



## **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. Please make sure to read any and all instructions! When completing your forms, always use your FULL LEGAL NAME – no nicknames. Also, please use a standard 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**

	<b>Applicant #1</b>	<b>Applicant #2</b>
First Middle		
Cell Phone Number		
Employer Phone Number		
Social Security Number		
Drivers License Number		
Date of Birth		
Place of Birth – City and State (as noted on your birth certificate)		
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 4 Religious Institutions: \_\_\_\_\_ # Miles \_\_\_\_\_  
 \_\_\_\_\_ # Miles \_\_\_\_\_  
 \_\_\_\_\_ # Miles \_\_\_\_\_  
 \_\_\_\_\_ # Miles \_\_\_\_\_

Nearest Recreational Facilities: \_\_\_\_\_ # Miles \_\_\_\_\_

Church Currently Attending: \_\_\_\_\_ # Miles \_\_\_\_\_

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

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**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 Obtained				
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 list all cities and states where you have lived in the last 10 years.

**Applicant #1**

City, State

Length of Residency (month/year format)

_____	_____
_____	_____
_____	_____
_____	_____

**Applicant #2**

City, State

Length of Residency (month/year format)

_____	_____
_____	_____
_____	_____
_____	_____

Please give your employment history for the past 10 years.

**Applicant #1**

Employer Name

City, State

Length of employment (month/year)

Job Title

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Applicant #2**

Employer Name

City, State

Length of employment (month/year)

Job Title

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**HOME STUDY APPLICATION**

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

\_\_\_\_\_  
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.**



## 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 - Hope for Adoption is a home study only agency. We are licensed to complete adoptive home study reports and evaluations for families who wish to adopt domestically. We also conduct post placement reports and can prepare court reports if needed. We do not place children for adoption and we do not provide foster care services.

Eligibility Requirements for Adoption – Prospective Adoptive Applicants must meet the following guidelines:

- 21 years of age or older
- Married or Single
- Valid motivation to adopt
- Stable marriage and/or family life
- Solid and safe parenting practices
- Financially able to provide support for the family
- Proved employment history
- Validated truthful application and forms
- Good physical and mental health
- Safe and secure home environment
- Solid character references
- Exhibit realistic adoption expectations

Description of Procedures Involved with Adoption – After the home study is completed, adoptive families will apply to certified placing agencies. Once the adoptive family has accepted a match and they accept placement of a child, post placement supervision will begin. Finalization can occur once the post placement supervision has been completed.

Fee Schedule and Refund Policy – see attached form

Approximate Time Assessment and Adoption Process Will Take – 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. With an approved home study, couples might have a placement quickly or it could take as long as 18 months.

Type of Children Available for Adoption – Domestic adoption offers healthy newborns of all ethnicities. Occasionally, older children or sibling groups are available.

Client Signature: \_\_\_\_\_ Client Signature: \_\_\_\_\_

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





## 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 <sup>nd</sup> visit)
Expedited Home Study	\$1,500.00 (1-2 weeks - \$750 is due at initial visit & at 2 <sup>nd</sup> 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) visit	Charged at the current IRS guidelines - per mile roundtrip, due at time of home visit
Additional Home Study Reports	\$25.00 each (2 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: \_\_\_\_\_



**GEORGIA CHILD ABUSE REGISTRY**

Please complete the following information so we can submit your Georgia Child Abuse Registry Check.

**Adoptive Father Full Name** \_\_\_\_\_

Any other names used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Adoptive Mother Full Name** \_\_\_\_\_

Adoptive Mother Middle Name Given At Birth \_\_\_\_\_

Adoptive Mother Maiden Name \_\_\_\_\_

Any other names used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**PLEASE GIVE COMPLETE GEORGIA ADDRESSES FOR THE LAST 5 YEARS. INCLUDE DATES IN MONTH/YEAR FORMAT:**

\_\_\_\_\_  
\_\_\_\_\_

**ANY OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 18**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Gender \_\_\_\_\_ Previous State(s) \_\_\_\_\_ Years \_\_\_\_\_