



APPLICATION FOR DOMESTIC HOME STUDY UPDATE

Consultation Date:

Person with whom you met:

Child Placing Agency/Program you will be using:

Contact person's email:

GENERAL INFORMATION:

Full Name of Parent#1:

Full Name of Parent#2:

Home Address:

City, State, Zip

County:

Home Telephone Number:

()

Fax Number:

()

E-Mail Address:

E-Mail Address:

Cell Phone:

()

Cell Phone:

()

Parent's Work Number:

()

Parent's Work Number:

()

PARENT #1

Age: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

SS #: _____

Religion: _____

PARENT #2

Age: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

SS #: _____

Religion: _____

MARRIAGE:

Date and Place of Present Marriage: _____

PRIOR MARRIAGES:

of Prior Marriages: _____

of Prior Marriages: _____

Dates of Marriage: _____

Dates of Marriage: _____

Dates of Divorce/Death: _____

Dates of Death/Divorce: _____

CRIMINAL RECORD:**Parent #1** ☐ Yes ☐ No**Parent #2** ☐ Yes ☐ No

Please note any Detainments, Arrests, Expunges, or Convictions

Dates of Detainment: _____

Dates of Arrest: _____

Dates of Convictions: _____

Reason for Detainment or Arrest: _____

EMPLOYMENT:

Name of Employer:

Name of Employer:

Position:

Position:

Address of Employer:

Address of Employer:

Monthly Gross Income:

Monthly Gross Income:

Annual Joint Income: _____

Total Assets: _____

RESIDENCE:

Do you live in an Apartment or a House? _____

Is it rented or owned? _____ # of bedrooms _____ # of bathrooms _____

Mortgage Value \$ _____

Market Value \$ _____

Monthly rent or Mortgage payment \$ _____

CHILDREN IN THE HOME:

<u>Name</u>	<u>Birth date</u>	<u>Adopted?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently able to have children? ☐ Yes ☐ No

If no, please explain: _____

OTHER ADULT(S) IN THE HOME:

Please list the names, birth dates and relation of any other adults living in your home:

<u>Name</u>	<u>Birth date</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____

OUT OF STATE CHILD ABUSE CLEARANCES:

Adam Walsh Act requires that prospective adoptive parents be cleared by child abuse registries in any state where the prospective adoptive parents resided for the last FIVE years. It is your responsibility to obtain any child abuse clearances outside of your state where your Home Study is conducted (California or Hawaii). This requirement applies to every adult residing at your home over the age of 18.

_____ Parent #1 Initials

_____ Parent #2 Initials

PARENT #1

1. State/Country _____
 Date lived from _____ to _____

2. State/Country _____
 Date lived from _____ to _____

3. State/Country _____
 Date lived from _____ to _____

4. State/Country _____
 Date lived from _____ to _____

PARENT #2

1. State/Country _____
 Date lived from _____ to _____

2. State/Country _____
 Date lived from _____ to _____

3. State/Country _____
 Date lived from _____ to _____

4. State/ Country _____
 Date lived from _____ to _____

REFERENCES:

Please list the names, addresses and phone numbers of five references. We will send them a letter and ask them to write about your character, interest in children, values, etc. When selecting references, try to choose people from different areas of your life (i.e., a pastor, co-worker, employer, friend, etc.). Three letters of reference are required for your Home Study, if we do not receive the letters, your home study may be delayed. **No Relatives Please.**

1. Name: _____ Phone: (_____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

2. Name: _____ Phone: (_____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

3. Name: _____ Phone: (_____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

4. Name: _____ Phone: (_____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

5. Name: _____ Phone: (_____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

CHILD PREFERENCE:

Do you have a child already selected for adoption?

☐ Yes

☐ No

A. **If yes**, please describe the child as follows:

Full Name: _____ Birthdate: _____ Sex: _____

Race: _____ State or Country of Origin: _____ Handicap: _____

In which religion would the child be raised? _____

Please describe the child's adoptive status and your present relationship with the child:

B. If no, describe your preference for a child:

Age Range: _____ Race: _____ State or Country: _____ Sex: _____

Would you consider a child with a mental handicap? ☐ Yes ☐ No

Would you consider a child with a physical handicap? ☐ Yes ☐ No

In which religion would the child be raised? _____

Are there other areas of preference? _____

MEDICAL RISKS IN DOMESTIC ADOPTION:

I/We understand that there are various medical conditions and medical risks in domestic adoptions, including but not limited to the following conditions:

Salmonella	Tuberculosis	Hepatitis A, B, C, and D
Milk Intolerance	Scabies/Lice	Parasites
Pneumonia	Chronic infections	Depression
Developmental delays	Vision problems	Hearing problems
Decayed teeth	Learning disabilities	Malnutrition
HIV positive	Physical Abuse	Sexual Abuse
Undiagnosed Genetic Problems	Retardation	Chronic ear/sinus infection
Fetal Alcohol Syndrome or Effects	Mental Deficiency	Premature Birth
Complications of Prematurity	Attachment Disorder	Hernias
Post Traumatic Stress Disorder	Post Institutional Care Symptoms	

