



## 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."**

**\*\* Please note that no work will begin on the home study until payment is received.**

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; birthplace \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Race/Nationality: \_\_\_\_\_

Weight and Height: \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

How long? \_\_\_\_\_

Office address: \_\_\_\_\_

Office telephone: \_\_\_\_\_ Fax \_\_\_\_\_

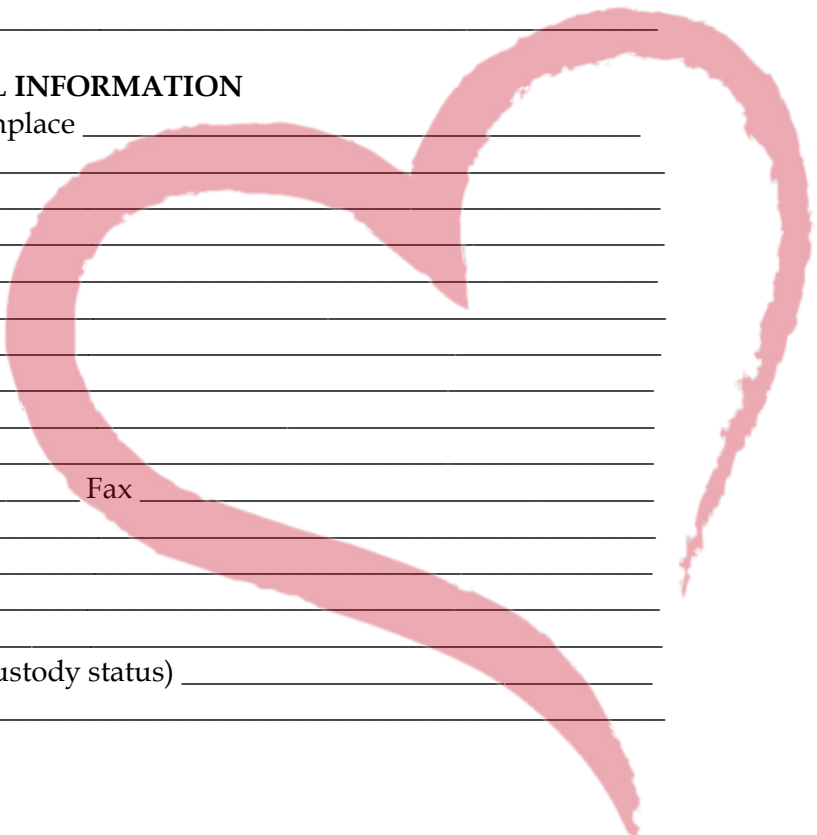
Office e-mail: \_\_\_\_\_

Annual income: \_\_\_\_\_

Religious preference: \_\_\_\_\_

Dates of previous marriages and divorces: \_\_\_\_\_

Children by previous marriages: (ages and custody status) \_\_\_\_\_



**SECOND APPLICANT:** Age, date of birthplace : \_\_\_\_\_

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 \_\_\_\_\_ Birthplace: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship \_\_\_\_\_ Birthplace: \_\_\_\_\_

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/Birthplace \_\_\_\_\_

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/Birthplace \_\_\_\_\_

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/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/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/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: \_\_\_\_\_ 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: \_\_\_\_\_  
Age and occupation: \_\_\_\_\_ Birthdate/birthplace \_\_\_\_\_  
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/birthplace \_\_\_\_\_

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/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: \_\_\_\_\_ 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/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: \_\_\_\_\_ Birthdate/birthplac \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Medical marijuana card: Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please provide copy)

Type of storage/safety system used to store all medical marijuana supplies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Second Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical marijuana card: Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please provide copy)

Type of storage/safety system used to store all medical marijuana supplies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SUBSTANCE ABUSE

Has either applicant been in treatment (outpatient or in-patient) for substance abuse? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Has either applicant been diagnosed with a drug or alcohol addiction? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Does either applicant smoke, vape, or use any recreational drugs (legal or not legal)? If yes, please explain.

\_\_\_\_\_

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### REFERENCES

Please list three references of **NON-RELATIVES** who have written letters on your behalf. It is preferable that the references have known you as a couple for at least three year. 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 your 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

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What is your plan to help your child understand adoption? \_\_\_\_\_

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What are your attitudes towards birth parents? \_\_\_\_\_

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

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### INFORMATION ON CHILD YOU WISH TO ADOPT

Sex and age preference: \_\_\_\_\_

Would you accept twins? \_\_\_\_\_

Nationality you would accept:

Caucasian:	_____	Marshall Islands:	_____
Hispanic:	_____	Hispanic mix:	_____
African American:	_____	African American mix:	_____
Asian/Oriental:	_____	Asian/Oriental mix:	_____
Hawaiian:	_____	Hawaiian mix;	_____
Other:	_____		

Please note: If you are willing to accept a child with a race different than your own, you will be asked to fill out a transracial questionnaire.

