



ADOPTIVE PARENT QUESTIONNAIRE

A major task of the home study process is getting to know you as an individual, couple and family. This is not a test; your answers will reflect your thoughts and feelings. If you need more space, please use additional paper.

DESCRIPTION OF HOME

We live in a _____ bedroom, _____ bath home which has a _____ car garage. Our _____ story home is about _____ square feet in size and is located in a _____ neighborhood near _____.

Within our home is a dining room / living room / family room / kitchen / utility room. (circle those which apply). The interior can be described as _____.

The baby's room is located _____. The exterior of our home is _____. The backyard is/is not fenced with a pool / spa / screened patio. We have lived in our home for the past _____ years.

We own / rent our home. We have _____ smoke detectors and _____ fire extinguisher(s) which is/are located _____. We do / do not own guns. Our guns are stored _____ and our ammunition is kept _____.

FAMILY

APPLICANT 1:

My full name is _____ . I prefer to be called _____ . I am _____ years old and was born on _____ . I am a (race) _____ person of _____ decent. I have _____ hair and _____ eyes. I am _____ feet _____ inches tall and weigh _____ pounds. I have a _____ complexion.

I enjoy _____ .

I describe my personality as _____ .

I have been a Florida resident for _____ years.

Anything additional you would like to share:

APPLICANT 2:

My full name is _____ . I prefer to be called _____ . I am _____ years old and was born on _____ . I am a (race) _____ person of _____ decent. I have _____ hair and _____ eyes. I am _____ feet _____ inches tall and weigh _____ pounds. I have a _____ complexion.

I enjoy _____ .

I describe my personality as _____ .

I have been a Florida resident for _____ years.

Anything additional you would like to share:

CHILDREN/OTHER: Please list any other person(s) living in your home.

NAME: _____ DOB: _____

Adopted or Biological (if applicable) _____

School attended and what grade or occupation: _____

Physical Description: _____

Special Interests: _____

Health Concerns: _____

NAME: _____ DOB: _____

Adopted or Biological (if applicable) _____

School attended and what grade or occupation: _____

Physical Description: _____

Special Interests: _____

Health Concerns: _____

NAME: _____ DOB: _____

Adopted or Biological (if applicable) _____

School attended and what grade or occupation: _____

Physical Description: _____

Special Interests: _____

Health Concerns: _____

PETS

Name _____ Breed _____ Age _____

Name _____ Breed _____ Age _____

Have your pets been around children? YES NO

How do your pets respond to children? _____

APPLICANT 1 SOCIAL HISTORY

I was born in (city/state) _____ on (date) _____ to

(father's full name) _____ (present age) _____

(mother's full name) _____ (present age) _____.

Father's Employment: Circle one: working/retired _____

Father's Personality: _____

Mother's Employment: Circle one: working/retired _____

Mother's Personality: _____

Relationship with parents as a child

Date of parents marriage: _____ Are they still married? _____

If no, year of divorce _____.

If either of your parents are remarried, please list the year and the name of their spouse.

Mother: _____ Father _____

If either of your parents are deceased, please indicate which parent, the cause of their death, the year they passed, your age at the time, and describe the impact the death had on you: _____

If the above does not apply, where do your parents reside now? _____

Where/what states did you reside in during your childhood? List dates.

Which parent do you feel assisted you most in your formative years? _____

Why? _____

Who was the most significant person in your childhood? _____

Why? _____

Favorite childhood memories: _____

Describe your family traditions:

Please list your siblings:

NAME: _____ Age _____

He/She lives where? _____

Is he/she married? _____ If yes, name of spouse? _____

Does he/she have children? _____ If yes, how many? _____

What is your siblings occupation? _____

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NAME: _____ Age _____

He/She lives where? _____

Is he/she married? _____ If yes, name of spouse? _____

Does he/she have children? _____ If yes, how many? _____

What is your siblings occupation? _____

Describe your relationship with your siblings: _____

What was the biggest disappointment / loss you have had in your life? _____

How did you handle it? _____

Have you or anyone close to you been affected directly or indirectly by:

Sexual Abuse YES NO Counseling/Therapy YES NO

Physical Abuse YES NO Financial Problems YES NO

Mental Abuse YES NO Drug/Alcohol Abuse YES NO

Please indicate in boxes below any strengths and weaknesses:

STRENGTHS	WEAKNESSES

Have you ever been arrested? _____

If yes, please explain the circumstances surrounding the arrest _____

Do you use: Alcoholic Beverages? _____ Frequency? _____
 Narcotics? _____ Frequency? _____
 Tobacco Products? _____ Frequency? _____

What achievement are you most proud of? _____

What are your personal goals? _____

Are you a member of any social organizations? If yes, please list

I attended _____ High School in
(city/state) _____ and graduated in _____.

I went to college at _____ and
graduated in _____ with a degree in _____.

Please list any academic accomplishments, military experiences, or technical school
training: _____

Following graduation from _____ I was employed with:

Company Name: _____ City/State: _____
Position: _____ Dates: _____
Reason for leaving company: _____

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Presently, I am employed with _____ in
_____ as a _____.

