



Dear Home Study Applicant,

Thank you for considering *Adoption Makes Family* as the agency to conduct your home study. We consider it a privilege to help families through the adoption process. Adoption is a beautiful experience and deserves the careful attention of a staff of professionals dedicated to helping you have the most positive experience possible. Your adoption starts with a home study and it is our goal to make the start of your adoption process a positive one.

Attached is the home study application for *Adoption Makes Family*. After completing the application, please submit it to *Adoption Makes Family* with your non-refundable application fee of \$400.00.

A full home study packet will be sent to you with a detailed guide to help you manage the task of gathering your necessary paperwork. Attached to the home study application is a listing of the documents necessary to complete the home study. While you are waiting for your full packet, you may start to gather the documents that do not require specific forms. (Birth and Marriage Certificates and divorce decrees if applicable.) You may also want to schedule physicals.

Once you have gathered all of your documents as delineated in the full home study packet, please send the packet of originals and a full copy, to *Adoption Makes Family* with your payment of \$1100. There are NO MILAGE FEES for families who live within a 50 mile radius of the agency office at 10635 York Road, Cockeysville, Maryland 21030.

Upon receipt of your completed packet, a home study social worker will be assigned to you. This social worker will contact you within days of receiving your packet to set up your first of three visits.

It is our policy to have a home study completed within ninety-(90) days of the receipt of all of your completed documents. We ask that you work with your social worker in scheduling your visits so that it is possible to meet the 90-day completion.

If there are any questions, please feel free to contact us directly. We will do our best to make your home study experience as positive as possible.

Again, thank you for allowing *Adoption Makes Family* to be a part of growing your family.

Dean R. Kirschner, Ph.D., LCSW-C
Executive Director



AGENCY APPLICATION

I. THE FIRST ADOPTION APPLICANT

Full Name _____

Street Address _____

City and State and Zip Code _____ County _____

Telephone: home _____ work _____

Cell Phone: _____

FAX Number: home _____ work _____

Email Address: _____

Religion _____ Social Security # _____

Date and Place of Birth _____

Physical Description _____ Height _____ Weight _____

Hair Color _____ Eye Color _____

Race _____ Nationality Descent _____

Current Employer _____

Employer's Address _____

Salary _____

Title _____

Current Health Status: _____

Are you currently being treated by a physician? Yes No

Please describe condition.

Please describe all hospitalizations within the last 10 years. _____

Have you ever sought treatment from a mental health professional? Yes No

Please describe circumstances. _____

Have you ever been arrested? Yes No

Please describe circumstances and outcome. _____

II. **SECOND ADOPTION APPLICANT (SPOUSE)**

Full Name _____

Telephone: Work _____ Cell _____

FAX Number: Work _____

Religion _____ Social Security # _____

Date and Place of Birth _____

Physical Description _____ Height _____ Weight _____

Hair Color _____ Eye Color _____

Race _____ Nationality Descent _____

Current Employer _____

Employer's Address: _____

Salary: _____

Title _____

Current Health Status: _____

Are you currently being treated by a physician? Yes No

Please describe condition.

Please describe all recent hospitalizations. _____

Have you ever sought treatment from a mental health professional? Yes No

Please describe circumstances. _____

Have you ever been arrested? Yes No

Please describe circumstances and outcome.

III. **MARITAL HISTORY**

Date and Place of Present Marriage: _____

Explain any separations in current marriage, dates:

Please describe your marriage: _____

If you have a current obligation to pay child support, indicate name and birth date of child and name and address of local department of child support agency overseeing the payment of child support:

IV. **FAMILY COMPOSITION INCLUDING YOUR CHILDREN**

Name, Date of Birth and Relationship of Other Adults Living in the Home:

Name, Date of Birth, Grade Placement of Children of Adoptive Applicants (If there are children living in the home part-time, please supply information and indicate amount of time residing in home. Also if there are children residing with another parent, provide that information):

V. **YOUR HOME**

Describe (type of construction; trailer, wood frame, brick):

No. of Rooms _____ No. of Bathrooms _____

No. of Bedrooms: Solo - _____; Shared - _____

City Limits: inside outside rural area

Plan to provide space in the home for a child:

Do you have a pool or hot tub? Yes No. If so, you must provide documentation that you are in compliance with all county zoning, building, or health codes or ordinances.

Do you have any pets? Yes No If so, please state what type and number.

