



CHILDREN'S HOME SOCIETY  
*of Washington*

*Adoption Home Study*





# *Home Study Application Checklist*

Thank you for your interest in our adoption program. Please use this checklist to guide you in completing your application before submitting it to Children's Home Society of Washington. Thank you!

## **PACKET INCLUDES:**

- Adoption Application
- Disclosure Statement
- Request for Service Form
- Home Study Fees Form
- Post-Placement Services Fee Form
- Personal Data Form (one per person)
- Medical Report (one per person)
- Financial Inventory Form
- Employer Verification Form (one per person)
- Reference Form (five total, mailed directly to CHSW)
- Adoption Questionnaire
- Child Abuse and Neglect Findings and Request Form
- Program Protocols
- Consumer Rights Policy

## **ADDITIONAL ITEMS TO INCLUDE:**

- An application fee of \$195 in the form of a check made out to *Children's Home Society of Washington*
- Certified copies of applicants' birth certificates
- Copies of applicants' health insurance and life insurance policies
- Copy of the last two IRS tax returns
- Certified copy of marriage certificate if currently married
- Certified copy of previous marriages if either spouse was divorced

### **Please mail your completed application to:**

Children's Home Society of Washington  
3300 NE 65th St, Seattle, WA 98115  
Attn: Cheramy Hassen



# Adoption Application

Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Your Spouse/Partner's Name (if applicable): \_\_\_\_\_

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

\_\_\_\_\_

Home phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Birth date: \_\_\_\_\_

Birth date: \_\_\_\_\_

Citizen of: \_\_\_\_\_

Citizen of: \_\_\_\_\_

- Home study services
- Post-placement services
- Group
- Consultation

Further comments or services requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Disclosure Statement

Children's Home Society of Washington is a private, non-profit, statewide child welfare agency that provides social and treatment services to children and families. All caseworkers and therapists/counselors who provide adoptive home study services possess the qualifications and credentials required by the laws of the state of Washington (RCW 26.33.020(12)) to conduct a pre-placement inquiry and to prepare pre-placement reports.

### Adoption Home Study Services may include the following:

- Individual interviews
- Couple/family interviews
- Visit to the family home
- Review and assessment of confidential written documents
- Consultation with professionals (i.e. lawyers, physicians, etc.)
- Verification/consultation with references provided by the adoptive family
- Criminal history and child abuse inquiries
- Counseling and/or education pertinent to adoption and adoptive parenting
- Pre-Placement report(s)

Counselors and social workers providing services for a fee must be registered or certified by the Department of Licensing for the protection of the public health and safety. Registration of an individual with the Department does not include recognition of any practice standards and does not necessarily imply the effectiveness of any service or treatment.

Children's Home Society reserves the right to screen out certain adoptive home study applicants during its pre-placement research. Denial can be made at any time during the process before the pre-placement report is complete. A copy of Program Protocol PP.ARC.02 outlines those reasons, and a copy is provided to applicants at intake.

### Consumer's Acknowledgement of Understanding

I have been provided a copy of the Disclosure Statement and Program Protocol "Denial of Prospective Adoptive Parents." I have read and understand these conditions.

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Service Provider Signature

\_\_\_\_\_  
Registration/Certification Number

\_\_\_\_\_  
Date



# *Request for Service Agreement and Consent*

I (name) \_\_\_\_\_ hereby request the services of Children's Home Society of Washington (CHSW) to conduct an adoptive home study and to prepare a pre-placement report. I have been informed of the requirements of law RCW 26.33.190 regarding the purpose, content, and form of the pre-placement study and report. I consent to the inquiry that will be conducted by a Children's Home Society of Washington counselor or social worker.

It has been explained to me and I understand what is required of me to fulfill my responsibilities in this process, and I agree to the same.

I have received a copy of the Children's Home Society of Washington's Consumer Rights and Consumer Grievance Procedures. I understand that if I have questions about these rights and procedures, I may address them to any staff member of Children's Home Society of Washington.

