



**CONFIDENTIAL HOME STUDY INVENTORY**

Date of Home Visit (Filled out by social worker): \_\_\_\_\_

**ADOPTIVE PARENT #1:**

Full Legal Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Other Names Used or Maiden Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Place of Birth: \_\_\_\_\_  
(CITY/STATE) (COUNTRY)

Citizenship: \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender:  Male  Female

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

I have lived in Florida since (month/year): \_\_\_\_\_

What states/countries have you lived in during the past five years? \_\_\_\_\_

I have lived in the following states or countries since age 18: \_\_\_\_\_

**ADOPTIVE PARENT #2:**

Full Legal Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Other Names Used or Maiden Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Place of Birth: \_\_\_\_\_  
(CITY/STATE) (COUNTRY)

Citizenship: \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender:  Male  Female

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

I have lived in Florida since (month/year): \_\_\_\_\_

What states/countries have you lived in during the past five years? \_\_\_\_\_

I have lived in the following states or countries since age 18: \_\_\_\_\_

**ADOPTIVE PARENT ADDRESS & CONTACT INFORMATION:**

**Home Address:**

\_\_\_\_\_  
(Street Address/Apt #) (City) (State) (Zip)

**Phone Numbers & Email:**

**Adoptive Parent #1: Name** \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Work: : (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**Adoptive Parent #2: Name** \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Work: : (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**Adoptive Parent #1:**

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.**

**Adoptive Parent #2:**

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 and/or closure of home study proceedings.**

**Do any other individuals other than adoptive parent applicants or their children, live in the home?**

YES  NO \* If "YES" Please provide the following information on the individual(s):

**Full name of individual(s):**

**Relationship to Adoptive Parent:**

**Age:**

Full name of individual(s):	Relationship to Adoptive Parent:	Age:

How does each feel about the adoption plan? \_\_\_\_\_

**Have any of these individuals EVER had ANY criminal charge, whether it resulted in an arrest or not?  YES  NO \*If yes, please include detailed explanation of charge indicating date, location, and nature of on separate paper.**

**HOME DESCRIPTION & INFORMATION:**

I/We have lived at this address since: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and are  Renting  Buying/Own  
(MM) (DD) (YY)

The residence is a  House  Apartment  Condominium  Townhouse  Duplex  
 Other (please specify) \_\_\_\_\_

Please check all that apply to your residence:

Kitchen  Family Room  Dining Room  Living Room  Office/Study  Screened Patio/Porch  
 Other Rooms: \_\_\_\_\_

The home is  Single-Story  Two-Story and has \_\_\_\_\_ bedrooms and \_\_\_\_\_ bathrooms.  
An adopted child or children will  Have their own room  Share with a sibling of the same gender

Screened Patio/Porch  Fenced yard  Play equipment

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

Current Value: \$ \_\_\_\_\_ Number of square feet \_\_\_\_\_

Fire Extinguishers? Yes  No  If "Yes" how many? \_\_\_\_\_

Smoke alarms? Yes  No  If "Yes", how many? \_\_\_\_\_

Carbon Monoxide alarms: Yes  No  If "Yes", how many? \_\_\_\_\_

Pool? Yes  No  Spa? Yes  No  If "Yes" to either, is there a safety fence? Yes  No

Other Water Hazards such as lake, pond or ocean access? Yes  No

If "Yes" please specify: \_\_\_\_\_

**Description of house: Your social worker will fill this out.**


**ADOPTION INFORMATION:**

How long have you considered adoption? \_\_\_\_\_

What are your reasons for wanting to adopt? \_\_\_\_\_

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**ADOPTION INFORMATION continued:**

Will this be an international adoption?  Yes  No

If "Yes" please list from what country you wish to adopt: \_\_\_\_\_

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

Are you open to a child of: Any gender?  Yes  No **or** Any race or ethnicity?  Yes  No

\*If "No" to either, please indicate any preferences below:

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Check one: Healthy  or Special needs  If "Special needs" selected, what needs are acceptable?

