



Adoptive Family Home Study Packet

This packet is for those who would like Heart to Heart Adoptions, Inc to complete their Homestudy.

The cost of the Home Study is \$750.00 plus Mileage for travel.

Please do the following:

1. Complete the Adoptive Parents' Supplemental Background Information. (AF 2a)

2. Have 2 friends and 1 relative complete the References for Adoption. You can send them this form or they can write a letter that provides similar information. They should mail it back to us at the address below. (AF 2b)

3. Give your MD the Medical Information- Physician's Referral form. You will need one for each person. The physician can send it to us or return it to you. (AF 2c)

4. Attach:
 1. Original or Copies of all birth certificates (adults and children in the home).
 2. Original or Copies of marriage license, divorce decrees, custody and visitation orders, if any.
 3. Copy of your Health Insurance Card and a copy of your latest Tax Return.

5. Send all information in to the following address or give it to your Social Worker.

**Heart to Heart Adoptions, Inc.
9669 South 700 East
Sandy, Utah 84070**

**Phone: 801-563-1000
Fax: 801-563-9899
Toll Free: 866-68ADOPT**



ADOPTIVE HOME STUDY
SUPPLEMENTAL
BACKGROUND INFORMATION

AF 2a

This Form is Required if Heart to Heart Adoptions is completing the Home Study.

Please complete the following questionnaire as thoroughly as possible. All information that you give us will be kept completely confidential. If you should require additional space, please attach separate pages as needed. Once completed, please mail it to 9669 South 700 East, Sandy, Utah 84070 and call 801-563-1000 to arrange for a meeting with a social worker.

IDENTIFICATION

Names:

Husband: Wife:

Driver's License Numbers: (Include State) Husband: Wife:

FAMILY BACKGROUND

Husband: Name of Parents:

Parents Address: Phone:

Parents Ages:

If one or both of your parents are deceased, please indicate their Age(s) and Cause(s) of Death:

Parents' General Health:

Parents' Occupations:

Number of Siblings:

Description of Siblings:

Table with 7 columns: Name (including Maiden), Gender, Age, #Children, Occupation, City, State. Rows 1-7.

If any of your siblings are deceased, please indicate their age at death and cause of death:

If applicable, indicate if your parents or any of your siblings have been divorced.

Please briefly describe your relationship with your extended family, including the amount of contact you have with them:

Please describe how your extended family feels about your plans to adopt a child:

Wife: Name of Parents:

Parents Address: Phone:

Parents Ages:

If one or both of your Parents are deceased, please indicate their Age(s) and Cause(s) of Death:

Parents' General Health:

Parents' Occupations:

Number of Siblings:

FAMILY BACKGROUND Continued

Wife: Description of Siblings:

Name (including Maiden)	Gender	Age	#Children	Occupation	City	State
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____

If any of your siblings are deceased, please indicate their age at death and cause of death: _____

If applicable, indicate if your parents or any of your siblings have been divorced. _____

Please briefly describe your relationship with your extended family, including the amount of contact you have with them: _____

Please describe how your extended family feels about your plans to adopt a child: _____

ADDITIONAL PERSONAL HISTORY

Please explain all "yes" answers on a separate piece of paper and attach to this questionnaire.

Have you ever:

- Been In bankruptcy? Husband: _____ Wife: _____
- Been under psychiatric care? Husband: _____ Wife: _____
- Had counseling? Husband: _____ Wife: _____
- Been arrested? Husband: _____ Wife: _____
- Received other than an Honorable Discharge from military service?
Husband: _____ Wife: _____
- Been turned down by an adoption agency? If yes indicate where, when, and why?
Husband: _____ Wife: _____
- Placed a child for adoption? Husband: _____ Wife: _____
- Filed for Divorce, Dissolution, or Annulment of this marriage?
Husband: _____ Wife: _____
- Been past due on any court ordered installment of child support?
Husband: _____ Wife: _____

Please Describe Any Medical Problems That You Have:

Husband: _____

Wife: _____

Are you taking any medication? Husband: _____ Wife: _____

If so, list the medication, for what purpose:

Husband: _____

Wife: _____

Do you consume alcohol? Husband: _____ Wife: _____

If yes, describe use: _____

Do you smoke? Husband: _____ Wife: _____

If yes, describe use: _____

Have you had any substance abuse problem? Husband: _____ Wife: _____

If yes, please explain: _____

ADDITIONAL PERSONAL HISTORY Continued

Have you been accused of or had any involvement with any of the following:

Felony or Misdemeanor?	Husband: _____	Wife: _____
Child Protective Service?	Husband: _____	Wife: _____
Domestic Violence?	Husband: _____	Wife: _____
Court ordered counseling, classes, etc?	Husband: _____	Wife: _____

Would you be willing to undergo drug and HIV testing? Yes: _____ No: _____

If applicable- please briefly describe why you are unable to have children: _____

What medical procedures and counseling have you used regarding infertility? _____

How have you felt about the help you have received? _____

Briefly describe if and when any of the following have occurred to your immediate family.

