



Adoptive Parent Questionnaire

A major task of the home study process is getting to know you. This is not a test. Your answers will reflect your thoughts and feelings. If you need more space, please use additional paper. Please know this is a confidential inventory and will not be shared with anyone outside of this agency.

Description of Home

I/We live in a _____ bedroom _____ bathroom home which has a _____ car garage.

My/Our home is _____ square feet. It is located in a _____ neighborhood near _____.

Within my/our home is : (x those that apply)

Dining room Living room Family room Office Kitchen Utility Room

The interior can be described as _____

The baby or child's room is located _____

The exterior of our home is _____

The backyard is or is not fenced with a: Pool Spa Screened Patio/Lanai

We own or rent our home. We have lived in our home for _____ years.

We have _____ smoke detectors and _____ fire extinguishers which are located

I/We do or do not own guns. Our guns are stored _____

and ammunition is kept _____

What we love most about our home is

Family

Applicant 1:

My full name is _____ . I like to be called _____ .

I am _____ years old. I was born on _____ . I am (race) _____ .

and am of _____ decent. I have _____ hair and

_____ eyes. I am _____ feet _____ inches tall and weigh _____ pounds. I

have a _____ complexion. In my free time, I enjoy _____

I describe my personality as being (3 words) _____

I have been a Florida resident for _____ consecutive years.

Anything additional I would like to share:

Applicant 2:

My full name is _____ . I like to be called _____ .

I am _____ years old. I was born on _____ . I am (race) _____ .

and am of _____ decent. I have _____ hair and

_____ eyes. I am _____ feet _____ inches tall and weigh _____ pounds. I

have a _____ complexion. In my free time, I enjoy _____

I describe my personality as being (3 words) _____

I have been a Florida resident for _____ consecutive years.

Anything additional I would like to share:

Children/Other: Please list any other children or adults living in your home AND/OR adult children living outside your home. Please attach an extra sheet of paper should you need more space.

NAME: _____ Adopted or Biological
DOB/School/grade/occupation _____
Physical Description _____
Special Interests _____
Health Concerns _____
Three words to describe him/her _____

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PETS

Name _____	Breed _____	Age _____
Name _____	Breed _____	Age _____
Name _____	Breed _____	Age _____

Have your pets spent time with children? Yes No

How do your pets respond to children?

Applicant 1 Social History

I was born on (date) _____ in (city/state) _____ to

Father's Name _____ Present Age _____

Mother's Name _____ Present Age _____

My father works as or is retired from _____

My father's personality can be described as

My mother works as or is retired from _____

My mother's personality can be described as

My parents were married _____ Are they still married? Yes No

If no, year of divorce _____.

If either of your parents are remarried, please list year and the name of their spouse:

Mother _____

Father _____

If either of your parents are deceased, please indicate which parent, the cause of their death, the year they passed, your age at the time and describe the impact of their death

If the above does not apply, where do your parents reside now? _____

What city/states did you reside in during your childhood? List approximate dates.

What was your relationship like with your parents when you were a child?

Which parent do you feel assisted you most in your formative years and why?

Who was the most significant person in your childhood and why?

Who was the disciplinarian in your home and how were you disciplined?

Favorite childhood memories

Family Traditions

Please list your siblings:

Name _____ **Age** _____

Occupation _____

He/She lives where? _____ Children? Yes No If yes, how many? _____

Married? Yes No If yes, name of spouse _____.

Describe your relationship _____

Name _____ **Age** _____

Occupation _____

He/She lives where? _____ Children? Yes No If yes, how many? _____

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Describe your relationship _____

Name _____ **Age** _____

Occupation _____

He/She lives where? _____ Children? Yes No If yes, how many? _____

Married? Yes No If yes, name of spouse _____.

Describe your relationship _____

What has been the biggest disappointment/loss you have had in your life?

How did you handle it? _____

Have you or anyone close to you been affected directly or indirectly by:

Sexual Abuse Yes No Counseling/Therapy Yes No

Physical Abuse Yes No Financial Problems Yes No

Mental Abuse Yes No Drug/Alcohol Abuse Yes No

If you checked yes for any of the above, please elaborate:

Please indicate 3 strengths and 3 weaknesses

STRENGTHS	WEAKNESSES

Have you ever had any incidents, involvement, reports or referrals with any police or sheriff's department? Yes No If yes, please explain.

Have you ever been arrested? Yes No If yes, please explain.

Have you ever been Baker Acted or hospitalized against your will? Yes No If yes, explain.

Do you use?