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If "Special needs" selected above, please explain how your family will prepare for the care of a special needs child and if either applicant has any experience caring for special needs children:

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**ADOPTIVE PARENT BACKGROUND:**

**Adoptive Parent #1 Name:** \_\_\_\_\_

**Family History:**

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? \_\_\_\_\_ Is either parent deceased?  Yes  No \* If yes, please complete the following:

Which parent is deceased? \_\_\_\_\_

What year did they pass and how old were you at the time? \_\_\_\_\_

Describe the impact their passing had on your life: \_\_\_\_\_

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**Adoptive Parent #1 Background Continued:**

If your parents divorced, what year was it and how old were you when they divorced?

\_\_\_\_\_

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

Did either of your parents remarry?  Mother  Father \* If "Yes" please provide the following information:

Name of stepmother \_\_\_\_\_ or stepfather \_\_\_\_\_

How old were you when they remarried and how did this impact your life? \_\_\_\_\_

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

Where do your parents currently live? \_\_\_\_\_  
(City/State)

If divorced: Where do they live? Father \_\_\_\_\_ Mother \_\_\_\_\_

What do they **currently** do for a living?

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

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

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

**Siblings** (from oldest to youngest)

Name	Year of Birth/Age	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? \_\_\_\_\_

**Adoptive Parent #1 Background Continued:**

**Childhood:**

Where were you raised (city and State or Country)?

\_\_\_\_\_

What did your parents do for a living **while you were growing up?**

Father \_\_\_\_\_ Mother \_\_\_\_\_

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

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

Describe your overall childhood experience and relationship with parents and siblings:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Did you enjoy school? Yes  No  What kind of student were you?

\_\_\_\_\_

Interests and activities in school and during childhood/adolescence? \_\_\_\_\_

\_\_\_\_\_

Were you ever abused as a child? Yes  No  If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How were you disciplined as a child? \_\_\_\_\_

\_\_\_\_\_

How was good behavior acknowledged or reinforced? \_\_\_\_\_

\_\_\_\_\_

What are your strengths? \_\_\_\_\_

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

\_\_\_\_\_

How do you cope with stress or problems? \_\_\_\_\_

\_\_\_\_\_

What are your hobbies and passions? \_\_\_\_\_

\_\_\_\_\_

**Adoptive Parent #1 Background Continued:**

Are you a member of any social organizations or do you work as a volunteer with any organizations? If yes, please explain below:

\_\_\_\_\_

Please indicate which of the following you use and the frequency:

- Alcoholic Beverages                      Frequency: \_\_\_\_\_
- Narcotics or Controlled Substances      Frequency & Reason Used: \_\_\_\_\_
- Tobacco Products                              Frequency & Type of Product \_\_\_\_\_

**Adoptive Parent #2 Name:** \_\_\_\_\_

**Family History:**

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? \_\_\_\_\_ Is either parent deceased?  Yes  No \* If yes, please complete the following:

Which parent is deceased? \_\_\_\_\_

What year did they pass and how old were you at the time? \_\_\_\_\_

Describe the impact their passing had on your life: \_\_\_\_\_

\_\_\_\_\_

If your parents divorced, what year was it and how old were you when they divorced?

\_\_\_\_\_

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

\_\_\_\_\_

Did either of your parents remarry?  Mother  Father \* If "Yes" please provide the following information:

Name of stepmother \_\_\_\_\_ or stepfather \_\_\_\_\_

How old were you when they remarried and how did this impact your life? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Where do your parents currently live? \_\_\_\_\_  
(City/State)

If divorced: Where do they live? Father \_\_\_\_\_ Mother \_\_\_\_\_

What do they **currently** do for a living?

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

**Adoptive Parent #2 Background Continued:**

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

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

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

**Siblings** (from oldest to youngest)

Name	Year of Birth/Age	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? \_\_\_\_\_

**Childhood:**

Where were you raised (city and State or Country)?

What did your parents do for a living **while you were growing up?**

Father \_\_\_\_\_ Mother \_\_\_\_\_

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

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

Describe your overall childhood experience and relationship with parents and siblings:

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

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

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

Did you enjoy school? Yes  No  What kind of student were you?