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

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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:

Has ever been drug addicted?	Yes _____ No _____ Case by case _____
Has used drugs recreationally throughout the pregnancy?	Yes _____ No _____ Case by case _____
Had used drugs before realizing she was pregnant?	Yes _____ No _____ Case by case _____
Has ever been alcohol addicted?	Yes _____ No _____ Case by case _____
Has used alcohol recreationally throughout the pregnancy?	Yes _____ No _____ Case by case _____
Had used alcohol before realizing she was pregnant?	Yes _____ No _____ Case by case _____
Had mental illness?	Yes _____ No _____ Case by case _____
Whose parent(s) had mental illness?	Yes _____ No _____ Case by case _____

What type of adoption are you willing to accept (open, semi-open, closed)? Check all that apply  
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: \_\_\_\_\_ Where stored: \_\_\_\_\_ Type of Lock \_\_\_\_\_

Type: \_\_\_\_\_ Where stored: \_\_\_\_\_ Type of Lock \_\_\_\_\_

Type: \_\_\_\_\_ Where stored: \_\_\_\_\_ Type of Lock \_\_\_\_\_

Type: \_\_\_\_\_ Where stored: \_\_\_\_\_ Type of Lock \_\_\_\_\_

Please continue on other side if more lines are necessary

Are weapons stored unloaded? Yes \_\_\_\_\_ No \_\_\_\_\_

Is ammunition stored separately from the weapon? Yes \_\_\_\_\_ No \_\_\_\_\_

Firearm safety course: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach copy of certificate OR submit the name and date of the course

### FINANCES

Do you have health insurance? If so, with what company. \_\_\_\_\_

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 and/or OSCN checks on your person)

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Any other comments or information you would like to add: \_\_\_\_\_

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Please initial the following:

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

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_ We understand that during the course of the home study, more information and documents may be requested of either applicant or family member. Any delay in turning these documents over to the home study provider will result in a delay of the home study process.

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_ We understand that failure to disclose, lying, or concealing information can be cause for immediate cessation and/or denial of a home study.

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. Current CPR training		
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/medical marijuana card		
16. *Pet Vaccinations		
17. Reference Letters from Adult Children		
18. Verification of Life insurance coverage of \$21,000		
19. Current Car Insurance		
20. Personal Narratives of each adoptive parent		
21. 10 hours of <b>approved</b> adoption training		

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](mailto: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. I/We understand that the contract must be received to the home study provider before a date for the home visit can be set. All documentation must be provided to our social worker by the time of our first home visit. The home study will require at least one home visit with all members living in the home. 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	1,300.00
International home study	1,500.00
Domestic home study update	650.00
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 .585 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 APPLICANTS AND ALL HOUSEHOLD MEMBERS**

**First page to be filled out by applicant:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

**MEDICAL HISTORY:**

Have you had/have treatment for serious or chronic illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you been hospitalized in the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever received or been advised to seek mental health services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever received or been advised to seek treatment for alcohol or substance abuse?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Illnesses & Dates: \_\_\_\_\_

Operations & Dates: \_\_\_\_\_

Accidents: \_\_\_\_\_

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

Disease: \_\_\_\_\_ Family member: \_\_\_\_\_

Disease: \_\_\_\_\_ Family member: \_\_\_\_\_

Disease: \_\_\_\_\_ Family member: \_\_\_\_\_

Disease: \_\_\_\_\_ Family member: \_\_\_\_\_

Disease: \_\_\_\_\_ Family member: \_\_\_\_\_

**Second page to be filled out by physician:**

**PHYSICAL EXAMINATION:**

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

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other exam findings:

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1. Does this individual suffer from an illness, or communicable disease that would be detrimental to the care of an adoptive child placed in his/her home?

Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

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2. Are there any chronic or serious disorders for which this individual has received treatment? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

3. Have you ever referred this individual to other medical services, mental health services and/or treatment for substance abuse? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

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

Excellent \_\_\_\_\_

Good (please state why) \_\_\_\_\_

Fair (please state why) \_\_\_\_\_

Poor (please state why) \_\_\_\_\_

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

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Is patient on any current medication? If so, what and for what reason

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

If longer, how long have you been patient's physician \_\_\_\_\_

Is this person physically and mentally a good candidate for adoption? If no, please explain why

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

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Date of Exam: \_\_\_\_\_ Name and Address of Doctor: \_\_\_\_\_

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## STATEMENT OF GUARDIANSHIP

We \_\_\_\_\_/\_\_\_\_\_ hereby name  
\_\_\_\_\_ and \_\_\_\_\_

as guardians to our child(ren) in the event that we are no longer able to physically care and provide for them through both of our deaths.

Names: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

Relationship to us: \_\_\_\_\_

By our signatures, we acknowledge that the appointed guardians are aware of our decision and they have agreed to be named as guardians in this home study and as a part of the application process.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

## 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)?

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

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

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

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

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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?

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

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

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*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	
Cash	\$ _____	Mortgage /real estate	\$ _____
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	\$ _____		
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

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

## 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.

### Please type and double space your responses

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?

To our prospective clients,

As part of our ongoing commitment to the success of our adoptive families and our birth parents, we are requiring at least 10 hours of adoption education for our home study clients and our adoptive family applicants. We believe this is the best way to help our families understand the perspectives of our birth parents as well as begin their successful journey as an adoptive family.

To our home study clients:

- 1) As part of the home study process, our potential adoptive parents will be required to complete the following courses at [www.adoptiontrainingonline.com](http://www.adoptiontrainingonline.com):

Multi-Cultural and Trans-racial adoption  
Openness in Adoption  
Our Child is Home! Now what?  
Bonding and Attachment Issues in Domestic Adoption  
Medical Risks for Domestically Adopted Children

- 2) Each potential adoptive parent will be required to read the book “Bridges Out of Poverty”. This book is an excellent guide to help you understand and relate to our birth parents and will eventually help you to form better relationships during your match with them over time.

Thank you for your understanding and cooperation in helping our agency provide the best service and outcomes to our birth parents and our adoptive families.

Sincerely,

Kirsten McGonigal, LMSW/MPH  
Child Placement Supervisor

\*Notes:

The online training comes in two different options:

- 1) The five courses are \$15.00 per person, per course.
- 2) There is the option of the Domestic Adoption Bundle. This bundle has 8 courses, of which the 5 required courses are included. The Domestic Bundle is \$139.00 for couples

“Bridges out of Poverty” can be purchased on Amazon for an average price of \$20.00. I have found copies on Ebay and at Barnes and Noble as well. Finally, it is available for download on Goodreads and Audible.