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date



# Home Study Fees

The fee for service is \$1,975 for the home study process and preparation of the Home Study Report, plus a \$195 application fee. These fees apply for 12 months from the date your application is received, and are subject to change after that time. Our services to you include:

- Review of documents
- Collaboration with adoption placing agency
- Informational meeting
- Individual interviews
- Couple interview
- Home visit
- Pre-placement report
- Mailings to agency, facilitators, attorneys, as required

For homes located more than 20 miles from Children's Home Society of Washington, there is a mileage charge of \$0.40 per mile, and \$25 per hour (prorated) for staff driving time.

### Fees are due on the following schedule:

<b>Application Fee</b> (non-refundable) <i>Due with submission of completed application</i>	<b>\$195 *\$100 applies toward home study</b>
<b>Home Study Fee</b> (international) <i>Due by final interview</i>	<b>\$1,975</b>
<b>Home Study Fee</b> (domestic) <i>Due by final interview</i>	<b>\$1,650</b>
<b>Home Study Update</b>	<b>\$1,350</b>
<b>Update for U.S. Citizens and Immigration Services</b>	<b>\$550</b>

I have read and understand this Schedule of Fees, and I agree to pay according to the schedule outlined above.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## *Post-Placement Services Fees*

All international and domestic adoptions require post-placement reports. The coordinating agency or adoption attorney requires that the home study agency provide these services. The fee for *each* post-placement report is \$460. There may be multiple reports, depending on the country of the adoption. These fees apply for 12 months from the date your application is received, and are subject to change after that time. Our services to you include:

- Home or office visits after placement
- Post-placement reports provided to the placement agency
- Mailings to agency, facilitators, attorneys, as required
- Support services
- Information and referral as needed

Post placement fees are due after each report is finished and sent to the appropriate source.

**Post-placement reports**

**\$460 per report (due at home visit)**

I have read and understand this schedule of fees, and I/we agree to pay \$460 for each post-placement report according to the schedule above.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# Personal Data Form

Adoptive Parent #1

CHILDREN'S HOME SOCIETY  
of Washington

## PROSPECTIVE ADOPTIVE PARENT #1:

Full Name: \_\_\_\_\_ Prior Legal Names: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Birth Date: Birth Place: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

## EDUCATION

	Grade School	High School	University	Graduate School
<b>Years Completed</b>	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4	1 2 3 4
<b>Year of Graduation</b>				

University names and degrees earned: \_\_\_\_\_

\_\_\_\_\_

Technical training, trade schools, and/or certifications: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT

Present Employer: \_\_\_\_\_ Length of Time with Employer: \_\_\_\_\_

Current Position/Title: \_\_\_\_\_ Gross Yearly Salary: \_\_\_\_\_

## RELATIONSHIPS & FAMILY

- Single
  Married
  Domestic Partner
  Widowed
  Separated
  Divorced



# Personal Data Form

Adoptive Parent #1

CHILDREN'S HOME SOCIETY  
of Washington

If married, date and place of present marriage: \_\_\_\_\_  
(Please attach copy of marriage certificate)

Length of current relationship: \_\_\_\_\_

If you have been married or in a domestic partnership before, give dates and places of marriage or decision to commit, divorce, or separate; or death. If more than one, furnish the same information for each:

Date of Marriage	Place of Marriage	Reason for Dissolution

**\* You are required to furnish certified copies of all divorce decrees or death certificates**

List all children born to or adopted by petitioners, in present or previous marriages, in partnerships, or while single. (Indicate which)

Name (Living or Deceased)	Birth Date	Birth Place	Child Living with Whom	Source of Support

Have any of your children ever been known to Juvenile Court?

Yes  No

If yes, briefly explain: \_\_\_\_\_

Have any of your children ever been removed from your custody or have you been denied custody?

Yes  No

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

Are you now required by any Court Order to pay child support of any children? If yes, state number of children for whom you are currently paying support \_\_\_\_\_ and the monthly amount per child \$ \_\_\_\_\_. Are you currently delinquent in such payments?

Yes  No



# Personal Data Form

Adoptive Parent #1

CHILDREN'S  
HOME SOCIETY  
*of Washington*

Have you ever been arrested or convicted of a crime?

Yes  No

If yes, attach full statement covering nature of offense charged, dates convicted, and sentence received.