My job duties include _____.

I have been with the company for the past _____ years.

APPLICANT 2 SOCIAL HISTORY

I was born in (city/state) _____ on (date) _____ to

(father's full name) _____ (present age) _____

(mother's full name) _____ (present age) _____

Father's Employment: Circle one: working/retired _____

Father's Personality: _____

Mother's Employment: Circle one: working/retired _____

Mother's Personality: _____

Relationship with parents as a child

Date of parents marriage: _____ Are they still married? _____

If no, year of divorce _____.

If either of your parents are remarried, please list the year and the name of their spouse.
Mother: _____ Father _____

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If the above does not apply, where do your parents reside now? _____

Where/what states did you reside in during your childhood? List dates.

Which parent do you feel assisted you most in your formative years? _____

Why? _____

Who was the most significant person in your childhood? _____

Why? _____

Favorite childhood memories: _____

Describe your family traditions:

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NAME: _____ Age _____

He/She lives where? _____

Is he/she married? _____ If yes, name of spouse? _____

Does he/she have children? _____ If yes, how many? _____

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(city/state) _____ and graduated in _____.

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graduated in _____ with a degree in _____.

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Position: _____ Dates: _____

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Position: _____ Dates: _____

Reason for leaving company: _____

Company Name: _____ City/State: _____

Position: _____ Dates: _____

Reason for leaving company: _____

Presently, I am employed with _____ in

_____ as a _____. My

job duties include _____.

I have been with the company for the past _____ years.

COURTSHIP AND MARRIAGE

How did you meet? _____

I was attracted to my partner because _____

I was attracted to my partner because _____

We dated for ____ years and ____ months. We were married on _____ in
(city/state)_____.

What is the most positive aspect of your marriage? _____

What would be something you would change? _____

How do you like to spend time together? _____

Describe the most difficult situation in your marriage and how it has affected your
relationship _____

Have you attended marriage counseling? Why? _____

What are your areas of disagreement? _____

How do you resolve conflict? _____

PREVIOUS MARRIAGES

APPLICANT 1

Name of ex-spouse: _____ Date of marriage: _____

Date of divorce? _____ Reason for divorce: _____

Name of ex-spouse: _____ Date of marriage: _____

Date of divorce? _____ Reason for divorce: _____

How is your current marriage different? _____

APPLICANT 2

Name of ex-spouse: _____ Date of marriage: _____

Date of divorce? _____ Reason for divorce: _____

Name of ex-spouse: _____ Date of marriage: _____

Date of divorce? _____ Reason for divorce: _____

How is your current marriage different? _____

SOCIAL AND RELIGIOUS BACKGROUND

NEIGHBORHOOD

What made you choose to live in your present neighborhood? _____

What do you like about it? _____

What opportunities are there for children (i.e. schools, parks, etc.)? _____

Describe your relationship with your neighbors:

RELIGIOUS BACKGROUND

To what denomination/faith do you presently belong? Applicant 1_____

Applicant 2_____

What faith were you taught growing up? Applicant 1_____

Applicant 2_____

Do you belong to a place of worship? Yes / No How often do you attend?_____

Which place of worship do you attend?_____

Why did you choose this place of worship?_____

How important to you is the teaching of your faith to your child?_____

How will you do this?_____

INFERTILITY AND ADOPTION MOTIVATION

Are you able to have biological children?_____

If no, please describe the cause of your infertility:_____

Have you had any infertility treatments or surgery to correct the problem?

How long have you been attempting to become pregnant?_____

If applicable, how has it been for you not being able to have biological children?

At what point did you consider adoption an option for your family? _____

Why do you want to adopt? _____

Have you ever started or completed a home study in the past? _____

If yes, where? (please list name and address) _____

FEELINGS TOWARDS ADOPTION AND BIRTH PARENTS

What are your concerns about raising an adopted child? _____

Please list any concerns you have about the adoption process _____

What are some of the reasons you believe children are placed for adoption?

Experiences with friends and family who have adopted or are adopted

Any previous adoption experience yourselves, whether successful or not? _____

How has your family responded to your adoption plans? _____

PARENTING

What experience have you had with children? _____

What are your parenting goals? _____

As parents, how will you differ from your parents? How will you be the same?

How do you plan to discipline your children? _____

If there are other children in the family, how will you help them accept a new adopted child? _____

How and when do you plan to tell your child that he/she is adopted? _____

CHILD CARE PLAN

Which parent will be staying home with the child initially? _____

How long will you be able to take off work at the time of placement? _____

What type of day care/sitter will you use when/if you return to work? _____

CHILD DESIRED

Age range: _____ Race/Ethnicity: _____

Feelings regarding alcohol use during pregnancy _____

Feelings regarding drug use during pregnancy? _____

Feelings regarding tobacco use during pregnancy? _____

Openness to meeting/phone calls? _____

The information provided in this self study is true and accurate.

Applicant 1 Signature

Date

Applicant 2 Signature

Date