



WELCOME PACKET

Thank you for choosing Hope for Adoption for your home study services. Hope for Adoption is committed to providing you and your family with quality support throughout the process. We wish you much success throughout your adoption journey.

Please complete the entire home study packet. When completing your forms, always use your FULL LEGAL NAME – no nicknames. Also, please use a blue or black pen.

Please complete the attached documents and mail the completed forms along with the \$200 NON- REFUNDABLE application fee to:

Hope for Adoption
609 Bentwood Trail
Canton, GA 30114

After we receive your application, you will be contacted immediately to begin the home study process.

Should you have any questions, please feel free to contact our office at 678-923-1019.

Cheri Denmon
Executive Director



HOME STUDY APPLICATION

Last Name(s): _____

Home Address: _____

County: _____

City, State, Zip: _____

Home Phone: _____

Have you ever been denied an adoptive home study? _____ if yes, please explain: _____

Applicant #1

Applicant #2

| | Applicant #1 | Applicant #2 |
|---------------------------------|---------------------|---------------------|
| First Middle | | |
| Cell Phone Number | | |
| Employer Phone Number | | |
| Social Security Number | | |
| Drivers License Number | | |
| Date of Birth | | |
| Place of Birth – City and State | | |
| Email Address | | |
| Nationality/Heritage | | |
| U.S. Citizen? Yes or No | | |
| Occupation/Position title | | |
| Employer | | |
| Employer Address | | |
| Length of Employment | | |
| Annual Income | | |
| Debt | | |
| Property owned (type/value) | | |



HOME STUDY APPLICATION

| Relatives Name | Age | Name | Age |
|----------------|-----|-----------|-----|
| Father: | | Father: | |
| Mother: | | Mother: | |
| Siblings: | | Siblings: | |
| | | | |
| | | | |
| | | | |
| | | | |

Nearest Hospital: _____ # Miles _____

Nearest Fire Department: _____ # Miles _____

Nearest Police Department: _____ # Miles _____

Nearest Elementary School: _____ # Miles _____

Nearest Middle School: _____ # Miles _____

Nearest High School: _____ # Miles _____

Nearest 4Religious Institutions: _____ # Miles _____
 _____ # Miles _____
 _____ # Miles _____
 _____ # Miles _____

Nearest Recreational Facilities: _____ # Miles _____

Church Currently Attending: _____ # Miles _____

Directions for Reaching Your Home: (Attach a map if possible)

Please list all cities and states where you have lived in the last 10 years. Include the dates and length of residency.



HOME STUDY APPLICATION

| | | | | |
|--|-----------------------------|-------|------|-------|
| Present Marriage | Date | Place | Date | Place |
| Previous Marriage(s) | Date | Place | Date | Place |
| | Cause of dissolution / Date | | | |
| Education – Grade School City, State Grade Completed | | | | |
| Education – High School City, State Grade Completed | | | | |
| Education – College City, State Degree Completed | | | | |
| Education – Other | | | | |
| Religion/Church or Parish How long have you attended Members: Yes/No | | | | |
| Organizations/Club Memberships | | | | |

Children /Others in the Home (if stepchild, please specify custody arrangement):

| Name | Sex | DOB | Relationship to Applicant #1 | Relationship to Applicant #2 |
|------|-----|-----|------------------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



HOME STUDY APPLICATION

Please give your employment history for the past 10 years. Include employer name, city and state, length of employment, and job title: _____

Have you ever declared bankruptcy? If yes, please explain _____

LIFE INSURANCE

| Amount | Company | Beneficiary |
|--------|---------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Has either applicant ever been accused or convicted of child abuse? Yes _____ No _____

If yes, please explain: _____

Has either applicant ever received psychiatric or psychological counseling? Yes _____ No _____

If yes, please explain: _____

Include date, name and address of physician _____

Does either applicant have a history of prolonged usage of drugs or alcohol (either personal or family history)?

Yes _____ No _____ If yes, please explain: _____

Has either applicant ever suffered any sexual or physical abuse as an adult or in childhood?

Yes _____ No _____ If yes, please explain: _____

Has either applicant ever been arrested or convicted of any criminal offense? Yes _____ No _____

If yes, please explain: _____



HOME STUDY APPLICATION

References (Five - 5) with full address, phone numbers and email address.

Please include: two family member and three non-family members. If you have worked with children within the past 5 years, one reference must be from that employer, supervisor, or pastor (if you volunteered at your church).

| Name | Address | Telephone | Email |
|------|---------|-----------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Child Preferred:

Sex: _____

Age Range: _____

Race Preference: _____

Single Birth

Twins

Drug Exposure

Mental Illness

Premature Birth

Openness of Adoption:

Open

Semi-Open

Closed

Applicant #1's Signature

Date

Applicant #2's Signature

Date

****When completed, please return along with the \$200 NON-REFUNDABLE application fee to Hope for Adoption.**



HOME STUDY FEE SCHEDULE

Cash, Check and Credit Cards are accepted.

| <u>Service</u> | <u>Fee</u> |
|--|--|
| Application Fee | \$200 |
| Domestic Home Study | \$1,300.00 (1 home & 2 office visits - \$650 is due at initial visit & at 2 nd visit) |
| Expedited Home Study | \$1,500.00 (1-2 weeks - \$750 is due at initial visit & at 2 nd visit) |
| Home Study Amendment | \$100 due at the time changes are made |
| Home Study Update | \$500.00 due at time of home visit |
| Subsequent Home Study | \$750.00 due at time of home visit |
| Post Placement Supervision | \$250.00 per visit due at time of visit |
| Court Report for Finalization | \$300.00 must be received before release of the Court Report (Domestic Adoption) |
| Travel (paid directly to the caseworker) | Charged at the current IRS guidelines - per mile roundtrip, due at time of home visit |
| Additional Home Study Reports | \$25.00 each (3 Reports are provided) |

Home Study Refund Policy

Clients are billed at the time service is rendered therefore, there are no refunds. If you put your home study on hold for a period greater than six months, you will be billed at the rates in effect once you begin the home study process again.

Client Signature: _____ Client Signature: _____

Date: _____ Date: _____

Agency Rep: _____ Date: _____