



ORIENTATION CHECKLIST – PRE-APPLICATION

Prior to accepting fees of any kind, Hope for Adoption provides the following information through orientation to the prospective adoptive parents to assist them in making an informed decision.

- Hope for Adoption Services
- Fee Schedule and Refund Policy
- Minimum Requirements for Adoptive Home and Home Study
- Home Study Process and Expected Completion Time
- Description of Adoption Procedures
- Approximate Time of Adoptive Placement
- Type of Children Available for Adoption
- Selection and Placement Process
- Legal Procedure
- Process children use to locate birth parents and the process birth parents use to locate children
- Behavioral Management
- Hope for Adoption Grievance Procedures
- Additional and/or Miscellaneous Questions Answered

Additional comments or follow-up needed: _____

Client Signature: _____ Client Signature: _____

Date: _____ Date: _____

Agency Rep: _____ Date: _____



POLICIES AND PROCEDURES AND HOME STUDY ORIENTATION FOR ADOPTION HOME STUDY REPORTS

SERVICES PROVIDED: Hope for Adoption is a home study agency only. We are licensed to complete adoptive home study reports and evaluations for families who wish to adopt either domestically or internationally. We also prepare court reports and post placement reports for domestic and international adoptions. We do not place children for adoption and we do not provide foster care services.

ELIGIBILITY REQUIREMENTS: Any person, either married or single, may apply to the agency for the completion of a home study report. The minimum requirements for any home study report involve three home study meetings (at least one must be in your home), medical evaluations for all members of the household, verification of finances and employment, criminal history background checks, adoption education, reference letters, completion of self-study reports, and a home inspection. We are not able to work with any applicant who may have a felony conviction.

APPLICATION FOR SERVICES: Any person, or married couple, (residents of Georgia) desiring to apply for an adoptive home study evaluation will receive instructions to complete an application packet the documents for which can be found on this agency's website. The adoptive applicant(s) then forwards to Hope for Adoption by mail, an application for the purpose of entering into a contract with Hope for Adoption to perform the Adoptive Home Study Assessment. The application must be signed and dated. (See "Application" and all other documents required for a home study report on our website at www.hopeforadoption.com under "Forms").

ESTIMATED TIME TO COMPLETION OF HOME STUDY REPORT: A home study report may be completed in as little as three weeks if all criminal checks and documents have been received. The time it takes to complete the home study report is largely dependent upon how quickly the adoptive family can gather the documents as required by the State of Georgia.

DETAILED EXPLANATION OF FEE STRUCTURE: Fees paid for services rendered are earned at the time of payment and are thus non-refundable.

- **ADOPTIVE HOME STUDY EVALUATION FEE:** The Adoptive Home Study Report fee is made in two payments and is due on the first and second home study visit. The application fee of \$200 is due when the application is mailed to our office. On the first home study visit, this agency will collect an additional \$650 for a domestic or an international home study report. The agency will collect the remaining \$650 and any mileage costs incurred on the final home study visit. **THESE FEES ARE NON-REFUNDABLE.**
- **EXPEDITED HOME STUDY FEE:** A home study may be expedited (subject to the approval of the agency Director) for an additional fee of \$200. **THIS FEE IS NON-REFUNDABLE.**
- **FEES FOR MATERIAL CHANGES OR AMENDMENTS TO THE HOME STUDY REPORT:** Revisions to the home study report, or amendments needed (i.e. changes from international to domestic and vice versa, major updates prior to the expiration of the home study, etc.) **after** the final report has been written, approved and forwarded to the adoptive applicant are assessed at \$100 to re-issue the report or complete the amendment. This fee is due and payable at the time that the changes are made. **THESE FEES ARE NON-REFUNDABLE.**



- **ADOPTION HOME STUDY UPDATE FEE:** If your home study is expiring or has expired and you are a current Hope for Adoption client, a home study update fee of \$500 will apply as we will waive the application fee. If you are a new client to Hope for Adoption, a fee of \$700 is due and payable when a home study report must be updated. The increased fee for non-Hope for Adoption families is due to the increased amount of paperwork required. This fee is collected at the home study meeting in the adoptive parent's home. **THIS FEE IS NON-REFUNDABLE.**
- **SUBSEQUENT HOME STUDY FEE:** If you are a former Hope for Adoption client and would like to adopt again, a subsequent home study fee of \$750 will apply as we will waive the application fee. If you are a new client to Hope for Adoption, a fee of \$950 is due and payable when a home study report must be updated. The increased fee for non-Hope for Adoption families is due to the increased amount of paperwork required. This fee is collected at the home study meeting in the adoptive parent's home. **THIS FEE IS NON-REFUNDABLE.**
- **POST PLACEMENT FEE:** A fee of \$250 is due and payable at the time of each post placement visit. **THIS FEE IS NON-REFUNDABLE. **Please note that failure to comply with the required post placement reports for both domestic and international adoptions will delay the finalization of your adoption.**
- **COURT REPORT:** If a court report is needed for an adoption finalization, Hope for Adoption will complete the Court Report for a fee of \$300. **THIS FEE IS NON-REFUNDABLE.**
- **FEE FOR MILEAGE AND TRAVEL TIME:** Mileage for the case worker to and from the adoptive family's home, or agreed upon meeting place, will be assessed at current IRS guidelines in place at the time of the meeting. **THESE FEES ARE NON-REFUNDABLE.** We do not collect additional fees for travel time.
- **NOTARY SERVICE:** If notary service is needed for finalization, Hope for Adoption will provide notary service to swear you in for the proceedings for a fee of \$100. **THIS FEE IS NON-REFUNDABLE.**
- **COPIES OF THE HOME STUDY REPORT:** Hope for Adoption will provide the adoptive family with three notarized originals of the home study report. We will provide one copy of all documents needed for a domestic ICPC packet or an international home study report. Additional original home study reports and/or home study documents needed which are requested **after** the initial home study report has been released are available at \$25 each. Payment must be sent to our main office before the request will be processed. **THIS FEE IS NON-REFUNDABLE.**
- **RECEIPT FOR SERVICE:** The adoptive family will receive a receipt listing agency expenses and the fees paid when the home study report is issued.

LEGAL PROCEDURES INVOLVED IN ADOPTION: The adoptive family will be advised of the various legal issues involved in adoption. This will include birthparent rights, adoption searches, the selection and placement process, the ICPC or CIS process, post placement reports, and finalization of their adoption. This will occur during the first orientation home study meeting.

THE ADOPTIVE HOME STUDY PREPARATION, PROCESS, AND PROCEDURES: Hope for Adoption will acknowledge acceptance of the application by phone or email at which time the first home study appointment may be scheduled.



The Adoptive Home Study Assessment is the process by which the adoptive family engages the services of Hope for Adoption to determine the readiness of their home for the placement of an adoptive child or children. A key element of this process is the preparation of the family for the placement, including education, support, and contact with other adoptive families. This process is a contractual agreement which is entered into voluntarily. Either party may terminate the process at any time. The termination of the Adoptive Home Study Evaluation process shall be acknowledged by the written and signed notification to the other party by mail or email. Any fees paid up to this point are non-refundable.

