



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 from 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 \$500.00.

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 \$1200. 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 strive to do our best to make your home study experience as positive as possible from beginning to end.

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 \_\_\_\_\_

Email Address: \_\_\_\_\_

Religion \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Physical Description**

Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Race \_\_\_\_\_ Nationality Descent \_\_\_\_\_

**Employment**

Current Employer \_\_\_\_\_ Address \_\_\_\_\_

Salary \_\_\_\_\_ Job Title \_\_\_\_\_

**Health**

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: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ Social Security # \_\_\_\_\_

Religion \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Physical Description**

Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Race \_\_\_\_\_ Nationality Descent \_\_\_\_\_

**Employment**

Current Employer \_\_\_\_\_ Address \_\_\_\_\_

Salary: \_\_\_\_\_ Title \_\_\_\_\_

**Health**

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:

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Please describe your marriage:

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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:

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**IV. FAMILY COMPOSITION INCLUDING YOUR CHILDREN**

Name, DOB, Nature of Relationship of others living in the home.

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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):

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**V. YOUR HOME**

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

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No. of Rooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ Shared \_\_\_\_\_

Within City Limits: Inside \_\_\_\_\_ outside \_\_\_\_\_ rural area \_\_\_\_\_

What are your plans to provide space in the home for a child:

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Pool or hot tub? Yes No.

If so, please provide documentation that you are in compliance with zoning, building, 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:

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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

If not, which agency will you be using? \_\_\_\_\_

Why are you considering adoption at this time? What is your motivation to adopt?

\_\_\_\_\_

Have you ever been denied a home study, terminated with home study agency or had a home study agency terminate a relationship with you? Yes No 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?

What racial heritage are you seeking to adopt?

Caucasian \_\_\_\_ African American \_\_\_\_ Asian \_\_\_\_ Other \_\_\_\_

Biracial (please specify)

Are you currently pursuing a private adoption? Yes No

Attorney name and phone number? \_\_\_\_\_

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 and/or future agency and to share and exchange all information about my (our) adoption process including home study agencies.

\_\_\_\_\_  
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 send your home study to you via email and to share your 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.

As required under COMAR 07.05.03.11, a home study is to be completed within 90 days of the completed and signed application. The application is considered complete when all of your home study documents have been received at the agency. Your signature below is also your consent to allow your completed application date to be extended to the date your last home study document has been received by *Adoption Makes Family*.

If you are doing an update of your home study, the same regulation applies with a 30-day requirement (COMAR 07.05.03.13). Your signature below is also your consent to allow your home study update application to be extended to the date your last document has been received by *Adoption Makes Family*.

***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 AS YOUR COMPLETED HOME STUDY PACKET –

### **THESE DOCUMENTS ARE NOT NECESSARY FOR THE SUBMISSION OF YOUR APPLICATION**

**(This is just a notification of the documents you will be collecting. You will be getting access to the AMF portal which will give you the instruction guide and necessary forms. )**

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.