



**ADOPTION INFORMATION/APPLICATION
FOR ADOPTIVE HOME ASSESSMENT**

An Oklahoma Licensed Agency

201 N. Broadway St., Suite 107

Moore, OK 73160-5135

TEL: 405-794-7500

FAX: 888-203-6124

info@adoptionchoicesofoklahoma.org

Please note this application is for families living in Oklahoma pursuing an adoption home study ONLY. For families looking to use ACO as a placing agency, please complete the "placing agency application."

Date: _____

First Applicant's full name (including maiden, if applicable): _____

Second Applicant's full name (including maiden, if applicable): _____

Home address: _____

Home telephone number: (____) _____

First Applicant's cell/mobile number: (____) _____ E-mail: _____

Second Applicant's cell/mobile number: (____) _____ E-mail: _____

Home fax number: (____) _____

Date and place of marriage: _____

Names and birth dates of children of this marriage. State whether adopted or biological.

Who referred you to us? _____

PERSONAL INFORMATION

FIRST APPLICANT: Age; date of birth; birth place _____

Social Security No.: _____

Race/Nationality: _____

Weight and Height: _____

Education: _____

Occupation: _____

Employer: _____

How long? _____

Office address: _____

Office telephone: _____ Fax _____

Office e-mail: _____

Annual income: _____

Religious preference: _____

Dates of previous marriages and divorces: _____

Children by previous marriages: (ages and custody status) _____

SECOND APPLICANT: Age, date of birth place : _____

Social Security No.: _____

Race/Nationality: _____

Weight and Height: _____

Education: _____

Occupation: _____

Employer: _____

How long? _____

Office address: _____

Office telephone: _____ Fax _____

Office e-mail: _____

Annual income: _____

Religious preference: _____

Dates of previous marriages and divorces: _____

Children by previous marriages: (ages and custody status) _____

OTHER HOUSEHOLD MEMBERS:

Name: _____ Birthdate: _____

Relationship _____ Birth place: _____

Name: _____ Birthdate: _____

Relationship _____ Birth place: _____

Name: _____ Birthdate: _____

Relationship _____ Birthplace: _____

Name: _____ Birthdate: _____

Relationship _____ Birthplace: _____

ADULT CHILDREN WHO NO LONGER LIVE IN THE HOUSE:

Name: _____ Birthdate: _____

Relationship _____ Birthplace: _____

Telephone number: _____

Name: _____ Birthdate: _____

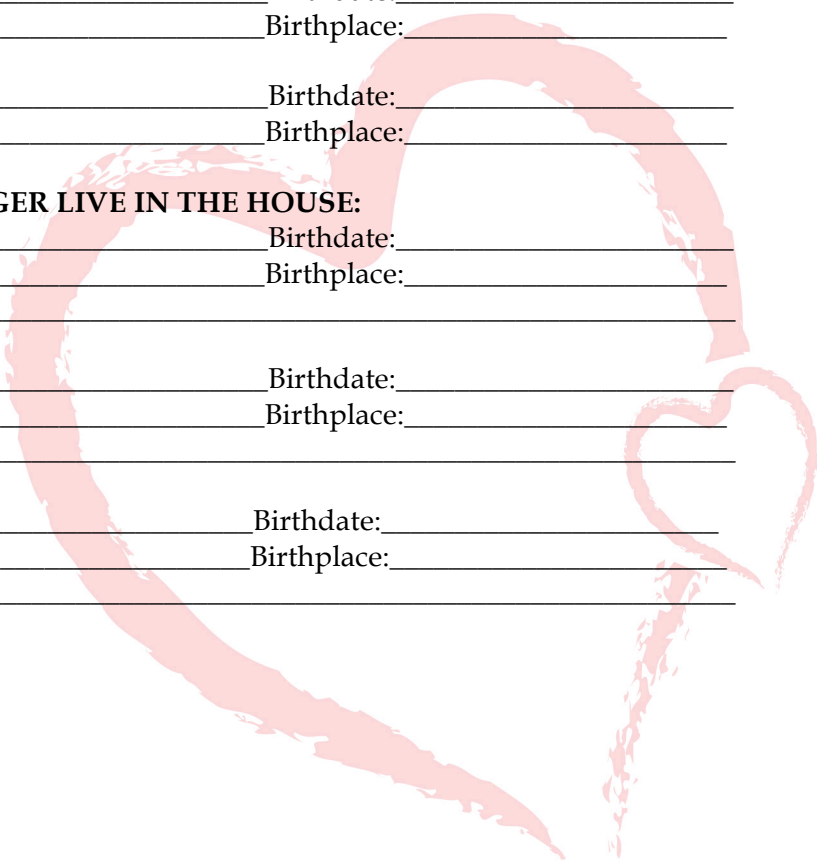
Relationship _____ Birthplace: _____

Telephone number: _____

Name: _____ Birthdate: _____

Relationship _____ Birthplace: _____

Telephone number: _____



FAMILY BACKGROUND

FIRST APPLICANT: Father's name: _____
Address: _____
Phone number: _____
Age and occupation: _____ Birthdate/birth place _____
If deceased, year and cause of death _____
High School graduate? Yes _____ No _____
If yes, name of school and graduation year _____
College graduate? Yes _____ No _____
If yes, name of school and graduation year _____