Death of a child, stillborn child, miscarriage, abortion: _____

CONCERNING THE ADOPTION

Are there any specific birthparent traits or characteristics that would be difficult for you to accept in the background of the child?

Please briefly describe how you feel adoption will affect your lives: _____

Why do you think birth parents select adoption for their child? _____

INFORMATION ABOUT YOUR LIVES IN GENERAL

Please describe your home and neighborhood: _____

What is a typical weekday and weekend like in your home? _____

What do you enjoy doing as a couple and as a family? _____

What qualities attracted you to your spouse? _____

How do you resolve major decisions, such as the purchase of a car, house, or planning a vacation? _____

How is love expressed in your home? _____

INFORMATION ABOUT YOUR LIVES IN GENERAL Continued

If a problem arises, how is it generally solved? _____

How are conflicts normally handled? _____

Please briefly describe your childhood and your relationships with your parents and siblings while growing up: _____

Describe any experience you have had with children: _____

Do you have children who do not reside with you? _____ If yes, please explain where they are and why: _____

What are your thoughts on disciplining children? _____

Would you ever use physical discipline? _____ Under what circumstances? _____

What are your thoughts on children's education? _____

What are your plans for child care for the baby (Who will be caring for the child throughout the day?) _____

Please list any questions or concerns you have about adoption: _____

Other Comments _____

***We affirm that, to the best of our knowledge and recollection,
the above information is complete, true and correct.***

_____ Date

_____ Husband's Name (Please Print)

_____ Signature

_____ Wife's Name (Please Print)

_____ Signature



**REFERENCE FOR ADOPTION
For Adoptive Families**

AF 2b

***This Form is required if Heart to Heart Adoptions is completing the Home Study.
We need at least two references from non relatives and one reference from a relative.***

Date: _____

Name: _____

Your name has been given to this Agency as a reference by _____ who is/are applying to adopt a child. To help us decide whether or not to approve this application, we are asking you to answer several questions. Your reply will be considered strictly confidential and will be used only to determine whether to consider the individual(s)/ applicant/couple as perspective adoptive parent(s).

1- In what capacity have you known the adoptive applicant(s)? Has your relationship been close or casual and how long have you known them? How would you characterize your relationship with them?

2- Describe the capabilities and characteristics that would make the applicant(s) good adoptive parent(s). What are the limitations of the applicant(s) to adopt a child?

3-What special attributes do you believe qualify or disqualify the applicant(s) to meet the special needs of an adoptive child if that child is of a different race, handicapped, older than a newborn, etc?



**MEDICAL INFORMATION
PHYSICIAN'S REFERRAL FORM**

AF 2c

To the Adoptive Parents: Please sign below and give this to your physician, to complete and return to the agency.

I hereby give my consent to have a complete report of any diagnosis and medical information about me sent to the Heart To Heart Adoptions, Inc. and agree to hold all parties blameless for any outcome of such medical disclosure.

Signature: _____ Date: _____

Name: _____

Address: _____

To the Physician:

In order to make the best possible evaluation of each adoptive applicant, Heart To Heart Adoptions will appreciate receiving the information indicated below concerning this applicant: Please use an additional sheet if necessary

1- General Physical Condition: Please indicate general physical and mental condition, listing any past or present history illnesses, surgery, the cause, diagnosis, and prognosis:

2- Is this individual currently under treatment? Yes () No () If yes, describe the condition:

3- If yes to number two above, how long is this individual expected to be under treatment?

4- Is this individual currently taking medication which could affect his/her ability to care for children?

Yes () No () If yes, please describe:

5- From a medical viewpoint and from your knowledge of this person, would you recommend this person as a prospective adoptive parent? Yes () No () If no, please explain:

6- Do you see any reason or condition why, barring accidents, this person will not live a normal life span? Yes () No ()

7- Any further information pertaining to general physical or emotional health would be appreciated: Please use another sheet if necessary.

8- Would you like the agency social worker to call you? Yes () No ()

Physician's Name (Printed): _____

Physician's Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Please Return to:
Heart to Heart Adoptions, Inc.
9669 South 700 East
Sandy, Utah 84070
Phone: 801-563-1000
Fax: 801-563-9899

Instructions for the Background Screening Application Form

Utah Applicants only

Please print out the Background Screening Application Form from the Office of Licensing Home Page at
<http://www.hslic.utah.gov>
or directly to the form with
<http://www.hslic.utah.gov/docs/screening%20application.pdf>

Fill out a background screening application for each person 18 yrs of age or over in the home, then send the signed and completed forms to

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along with the following items for **EACH** person:

- **Front and back copies of Driver's License**
- **Copy of your Social Security Card**

If you have lived outside of the state of Utah in the past *five years*, please indicate on the form where you lived and the time period, and send the following:

- **Two completed fingerprint cards for each applicant (These can be done at police station or Department of Public Safety)**
- **Money order or cashier's check for \$ 39.25 for EACH applicant. Payable to the Department of Human Services.**

We will then submit your forms and include them in your home study.

If you have any questions about this process, please contact us at 1-866-68ADOPT