The Adoptive Home Study Evaluation Process is comprised of the following components:

- The assessment of the adoptive family for adoption services shall include a minimum of three visits. The first visit shall be the adoption orientation. At least one visit shall be in the adoptive parent(s) home. The applicant(s), and any other individuals who reside in the home, shall be seen and interviewed at the home visit. Applicant(s) shall be interviewed together as well as separately.
- The family will complete a personal profile questionnaire or “self-study”. The adoptive family will also provide Hope for Adoption with copies of the birth and marriage certificates, divorce decrees, and adoption decrees for all members of the household as applicable. This written questionnaire and all other documents required for the home study report must be on file with Hope for Adoption before the family’s home study report can be issued by the agency.
- Approval or disapproval of the adoptive family for the placement of a child shall be made by the Adoption Case Worker in conjunction with the agency’s Executive Director including the Case Work Supervisor. These staff members shall review the written home study report and any supporting information and data as necessary. The adoptive family will be notified in writing as to the disposition of the evaluation.
- A decision on approval of the adoptive applicants shall be made within 10 days of the last contact with the applicant(s) and/or receipt of all required home study documentation. A denial of the home study report will be fully documented in the adoptive family’s file. Adoptive families receiving an unfavorable home study assessment will be given a list of resources with which to strengthen areas which Hope for Adoption perceives as limitations. It is the policy of this agency not to provide a home study report to persons with felony convictions.
- A completed Adoptive Home Study Assessment which contains a favorable recommendation does not guarantee the placement of a child or children in the applicant(s) home. Placement of a child or children is the responsibility of the applicant’s placement source (the “placing agency or attorney” for either a domestic or international adoption). Hope for Adoption cannot be held responsible, either financially or in any manner, for the outcome of the adoption process.
- Prospective adoptive families should not apply and begin the home study process until they are ready to participate fully in the process. Fees, interviews, and documents expire at twelve months from the time the application is received; therefore, delays during the home study process will result in a family having extra interviews, revising documents, and paying additional fees.



POST PLACEMENT SERVICES: According to regulations for the State of Georgia regarding families who adopt a child within the State of Georgia, either Hope for Adoption or the family's placing agency or attorney will conduct a minimum of two post placement visits after the placement of a child and monthly visits prior to the Petition for Adoption being filed. The first visit shall be made within 30 days of placement of the child. There shall be 30 days between the required home visits. Post placement visits will continue until a court date for finalization has been set at the request of the placing agency.

For families adopting a child from another state, the originating state and/or placement agency may require additional post-placement visits and the adoptive family will follow the post placement requirements of the other state or the state where the adoption is being finalized.

It is the sole responsibility of the adoptive family to contact Hope for Adoption regarding post placement services in compliance with agency, state and/or country regulations for post placement supervision according to the schedule of their placement agency. The adoptive applicant agrees to pay the post placement fee and mileage costs incurred for supervision services to Hope for Adoption at the time the service is rendered. The length of the post placement supervision varies from case to case and each applicant must cooperate and fulfill their obligations for post placement supervision.

INTERSTATE PLACEMENT OF CHILDREN: Hope for Adoption shall comply with the applicable laws of the State of Georgia and with the provisions of the Interstate Compact on the Placement of Children, known as ICPC. ICPC is the interstate agency provided in each state, that regulates the approval of adoptive parents with the placement of adoptive children concerning temporary placement of a child with the adoptive family before finalization. This process usually takes around 10 to 15 days to complete after the birth or placement of the child.

ADOPTION FINALIZATION: The adoptive family shall engage, at their own cost, legal representation for the finalization of their adoption. In the case of a domestic adoption, this shall take place at the conclusion of the post placement period and after all requirements have been fulfilled for both the sending and the receiving state.

POST-ADOPTION SERVICES: In addition to post placement services, Hope for Adoption is available as a resource and counselor on an on-going basis to our adoptive families. We welcome a continued relationship with our families through the years.

UPDATE OF HOME STUDY: Domestic home study reports remain valid for one year from the approval date. All documentation provided for the home study report remains valid for twelve months from the date on the particular document. It is the sole responsibility of the adoptive family to contact Hope for Adoption to update the adoption home study report *at least* eight weeks prior to the expiration of a home study report.



GRIEVANCE PROCEDURE: All applicants shall have the right of appeal of grievances. Applicants agree not to engage an attorney and/or enter into litigation. Should a difference arise between an applicant and their adoption case worker, such differences must be settled in the following manner:

- Grievances should first be discussed with the adoption case worker involved. If the difference is not resolved, the applicant should inform the adoption case worker in writing as to the nature of the grievance within two working weeks. At that time, the applicant should request a conference with the Case Work Supervisor. If needed, the Case

Work Supervisor will meet with the applicant(s) at the Case Work Supervisor's office within two working weeks of the date of receipt of the applicant's written grievance request.

- If resolution is not reached within two weeks after the applicant meets with the Case Work Supervisor, the nature of the grievances shall be presented, in writing, to the Executive Directors by the applicant. The Case Work Supervisor and the case worker will also report, in writing, the results of their findings to the Executive Directors. The Executive Directors will arrange a meeting within two weeks, between the applicant(s), the Adoption Consultant, and the Adoption Supervisor. The Executive Directors will render a decision, in writing, to the applicant(s), the Case Work Supervisor, and the case worker, usually within two weeks after the conference. The decision of the Executive Directors is final.
- If this procedure does not result in an agreeable resolution, the applicants may choose to participate in an objective, professional mediation service and abide by the recommended resolution. The adoptive applicants will pay for these mediation services.

ESTABLISHING, MAINTAINING, AND STORAGE OF RECORDS AND FILES: Hope for Adoption shall maintain adoption records pertaining to each family. All finalized, or closed files, and all legal documents will be housed in the administrative office of Hope for Adoption until the adoption is finalized and/or the case is closed. These records are to be maintained in fireproof, locked file cabinets. Once the adoption is finalized and/or case closed, the adoption records will be converted to a non-paper format. From that time forward, Hope for Adoption can only retrieve documents for adoptive families by a court order. It is the adoptive applicant's responsibility to keep copies of *all* their documents. Documents provided to Hope for Adoption by the adoptive family become an official part of the Hope for Adoption record and are the sole property of Hope for Adoption.

CLIENT'S RESPONSIBILITY FOR KEEPING DOCUMENTS CURRENT: The prospective adoptive family further acknowledges that under the laws of the State of Georgia, the home study will be valid for a period of twelve months from the date upon which the report is completed and signed by Hope for Adoption. Supporting home study documents may be current for only one year from the date on the individual document (i.e., medicals, Child Protective Service forms, criminal history reports, reference letters, pet vaccinations, sewage and water approval, employment letters. etc...), depending upon the requirements of individual placement agencies, states, or countries. **Even though the home study may not have expired at the time of a referral for the placement of a child, the supporting documents may have expired and will need to be resubmitted to Hope for Adoption.**



Important: There is no feasible way for Hope for Adoption to know the following:

- When a referral from a placement agency will be made
- If, at the time of referral, the client's documents are current
- Changes in document requirements of the placement agency or another state

It is the sole responsibility of the adoptive family to contact Hope for Adoption and their placement agency prior to the one-year anniversary of the documents to determine whether or not updated documents need to be submitted by the adoptive family to the placement agency in order to meet the requirements of the placement agency or the state from which the adoptive applicants are adopting. The adoptive family may access all home study forms and criminal background check instructions from our website. (Exception: Applicants adopting through a Texas Placement Agency must have certain documents updated every six months.)