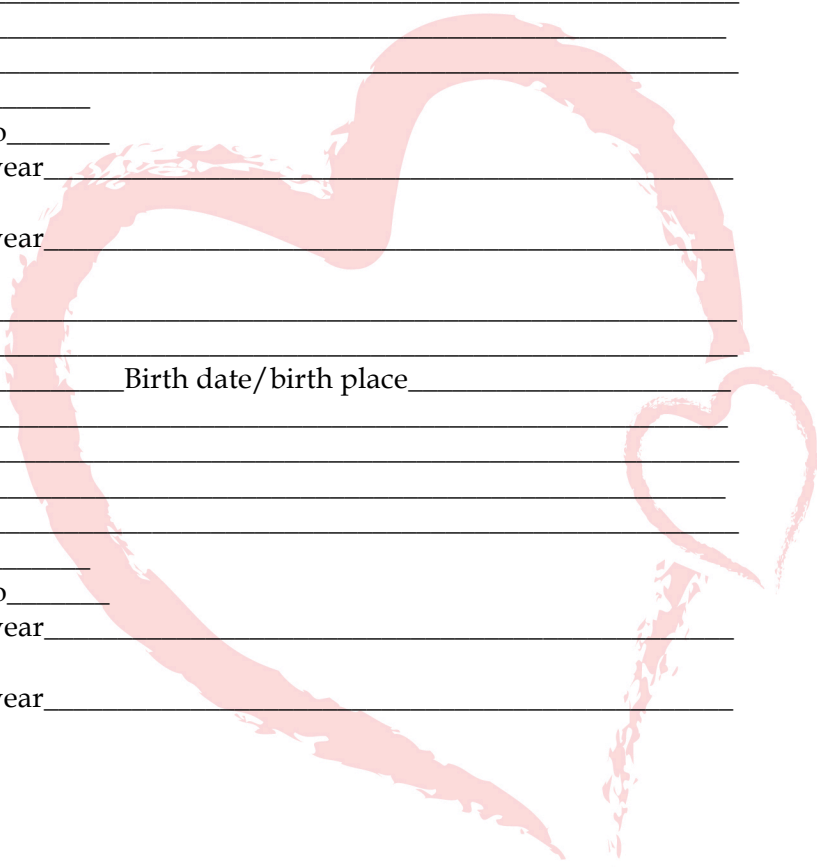
Mother's name: _____
Address: _____
Phone number: _____
Age and occupation: _____ Birthdate/Birth place _____
If deceased, year and cause of death _____
High School graduate? Yes _____ No _____
If yes, name of school and graduation year _____
College graduate? Yes _____ No _____
If yes, name of school and graduation year _____

Brothers and/or sisters: Name: _____
Address: _____
Phone number: _____ Birth date/birth place _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

If deceased, year and cause of death _____
High School graduate? Yes _____ No _____
If yes, name of school and graduation year _____
College graduate? Yes _____ No _____
If yes, name of school and graduation year _____

Name: _____
Address: _____
Phone number: _____ Birth date/birth place _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

If deceased, year and cause of death _____
High School graduate? Yes _____ No _____
If yes, name of school and graduation year _____
College graduate? Yes _____ No _____
If yes, name of school and graduation year _____



Name: _____
Address: _____
Phone number: _____ Birth date/birth place _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

If deceased, year and cause of death _____
High School graduate? Yes _____ No _____
If yes, name of school and graduation year _____
College graduate? Yes _____ No _____
If yes, name of school and graduation year _____

Name: _____
Address: _____
Phone number: _____ Birthdate/birthplace _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

If deceased, year and cause of death _____
High School graduate? Yes _____ No _____
If yes, name of school and graduation year _____
College graduate? Yes _____ No _____
If yes, name of school and graduation year _____

SECOND APPLICANT:

Father's name: _____
Address: _____
Phone number: _____ Birthdate/birthplace _____
Age and occupation: _____
If deceased, year and cause of death _____
High School graduate? Yes _____ No _____
If yes, name of school and graduation year _____
College graduate? Yes _____ No _____
If yes, name of school and graduation year _____