I/We have been fully informed about the risks inherent in domestic adoption due to unknown birth parents, lack of information, and/or unreliable testing. I/We understand that I/we will receive all information and medical diagnosis that has been provided by the hospital, pediatrician, and the birthparent/s for the child/ren referred to me/us. I/We have the opportunity to discuss medical, emotional and psychological risks with a physician of our choice and have the right to have the child/ren examined and tested by a physician of our choice should I/we choose to do so. I/We acknowledge, understand and accept the medical policy of Adopt International and hold them harmless for diseases and conditions that cannot be diagnosed with reliability.

ADOPTION APPLICATIONS:

Are you presently working with a cooperating agency, attorney, or contact? ☐ Yes ☐ No

Date: _____

Have you ever applied previously to an adoption agency? ☐ Yes ☐ No

Date: _____

If yes, please give the name and address of the agency and describe the present status of your applications:

Name: _____

Address: _____

Status: _____

Were you approved or denied: _____

Have you ever received an unfavorable Home Study? ☐ Yes ☐ No

Date: _____

Have you ever had an adoption disrupt?

☐ Yes

☐ No

Date: _____

If yes, please give the name and address of the agency and describe the circumstances behind the unfavorable Home Study and/or the adoption disrupt:

Name: _____

Address: _____

Reason: _____

HOW DID YOU HEAR ABOUT ADOPT INTERNATIONAL?

ADDITIONAL AGREEMENTS

1. We consent to the release to Adopt International of any information from any adoption agencies previously contracted by or for the benefit of either of us. We consent for Adopt International to contract any persons involved in our adoption process.
2. We agree that we are fully responsible for the adoptive child's legal, medical and dental costs after the child's placement and /or adoption regardless of when said costs may have arisen or may hereafter arise.
3. All costs incurred regarding the attorney, agency, and/or agent are our sole responsibility, and Adopt International is not responsible for any payment of these expenses.
4. Adopt International is not responsible for the actions of attorneys, agencies or contacts which Adopt International makes available to us. Adopt International provides option and discloses all information that is actually available to Adopt International. The choice of with whom to work is fully our responsibility.
5. Fees are charged in increments to accommodate the costs needed at various milestones in the adoption process. Refunds will not be made once the service has been provided. Prior to the service being provided, fees may be considered for refund. The Executive Director must approve all changes, refunds and reductions.
6. Adopt International neither solicits nor accepts contributions from adoptive applicants or from persons acting on the applicant's behalf during the period of application or before an adoption has been finalized, unless such contributions are associated with request made to other persons served by the organization and to the public, provided that donation history and placement decisions are kept separate.
7. **RELEASE**
We, the undersigned ("releasing parties" herein), on behalf of ourselves and our respective heirs, successors and assigns, hereby release Adopt International and all of its respective employees, agents,

owners, advisors, successors and assigns (collectively referred to as the “released persons” herein) from any liability for any loss or damage, including reasonable attorney’s fees and costs, which the releasing parties may have suffered or may hereafter suffer on the account of or arising out of the adoption envisioned in the within application, including, but not limited to: any loss due to any mental or physical health problems the adoptive child may have, be predisposed to have, or may hereafter develop: any loss due to emotional injuries suffered by the releasing parties: any loss due to any governmental, legal or other delayed, changes in rules or regulations: any increased costs: and any loss due to taking or omitting to take any action by the birth parent.

NOTWITHSTANDING CALIFORNIA CIVIL CODE SECTION 1542 WHICH PROVIDES THAT A “GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR”, THE WITHIN RELEASE INCLUDES A RELEASE OF ALL KNOWN CLAIMS AND ALL UNKNOWN OR UNFORSEEN CLAIMS WHICH RELATE IN ANY WAY TO THE WITHIN AGREEMENT AND/OR THE ADOPTION ENVISIONED IN THE WITHIN APPLICATION.

8. ARBITRATION

We agree that any action to enforce or interpret the relationship and agreements between the undersigned and Adopt International and the adoption envisioned by this application shall be submitted to binding arbitration in San Francisco, California, in accordance with California law from time-to-time in effect.

9. CHOICE OF LAW

The relationship and agreement between the undersigned and Adopt International and the adoption envisioned by this agreement shall be interpreted and enforced according to California law from time-to-time in effect.

10. We the undersigned, herby affirm that we have read and fully understand the letter enclosed with this application. We further affirm that we have filled out this application to the best of our knowledge and that any willful misrepresentation or omission of important information may result in an unfavorable recommendation.

11. When our Adoption Home Study has been approved by Adopt International, our relationship with Adopt International shall be deemed to be completed.

Parent#1 Signature

Date

Parent#2 Signature

Date