Interests and activities in school and during childhood/adolescence? \_\_\_\_\_

\_\_\_\_\_



**Adoptive Parent #2 Background Continued:**

Were you ever abused as a child? Yes  No  If yes, explain: \_\_\_\_\_

How were you disciplined as a child? \_\_\_\_\_

How was good behavior acknowledged or reinforced? \_\_\_\_\_

What are your strengths? \_\_\_\_\_

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

How do you cope with stress or problems? \_\_\_\_\_

What are your hobbies and passions? \_\_\_\_\_

Are you a member of any social organizations or do you work as a volunteer with any organizations? If yes, please explain below:

Please indicate which of the following you use and the frequency:

- Alcoholic Beverages                      Frequency: \_\_\_\_\_
- Narcotics or Controlled Substances      Frequency & Reason Used: \_\_\_\_\_
- Tobacco Products                              Frequency & Type of Product \_\_\_\_\_

**MARRIAGE OR DOMESTIC PARTNERSHIP:**

**Adoptive Parent(s) Current Status:**

- Single       Married       Domestic Partnership       Committed Relationship

Date of Present Marriage or Domestic Partnership \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month)    (Day)    (Year)

Place of Present Marriage/Partnership: \_\_\_\_\_  
(City/County)    (State/Country)

When did you first meet? \_\_\_\_\_

How did you meet? \_\_\_\_\_

**MARRIAGE OR DOMESTIC PARTNERSHIP continued:**

What originally attracted you to each other? \_\_\_\_\_  
\_\_\_\_\_

How long did you date before becoming engaged/married? \_\_\_\_\_  
If in a committed relationship, how long have you been together? \_\_\_\_\_  
Describe your marriage, partnership or relationship: \_\_\_\_\_

How do you express affection? \_\_\_\_\_  
How are disagreements resolved? \_\_\_\_\_  
Describe the most difficult situation in your marriage, partnership or relationship and how it impacted your relationship: \_\_\_\_\_

Have you attended couples or marriage counseling?  Yes  No \*If "Yes", When did you participate and how has it affected your relationship? \_\_\_\_\_  
\_\_\_\_\_

How do you handle household finances? \_\_\_\_\_  
How do you divide household chores? \_\_\_\_\_

**Describe your spouse or partner:**

Adoptive Parent #1 Name: \_\_\_\_\_ (describe Adoptive Parent #2):  
\_\_\_\_\_

Adoptive Parent #2 Name: \_\_\_\_\_ (describe Adoptive Parent #1):  
\_\_\_\_\_

Interests and activities in common or that you participate in together: \_\_\_\_\_  
\_\_\_\_\_

**MARRIAGE OR DOMESTIC PARTNERSHIP continued:**

**List children of present marriage/partnership:**

Name of Child #1: \_\_\_\_\_ DOB & AGE \_\_\_\_\_  Biological  Adopted

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

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

How does your child feel about the adoption plan? \_\_\_\_\_

How do you feel your child will adjust to an adopted sibling in the home? \_\_\_\_\_

Name of Child #2: \_\_\_\_\_ DOB & AGE \_\_\_\_\_  Biological  Adopted

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

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

How does your child feel about the adoption plan? \_\_\_\_\_

How do you feel your child will adjust to an adopted sibling in the home? \_\_\_\_\_

\*If needed, please use a separate sheet of paper to list additional children

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

**Adoptive Parent #1 Name:** \_\_\_\_\_

Have you ever been married before?  Yes  No \* If yes, provide the information below:

How many times (not including current marriage)? \_\_\_\_\_

Name of former spouse: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Date of divorce: \_\_\_\_\_ Place of divorce: \_\_\_\_\_

Reason for divorce: \_\_\_\_\_

**\*If there have been additional marriages/divorces, please use a separate sheet of paper to provide the information requested for each.**

**Adoptive Parent #1 Previous Marriage Continued:**

**Children born or adopted during this marriage:**

Were any children born of this marriage?  Yes  No If yes, please list the names and ages of the children below: *\*use a separate sheet of paper if necessary to list additional children*

NAME(First & Last)	DOB/AGE	INDICATE THEIR GRADE, COLLEGE, OR PROFESSION
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Where do they live and who do they live with full-time?

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How often do you see them or have visitation? \_\_\_\_\_

What is the custody arrangement? \_\_\_\_\_

If child(ren) does not live with you, please describe your relationship with your child(ren)(Are you close?)