## HEALTH

If you have any major injury or illness, please describe: \_\_\_\_\_

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

If you or any of your family members have been seen by a psychiatrist, psychologist or counselor, please attach a statement describing presenting issues, course of treatment, medication and outcome. Are there conditions or issues for which no help was sought?

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

Are you now, or have you ever been, physically or psychologically dependent on prescription medication or other drugs (i.e., sedatives, sleep aids, tranquilizers, stimulants, pain pills)?

Yes  No

If yes, give name of drug, reason for use, date of first use, duration of use: \_\_\_\_\_

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

Do you drink alcohol?

Yes  No

If, yes, describe frequency and amount of use: \_\_\_\_\_

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

If you are in recovery from any kind of addiction, please explain the nature of the addiction, when your recovery began, and how it is supported.

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



# Personal Data Form

Adoptive Parent #1

Do you smoke?

Yes  No

If yes, how long have you smoked and how many cigarettes do you smoke during a typical day? \_\_\_\_\_

How would you rate your level of general health and fitness?

Excellent  Good  Fair  Not Very Good

## PREVIOUS ADOPTION EXPERIENCES

Have you applied to an adoption agency?

Yes  No

If yes, please give name of agency: \_\_\_\_\_ Date: \_\_\_\_\_

Have you previously been through a home study process?

Yes  No

If yes:

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Were you approved to adopt? If not, please explain:

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

Describe briefly the child(ren) you wish to adopt: \_\_\_\_\_

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



# Personal Data Form

Adoptive Parent #1

CHILDREN'S  
HOME SOCIETY  
*of Washington*

If you, or any person or entity acting on your behalf, has paid or agreed to pay money or other consideration to any person or entity for anything other than administrative costs, court and legal fees, medical or hospital services related to this adoption, please itemize below:

Item	Cost

If applicable, name of attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If applicable, name of facilitator or agency: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**The undersigned swears to the truth and correctness of the foregoing information and signs this under the penalty of perjury under the laws of the State of Washington.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Petitioner Name (Please Print)

\_\_\_\_\_  
Petitioner's Signature



# Personal Data Form

Adoptive Parent #2

## PROSPECTIVE ADOPTIVE PARENT #2:

Full Name: \_\_\_\_\_ Prior Legal Names: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Birth Date: Birth Place: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

## EDUCATION

	Grade School	High School	University	Graduate School
<b>Years Completed</b>	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4	1 2 3 4
<b>Year of Graduation</b>				

University names and degrees earned: \_\_\_\_\_

Technical training, trade schools, and/or certifications: \_\_\_\_\_

## EMPLOYMENT

Present Employer: \_\_\_\_\_ Length of Time with Employer: \_\_\_\_\_

Current Position/Title: \_\_\_\_\_ Gross Yearly Salary: \_\_\_\_\_

## RELATIONSHIPS & FAMILY

- Single
  Married
  Domestic Partner
  Widowed
  Separated
  Divorced



# Personal Data Form

Adoptive Parent #2

CHILDREN'S HOME SOCIETY  
of Washington

If married, date and place of present marriage: \_\_\_\_\_  
(Please attach copy of marriage certificate)

Length of current relationship: \_\_\_\_\_

If you have been married or in a domestic partnership before, give dates and places of marriage or decision to commit, divorce, or separate; or death. If more than one, furnish the same information for each:

Date of Marriage	Place of Marriage	Reason for Dissolution

**\* You are required to furnish certified copies of all divorce decrees or death certificates**

List all children born to or adopted by petitioners, in present or previous marriages, in partnerships, or while single. (Indicate which)

Name (Living or Deceased)	Birth Date	Birth Place	Child Living with Whom	Source of Support

Have any of your children ever been known to Juvenile Court?

Yes  No

If yes, briefly explain: \_\_\_\_\_

Have any of your children ever been removed from your custody or have you been denied custody?

Yes  No

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

Are you now required by any Court Order to pay child support of any children? If yes, state number of children for whom you are currently paying support \_\_\_\_\_ and the monthly amount per child \$ \_\_\_\_\_. Are you currently delinquent in such payments?