Mother's name: _____
Address: _____
Phone number: _____ Birthdate/birthplace _____
Age and occupation: _____
If deceased, year and cause of death _____
High School graduate? Yes _____ No _____
If yes, name of school and graduation year _____
College graduate? Yes _____ No _____
If yes, name of school and graduation year _____



Brothers and/or sisters: Name: _____
Address: _____
Phone number: _____ Birth date/birth place _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

If deceased, year and cause of death _____
High School graduate? Yes _____ No _____
If yes, name of school and graduation year _____
College graduate? Yes _____ No _____
If yes, name of school and graduation year _____

Name: _____
Address: _____
Phone number: _____ birthdate/birthplace _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

If deceased, year and cause of death _____
High School graduate? Yes _____ No _____
If yes, name of school and graduation year _____
College graduate? Yes _____ No _____
If yes, name of school and graduation year _____

Name: _____
Address: _____
Phone number: _____ birth date/birth place _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

If deceased, year and cause of death _____
High School graduate? Yes _____ No _____
If yes, name of school and graduation year _____
College graduate? Yes _____ No _____
If yes, name of school and graduation year _____

Name: _____
Address: _____
Phone number: _____ Birthdate/birthplace _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____



If deceased, year and cause of death _____
High School graduate? Yes _____ No _____
If yes, name of school and graduation year _____
College graduate? Yes _____ No _____
If yes, name of school and graduation year _____

MEDICAL PROBLEMS: PAST OR PRESENT

First Applicant: _____

Second Applicant: _____

SUBSTANCE ABUSE

Has either applicant been in treatment (out-patient or in-patient) for substance abuse?

Has either applicant been diagnosed with a drug or alcohol addiction?

REFERENCES

Please list three references of **NON-RELATIVES** who have written letters on your behalf. Please also enclose the letters. It is the policy of our agency to call these references to verify that the individual(s) actually wrote the letters. **Letters must be signed, dated and have phone number and address.**

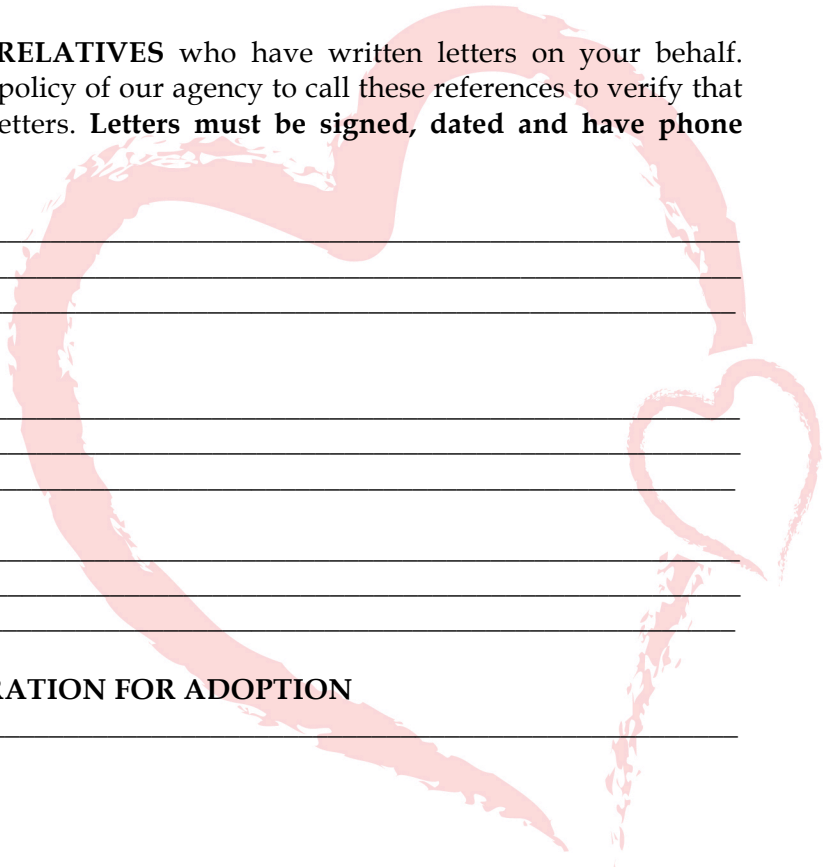
Name: _____
Address: _____
Phone number: _____

Name: _____
Address: _____
Phone number: _____

Name: _____
Address: _____
Phone number: _____

PREPARATION FOR ADOPTION

Why are you choosing adoption? _____



Have you had an adoption fail or fall through? If so, briefly describe the circumstances.