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How does your child(ren) feel about the adoption plan? \_\_\_\_\_

**Do you have children from a prior non-marital relationship?**  Yes  No

\*If "Yes," please list the following information regarding the child(ren):

NAME(First & Last)	DOB/AGE	INDICATE THEIR GRADE, COLLEGE, OR PROFESSION
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Name of the child(ren)'s biological or adoptive parent: \_\_\_\_\_

Where does the child(ren) live and who do they live with full-time?

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How often do you see them or have visitation? \_\_\_\_\_

What is the custody arrangement? \_\_\_\_\_

If child(ren) does not live with you, please describe your relationship with your child(ren)(Are you close?)

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**\*If there are additional children to list for either of the above sections, please use a separate sheet of paper to provide the information requested for each.**

**Adoptive Parent #2 Name:** \_\_\_\_\_

Have you ever been married before?  Yes  No \* If yes, provide the information below:

How many times (not including current marriage)? \_\_\_\_\_

Name of former spouse: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Date of divorce: \_\_\_\_\_ Place of divorce: \_\_\_\_\_

Reason for divorce: \_\_\_\_\_

**\*If there have been additional marriages/divorces, please use a separate sheet of paper to provide the information requested for each.**

**Children born or adopted during this marriage:**

Were any children born of this marriage?  Yes  No If yes, please list the names and ages of the children below: *\*use a separate sheet of paper if necessary to list additional children*

NAME(First & Last)	DOB/AGE	INDICATE THEIR GRADE, COLLEGE, OR PROFESSION
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Where do they live and who do they live with full-time?

How often do you see them or have visitation? \_\_\_\_\_

What is the custody arrangement? \_\_\_\_\_

If child(ren) does not live with you, please describe your relationship with your child(ren)(Are you close?)

How does your child(ren) feel about the adoption plan? \_\_\_\_\_

**Do you have children from a prior non-marital relationship?**  Yes  No

\*If "Yes," please list the following information regarding the child(ren):

NAME(First & Last)	DOB/AGE	INDICATE THEIR GRADE, COLLEGE, OR PROFESSION
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Name of the child(ren)'s biological or adoptive parent: \_\_\_\_\_

Where does the child(ren) live and who do they live with full-time?

**Adoptive Parent #2 Previous Marriage/Relationship Continued:**

How often do you see them or have visitation? \_\_\_\_\_

What is the custody arrangement? \_\_\_\_\_

If child(ren) does not live with you, please describe your relationship with your child(ren)(Are you close?)

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**\*If there are additional children to list for either of the above sections, please use a separate sheet of paper to provide the information requested for each.**

**RELIGION**

What faith was each prospective parent raised in?

Adoptive Parent #1 \_\_\_\_\_ Adoptive Parent #2 \_\_\_\_\_

Do you currently practice a religion?

Yes  No  If "Yes," where and how often do you attend?

\_\_\_\_\_

In what religion will you be raising your adopted child? \_\_\_\_\_

**PARENTING**

Will this be your first child?  Yes  No

What exposure have (each of) you had with children? \_\_\_\_\_

Describe your parenting style: \_\_\_\_\_

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What moral values would you like your child to have? \_\_\_\_\_

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Describe any experience with family or friends who have adopted: \_\_\_\_\_

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What experience do you have with interracial children, if this is an interracial adoption (No experience needed☺): \_\_\_\_\_

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**PARENTING continued:**

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

How will you discipline your children? \_\_\_\_\_

Will you use corporal punishment (spanking)?  Yes  No If "Yes", under what circumstances:

How will you acknowledge, reinforce or encourage appropriate behavior? \_\_\_\_\_

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

How will you explain adoption to your child? \_\_\_\_\_

**EDUCATION AND EMPLOYMENT HISTORY**

**Adoptive Parent #1 Name:** \_\_\_\_\_

**Education:**

Name and place of high school \_\_\_\_\_ Year graduated: \_\_\_\_\_

If you did not complete high school, please explain and provide dates and type of any high school equivalency diploma: \_\_\_\_\_

Higher Education or Specialized Educational/Training:

Name of Institution	City, State	Degree/Training	Year Completed
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**Adoptive Parent #1 Education and Employment History Continued:**

Do you possess any current professional licenses or certifications?  Yes  No

If "Yes," please list:

Type	Licensing/Certifying Agency	Date Received
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Have you ever served in the military?  Yes  No \* If yes, please list branch, entry and separation dates, and type of discharge?