CRIMINAL HISTORY FOR ADOPTIVE CLIENTS: All adoptive applicants must be forthcoming and honest about a criminal charge. If an applicant has *ever* been fingerprinted for an arrest, the GBI and/or the FBI report will show this arrest. It is understood by the adoptive applicant(s), that no matter what they have been told by a police officer or an attorney, if they were ever fingerprinted regarding a law enforcement matter, this information will show up on a GBI or FBI criminal background check. This includes charges made by the applicant when underage, expunged records, and dropped charges. Felony convictions will almost always result in the inability to obtain a favorable home study report.

BEHAVIOR MANAGEMENT: Hope for Adoption is committed to the philosophy that effective behavior management is based on consistency and effective communication of expectations and consequences. The long-term goal of behavior management is to teach children self-control and self-discipline. The type of behavior management needed is determined by the age of the child and the child's individual needs and personality. Distraction, reasoning, "time-out" and cause and effect learning techniques are all effective means for teaching a child's self-control skills. Corporal punishment is never an appropriate form of discipline.

The following forms of behavior management shall not be used by a prospective adoptive parent(s):

- Assignment of excessive or unreasonable work tasks
- Denial of meals or hydration
- Denial of sleep
- Denial of shelter, clothing, or essential personal needs
- Denial of essential services
- Verbal abuse, ridicule, or humiliation
- Manual holds, chemical restraints or mechanical restraints
- Seclusion or confinement of a child in a room or area which may reasonably be expected to cause physical or emotional damage to the child; or
- Seclusion or confinement of a child to a room or area for periods longer than those appropriate to the child's age, intelligence, emotional makeup and previous experience, or confinement to a room or area without the supervision or monitoring necessary to ensure the child's safety and well-being.
- Children shall not be permitted to participate in the behavior management of other children.



Hope for Adoption shall take appropriate corrective action when it becomes aware of, or observes, the use of prohibited forms of behavior management. Documentation of the incident and the corrective action taken by the agency shall be maintained in the case records of the child and family.

By signing below, I/we acknowledge that I/we have read, understood, and will comply with the Policies and Procedures listed in this document as set forth by Hope for Adoption, Inc.

Adoptive Father

Date

Adoptive Mother

Date

Caseworker

Date



SELF STUDY – ADOPTIVE FATHER

A major task of the Home Study process is getting to know you as an individual, couple and family. This is not a test; your answers will reflect your thoughts and feelings. Please complete these questions without talking with your spouse. After completing the self-study, you may compare answers, however, please do not change what you have written. This self-study will become a confidential part of your adoption record and a basis for interviews with your social worker.

Name: _____
 First Middle Last

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth _____ City, State: _____

Mother's Full Name: _____ Age: _____

Father's Full Name: _____ Age: _____

Signature: _____

PRE-CLEARANCE

1. Have you ever been arrested? Yes _____ No _____
2. Do you have a history of substance and/or alcohol abuse? Yes _____ No _____
3. Do you have a history of sexual or child abuse? Yes _____ No _____
4. Do you have a history of domestic violence? Yes _____ No _____
5. Have you ever been rejected as a prospective adoptive parent or have been the subject of an unfavorable family home-study? Yes _____ No _____



SELF STUDY

Please type your answers in a word document. You do not have to re-type or write the questions, just number each answer based on the question. If you prefer to hand write it that is fine as well. We can give you a document with space to write your answers.

CHILDHOOD AND FAMILY OF ORIGIN:

1. Describe the family in which you grew up. Please include your parents' occupations, education, number of brothers and sisters, their age, marital status, number of children they have, their occupation, their spouses name, where your parents and siblings live and your current relationship with your parents and siblings. How often do you see them?
2. What was it like to be a child in your family? What types of activities did your family do together?
3. What were your mother's strengths and weaknesses? Describe your relationship with her.
4. What were your father's strengths and weaknesses? Describe your relationship with him.
5. Did you like the way that you were parented? How did your parents discipline you and your siblings? What aspects of their parenting do you hope to emulate & what will you avoid?
6. How were major issues handled (ex: money, education, discipline, etc.) How would you describe your parent's marriage?
7. Describe your relationships with your extended family. How often did you visit with them? Did you have a significant relationship with a particular family member(s)? Describe your current relationships with extended family.
8. Have you experienced any major or minor losses? How did you handle them?

PERSONALITY:

9. Describe your personality; include what you view as your strengths and weaknesses.
10. Briefly explain the events and experiences in your life that you feel shaped your personality.
11. What gifts or abilities do you have?
12. List some of your personal goals and family goals.
13. What activities or hobbies do you enjoy?



SELF STUDY

EDUCATION:

14. Where did you go to school? Include names of school, city and state, degree, and graduation date.

High School: _____

Graduated: _____

College: _____

Degree: _____

Graduated: _____

Post-Graduate: _____

Degree: _____

Graduated: _____

Vocational Training _____
(Describe):

15. What type of student were you? In what activities did you participate?

EMPLOYMENT:

16. Give a brief description of your work history (last 10 years). Include name of company, where company is located, position, and dates of employment.

17. Describe your current job (position, responsibilities, hours, job satisfaction, and employment goals).

18. Explain your desires and expectations for care of your child from birth through school (i.e. stay at home parent, in-home sitter, daycare, care of relative, etc.).



SELF STUDY

MARRIAGE:

19. When/how/where did you and your spouse meet?
20. What first attracted you?
21. What qualities in your spouse made you decide to marry? What qualities now make you want to stay married?
22. Describe any change(s) you would like to make in your marital relationship to make it better?
23. Please describe the circumstances of any previous marriage(s), divorce(s). List problem areas in the previous relationship and how you came to dissolve the marriage. Give name of spouse, length of marriage, children of the marriage and relationship with them today.
24. What did you learn from this experience? How has it affected your current marriage?
25. What are your strengths and weaknesses as a marital partner?
26. What are your partner's strengths and weaknesses?
27. Describe your communication in your marriage.
28. How does your spouse encourage communication?
29. How does your spouse stifle communication?
30. What are your areas of disagreements? How do you settle disagreements?
31. Describe a typical day in your home? Include specifics such as time you get up and go to bed, work hours, what time you eat dinner, and what you do in the evenings.
32. How do you divide family responsibilities such as wage earnings, household jobs, and childcare?
33. What are your priorities when you spend money? Do you and your spouse agree on this?
34. How do you make decisions on major issues (where to live, buying a home, leisure time, etc)?
35. What interests do you share with your spouse? What are your separate interests?
36. What are your relationships with each other's family? Do they live within visiting distance? When do you get together? How do they feel about your adopting?



SELF STUDY

RELIGION:

37. What is your religious background and current involvement in your religion?
38. What is your church involvement?
39. Would you be willing to foster and support the religious interest and growth of your child?

CHILDREN:

40. If you have children already, please give a physical description of them, their ages, personality characteristics, interests, strengths and weaknesses. Indicate if they are birth children, adopted children or foster children.
41. How does/do your child (ren) feel about your adopting?