Have you had a home study conducted by anyone for adoption purposes? If so, who conducted it and when? Please enclose a copy if you were given one. _____

Have you ever been denied a favorable home study? If so, when? _____

What has the family done to prepare for adoption (classes, books, support group, changes in the home, etc.) _____

If you have had a previous adoption, please describe the process and how your family adapted _____

What is your plan to help your child understand adoption? _____

What are your attitudes towards birth parents? _____

What are your attitudes and expectations to openness and to the child pursuing his/her birth family or asking questions about them? _____

INFORMATION ON CHILD YOU WISH TO ADOPT

Sex and age preference: _____

Would you accept twins? _____

Nationality you would accept:

Caucasian: _____

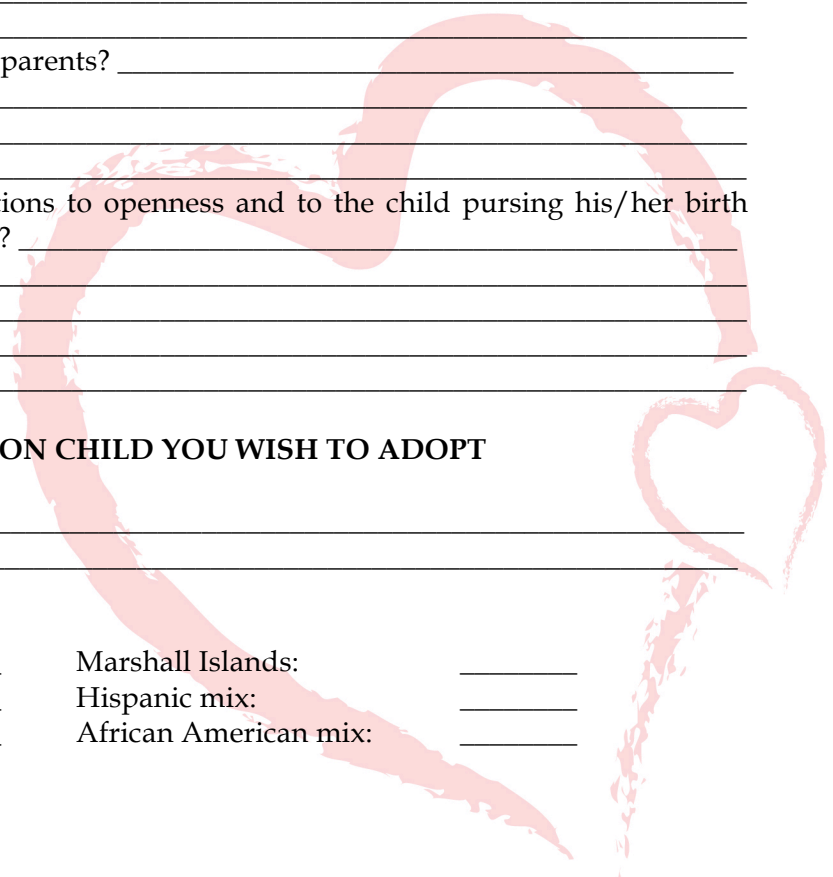
Hispanic: _____

African American: _____

Marshall Islands: _____

Hispanic mix: _____

African American mix: _____



Asian/Oriental: _____ Asian/Oriental mix _____
Hawaiian _____ Hawaiian mix _____
Other: _____

Are either of you enrolled or eligible for enrollment in any Indian Tribe? What Tribe?

Would you accept:

An older child? _____ To what age? _____

More than one older child if siblings? _____

A child with a correctable medical condition? _____

A child with a cleft lip/cleft palate? _____

A child with a non-correctable medical condition? _____

If yes, please explain any limitations: _____

Would you accept a child whose biological parents:

Were drug addicted? _____

Had previously used drugs? _____

Had previously been drug addicted? _____

Had used drugs before realizing she was pregnant? _____

Were presently using alcohol? _____

Were alcohol addicted? _____

Had previously been alcohol addicted? _____

Has used alcohol before realizing she was pregnant? _____

Had mental illness? _____

Whose parent(s) had mental illness? _____

What type of adoption are you willing to accept (open, semi-open, closed)? _____

Describe the type of relationship you would like with the birth parents

YOUR HOME

Do you own or rent your home? _____

If own, value of home: _____

Mortgage left on home: _____

Smoking allowed in the home? _____

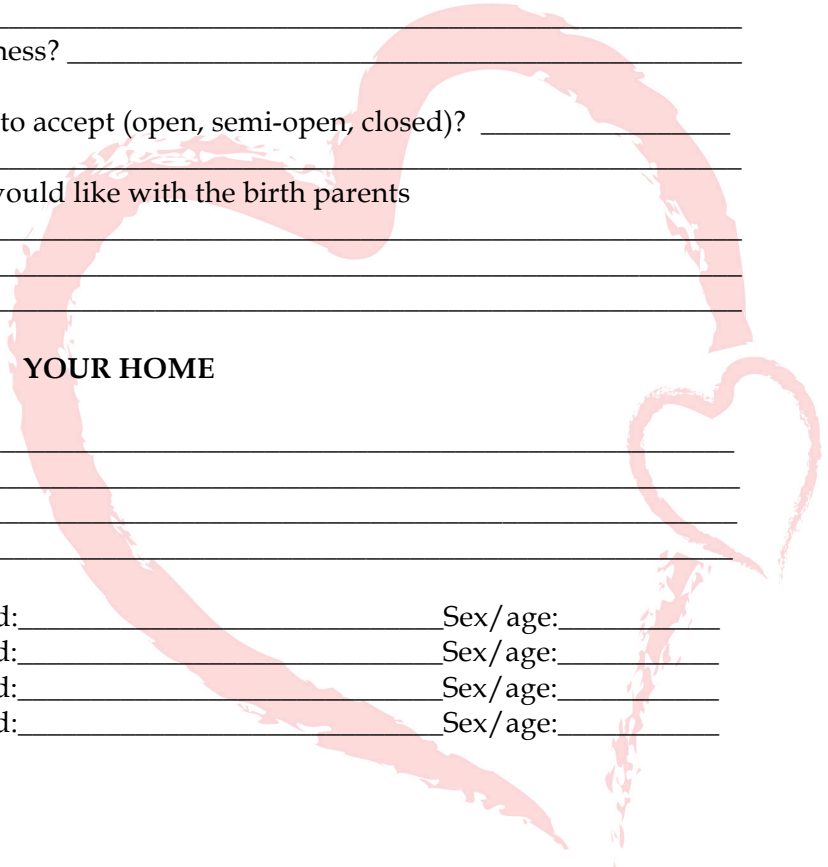
Pets:

Type: _____ Breed: _____ Sex/age: _____

Type: _____ Breed: _____ Sex/age: _____

Type: _____ Breed: _____ Sex/age: _____

Type: _____ Breed: _____ Sex/age: _____



Weapons:

Type: _____

Type: _____

Type: _____

FINANCES

Do you have health insurance? _____

Life insurance? How much? _____

Have you filed taxes the last three years? _____

GENERAL QUESTIONS

Have you ever been arrested, or do you have **any type** of criminal record? If yes, please explain:
(You will be required to submit FBI fingerprints, OSBI reports – or any state you have lived in for the last five years – and Child Abuse Registry for Oklahoma – or any state you have lived in for the last five years. Finally, 911 checks on your residences for the last five years will be conducted)

Any other comments or information you would like to add: _____



We understand and acknowledge that the adoptive home assessment is an objective process, and that a positive assessment is not guaranteed.

SIGNATURES:

First Applicant

Date

Second Applicant

Date

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DOCUMENTS NEEDED TO COMPLETE HOME STUDY

The following documents will be needed in order to complete your home study through our agency. Asterisks indicate those documents that will need to be copied and attached to the study.

1. Birth certificate(s)		
2. *Financial statement		
3. Divorce decree from previous marriages (if applicable)		
4. Blood tests, i.e., HIV, Hep B, Hep C		
5. Income tax returns for last three years (first page only)		
6. Verification of income and current employment history (letter from employer)		
7. Copy of Indian heritage enrollment card (if applicable)		
8. Marriage license		
9. Verification of medical insurance under which child will be covered		
10. *Current physician's report (for all household members)		
11. *Three reference letters from NON-RELATED persons who can address your suitability to adopt (with signatures, dates, addresses & telephone numbers)		
12. *State Bureau of Investigation criminal history investigation, including fingerprints and Sex Offender Registry as applicable (for all household members 18-years-old and older) and CANIS clearance		
13. *Drivers' License		
14. *Social Security Card		
15. *Medical Insurance card		
16. *Pet Vaccinations		
17. Reference Letters from Adult Children		
18. Verification of Life insurance coverage of \$21,000		
19. Current Car Insurance		
20. Current CPR Training Certification		

For your convenience we have provided a column on the right hand side of the page so you can check off the items you are providing to our agency. If you have any questions about the requested documents, please call our office at 405-794-7500, or email us at info@adoptionchoicesofoklahoma.org.

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Adoption Choices of Oklahoma
Fee Agreement for Agency Services

I/We _____ hereby request the services of Adoption Choices of Oklahoma to perform a home study evaluation of our family for the purposes of domestic adoption, foster care, or guardianship placement of a child into my/our home, and to provide other services as may be described below.

It is agreed that I/we will provide detailed family background information on all family members, will complete agency forms as required, and otherwise cooperate with the agency to collect sufficient information about my/our family to complete an evaluation. I/We will provide personal references and copies of needed documents, such as birth certificates, marriage licenses, divorce decrees, military discharge papers, medical evaluation, tax returns for the last three (3) years, and any other items which may be needed. Providing false or inaccurate information may be cause for the agency to discontinue the home study process. All documentation must be provided to our social worker by the time of our first home visit. Failure to provide all necessary documentation may result in delays and/or additional fees.

