dates and type of discharge?

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## **Health**

Husband's MD: \_\_\_\_\_

Any medical conditions: \_\_\_\_\_

Any medications taken: \_\_\_\_\_

Wife's MD: \_\_\_\_\_

Any medical conditions: \_\_\_\_\_

Any medications taken: \_\_\_\_\_

### **Insurance:**

Health Insurance coverage:      Yes \_\_\_\_\_              No \_\_\_\_\_

Health insurance is provided through \_\_\_\_\_

\*\*\*\*\*Florida law requires children are covered from placement with pre-existing conditions. \*\*\*\*\*

## **Pets**

**Please provide the following for all pets in the household (inside or outside):**

**Name            Type            Age (if known)            Up-to-date on vaccinations (if applicable)?**

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Are your pets friendly toward children? \_\_\_\_\_

Have any of the pets ever been known to bite or injure another person? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have a history of physical, mental, or emotional health problems? A single incident of sexual abuse, child abuse or family violence is sufficient to constitute a “history of abuse and/or violence.”

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Have you ever had an arrest expunged or sealed from your record?

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Have you ever started or completed a previous home study? \_\_\_\_\_

If yes, please state the date of completion and name of previous home study agency and social worker.

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Have you ever had an adoptive home study terminated prior to completion, or had an unfavorable home study for any reason, or been rejected as a prospective adoptive or foster parent? Husband \_\_\_\_\_ Wife \_\_\_\_\_

Have you ever been refused Visa clearance by United States Citizenship and Immigration Services, abused alcohol, used or abused controlled substances; or been a perpetrator or victim of domestic violence, sexual or child abuse, or been the perpetrator of a crime, even if it did not result in an arrest or conviction either in the US or abroad?

Husband \_\_\_\_\_ Wife \_\_\_\_\_



**Conclusion:**

**Any other information that you feel Sunshine State Adoption and Home Study Services should know that has not been otherwise covered in this inventory:**

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I attest that the information provided is true and accurate to the best of my knowledge. Any changes to the above information will be reported to our homestudy provider immediately. I understand that changes could result in the need for an updated or amended homestudy, or depending on the circumstances, documented and reported withdrawal of homestudy approval. Said homestudy update or amendment will result in additional service charges.

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Signature

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Date

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Signature

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Date