ADOPTION MOTIVATION:

42. Provide a statement regarding your motivation to adopt. When did you first start thinking about adoption and why?
43. If infertility is present, please comment on when and what medical diagnosis/consultation you have received, how long ago, your reaction then and now. Are you still pursuing medical means to conceive?
44. At what point are you in resolving your feelings about infertility?
45. Do you and your spouse feel the same about adoption? Who initiated the action?
46. How does your extended family and friends feel about your adoption?
47. Describe how you will help your child (ren) understand adoption?
48. To what extent are you willing and expecting to have contact with your child's birth parents? How would you feel about your child deciding to search for his/her birthparents?



SELF STUDY

PARENTING/DISCIPLINE:

49. What strengths and experiences do you have as a person that you feel will help you to parent? What experience, if any, have you had with children?
50. How do you anticipate a child (or another child) will impact your life socially, psychologically, vocationally, and personally?
51. What will your methods of discipline be with your children? How will you set limits? What do you feel are important characteristics of good discipline?

HEALTH:

52. Describe your general health.
53. Describe medical or emotional stresses you have had in life. How have you dealt with them?

HOME AND COMMUNITY:

54. Describe your house (size, number of rooms), & property. Describe the importance of your neighborhood, residents, friends, and children. What resources are close by? (i.e., hospitals, schools, shopping)

FAMILY LIFESTYLE:

55. Describe what you do to have fun as a family.
56. Who are your support systems for your family? How do you utilize them?



SELF STUDY – ADOPTIVE MOTHER

A major task of the Home Study process is getting to know you as an individual, couple and family. This is not a test; your answers will reflect your thoughts and feelings. Please complete these questions without talking with your spouse. After completing the self-study, you may compare answers, however, please do not change what you have written. This self-study will become a confidential part of your adoption record and a basis for interviews with your social worker.

Name: _____
 First Middle (Maiden) Last

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth _____ City, State: _____

Mother's Full Name: _____ Age: _____

Father's Full Name: _____ Age: _____

Signature: _____

PRE-CLEARANCE

1. Have you ever been arrested? Yes _____ No _____
2. Do you have a history of substance and/or alcohol abuse? Yes _____ No _____
3. Do you have a history of sexual or child abuse? Yes _____ No _____
4. Do you have a history of domestic violence? Yes _____ No _____
5. Have you ever been rejected as a prospective adoptive parent or have been the subject of an unfavorable family home-study? Yes _____ No _____



SELF STUDY

Please type your answers in a word document. You do not have to re-type or write the questions, just number each answer based on the question. If you prefer to hand write it that is fine as well. We can give you a document with space to write your answers.

CHILDHOOD AND FAMILY OF ORIGIN:

1. Describe the family in which you grew up. Please include your parents' occupations, education, number of brothers and sisters, their age, marital status, number of children they have, their occupation, their spouses name, where your parents and siblings live and your current relationship with your parents and siblings. How often do you see them?
2. What was it like to be a child in your family? What types of activities did your family do together?
3. What were your mother's strengths and weaknesses? Describe your relationship with her.
4. What were your father's strengths and weaknesses? Describe your relationship with him.
5. Did you like the way that you were parented? How did your parents discipline you and your siblings? What aspects of their parenting do you hope to emulate & what will you avoid?
6. How were major issues handled (ex: money, education, discipline, etc.) How would you describe your parent's marriage?
7. Describe your relationships with your extended family. How often did you visit with them? Did you have a significant relationship with a particular family member(s)? Describe your current relationships with extended family.
8. Have you experienced any major or minor losses? How did you handle them?

PERSONALITY:

9. Describe your personality; include what you view as your strengths and weaknesses.
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SELF STUDY

EDUCATION:

14. Where did you go to school? Include names of school, city and state, degree, and graduation date.

High School: _____

Graduated: _____

College: _____

Degree: _____

Graduated: _____

Post-Graduate: _____

Degree: _____

Graduated: _____

Vocational Training _____
(Describe):

15. What type of student were you? In what activities did you participate?

EMPLOYMENT:

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18. Explain your desires and expectations for care of your child from birth through school (i.e. stay at home parent, in-home sitter, daycare, care of relative, etc.).



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22. Describe any change(s) you would like to make in your marital relationship to make it better?
23. Please describe the circumstances of any previous marriage(s), divorce(s). List problem areas in the previous relationship and how you came to dissolve the marriage. Give name of spouse, length of marriage, children of the marriage and relationship with them today.
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SELF STUDY

PARENTING/DISCIPLINE:

49. What strengths and experiences do you have as a person that you feel will help you to parent? What experience, if any, have you had with children?
50. How do you anticipate a child (or another child) will impact your life socially, psychologically, vocationally, and personally?
51. What will your methods of discipline be with your children? How will you set limits? What do you feel are important characteristics of good discipline?

HEALTH:

52. Describe your general health.
53. Describe medical or emotional stresses you have had in life. How have you dealt with them?

HOME AND COMMUNITY:

54. Describe your house (size, number of rooms), & property. Describe the importance of your neighborhood, residents, friends, and children. What resources are close by? (i.e., hospitals, schools, shopping)

FAMILY LIFESTYLE:

55. Describe what you do to have fun as a family.
56. Who are your support systems for your family? How do you utilize them?



POST PLACEMENT AGREEMENT

Post Placement visits are required by the State of Georgia. A case worker must make at least 2 home visits after the placement of a child and prior to the filing of the petition for adoption. After the visit, the case worker will write a report and file it with the appropriate agencies (placement agency, home study agency, attorney, ICPC). Please note the Fee Schedule for Post Placement Visit pricing.

I/We, _____, agree to use Hope for Adoption, Inc for my/our post placement supervisory visits.

I/We will contact the office immediately when I/we arrive home to schedule the first post placement visit.

Signed: _____

Date: _____

Signed: _____

Date: _____



PAPERWORK ACKNOWLEDGEMENT

- Please make sure that you keep a copy of ALL paperwork whether it is actual paper copy or a pdf. You will need them when applying to some agencies and when you have a match.
- You will receive 3 original documents of your home study. Most agencies will accept a **copy** of the home study until the time that you match with them. At that time, they may request an original copy. You should not need more than the 3 copies (1 of which you should keep). If you need additional copies, there will be a fee.
- There are certain documents that expire one year from the date they were completed regardless of when the home study expires. Here is the list of documents that expire:

Medical Evaluations
Pediatrician Report
Drug Screen
Pet Vaccinations
Septic Tank Letter
Local Background Check
GBI Prints
FBI Prints

Once these documents expire, it is **your** responsibility to update them.

Signed: _____

Date: _____

Signed: _____

Date: _____



FINANCIAL STATEMENT

Date:

Last Name:	Father:	Mother:
Father's Occupation:		
Name and Address of Employer:		
Date Employed:	Monthly/Yearly Gross Salary:	
Mother's Occupation:		
Name and Address of Employer:		
Date Employed:	Monthly/Yearly Gross Salary:	
Other Household Income:		
Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment/Rent:	
Amount of Mortgage:	Approximate Market Value:	
List All Other Assets:		
Checking Account Balance:	Savings Account Balance:	
Total Amount of Assets (including House):		
Life Insurance Company:		
Father Amount:	Mother Amount:	
Health Insurance: _____		
Is an adopted child covered from date of placement: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a waiting period for pre-existing conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No		



FINANCIAL STATEMENT

List All Outstanding Debts: (show total owed and monthly payments) Attach additional page if needed.

