



Adoption Related Services
8 South Main Street
P.O. 201
Shrewsbury, Pennsylvania 17361
Phone: 717-227-9560
Fax: 717-227-9562
info@adoption-related-services.org

HOME STUDY/HOME STUDY UPDATE APPLICATION

Date Submitted: _____

_____ **HOME STUDY SERVICES:** **COUNTRY:** _____
 _____ **HOME STUDY UPDATE SERVICES** **COUNTRY:** _____
 (For Updates submit copy of your previous home study)

Couple/Individual Name _____
 Address _____
 Phone _____

How did you hear about our agency? _____

PLEASE SUBMIT WITH YOUR \$100 NON-REFUNDABLE APPLICATION FEE.

Please note: If additional space is needed to answer any question(s), refer to the last page of this application. A blank lined sheet has been provided for you.

I. IDENTIFYING INFORMATION (use APPLICANT 2 for 2nd member of couple)

APPLICANT 1		APPLICANT 2	
First Name:		First Name:	
Middle:		Middle:	
Last Name:		Last Name:	
Date of Birth:		Date of Birth:	
Age:		Age:	
Address:		Address:	
City:		City:	
Length of Residence:		Length of Residence:	

List all Previous Residence(s)(within last 10 years) Use separate sheet if needed		List all Previous Residence(s) (within last 10 years) Use separate sheet if needed	
E-Mail:		E-Mail:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone		Cell Phone	
#of Marriages/Divorces		# of Marriages/Divorces	
Date of Marriage:		Date of Marriage	
Date of Divorce:		Date of Divorce:	
Reason for the Divorce:		Reason for the Divorce:	
Former Spouse's Name:		Former Spouse's Name:	

II. ARE YOU (APPLICANT 1 & 2) CURRENTLY MARRIED TO EACH OTHER? YES NO

Date of Marriage:		Place of Marriage:	
-------------------	--	--------------------	--

III: EMPLOYMENT (use APPLICANT 2 for 2nd member of couple

APPLICANT 1		APPLICANT 2	
Employer:		Employer:	
Street Address:		Street Address:	
City:		City:	
State, Zip:		State, Zip:	
How Long Employed:		How Long Employed:	
Position Held:		Position Held:	
Annual Salary:		Annual Salary:	
Other Income and source:		Other Income and Source:	

IV: CHILDREN LIVING IN THE HOME

Full Name:		D.O.B:	/ /
Adopted?	Finalized?	Adopted Child's Birth Country:	
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	Date and Place of Finalization:	
Any special needs?			
Full Name:		D.O.B:	/ /

Adopted?	Finalized?	Adopted Child's Birth Country:		
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	Date and Place of Finalization:		
Any special needs?				
Full Name:			D.O.B:	/ /
Adopted?	Finalized?	Adopted Child's Birth Country:		
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	Date and Place of Finalization:		
Any special needs?				

V. FOSTER CHILDREN

Full Name		D.O.B:	/ /
Any special needs?			
Name and Contact information of Foster Care Agency			
Full Name		D.O.B:	/ /
Any special needs?			
Name and Contact information of Foster Care Agency			
Full Name		D.O.B:	/ /
Any special needs?			
Name and Contact information of Foster Care Agency			

VI. CHILDREN LIVING OUT OF THE HOME

Full Name:			D.O.B:	/ /
Adopted?	Finalized?	Adopted Child's Birth Country:		
<input type="checkbox"/> NO <input type="checkbox"/> YES →	<input type="checkbox"/> NO <input type="checkbox"/> YES →	Date & Place of Finalization:		
Current Address:				
	Street	City	State	Zip
<i>CURRENT PHONE:</i>	()			
Full Name:			D.O.B:	/ /
Adopted?	Finalized?	Adopted Child's Birth Country:		
<input type="checkbox"/> NO <input type="checkbox"/> YES →	<input type="checkbox"/> NO <input type="checkbox"/> YES →	Date & Place of Finalization:		
Current Address:				
	Street	City	State	Zip

CURRENT PHONE:	()				
Full Name:				D.O.B:	/ /
Adopted?	Finalized?	Adopted Child's Birth Country:			
<input type="checkbox"/> NO <input type="checkbox"/> YES →	<input type="checkbox"/> NO <input type="checkbox"/> YES →	Date & Place of Finalization:			
Current Address:					
	Street		City	State	Zip
CURRENT PHONE:	()				

