



Adoptive Parent Personal Inventory

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 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

Other _____

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
 Play Equipment

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

We have # _____ smoke detectors and # _____ fire extinguishers which are located in or near

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.

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.

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 provide an email address and phone number for **any** children not living in 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 _____
Email address / phone number _____

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If applicable, how do you believe your children will adjust to having a new sibling? What concerns do you have regarding your child adjusting to another child being placed in your home for the purpose of adoption?

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 (3 descriptive words)

My mother works as or is retired from _____

My mother's personality can be described as (3 descriptive words)

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 (city/State) 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?

Please answer the following questions in detail. You can attach additional paper if needed.

Favorite childhood memories:

Family Traditions:

What was your relationship with friends/neighbors/extended family?

How would you describe your childhood overall? Where you happy? Explain your answers.

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?

How did you handle it?

Check yes next to any box if you have been affected directly or indirectly by any of the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Counseling/Therapy | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Financial Problems | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Mental Abuse | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Employment termination |

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.

Have you ever been admitted to a hospital or rehabilitation facility for drug use, mental health issues or emotional problems? Yes No If yes, explain.

Do you use:

Alcohol? _____ Frequency? _____

Narcotics? _____ Frequency? _____

Tobacco? _____ Frequency? _____

Medical Marijuana? _____ Frequency? _____

Do you have pornography in your home? Yes No If yes, where is it kept and how is it secured?

If you have pornography and it is not secured, what is your plan to secure it?

What achievement(s) are you most proud of?

What are your personal goals?

Are you a member of any professional or social organizations? If yes, please list.

Describe how you see yourself as a parent.

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

And graduated in (year) _____. I participate in/was involved with the following clubs, sports or

activities while in high school: _____.

Did you enjoy school? Yes No Why? _____

College/University attended: _____

Graduated in (year) _____ 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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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:

How do you manage stress or problems?

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 (3 descriptive words)

My mother works as or is retired from _____

My mother's personality can be described as (3 descriptive words)

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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 Describe your relationship _____

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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:

How do you manage stress or problems?

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 resolve 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?

Why do you want to adopt?

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

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

If yes, 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?

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?

Is there anything else you would like to tell us?

The information provided in this personal inventory is true and accurate.

Applicant 1

Date

Applicant 2

Date