Also, please provide photocopies of license or registration (if required by state law or local ordinance) and proof of rabies vaccination when you submit your final packet of documents.

Do you have any firearms in the home? Yes No If an adoptive applicant maintains firearms in the home, please provide photocopies of the registration and permit for each firearm when you submit your final documentation.

Other adults living in the home and their relationship to you: _____

VI. REFERENCES

A. Names, Address and Home & Work Phone Numbers of three (3) individuals who can supply letters of reference. These letters of reference must be sent directly to *Adoption Makes Family, Inc.* The format and instructions for writing this letter will come with the home study packet. None of these references may be a relative, member of the clergy, supervisor or manager at your employment. If you have a child or children in the household attending school, one reference shall be a teacher, administrator, or counselor employed by the school where the child or children attend. The agency will contact all references and will see at least one reference face-to-face. All of your children, living with you or not, must be interviewed by the agency social worker to complete this adoption home study.

	<u>Name</u>	<u>Address</u>	<u>Phone Numbers</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

VII. GENERAL

Are you planning to use Adoption Makes Family as your placement agency? _____ Yes _____ No

From where are you planning to adopt? _____

Why are you considering adoption at this time? _____

Have you ever been denied a home study, terminated with home study agency or had a home study agency terminate a relationship with you? If yes, please explain. _____

Are you interested in adopting more than one child over the years? Yes No

If so, how many? _____

Do you have any strong preference for one gender over the other? Yes No

What racial heritage are you seeking to adopt?

Caucasian _____ African American _____ Asian _____ Other _____

Biracial (Which races) _____

Are you currently pursuing a private adoption? Yes No

If so, who is your attorney? _____

Attorney's Phone Number and Address _____

Have you located a birth mother? Yes No

What state is she residing in? _____ When is the baby due? _____

Are you currently working with any other adoption agencies which are licensed in the state of Maryland?
Yes No

If so, which agency? NOTE: CODE OF MARYLAND REGULATIONS REQUIRES THAT YOU PROVIDE A FULL DISCLOSURE AND SIGNED RELEASE FOR INFORMATION IF YOU ARE OR HAVE WORKED WITH OTHER LICENSED ADOPTION AGENCIES.

Name of Agency: _____ Telephone Number _____

The signature below indicates my (our) consent to have AMF contact my (our) previous agency

Applicant 1

Applicant 2

How did you find out about *Adoption Makes Family Inc.*? If you were referred, please list the name of the person who referred you:

What adoption related workshops or classes have you attended to prepare for your adoption?

How long have been seeking a child to adopt? _____

From where are you planning to adopt? _____

With what agency are you working? _____

Please acknowledge by your signature your consent for *Adoption Makes Family* to be in contact and share information with your placing agency

Applicant 1

Applicant 2

Have you ever been convicted of, are the subject of pending charges or have ever been the subject of charges for the commission of attempt to commit/or assault with the intent to commit: Murder, Child Abuse, Rape; Child Pornography; Child Abduction; Kidnapping of a Child; manufacturing, distributing, or dispensing a controlled dangerous substance; possession with intent to manufacture, distribute or dispense a controlled dangerous substance; or hiring, soliciting, engaging, or using a minor for the purpose of manufacturing, distributing or delivering a controlled dangerous substance; or a Sexual Offense, defined by the laws of the State of Maryland or any other jurisdiction?

Adoptive Applicant 1: Yes No Adoptive Applicant 2: Yes No

Have you ever had a problem with substance abuse of any type including prescription drugs, narcotics, amphetamines, "street drugs", or alcohol or have you ever been in a rehabilitation program?

Adoptive Applicant 1: Yes No Adoptive Applicant 2: Yes No

Have you ever been convicted of child abuse or domestic violence or have you ever been involved in any form of domestic violence or child abuse under any circumstances?

Adoptive Applicant 1: Yes No Adoptive Applicant 2: Yes No

Have you ever been rejected for placement by an adoption agency or other authority?

Adoptive Applicant 1: Yes No Adoptive Applicant 2: Yes No

VII. DIRECTIONS

Please provide directions from our agency address to your home.

***Adoption Makes Family* is required by law to deny this application if any of the information provided in it, or any other submitted document, is known to be false or misleading by the applicant(s).**

We understand that the application fee for a home study is not the home study fee. We understand that the home study application fee is non-refundable.