Yes  No



# Personal Data Form

Adoptive Parent #2

CHILDREN'S  
HOME SOCIETY  
*of Washington*

Have you ever been arrested or convicted of a crime?

Yes  No

If yes, attach full statement covering nature of offense charged, dates convicted, and sentence received.

## HEALTH

If you have any major injury or illness, please describe: \_\_\_\_\_

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If you or any of your family members have been seen by a psychiatrist, psychologist or counselor, please attach a statement describing presenting issues, course of treatment, medication and outcome. Are there conditions or issues for which no help was sought?

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Are you now, or have you ever been, physically or psychologically dependent on prescription medication or other drugs (i.e., sedatives, sleep aids, tranquilizers, stimulants, pain pills)?

Yes  No

If yes, give name of drug, reason for use, date of first use, duration of use: \_\_\_\_\_

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Do you drink alcohol?

Yes  No

If, yes, describe frequency and amount of use: \_\_\_\_\_

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If you are in recovery from any kind of addiction, please explain the nature of the addiction, when your recovery began, and how it is supported.

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# Personal Data Form

Adoptive Parent #2

Do you smoke?

Yes  No

If yes, how long have you smoked and how many cigarettes do you smoke during a typical day? \_\_\_\_\_

How would you rate your level of general health and fitness?

Excellent  Good  Fair  Not Very Good

## PREVIOUS ADOPTION EXPERIENCES

Have you ever applied to an adoption agency?

Yes  No

If yes, please give name of agency: \_\_\_\_\_ Date: \_\_\_\_\_

Have you previously been through a home study process?

Yes  No

If yes:

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Were you approved to adopt? If not, please explain:

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Describe briefly the child(ren) you wish to adopt: \_\_\_\_\_

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# Personal Data Form

Adoptive Parent #2

CHILDREN'S  
HOME SOCIETY  
*of Washington*

If you, or any person or entity acting on your behalf, has paid or agreed to pay money or other consideration to any person or entity for anything other than administrative costs, court and legal fees, medical or hospital services related to this adoption, please itemize below:

Item	Cost

If applicable, name of attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If applicable, name of facilitator or agency: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**The undersigned swears to the truth and correctness of the foregoing information and signs this under the penalty of perjury under the laws of the State of Washington.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Petitioner Name (Please Print)

\_\_\_\_\_  
Petitioner's Signature



# Medical Report

Adoptive Parent #1

Authorized by: \_\_\_\_\_  
Adoptive Applicant #1

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

The above named person has applied to adopt a child. A medical report and your interpretation of it are needed as a part of getting acquainted with this family and for a report to the court.

## Medical History

Give any significant operations, diseases, and prognoses.

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

## Physical Exam

Date of Exam \_\_\_\_\_

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

Urinalysis \_\_\_\_\_ T.B. \_\_\_\_\_ HIV/AIDS \_\_\_\_\_

Note any significant findings.

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



# Medical Report

Adoptive Parent #1

1. Has this patient had tests or evaluations for infertility?  Yes  No

Describe:

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2. Does this patient have any psychological issues?

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3. How long have you known this patient? \_\_\_\_\_

### Additional Comments

Please write a very brief interpretation of this applicant's continued general health and ability to raise children.

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\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Please return form to:**  
Children's Home Society of Washington  
3300 NE 65<sup>th</sup> St  
Seattle, WA 98115  
Attn: Cheramy Hassen



# Medical Report

Adoptive Parent #2

Authorized by: \_\_\_\_\_  
Adoptive Applicant #2

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

The above named person has applied to adopt a child. A medical report and your interpretation of it are needed as a part of getting acquainted with this family and for a report to the court.

## Medical History

Give any significant operations, diseases, and prognoses.

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

## Physical Exam

Date of Exam \_\_\_\_\_

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

Urinalysis \_\_\_\_\_ T.B. \_\_\_\_\_ HIV/AIDS \_\_\_\_\_

Note any significant findings.

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



# Medical Report

Adoptive Parent #2

1. Has this patient had tests or evaluations for infertility?  Yes  No

Describe:

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---

2. Does this patient have any psychological issues?

---

---

3. How long have you known this patient? \_\_\_\_\_

### Additional Comments

Please write a very brief interpretation of this applicant's continued general health and ability to raise children.