Name of Creditor	Total Owed	Monthly Payment
Credit Cards:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Automobile(s):		
_____	_____	_____
_____	_____	_____
Bank Loan(s):		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Furniture/Appliance(s):		
_____	_____	_____
Student Loan(s):		
_____	_____	_____
Other (list):		
_____	_____	_____
_____	_____	_____
_____	_____	_____



FINANCIAL STATEMENT

Monthly Expenses: (List all monthly expenses by name and amount) Attach additional page if needed.

Monthly Expense	Amount of Expense
Rent/Mortgage	_____
Electricity	_____
Gas	_____
Water	_____
Sewage	_____
Telephone	_____
Insurance	
Automobile	_____
Home	_____
Health	_____
Dental	_____
Life	_____
Medical and Prescription Expense	_____
Cable Television	_____
Internet Service	_____
Cell Phone	_____
Groceries	_____
Clothing	_____
Tithes/Charitable Contributions	_____
Child Support	_____
Day Care	_____
Other (List):	_____

Total Monthly Income (After Withholding): _____
 (-) Total Monthly Payments and Expenses: _____
 (=) Available Monthly Surplus: _____



FIREARM STATEMENT

A portion of each adoptive home assessment addresses health and safety issues for children placed in their prospective home. Children are injured, or injure others, by playing with unsecured firearms or other weapons in the home. In order to be approved as an adoptive home; guns, rifles, shotguns or other weapons must be secured away from children. Gun cabinets must be locked. Weapons and ammunitions must be kept in separate locked locations inaccessible to children. Trigger locks must be used on guns and the weapons must be unloaded. Weapons in vehicles must be locked away from the reach of children.

Please complete the following statement. This statement will become part of your home study:

_____ I/We have NO guns, rifles, shotguns or other weapons in our home or in our vehicle.
(Initial)

_____ I/We do have one or more weapons in our possession.
(Initial)

Weapons in our home and or vehicle are safeguarded from children by the following means:

The social worker must observe the weapon in a locked box, unloaded with the trigger lock on and with the ammunition stored in a separate locked location during the home visit.

Signed: _____ Date: _____
Adoptive Father

Signed: _____ Date: _____
Adoptive Mother



SWIMMING POOL STATEMENT

A portion of each adoptive home assessment addresses health and safety issues for children placed in their prospective home. By law, pools must be fenced with a locked gate to prevent unsupervised access. In addition, the pool must meet all the applicable community ordinances.

Please complete the following statement. This statement will become part of your home study:

_____ I/We do NOT have a swimming pool.
(Initial)

_____ I/We do have a swimming pool.
(Initial)

The swimming pool is safeguarded from children by the following means:

The social worker must observe the swimming pool and the fence with a locked gate during the home visit.

Signed: _____ Date: _____
Adoptive Father

Signed: _____ Date: _____
Adoptive Mother



CHILD SAFETY AGREEMENT

This form contains information about the safety of the children placed in your care through adoption. Your initials and signature indicate your acknowledgement that the agency has reviewed with you the safety requirements outlined in this form and that you are in agreement with the safety requirements for adoptive homes as stated below.

<p>Animal Safety – As children are the primary victims of animal bites, I/We agree to comply with the following mandates listed below to assure the safety of any child placed in my/our home:</p> <ul style="list-style-type: none"> ● Provide close supervision of children when around animals. ● Refrain from keeping dangerous or aggressive dogs, or other pets, in the home, unless properly secured with a leash, fence or cage, etc. ● Notify officials immediately if any dog attacks a child placed in your home. 	<p>Adoptive Parent(s) Initial Below</p> <p>_____</p>
---	--

<p>Gun Safety – Firearms take the lives of thousands of children each year. To prevent the accidental death of any child placed in my/our home, I/we agree to the following mandates:</p> <ul style="list-style-type: none"> ● Inform the case worker of the presence of firearms in my/our home, now or at any time in the future. ● Secure all firearms in my/our home, using one of the commercial brand safety locks available for this purpose, or under lock and key. ● Keep all firearms unloaded and out of the view and reach of children in the home. ● Never allow children placed in the home to handle guns. 	<p>Adoptive Parent(s) Initial Below</p> <p>_____</p>
---	--

<p>Motor Vehicle Safety – Motor vehicle accidents are the leading causes of death for children of all races, ages 5 – 14, according to national statistics. To ensure the safety of children placed in my/our care, I/we agree to adhere to the following safety precautions while riding or driving motorized vehicles:</p> <ul style="list-style-type: none"> ● Secure children 4 years of age and under in a federally approved child safety restraint seat that is properly installed according to the manufacturer’s instructions. ● Secure children over 4 years of age in the rear seat of the vehicle with federally approved and properly installed safety seat belts. ● Refrain from transporting children/youth under 18 years of age in the bed of a pickup truck at any time. Children must always be properly secured with safety seat belts. 	<p>Adoptive Parent(s) Initial Below</p> <p>_____</p>
--	--



CHILD SAFETY AGREEMENT

<p>Supervision – Children in care are required to be supervised by appropriate adult caretakers at all times. In keeping with this requirement, I/we agree to adhere to the following:</p> <ul style="list-style-type: none"> ● Provide appropriate adult supervision for the children in my care at all times. ● Refrain from leaving children unattended in a motor vehicle. 	<p>Adoptive Parent(s) Initial Below</p> <hr/>
<p>Water Safety – According to the recent statistics, drowning ranks highest among the causes of accidental deaths for children and youth 0 – 24. Parents with an in-ground/above ground swimming pool are required to take extra safety precautions. To ensure the safety of the children in my/our home, I/we agree to the following water safety guidelines:</p> <ul style="list-style-type: none"> ● Inform case worker immediately if/when our home fits the above criteria. ● Ensure direct adult supervision of children when around bodies of water. ● Ensure the compliance with any local and state ordinances regarding pools or waterfront property. ● Secure the entire perimeter of the pool area with a fence and locked gate of sufficient height to prevent the entry of young children. <p>* Note: Homes with ponds, or homes located on waterfront property, are required to employ substantive safety measures to ensure the protection of children in the home.</p>	<p>Adoptive Parent(s) Initial Below</p> <hr/>
<p>Discipline Policy – Hope for Adoption policy prohibits the use of corporal or unusual punishment on a child in the home. To ensure the safety and well-being of the children placed in my/our home, I/we agree to the following:</p> <ul style="list-style-type: none"> ● Refrain from the use of any corporal or unusual punishment on a child placed in my/our home, including but not limited to the following: <u>spanking, slapping, switching, shaking, pinching, biting, twisting, or pulling; tying with rope, withholding food, force feeding, denying mail, denying appropriate contacts with family, denying contact with worker; degrading child or child’s family, or humiliating child; creating fear, anger and anxiety, locking child in room, closet or outside the home; group punishment or delegating older children to administer punishment; destroying the child’s property and any other practices which may physically or emotionally damage the child.</u> ● Seek on-going information/training to build and enhance my/our child’s behavioral management skills. ● Immediately inform the agency of the need for assistance in managing the behavior of any child placed in my/our home, <u>prior to finalization of adoption.</u> 	<p>Adoptive Parent(s) Initial Below</p> <hr/>



CHILD SAFETY AGREEMENT

Note: This Child Safety Agreement is reviewed with adoptive parents at the time of the initial approval of the home and at the time of the re-evaluation. Both caretakers are required to initial and sign as indicated.