In the event that a home study client delays the completion of the adoption home study for five months past the initiation of the home study application, there will be an assessed fee of \$500.00 to reactivate the home study process.

We certify that the above information is true to the best of our knowledge, information and belief.

Signature

Signature

Date

Date



DOCUMENTS REQUIRED TO BE SUBMITTED IN DUPLICATE AS YOUR COMPLETED HOME STUDY PACKET –

THESE DOCUMENTS ARE NOT NECESSARY FOR THE SUBMISSION OF YOUR APPLICATION

(This form is to be returned with your documents)

- _____ BIRTH CERTIFICATES FOR ADOPTIVE APPLICANTS AND ALL CHILDREN RESIDING WITHIN THE HOME
- _____ MARRIAGE CERTIFICATE
- _____ DIVORCE DECREES FOR EITHER ADOPTIVE APPLICANT FOR ALL PREVIOUS MARRIAGES
- _____ PHYSICIAN'S REPORTS FOR ADOPTIVE APPLICANTS AND ALL OTHER ADULTS AND CHILDREN RESIDING WITHIN THE HOME (ON AGENCY FORM WITH ORIGINAL SIGNATURE). *
- _____ VERIFICATION OF EMPLOYMENT FOR BOTH ADOPTIVE APPLICANTS (MUST BE ON LETTERHEAD, CONTAIN A SALARY AND AN ORIGINAL SIGNATURE)
- _____ PAGES ONE AND TWO OF FEDERAL INCOME TAX RETURNS FOR THE TWO PREVIOUS YEARS
- _____ THREE REFERENCE LETTERS - If you have a child or children in the household attending school, one reference Letter shall be from a teacher, administrator, or counselor employed by the school where the child or children attend. *
- _____ REPORT OF HOME SANITATION INSPECTION BY THE LOCAL HEALTH DEPARTMENT OR A SANITARIAN LICENSED IN MARYLAND *
- _____ REPORT OF A HOME FIRE SAFETY INSPECTION OR A STATEMENT INDICATING THE LOCAL FIRE DEPARTMENT WILL NOT COMPLETE THE FIRE SAFETY INSPECTION *
- _____ AUTHORIZATION TO RELEASE INFORMATION - CHILD ABUSE REGISTRY CLEARANCE FOR ADOPTION APPLICANTS *
- _____ AUTHORIZATION TO RELEASE INFORMATION - CHILD SUPPORT VERIFICATION FOR ADOPTION APPLICANTS *
- _____ FINGERPRINT CARDS FOR BOTH CJIS AND FBI MUST HAVE BEEN COMPLETED AND SUBMITTED WITH PAYMENT FOR PROCESSING OF CRIMINAL CLEARANCES BY ADOPTION APPLICANTS AND ALL OTHER ADULTS RESIDING IN THE HOME (VERIFICATION WILL BE RETURNED TO AFI BY CHIS AFTER YOU HAVE BEEN FINGERPRINTED) *
- _____ CERTIFIED COPY OF THE DRIVING RECORD FROM THE DEPARTMENT OF MOTOR VEHICLE ADMINISTRATION FOR THE ADOPTIVE APPLICANTS and a photocopy of your driver's license
- _____ DISCLOSURE REGARDING CRIMINAL CONVICTIONS AND/OR PENDING CHARGES FOR ADOPTION APPLICANTS AND ALL ADULTS RESIDING IN THE HOME *
- _____ IF EITHER ADOPTIVE APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF CHILD SUPPORT, PLEASE PROVIDE A STATEMENT FROM THE COUNTY CHILD SUPPORT ENFORCEMENT AGENCY SUPERVISING YOUR CHILD SUPPORT PAYMENTS CONFIRMING THAT CHILD SUPPORT PAYMENTS ARE CURRENT AND THAT THERE IS NO ARREARAGE. *
- _____ IF AN ADOPTIVE APPLICANT MAINTAINS FIREARMS IN THE HOME, PLEASE PROVIDE PHOTOCOPIES OF THE REGISTRATION AND PERMIT FOR EACH FIREARM.
- _____ IF AN ADOPTIVE APPLICANT MAINTAINS A PET IN THE HOME, PLEASE PROVIDE PHOTOCOPIES OF LICENSE OR REGISTRATION (IF REQUIRED BY STATE LAW OR LOCAL ORDINANCE) AND PROOF OF RABIES VACCINATION.

- Indicates a form or special instruction that you will receive with your home study packet.