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**Employment:**

**Current Employer**

Name and Address of Employer

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Position and Length of Time

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**Prior Employment**

Name and Address of Employer

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Position and Length of Time

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**Adoptive Parent #2 Name:** \_\_\_\_\_

**Education:**

Name and place of high school \_\_\_\_\_ Year graduated: \_\_\_\_\_

If you did not complete high school, please explain and provide dates and type of any high school equivalency diploma: \_\_\_\_\_

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**Higher Education or Specialized Educational/Training:**

Name of Institution	City, State	Degree/Training	Year Completed
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**Adoptive Parent #2 Education and Employment History Continued:**

Do you possess any current professional licenses or certifications?  Yes  No

If "Yes," please list:

Type	Licensing/Certifying Agency	Date Received
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Have you ever served in the military?  Yes  No \* If yes, please list branch, entry and separation dates, and type of discharge?

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**Employment:**

**Current Employer**

Name and Address of Employer

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Position and Length of Time

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**Prior Employment**

Name and Address of Employer

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Position and Length of Time

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**FAMILY LEAVE AND CHILDCARE PLANS:**

How long will each adoptive parent take off from work after the arrival of a child?

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

What are your childcare plans upon returning to work? \_\_\_\_\_

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**HEALTH & MEDICAL:**

Adoptive Parent #1 Name: \_\_\_\_\_

Name of Family Physician or Medical Doctor: \_\_\_\_\_

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

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

**HEALTH & MEDICAL continued:**

Adoptive Parent #2 Name: \_\_\_\_\_

Name of Family Physician or Medical Doctor: \_\_\_\_\_

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

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

**Insurance:**

Health Insurance coverage:  Yes  No \* If "Yes," provide information below:

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

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

If "No" to above, how do you plan to provide medical care for your child? \_\_\_\_\_

**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)?
_____			
_____			
_____			

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

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

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

**DISCLAIMERS AND DISCLOSURES:**

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."

Adoptive Parent #1 Name: \_\_\_\_\_:  Yes  No \*If "Yes" please explain on a separate sheet of paper.

Adoptive Parent #2 Name: \_\_\_\_\_:  Yes  No \*If "Yes" please explain on a separate sheet of paper.

Have you ever been arrested?

Adoptive Parent #1 Name: \_\_\_\_\_:  Yes  No \*If "Yes" please follow instructions on following page:

Adoptive Parent #2 Name: \_\_\_\_\_:  Yes  No \*If "Yes" please follow instructions on following page:

**DISCLAIMERS AND DISCLOSURES continued:**

\*\*\*\* If you have been arrested, please attach an additional sheet explaining the arrest.

\*\*\*\* You will also need to provide either certified court records and a final arrest disposition or a certified letter from the Clerk of the Circuit Court stating records are no longer on file.

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

Adoptive Parent #1 Name: \_\_\_\_\_:  Yes  No \* If "Yes" please explain on a separate sheet of paper.

Adoptive Parent #2 Name: \_\_\_\_\_:  Yes  No \* If "Yes" please explain on a separate sheet of paper.

Have you ever initiated or completed a prior home study?

Adoptive Parent #1 Name: \_\_\_\_\_:  Yes  No \*If "Yes" state the date of completion and name of previous home study agency and social worker and/or agency:

Adoptive Parent #2 Name: \_\_\_\_\_:  Yes  No \*If "Yes" state the date of completion and name of previous home study agency and social worker and/or agency:

Has either adoptive parent 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?

Yes  No

\*If "Yes" please specify which adoptive parent and reason: \_\_\_\_\_

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?

Adoptive Parent #1 Name: \_\_\_\_\_:  Yes  No \* If "Yes" please explain on a separate sheet of paper.

Adoptive Parent #2 Name: \_\_\_\_\_:  Yes  No \* If "Yes" please explain on a separate sheet of paper.

**Conclusion:**

**Please provide 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 and adoption agency immediately. I understand that changes could result in the need for an updated or amended homestudy, or depending on the circumstances. Said home study update or amendment will result in additional service charges.

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Adoptive Parent #1 Signature

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Date

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Adoptive Parent #1 Signature

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Date