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### 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 \_\_\_\_\_

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

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

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

**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?

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Favorite childhood memories

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Family Traditions

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**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? \_\_\_\_\_

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? \_\_\_\_\_

Married?  Yes  No If yes, name of spouse \_\_\_\_\_.

Describe your relationship \_\_\_\_\_

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

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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:

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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.

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

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

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Do you use?

Alcohol?  Yes  No Frequency? \_\_\_\_\_  
Narcotics?  Yes  No Frequency? \_\_\_\_\_  
Tobacco?  Yes  No Frequency? \_\_\_\_\_

What achievement(s) are you most proud of?

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What are your personal goals?

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Are you a member of any professional or social organizations?

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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

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Following graduation from \_\_\_\_\_ I was employed with:

Company Name: \_\_\_\_\_ City/State \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

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:

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What I like least about my job is:

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

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**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  
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Mother \_\_\_\_\_

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

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?

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

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Favorite childhood memories

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Family Traditions

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**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? \_\_\_\_\_

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? \_\_\_\_\_

Married?  Yes  No If yes, name of spouse \_\_\_\_\_.

Describe your relationship \_\_\_\_\_

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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:

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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.

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

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

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Do you use?

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Narcotics?  Yes  No Frequency? \_\_\_\_\_  
Tobacco?  Yes  No Frequency? \_\_\_\_\_

What achievement(s) are you most proud of?

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What are your personal goals?

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Are you a member of any professional or social organizations?

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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

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Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

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:

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What I like least about my job is:

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

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**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?

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Please list any concerns you have about the adoption process

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

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

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

If yes, please explain

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How has your family responded to your adoption plan?

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## Parenting

What experience do you have with children?

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What are your parenting goals?

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

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How do you plan to discipline your child?

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How do you feel about corporal punishment?

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

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

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**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