---

---

---

---

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Please return this form to:**  
Children's Home Society of Washington  
3300 NE 65<sup>th</sup> St  
Seattle, WA 98115  
Attn: Cheramy Hassen



# Financial Inventory

CHILDREN'S HOME SOCIETY  
of Washington

1<sup>st</sup> Applicant Name \_\_\_\_\_ Annual Salary \_\_\_\_\_

2<sup>nd</sup> Applicant Name \_\_\_\_\_ Annual Salary \_\_\_\_\_

Assets	Valuation	Equity
Home		
Other Property Real Estate		
Vehicles		
Personal Belongings		
Savings		
Investments		
Retirement Accounts		
Other		
<b>Total</b>		

## DEBTS

Financial obligations including mortgages, time payments, loans, child support, etc.

To Whom Owed	Purpose	Total Owed	Monthly Payment



# Financial Inventory

CHILDREN'S  
HOME SOCIETY  
*of Washington*

Please note any past or present legal actions, garnishments, or bankruptcy proceedings:

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1<sup>st</sup> Applicant Life Insurance Policy# \_\_\_\_\_ Company \_\_\_\_\_ Value \_\_\_\_\_

2<sup>nd</sup> Applicant Life Insurance Policy# \_\_\_\_\_ Company \_\_\_\_\_ Value \_\_\_\_\_

1<sup>st</sup> Applicant Health Insurance Policy# \_\_\_\_\_ Company \_\_\_\_\_ Value \_\_\_\_\_

2<sup>nd</sup> Applicant Health Insurance Policy# \_\_\_\_\_ Company \_\_\_\_\_ Value \_\_\_\_\_

## EMPLOYMENT HISTORY for APPLICANT #1 (Beginning with most recent)

1. Name of Employer \_\_\_\_\_ City and State \_\_\_\_\_  
Position or Title \_\_\_\_\_ Date Employed \_\_\_\_\_

2. Name of Employer \_\_\_\_\_ City and State \_\_\_\_\_  
Position or Title \_\_\_\_\_ Date Employed \_\_\_\_\_

3. Name of Employer \_\_\_\_\_ City and State \_\_\_\_\_  
Position or Title \_\_\_\_\_ Date Employed \_\_\_\_\_

## EMPLOYMENT HISTORY for APPLICANT #2 (Beginning with most recent)

1. Name of Employer \_\_\_\_\_ City and State \_\_\_\_\_  
Position or Title \_\_\_\_\_ Date Employed \_\_\_\_\_



# Financial Inventory

CHILDREN'S  
HOME SOCIETY  
*of Washington*

2. Name of Employer \_\_\_\_\_ City and State \_\_\_\_\_  
Position or Title \_\_\_\_\_ Date Employed \_\_\_\_\_

2. Name of Employer \_\_\_\_\_ City and State \_\_\_\_\_  
Position or Title \_\_\_\_\_ Date Employed \_\_\_\_\_

**\* Please include copies of your income tax returns for the past 2 years**

\_\_\_\_\_  
Signature of Applicant #1

\_\_\_\_\_  
Signature of Applicant #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# Employment Verification for Adoptive Home

## CONFIDENTIAL

*This form is used by the staff in the home study process to verify past employment history and/or to confirm current employment of prospective adoptive parents.*

Reference for: \_\_\_\_\_ CHSW Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_ Position at Workplace: \_\_\_\_\_

1. How long is/was this person employed with your company? \_\_\_\_\_  
(Mo/Yr) to (Mo/Yr)

2. How long have you known this person? \_\_\_\_\_

3. What kind of work habits does/did she or he display? \_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

4. How well does/did he or she meet your expectations? \_\_\_\_\_  
\_\_\_\_\_

5. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

**Please return this form to:**  
Children's Home Society of Washington  
3300 NE 65th St, Seattle, WA 98115  
Attention: Cheramy Hassen







## *Adoption Reference Form*

10. What makes this family appropriate for an international adoptive placement?

11. The responsibility of caring for a child is great. Is there anything else you feel we should consider in making a decision with respect to this family? Please express any comments or concerns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

***Please complete and return this form within two weeks of receipt, if possible. If you have any questions, contact Cheramy Hassen at 206-695-3233.***

**Please return this form to:**

Children's Home Society of Washington  
3300 NE 65th St, Seattle, WA 98115  
Attn: Cheramy Hassen

## *Adoption Questionnaire*

The below questionnaire will help us learn more about you, your motivation to adopt, your family, relationships, personal history, and interests. Please provide your answers in a separate typed document.