The agency will complete a written report that will include the family background information, information about the child, and the agency's recommendation about the suitability of the applicants. It is understood that the placement recommendation is required by the court and will be based upon a professional assessment of the family's strengths and ability to provide a stable home environment for a child. I/We agree to hold agency harmless for the positive or negative evaluation that it may make and from any consequences that may result from such a recommendation.

It is understood that the agreed upon charges for services are:

Domestic home study	1,100.00
International home study	1,300.00
Domestic home study update	550.00
International update	750.00
Domestic post placement services	300.00/each visit/report
International post placement services	400.00/each visit/report
Other Services	_____

There is also an additional charge for expedited home studies as well as additional addendums that may be needed. For visits outside the Oklahoma City and/or Tulsa metro area, mileage of .55 cents a mile may apply.

The application and fees are payable upon execution of the agreement unless other arrangement are made. It is understood that the fees are nonrefundable unless the agency cancels services without cause. I/We will reimburse agency for any agreed costs that the agency incurs on our behalf.

Signatures: _____

Date: _____

ADOPTION CHOICES OF OKLAHOMA
MEDICAL REPORT ON ADOPTIVE/FOSTER PARENTS

To the Physician: A physical examination is requested because this family is considering adoption/boarding a minor.

Name: _____ Birth Date: _____

MEDICAL HISTORY:

Illnesses & Date: _____

Operations & Date: _____

Hospitalization: _____

Psychiatric Treatment: _____

Accidents: _____

Significant Family History (diabetes, heart disease, hereditary or congenital defects, etc.)

PHYSICAL EXAMINATION:

Weight _____ Height _____ Blood Pressure _____ Pulse _____

Condition of Eyes _____ Vision _____

Ears _____ Nose and Throat _____

Teeth & Gums _____ Lungs _____

Heart _____ Breasts _____

Pelvis _____ Abdomen _____

Rectal _____ Extremities _____

Nervous System _____

Endocrine _____

Impression of General Health (Does the patient have the usual expectancy of life?)

Was any recommendation for medical care made to the patient? If so, state what:

Is patient on any current medication? If so, what? _____

Does patient appear to be well balanced emotionally? If not, state nature of problem:

Is this report based on a current examination only, or a longer professional relationship and knowledge? _____

Is this person healthy and free of communicable diseases or physical conditions that would impair their ability to care for an adopted child? _____

If physician has known patient personally or as a family physician, any comment he or she wishes to make would be welcome. _____

Date of Exam: _____ Name and Address of Doctor: _____

LETTER OF REFERENCE FROM NON-RELATIVE

Dear Adoption Choices of Oklahoma:

Please accept this completed questionnaire as a letter of reference for: _____
_____, prospective adoptive parent(s).

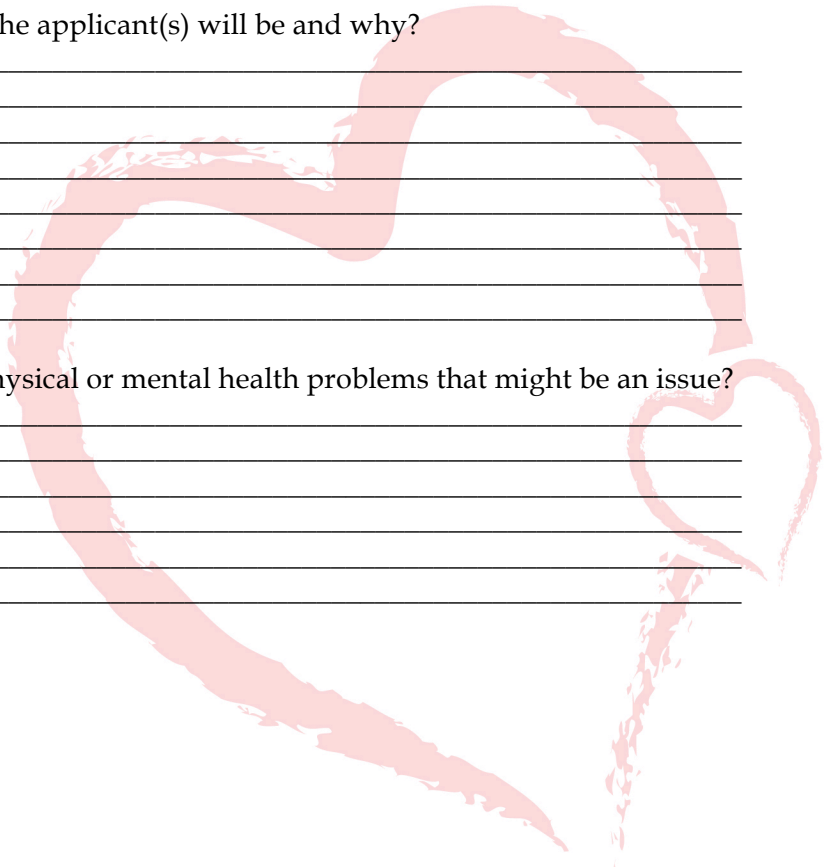
1. How long and in what capacity have you known the adoptive applicant(s)?