Alcohol? Yes No Frequency? _____
Narcotics? Yes No Frequency? _____
Tobacco? Yes No Frequency? _____

What achievement(s) are you most proud of?

What are your personal goals?

Are you a member of any professional or social organizations?

I attended _____ High School in (city/state) _____

And graduated in (year) _____. I went to college at _____

and graduated in _____ with a degree in _____.

Please list academic advanced degree, accomplishments, military experience or technical school training

Following graduation from _____ I was employed with:

Company Name: _____ City/State _____

Position: _____ Dates: _____

Reason for leaving company: _____

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Company Name: _____ City/State _____

Position: _____ Dates: _____

Reason for leaving company: _____

Presently, I am employed with _____ in City/State _____

Title _____ My job duties include _____

I have been with the company for the past _____ years.

What I like most about my job is:

What I like least about my job is:

What kind of parent do you think you will be? Describe how you see yourself as a mom or dad.

Applicant 2 Social History

I was born on (date) _____ in (city/state) _____ to

Father's Name _____ Present Age _____

Mother's Name _____ Present Age _____

My father works as or is retired from _____

My father's personality can be described as

My mother works as or is retired from _____

My mother's personality can be described as

My parents were married _____ Are they still married? Yes No

If no, year of divorce _____.

If either of your parents are remarried, please list year and the name of their spouse:

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Title _____ My job duties include _____

I have been with the company for the past _____ years.

What I like most about my job is:

What I like least about my job is:

What kind of parent do you think you will be? Describe how you see yourself as a mom or dad.

Relationship/Marriage

How did you meet? _____

We dated for _____ years and _____ months. We were married on _____

in city/state _____.

Applicant 1:

I was initially attracted to my partner because:

I use the 3 following adjectives to describe my partner's personality

I have or have not been married before. If married previously, name of ex-spouse, date of marriage and divorce.

Divorce taught me the importance of _____

Applicant 2:

I was initially attracted to my partner because:

I use the 3 following adjectives to describe my partner's personality

I have or have not been married before. If married previously, name of ex-spouse, date of marriage and divorce.

Divorce taught me the importance of _____

The most positive aspect of our marriage is _____

If we could change one thing about our relationship it would be _____

How do you like to spend time together? _____

Have you attended marriage counseling? Yes No If yes, why?

What are your areas of disagreement and how do you solve conflict?

Neighborhood

What made you choose to live in your present neighborhood?

What do you like about it?

Are schools, parks and shopping close by? Please describe your neighborhood.

Describe your relationship with your neighbors:

Religion

To what denomination/faith do you presently belong? Applicant 1 _____

Applicant 2 _____

What faith were you taught growing up?

Applicant 1 _____

Applicant 2 _____

Do you currently belong to a place of worship?

Yes No

If yes, where? _____

How often do you attend? _____

Why did you choose this place of worship? _____

How important to you is the teaching of your faith to your child? _____

How do you plan to teach your child your faith? _____

Infertility and Motivation to Adopt

Are you able to have biological children? Yes No Unknown

If no, please describe the case of your infertility

Have you had any fertility treatments or surgery to correct this problem? Yes No If yes, please list:

How long have you been attempting to become pregnant? _____

If applicable, how has it been for you not being able to have biological children?

At what point did you consider adoption as an option for your family?

Why do you want to adopt?

Have you ever started a home study in the past? Yes No Where: _____

Feelings Towards Adoption and Expectant Parents

What are your concerns about raising an adopted child?

Please list any concerns you have about the adoption process

What are some of the reasons you believe children are placed for adoption?

Experiences with friends and/or family who have adopted or are adopted

Do you have any previous adoption experience, whether successful or not? Yes No

If yes, please explain

How has your family responded to your adoption plan?

Parenting

What experience do you have with children?

What are your parenting goals?

As parents, how will you differ from your parents? How will you be the same?

How do you plan to discipline your child?

How do you feel about corporal punishment?

If there are other children in your family, how will you help them accept a new adopted child?

How and when do you plan to tell your child that he/she is adopted?

Child Care Plan

If married, which parent will be staying home with the child initially? _____

How long will you be able to take off of work at the time of placement? _____

What type of day care/sitter will you use when/if you return to work? _____

Child Desired

Age Range _____ Race/Ethnicity _____

Feelings regarding alcohol use during pregnancy

Feelings regarding drug use during pregnancy

Feelings regarding tobacco use during pregnancy

Openness to meeting/phone calls with expectant mother/parents both before delivery and after placement?

The information provided in this self study is true and accurate.

Applicant 1

Date

Applicant 2

Date