Adoptive Father Date

Adoptive Mother Date

Other Caregiver Date

Case Manager Date



GUARDIANSHIP LETTER

Adoptive Father's Full Legal Name

Adoptive Mother's Full Legal Name

Do you have a legal will? Yes _____ No _____

If yes, date of will completion _____

In the event of the deaths or incapacitation of (Parent's Names) _____,

I/We have instructed the following person(s) to assume guardianship of our child:

Name: _____ Relationship: _____

Address: _____

Phone #: _____

Profession: _____ Age _____

Profession: _____ Age _____

Names/Ages of Guardian's children: _____

Signed: _____

Date _____

Signed: _____

Date _____



HIPAA DISCLOSURE

Notice of Privacy Practices
Georgia Department of Human Resources

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED TO THE DEPARTMENT AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice is effective April 14, 2003. It is provided to you pursuant to provisions of the Health Insurance Portability and Accountability Act of 1996 and related federal regulations. If you have questions about this Notice, please contact the Legal Services Office at the address below.

The Department of Human Resources is an agency of the State of Georgia responsible for numerous programs that deal with medical and other confidential information. Both federal and state laws establish strict requirements for most programs regarding the disclosure of confidential information, and the Department must comply with those laws. For situations where more stringent disclosure requirements do not apply, this Notice of Privacy Practices describes how the Department may use and disclose your protected health information for treatment, payment, health care operations and for certain other purposes. This notice also describes your rights to access and control your protected health information, and provides information about your right to make a complaint if you believe the Department has improperly used or disclosed your "protected health information". Forms are available upon request to the contact persons identified in Section 3 to assist you in exercising your rights or filing a complaint. Protected health information is information that may personally identify you and relates to your past, present or future physical or mental health or condition and related health care services. The Department is required to abide by the terms of this Notice of Privacy Practices, and may change the terms of this notice, at any time. A new Notice will be effective for all protected health information that the Department maintains at the time of issuance. Upon request, the Department will provide you with a revised Notice of Privacy Practices by posting copies at its facilities, publication on the Department's website, in response to a telephone or facsimile request to the Privacy Office, or in person at any facility where you receive services from the Department.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by the Department, its administrative and clinical staff and others involved in your care and treatment for the purpose of providing health care services to you, and to assist in obtaining payment of your health care bills.

Treatment: Your protected health information may be used to provide, coordinate, or manage your health care and any related services, including coordination of your health care with a third party that has your permission to have access to your protected health information, such as, for example, a health care professional who may be treating you, or to another health care provider such as a specialist or laboratory.

Payment: Your protected health information may be used to obtain payment for your health care services. For example, this may include activities that a health insurance plan requires before it approves or pays for health care services such as: making a determination of eligibility or coverage, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Health Care Operations: The Department may use or disclose your protected health information to support the business activities of the Department, including, for example, but not limited to, quality assessment activities, employee review activities, training, licensing, and other business activities. The Department may use a sign-in sheet at the registration desk at any facility where services are provided. You may be asked to provide your name and other necessary information, and you may be called by name in the waiting room when a staff member is ready to see you,



HIPAA DISCLOSURE

and your protected health information may be used to contact you about appointments or for other operational reasons. Your protected health information may be shared with third party “business associates” who perform various activities that assist us in the provision of your services. Other uses and disclosures of your protected health information will be made only with your written authorization, which you may revoke in writing at any time, except as permitted or required by law as described below.

Other Permitted or Required Uses and Disclosures With Your Authorization or Opportunity to Object: The Department may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Unless you object, the Department may disclose protected health information for a facility directory or to a family member, relative, or any other person you identify, information related to that person’s involvement in your health care and may use or disclose protected health information to notify or assist in notifying a family member, personal representative or other person responsible for your care of your location, general condition or death. The Department may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. Objections may be made orally or in writing.

Permitted or Required Uses and Disclosures Without Your Authorization or Opportunity to Object: The Department may use or disclose your protected health information without your authorization when required to do so by law; for public health purposes; to a person who may be at risk of contracting a communicable disease; to a health oversight agency; to an authority authorized to receive reports of abuse or neglect; in certain legal proceedings; and for certain law enforcement purposes. Protected health information may also be disclosed without your authorization to a coroner, medical examiner or funeral director, for certain approved research purposes; to prevent or lessen a threat to health or safety; and to law enforcement authorities for identification or apprehension of an individual.

Required Uses and Disclosures: Under the law, the Department must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine the Department’s compliance with the requirements of the Privacy Rule at 45 CFR Sections 164.500 et.seq.

2. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. Upon written request, you may inspect and obtain a copy of protected health information about you for as long as the Department maintains the protected health information. This information includes medical and billing records and other records the Department uses for making medical and other decisions about you. A reasonable, cost-based fee for copying, postage and labor expense may apply. Under federal law you may not inspect or copy psychotherapy notes; information compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding, or protected health information that is subject to a federal or state law prohibiting access to such information.

You have the right to request restriction of your protected health information. You may ask in writing that the Department not use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations, and not to disclose protected health information to family or friends who may be involved in your care. Such a request must state the specific restriction requested and to whom you want the restriction to apply. The



HIPAA DISCLOSURE

Department is not required to agree to a restriction you request, and if the Department believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted, except as required by law. If the Department does agree to the requested restriction, the Department may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. Upon written request, the Department will accommodate reasonable requests for alternative means for the communication of confidential information, but may condition this accommodation upon your provision of an alternative address or other method of contact. The Department will not request an explanation from you as to the basis for the request.

You may have the right to request amendment of your protected health information. If the Department created your protected health information, you may request in writing an amendment of that information for as long as it is maintained by the Department. The Department may deny your request for an amendment, and if it does so will provide information as to any further rights you may have with respect to such denial.

You have the right to receive an accounting of certain disclosures the Department has made of your protected health information. This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, excluding any disclosures the Department made to you, to family members or friends involved in your care, or for national security, intelligence or notification purposes. Upon written request, you have the right to receive legally specified information regarding disclosures occurring after April 14, 2003, subject to certain exceptions, restrictions and limitation.

You have the right to obtain a paper copy of this notice from the Department. Upon request, all written requests regarding your rights, as set forth above should be sent to the DHR Division, Office or facility that maintains your PHI.

3. Complaints

You may complain to the Department and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing with the DHR Division, Office or facility that maintains your PHI. You must state the basis for your complaint. The Department will not retaliate against you for filing a complaint. You may contact the Division, Office or facility **Privacy Coordinator** or the Department's **Legal Services Office** at telephone (404) 657-1123, or by mail to **2 Peachtree Street NW, Room 29.210, Atlanta, Georgia 30303-3142** for further information about the complaint process or this notice. Please sign a copy of this Notice of Privacy Practices for the Department's records.

I have received a copy of this Notice on the date indicated below.

Adoptive Father Signature

Date

Adoptive Mother Signature

Date



CRIMINAL CHECK ACKNOWLEDGEMENT

I/We, the undersigned, do hereby understand and consent to Hope for Adoption, Inc. conducting various background checks on my/our behalf as is required by the State of Georgia for the completion of a home study report.

I/We further consent to these documents being shared as is necessary for the completion of our home study process to offices such as various adoption agencies and ICPC.