2. How often do you see the applicant(s)?

3. How would you describe the applicant(s)?

4. What kind of parents do you think the applicant(s) will be and why?

5. To your knowledge are there any physical or mental health problems that might be an issue?



6. If the adopted child has special needs or is of a different race or culture, how do you think the adoptive parents will deal with these issues and how do you think the community will accept him or her?

7. Do you have any other comments you would like to make?

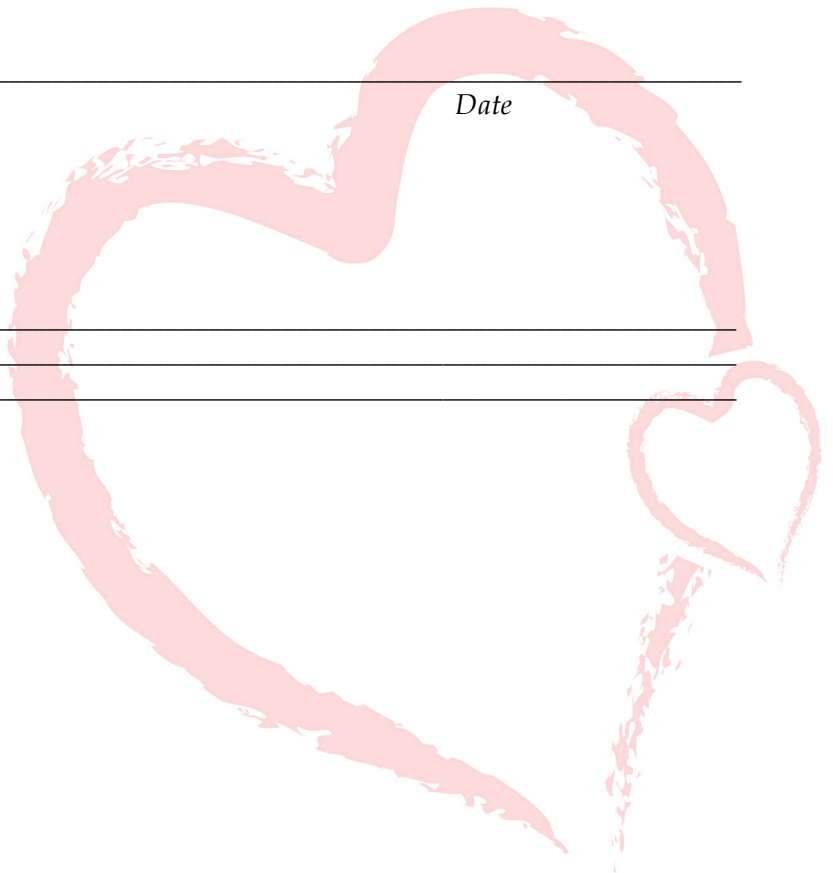
8. Do you recommend the adoptive applicant(s)? _____

Signature(s)

Date

Please print your:

- a. Name(s): _____
- b. Address: _____
- c. Telephone: _____



STATEMENT OF NET WORTH AND MONTHLY FINANCIAL OBLIGATIONS

Name(s) _____

ASSETS		LIABILITIES AND NET WORTH	
Cash on hand and in banks	\$ _____	Mortgage and real estate notes	\$ _____
Investments	\$ _____	Notes payable	\$ _____
Savings accounts	\$ _____	Credit card (balances)	\$ _____
Cash surrender value of life insurance	\$ _____		\$ _____
Other stocks and bonds	\$ _____		\$ _____
Real estate:			\$ _____
1.	\$ _____	Loans (balances)	
2.	\$ _____	_____	\$ _____
Automobiles	\$ _____	_____	\$ _____
	\$ _____	_____	\$ _____
Trucks, boats, planes	\$ _____	_____	\$ _____
Personal property	\$ _____		
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____



NET WORTH* \$ _____
(*Net worth is the difference between Assets and Liabilities)

MONTHLY FINANCIAL OBLIGATIONS

_____ Mortgage/Rent	_____ Car Payments
_____ Utilities	_____ Car Insurance
_____ Phone	_____ Other Insurances
_____ Credit Card Payments	_____ Student Loans
_____ Daycare	_____ Other Loans
_____ Investments	_____ Not listed Obligations
_____ Total	

