



## Homestudy Information Form

(For Agency Use Only)

Received on: \_\_\_\_\_

**Adoptive Parent 1:**

Name: \_\_\_\_\_  
Last, First, Middle
Casual (if other than first)

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**Adoptive Parent 2:**

Name: \_\_\_\_\_  
Last, First, Middle
Casual (if other than first)
Maiden

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City

\_\_\_\_\_ County
State
Zip Code

How long at present address: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

If less than five years, please provide previous address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Email: \_\_\_\_\_

	Adoptive Father	Adoptive Mother
Cell phone #:		
Religion:		
Ethnic Origin:		
Length of time in state of residence		
Level of Education:		
Military Service:	Yes / No	Yes / No
Dates of Service:		

## Homestudy Information Form

Occupation:		
Employer Name:		
Employer Address:		
Employer Phone:		
Length of Employment		
Annual Income:		
Number of Previous Marriages		
Prior arrests/convictions (other than traffic violations)	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, provide explanation on sep sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, provide explanation on sep sheet

- **Children:** (use separate sheet if number of children exceed two)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Biological: \_\_\_\_\_ Adopted: \_\_\_\_\_ Residence: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Biological: \_\_\_\_\_ Adopted: \_\_\_\_\_ Residence: \_\_\_\_\_

Any other adults reside in the household besides applicants?  Yes  No  
 (if yes, please provide information below):

Name: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_

- **Family Medical History:**

Any serious chronic illness, including mental or psychiatric treatment?

Adoptive Father:  Yes  No  
 (if yes, please provide explanation on separate sheet)

Adoptive Mother:  Yes  No  
 (if yes, please provide explanation on separate sheet)

Has infertility been diagnosed? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

- **Adoption History:**

How long have you been considering adoption? \_\_\_\_\_

Are you working with any other agencies/attorneys at this time? \_\_\_\_\_

Have you ever been denied approval on a homestudy? \_\_\_\_\_  
 (if yes, please provide explanation on separate sheet)

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Homestudy Information Form

Have you ever had a homestudy completed in your home by a social worker or agency?

\_\_\_\_\_ Yes \_\_\_\_\_ No      Date of Homestudy: \_\_\_\_\_  
State: \_\_\_\_\_

Completed by: \_\_\_\_\_  
(agency) (social worker)

Address: \_\_\_\_\_  
Street City State Zip Code

Why have you decided to adopt a child? \_\_\_\_\_  
\_\_\_\_\_

What are your expectations and plans for a child? \_\_\_\_\_  
\_\_\_\_\_

▪ Child Desired:

Age: Newborn to three (3) months \_\_\_\_\_  
Three (3) to six (6) months \_\_\_\_\_  
Six (6) months to one (1) year \_\_\_\_\_  
One (1) year to \_\_\_\_\_ years \_\_\_\_\_

Twins: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Triplets: \_\_\_\_\_ Yes \_\_\_\_\_ No

Race: Caucasian \_\_\_\_\_  
African American \_\_\_\_\_  
Caucasian/ African American \_\_\_\_\_  
Latino \_\_\_\_\_  
Asian \_\_\_\_\_  
Caucasian/Asian \_\_\_\_\_  
Caucasian/Latino \_\_\_\_\_

Any other comments that will help us know what you are looking for in an adoption: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Adoption Haven, LLC? \_\_\_\_\_

By signing below you are testifying that the above information is complete, true and correct to the best of your knowledge.

X \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_