VII. OTHER ADULTS (over age 18) LIVING IN THE HOME

Name:		Relationship:	
Name:		Relationship:	

VIII: PERSONAL INFORMATION (use APPLICANT 2 for 2nd member of couple)

APPLICANT 1				APPLICANT 2			
Height:		Weight:		Height:		Weight:	
Hair Color:		Eye Color:		Hair Color:		Eye Color:	
Race/Ethnicity				Race/Ethnicity			
HAVE YOU EVER BEEN:				HAVE YOU EVER BEEN:			
Arrested: (even if expunged)		<input type="checkbox"/> YES <input type="checkbox"/> NO		Arrested: (even if expunged)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Convicted of a Crime:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Convicted of a Crime:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
In Jail or Prison:		<input type="checkbox"/> YES <input type="checkbox"/> NO		In Jail or Prison:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
The subject of a child abuse or neglect investigation:		<input type="checkbox"/> YES <input type="checkbox"/> NO		The subject of a child abuse or neglect investigation:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have had a Protection from Abuse (PFA) filed by or against you?		__ Yes __ No		Have had a Protection from Abuse (PFA) filed by or against you?		__ Yes __ No	
If YES to any of the above, please explain:				If YES to any of the above, please explain:			

IX: PERSONAL HEALTH (use APPLICANT 2 for 2nd member of couple)

APPLICANT 1		APPLICANT 2	
<i>Information on Physician who will complete the Medical Exam for the Home Study.</i>		<i>Information on Physician who will complete the Medical Exam for the Home Study.</i>	
Name:		Name:	

Street Address:		Street Address:	
City:		City:	
State, Zip:		State, Zip:	
Are you currently being treated by a Physician?		Are you currently being treated by a Physician?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please describe the conditions:		If YES, please describe the conditions:	
Please describe all hospitalizations within the last five years:		Please describe all hospitalizations within the last five years:	
Have you ever sought treatment from a mental health/substance abuse professional?		Have you ever sought treatment from a mental health/substance abuse professional?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please describe the circumstances, including dates:		If YES, please describe the circumstances, including dates:	

X. HOME STUDY

Country the Home Study is Needed For:			
Have you ever been denied a Home Study?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please explain:			
<i>Placement Agency/Attorney Information</i>			
Agency or Law Firm's Name:			
Agency/Attorney Address:			
Agency/Attorney Phone:			
Agency Contac/ Attorney's name:		Phone:	

XI. ADOPTION PLANS

Have you previously adopted?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please explain:			

Why are you considering adoption at this time?			
Have you attended any adoption related workshops/classes?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please list:			
Country you hope to adopt from:			
<i>Why do you wish to adopt from this country?</i>			
How will you maintain the child's culture?			
What are your feelings about the birth-family?			
How have you prepared your family?			
What issues do you wish to discuss with your social worker?			
Please Describe the Type of Child or Children you would like to adopt:			
No of Children you wish to adopt.		Race/Culture	
Siblings?		Non-Related?	

WHEN SUBMITTING THE APPLICATION PLEASE SUBMIT WITH IT YOUR \$100 NON-REFUNDABLE APPLICATION FEE. WE CAN NOT PROCESS THE APPLICATION WITH OUT THE FEE.

DISCLOSURE STATEMENT:

If you or any member of your family has a criminal, child abuse, domestic violence, psychiatric or substance abuse history, multiple divorces, a disrupted adoption, serious illnesses, bankruptcy, etc. **It is imperative that you disclose this information to our agency, even if treatment was successful and/or there has been an expungement of your records.**

This certainly does not mean you are disqualified from being approved for a home study. In most cases the issues are discussed and treated as a part of your past that is resolved and/or under control. We do realize that nobody is perfect, illnesses occur and that mistakes can be made. However, refusal to disclose may mean a denial of your home study and if you are adopting internationally, a denial of your I-600A. If you have any questions at all, please call our Executive Director.

I/WE, THE UNDERSIGNED, HAVE READ THE STATEMENT ABOVE AND HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE.

SIGNED:

Applicant 1: _____ Date: _____

Applicant 2: _____ Date: _____