I/We understand that these background checks include, but are not limited to, the following and that additional checks may be required at any time:

- Local criminal history check
- Child abuse history check for all States lived in the past five years
- GBI/FBI Fingerprints
- Sexual offenders registry check for all States lived in the past five years
- Parole history check for the State of Georgia
- Department of Corrections check
- 911 history check for the current address

_____ Date
Adoptive Father (print)

_____ Date
Adoptive Mother (print)

_____ Adoptive Father Signature

_____ Adoptive Mother Signature

Others in the home over 18 years of age:

_____ (Last) (First) (Middle)

_____ Signature

_____ Date



EMPLOYMENT VERIFICATION – ADOPTIVE FATHER

Date: _____

In Reference to: _____

This is to verify the following information on the above mentioned employee of: _____

Dates of Employment: _____

Position: _____

Department: _____

Salary: _____

Name and Title/Contact Number



EMPLOYMENT VERIFICATION – ADOPTIVE MOTHER

Date: _____

In Reference to: _____

This is to verify the following information on the above mentioned employee of: _____

Dates of Employment: _____

Position: _____

Department: _____

Salary: _____

Name and Title/Contact Number



MEDICAL EVALUATION FORM – ADOPTIVE FATHER

Name of Person Examined: _____ Date: _____

Date of Birth: _____ Adoption Applicant

This form will aid the Department in determining the physical wellness and capabilities of adoptive parents who are or may be caring for children. Please complete the following summary of health problems, conditions, and medication use that may affect his/her ability to maintain alertness, endurance, and performance of tasks and responsibilities associated with caring for children, ages 0 to 18 now and for the foreseeable future.

I. HISTORY

1. Check any health problems:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Lung Problems | <input type="checkbox"/> Obesity | <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Poor Ambulation | <input type="checkbox"/> Confusion | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Weak/Frail | <input type="checkbox"/> Dementia | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision | <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Hearing | <input type="checkbox"/> Strokes/Paralysis | |

Explain all medical condition(s) checked and any other chronic conditions: _____

2. Are there any condition(s) that are progressive in nature? Yes No

If yes, explain: _____

3. Is there a terminal illness that could interfere with this person's ability to care for a child in the next _____ 5 years, _____ 10 years, 15 years? If yes, explain: _____

4. Medication(s): _____



MEDICAL EVALUATION FORM – HUSBAND

Are there any physical limitations as a result of medication(s)? Yes No

If yes, explain: _____

5. Illness/Injuries, Operations or Hospitalizations during the last 5 years:

Illness/Injury	Operation	Hospitalization	Date	Outcome

6. Health Habits: Is there a history of substances used by the applicant and what degree of impairment exists, if any, from the substance use?

Alcohol _____ Drugs _____
 Tobacco _____ Other _____

II. PHYSICAL CAPABILITIES

In your medical opinion could your patient physically be able to:

- 1. Lift a child: Under 6 months Yes No
 6 months to 3 years Yes No
- 2. Walk/maneuver 50 – 100 feet without major difficulties: Yes No
- 3. Bend/Stoop, kneel, reach: Yes No
- 4. Is an assistive device needed to walk, bend/stoop, kneel, or reach? Yes No

If yes, what type? _____

5. Are there any medical conditions which limit this person’s physical ability to care for a medically complex child which May include the ability to:

- Lift from a bed to chair, etc. Yes No Don't Know
- Frequent Feedings Yes No Don't Know
- Frequent Suctions Yes No Don't Know
- Frequent Monitoring Yes No Don't Know
- Frequent Medication Yes No Don't Know
- Frequent Nebulizations Yes No Don't Know
- Frequent Treatments Yes No Don't Know



MEDICAL EVALUATION FORM – HUSBAND

Are any limiting conditions temporary? Yes No

If yes, which condition(s): _____

For each condition, how long will the limitation exist? _____

III. PHYSICAL EXAMINATION

Height	Weight	Temperature	Pulse	Blood Pressure (Indicate if Normal)	Eye Color	Hair Color
Heart						
Lungs (Including Report of TB Skin Test or Chest X-Ray)						
Eyes				Vision		
Ears				Extremities		
Nose and Throat				Teeth and Gums		
Abdomen				Pelvis		
Endocrine				Nervous System		
CURRENT LABORATORY TESTS (Including Description and Date) VDRL/RPR/HIV						
Urinalysis: Specific Gravity				Albumin		
Microscopic				Glucose		
FOR WOMEN: Pap Smear						
Other Laboratory Tests (Name, Dates, and Results)						

Summary of abnormal physical findings that would affect caring for a child: _____



MEDICAL EVALUATION FORM – HUSBAND

IV. CERTIFICATION/SIGNATURE

I certify that this individual is found free from symptoms of communicable disease. Yes No

If No, explain: _____

I certify that the individual has no physical or cognitive limitations that would prevent him/her from parenting.

Yes No If No, explain: _____

With appropriate signed releases, I am available to discuss this report.

Physician's Signature: _____ Date: _____

State License Number: _____ Telephone: _____

Address: _____



MEDICAL EVALUATION FORM – ADOPTIVE MOTHER

Name of Person Examined: _____ Date: _____

Date of Birth: _____ Adoption Applicant

This form will aid the Department in determining the physical wellness and capabilities of adoptive parents who are or may be caring for children. Please complete the following summary of health problems, conditions, and medication use that may affect his/her ability to maintain alertness, endurance, and performance of tasks and responsibilities associated with caring for children, ages 0 to 18 now and for the foreseeable future.

I. HISTORY

1. Check any health problems:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Lung Problems | <input type="checkbox"/> Obesity | <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Poor Ambulation | <input type="checkbox"/> Confusion | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Weak/Frail | <input type="checkbox"/> Dementia | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision | <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Hearing | <input type="checkbox"/> Strokes/Paralysis | |

Explain all medical condition(s) checked and any other chronic conditions: _____

2. Are there any condition(s) that are progressive in nature? Yes No

If yes, explain: _____

3. Is there a terminal illness that could interfere with this person's ability to care for a child in the next _____ 5 years, _____ 10 years, 15 years? If yes, explain: _____

4. Medication(s): _____



MEDICAL EVALUATION FORM – WIFE

Are there any physical limitations as a result of medication(s)? Yes No

If yes, explain: _____

5. Illness/Injuries, Operations or Hospitalizations during the last 5 years:

Illness/Injury	Operation	Hospitalization	Date	Outcome

6. Health Habits: Is there a history of substances used by the applicant and what degree of impairment exists, if any, from the substance use?

