



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? _____

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:

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

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:

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: _____

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?

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?

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?)

***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?)

***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: _____

What moral values would you like your child to have? _____

Describe any experience with family or friends who have adopted: _____

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

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?

Employment:

Current Employer

Name and Address of Employer

Position and Length of Time

Prior Employment

Name and Address of Employer

Position and Length of Time

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: _____

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?

Employment:

Current Employer

Name and Address of Employer

Position and Length of Time

Prior Employment

Name and Address of Employer

Position and Length of Time

FAMILY LEAVE AND CHILDCARE PLANS:

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

Will your leave affect your income? _____

What are your childcare plans upon returning to work? _____

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:

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.

Adoptive Parent #1 Signature

Date

Adoptive Parent #1 Signature

Date