



VERIFICATION STATEMENT

I/we hereby declare the information I/we have provided on this application, including the home study questionnaire, to be true and complete to the best of my knowledge. I/we understand that any intentional misstatement or omission of fact(s) on the application or home study questionnaire could be considered cause for disapproval.

I/we understand that any changes that occur to my household prior to the finalization of the adoption, including but not limited to household composition, significant health changes, employment status, arrests, criminal charges, or CPS investigations, MUST be reported to April Lopez, LBSW-IPR-S immediately.

Print Name

Date

Signature

Print Name

Date

Signature

Are you ready to schedule the home study visit?

Have you:

- _____ Requested and received your DPA and FBI criminal background checks?
- _____ Requested and received your Central Registry (CPS) background check?
- _____ Completed the home study questionnaire and sent to April Lopez, LBSW.
- _____ Compiled all necessary support documentation listed on checklist and sent to April Lopez, LBSW
- _____ Completed the contract for services and sent to April Lopez, LBSW
- _____ Submitted the initial payment to April Lopez, LBSW
- _____ Signed the payment policies and sent to April Lopez, LBSW
- _____ Signed the release of information and sent to April Lopez, LBSW

Once you have checked off all the items on the checklist, you are ready to schedule the home study interview! April Lopez, LBSW will be contacting you when all the needed documents have been received. If you have checked everything on this list and have not heard from me, please call or emails so we can confirm all documentation was received.