Alcohol _____ Drugs _____
 Tobacco _____ Other _____

II. PHYSICAL CAPABILITIES

In your medical opinion could your patient physically be able to:

- 1. Lift a child: Under 6 months Yes No
 6 months to 3 years Yes No
- 2. Walk/maneuver 50 – 100 feet without major difficulties: Yes No
- 3. Bend/Stoop, kneel, reach: Yes No
- 4. Is an assistive device needed to walk, bend/stoop, kneel, or reach? Yes No

If yes, what type? _____

5. Are there any medical conditions which limit this person's physical ability to care for a medically complex child which May include the ability to:

- Lift from a bed to chair, etc. Yes No Don't Know
- Frequent Feedings Yes No Don't Know
- Frequent Suctions Yes No Don't Know
- Frequent Monitoring Yes No Don't Know
- Frequent Medication Yes No Don't Know
- Frequent Nebulizations Yes No Don't Know
- Frequent Treatments Yes No Don't Know



MEDICAL EVALUATION FORM – WIFE

Are any limiting conditions temporary? Yes No

If yes, which condition(s): _____

For each condition, how long will the limitation exist? _____

III. PHYSICAL EXAMINATION

Height	Weight	Temperature	Pulse	Blood Pressure (Indicate if Normal)	Eye Color	Hair Color
Heart						
Lungs (Including Report of TB Skin Test or Chest X-Ray)						
Eyes				Vision		
Ears				Extremities		
Nose and Throat				Teeth and Gums		
Abdomen				Pelvis		
Endocrine				Nervous System		
CURRENT LABORATORY TESTS (Including Description and Date) VDRL/RPR/HIV						
Urinalysis: Specific Gravity				Albumin		
Microscopic				Glucose		
FOR WOMEN: Pap Smear						
Other Laboratory Tests (Name, Dates, and Results)						

Summary of abnormal physical findings that would affect caring for a child: _____



MEDICAL EVALUATION FORM – WIFE

IV. CERTIFICATION/SIGNATURE

I certify that this individual is found free from symptoms of communicable disease. Yes No

If No, explain: _____

I certify that the individual has no physical or cognitive limitations that would prevent him/her from parenting.

Yes No If No, explain: _____

With appropriate signed releases, I am available to discuss this report.

Physician's Signature: _____ Date: _____

State License Number: _____ Telephone: _____

Address: _____



PEDIATRICIAN'S REPORT
TO BE COMPLETED BY FAMILY PHYSICIAN

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Is this child current on all immunizations: Yes _____ No _____

Is this child free of communicable and contagious diseases?

Please comment on the health and development of this child:

Please comment on the level of care that this child has received in the home:

Date: _____

Physician's Signature: _____

Physician's Name: _____

Phone Number: _____

Address: _____



REFERENCE FORM

Thank you for taking the time to provide a reference for the prospective adoptive couple listed below. Please answer the questions openly and honestly. Your feedback will be used in the consideration of their home study approval.

***Please do not print this form double-sided. Please use BLACK or BLUE ink.**

Reference For: _____

- When and under what circumstances did you meet the applicant(s)? How often are you in contact with them?
- How would you describe their lifestyle, religious and cultural activities?
- How would you describe their home in terms of stability, communication, support network, etc?
- Describe their interactions with children?
- What special qualities will they bring to parenting?



Reference For: _____

- Are you aware of any aspects of their background or personality that may interfere in the successful parenting of a child?

- Do you have any doubts, reservations or hesitations about the applicant(s)?

- Are there any other comments you would like to share?

- Do you believe this will or will not make a good adoptive home?

Please return to the adoptive applicants in a sealed envelope or mail to Hope for Adoption, Inc. at 130 Prominence Point Parkway, Suite 130-239, Canton, GA 30114. You may also submit a letter as reference in lieu of this form.

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____



HEALTH INSURANCE VERIFICATION

Date: _____

In reference to: _____
(List employee and others covered under plan (spouse, children))

This is to verify the employee has health insurance through their employment through _____
_____ (Insurance Company)

CONTACT PERSON (Human Resources): _____
Name/Title/Telephone number

Please attach a copy of the front and back of the insurance card to this form.



TRAINING DOCUMENTATION

During our home study process we have received the following training:

- Basics of Adoption Overview
- The Adoption Process & Paperwork
- Multi-Cultural Adoption
- Infertility Resolutions
- Birth vs. Adoption
- Parenting Skills and Values
- Extended Family and Adoption
- Attachment & Bonding
- Communication with the Birth Family

I have also been informed of helpful adoption online training through Adoption Learning Partners (www.adoptionlearningpartners.org) such as:

- Let's Talk Adoption
- The Journey of Attachment
- Understanding the Adoption Tax Credit
- Life Books
- Conspicuous Families (multi-cultural adoptions)

Adoptive Father Signature: _____

Date: _____

Adoptive Mother Signature: _____

Date: _____

Caseworker Signature: _____

Date: _____



AUTHORIZATION FOR RELEASE OF INFORMATION

Please complete and sign this form to authorize Hope for Adoption, Inc. to release information concerning you and/or your child (if applicable) from your file to any person, attorney, agency, business or organization related to your adoption.

I authorize Hope for Adoption to release any of the items:

- Home Study
- Child Abuse Checks
- Criminal Record Checks
- Employment Verification
- Medical Reports
- Reference Letters
- To speak with an agency representative
- Post Adoption Report
- Any and all additional adoption related information

I hereby authorize and consent to Hope for Adoption, Inc. reviewing and confirming information regarding my background and/or my current status.

I hereby authorize and consent to Hope for Adoption, Inc. to freely discuss all aspects of my adoption with any professional connected to this case.

I hereby authorize and consent to Hope for Adoption, Inc. to talk with individuals who would have knowledge about my past and/or present life circumstances in order for Hope for Adoption, Inc. to make a fully informed decision regarding my case.

I also hereby give Hope for Adoption, Inc. the authority to release information regarding my case and/or discuss my case with appropriate persons specific to my case.

I understand that the information exchanged will be used solely for the purpose of completing an adoptive home study and/or an adoptive placement.

This consent automatically terminates upon the completion of my adoption effort unless otherwise specified.

Adoptive Father

Date

Adoptive Mother

Date



CRIMINAL BACKGROUND CHECKS

Background checks are required for all couples. There are 3 different background checks required by the state. You have to have a local background check from your local police/sheriff's department, a state (GBI) background check, and a federal (FBI) background check.

****If you have an arrest in your background, please give an explanation of what happened and the steps you have taken to ensure that you would never be arrested for similar reasons again.**

LOCAL BACKGROUND CHECK

Go to your local police/sheriff's department and ask for a local background check. They will have a form for you to complete.

FBI BACKGROUND CHECK

For the FBI prints, visit http://www.fieldprintfbi.com/FBISubPage_3col.aspx?ChannelID=265. Look for a location near you and make an appointment. The results will be emailed to you the same day. This process costs around \$50 per person.

GBI BACKGROUND CHECK

The GBI requires that fingerprinting for all adoptions be completed through the COGENT System.

Step 1: To register for GBI fingerprints, follow these instructions:

- Go to the following website: www.ga.cogentid.com
- Select **Applicant Registration**
- Select **Georgia State Only Background Check**
- Read **Non-Criminal Justice Applicant's Privacy Rights**
- Accept terms and click Continue
- For Reviewing Agency ID, enter **GAP232020** (case sensitive)
- For Reason, select **Private Adoption (Adoption Agency) – GA Check Only**
- Complete the required fields
- Print the registration page with the registration number. You will need this at the fingerprinting location.

Step 2: To have your fingerprints completed, follow these instructions:

- On the COGENT home page under Print Site Locations, click on **Print Locations and Hours**. Find a location nearest facility.
- When you go to get fingerprinted, you might want to call first to be sure they are open and have someone available to print you. This is not a problem with most of the locations but call anyway to be prepared. Be sure to bring your Cogent registration page with the registration number (the page you printed when you completed the registration), your money order (if you did not pay by credit card), and your driver's license or photo i.d.
- **Once you have completed your fingerprints, please contact our agency at 678-923-1019 to inform us.**
- Your results will be available within 24 to 48 hours but will only be accessible for 7 days. Hope for Adoption will retrieve the results and give you a copy of the results.