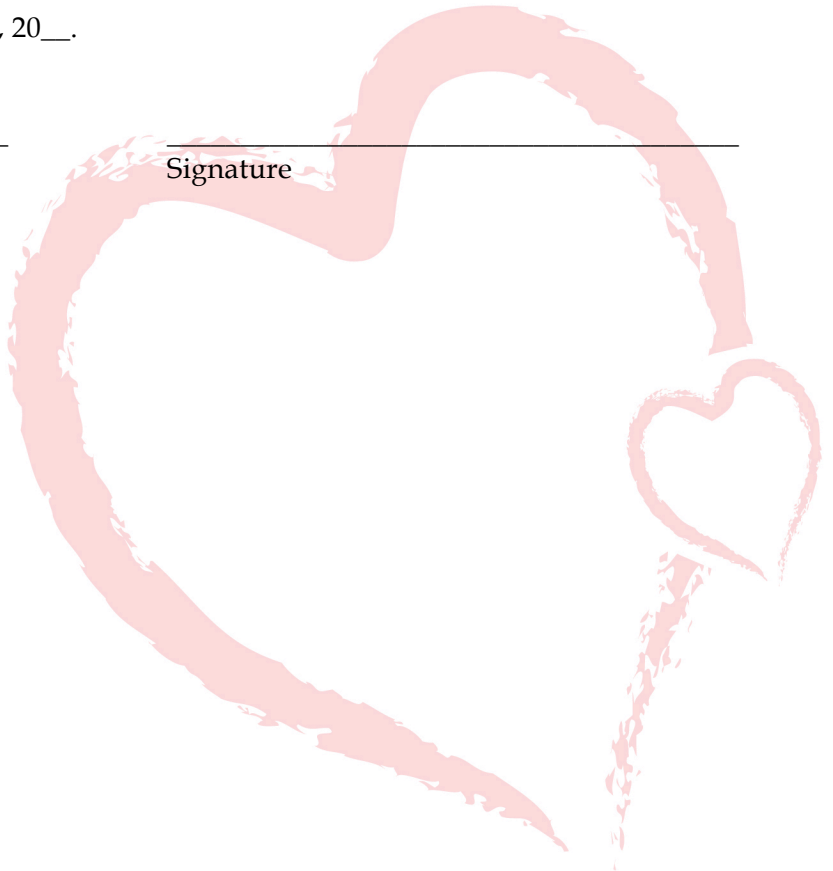
MONTHLY INCOME

_____ First Applicant
_____ Second Applicant
_____ Additional income (extra jobs, dividends, trust payments, settlements, etc)
_____ Total

Dated this _____ day of _____, 20__.

Signature

Signature





Guidelines for an Autobiographical Sketch

INSTRUCTIONS: As you provide information about yourself, you will be assisting in the home study process. This will help us get to know you better and also speed up the procedure. Please write about the five main topics on the outline below. Use the questions within each section as suggestions for subjects you may wish to include as appropriate to your story. Feel free to add additional information that is significant in describing your life situation more completely. This information is for use by the home study specialist to prepare for your interviews. Three to six pages are usually adequate, but you may write as much as you wish. Please type. Thank you for taking the time to put this information together.

1. Tell about yourself and your childhood:
 - a. How would you describe yourself as a person; what are you like; what's your personality?
 - b. What was your life like in your family when you were a child?
 - c. Describe briefly your relationship with any siblings, during childhood and now.
 - d. What were your family's religious beliefs and practices?
 - e. What did your family do for fun? Vacations, activities, etc.
 - f. Describe your interests, talents, sports, clubs, school activities, etc. as a youth and
 2. Tell about your parents and how they raised you:
 - a. Tell about your father (family background, education, work, etc.).
 - b. Tell about your mother (family background, education, work, etc.).
 - c. Describe your relationship with your parents, both during childhood and now.
 - d. How did your parents discipline you? Who was the main disciplinarian?
 - e. How often do you visit or spend time together?
 3. Tell about your marriage / relationship history:
 - a. Describe past significant relationships (engagements, live-in relationships, divorces, etc.).
 - b. Tell about your current marriage.
 - c. What are your spouse's best qualities?
 - d. In what areas would you like to see your spouse or your relationship grow?
 4. Tell about your interest in adoption:
 - a. Describe any experiences with infertility, fertility treatments, pregnancies, miscarriages, etc.
 - b. Describe any previous attempts at adoption.
 - c. What factors are causing you to consider adoption at this time?
 - d. What does your family think of your plans to adopt?
 - e. How would adoption impact or change your life?
 5. Describe your beliefs about parenting:
 - a. Describe any experiences you have had parenting or caring for children.
 - b. Describe your beliefs about parenting.
 - c. What methods of discipline do you plan to use?
- 