### **Motivation to Adopt**

- What motivated you to pursue adoption?
- When did you first begin thinking about adoption?
- How did you arrive at your decision to adopt?
- Why now? Include length of time spent considering adoption.
- What have you done to learn about and prepare yourself for adoption (read books, researched, talked with adoptive families, attended seminars, trainings, etc.)?

Please disclose whether infertility issues are related to your decision to adopt.

- If so, what is the nature of your infertility, and how was it identified?
- What treatments have you had related to this condition, or are you undergoing/considering?
- Are you continuing to pursue infertility treatments now or do you plan to in the future?
- If infertility has been a factor in your decision to adopt a child, what have you done to resolve your feelings of grief and loss related to this?

### **Biographical Information**

We are interested in a brief, but complete chronological background history. A few short sentences are *not* sufficient to help us know you well.

#### **Applicant #1**

1. I was born in \_\_\_\_\_ On \_\_\_\_\_  
(City/State/Country) (Day/Month/Year)

2. To \_\_\_\_\_ And \_\_\_\_\_

- Father's Legal First & Last Name, as listed on your birth certificate
- Mother's Legal First & Last Name, as listed on your birth certificate
- Were your parents married at the time of your birth?



## *Adoption Questionnaire*

**3. Parent's Occupation (*Indicate if retired*)**

- Father:
- Mother:

**4. Describe your parents using at least three adjectives.**

- Father:
- Mother:

**5. Describe your relationship/bond/attachment with each parent.**

- Father:
- Mother:

**Is either parent deceased? When? Cause?**

- Father:
- Mother:

**6. Are your parents divorced? What year?**

**7. Has either parent remarried? When?**

- Father:
- Mother:

**Stepparents' name & occupation (*Indicate if retired*)**

- Stepfather:
- Stepmother:

**Describe your stepparents and your relationship with each stepparent.**

- Stepfather:
- Stepmother:

## *Adoption Questionnaire*

**8. Where do your parents and/or stepparents presently live? (City/State)**

- Father:
- Mother:
- Stepfather:
- Stepmother:

**9. Describe your siblings.**

- Full Names, Sex, Age, Marital Status, Children, Occupation, Residence
- Number of brothers and sisters (indicate if siblings are full, half, or step, etc.)
- Are any siblings adopted?
- Briefly describe your relationship with each sibling.
- I am the \_\_\_\_\_ child of \_\_\_\_\_ children.

**10. Describe your childhood through high school.**

- Describe your family lifestyle. Include information about absent parent, if appropriate.
- How did your parents raise you (nurturing, affectionate, critical, etc.)?
- What discipline methods were used?
- What expectations did your parents have of their children?
- How did your family and siblings get along. What about interaction with extended family?
- Describe family values instilled.
- What work/play activities did you do as a family?
- What are your feelings about your childhood, including both happiest and traumatic memories?
- Describe any remarkable medical or emotional issues you experienced as a child and the resolution of these.
- Include where you attended school, the type of student you were, when you graduated.
- Describe your friends, hobbies and activities.
- Describe your neighborhood, friends and activities.
- Describe any major family moves or family crises.

## *Adoption Questionnaire*

### **11. Life after High school**

- Please list any colleges/schools you attended, and the types of degrees you have achieved and the dates.
- List job changes and places of employment over the years. Leave no times unaccounted for.
- Include any major moves or other significant events. Be specific with dates and places. Leave no times unaccounted for.

### **12. Your career up to present**

- What is your current job title, and how long of you been in this position?
- Do you enjoy it?
- Include information on additional education or training you have received. Leave no times unaccounted for.

### **13. Your future career & lifestyle plans**

- What are your career goals for the next 5 years? The next 10 years?
- How do you envision your life in 10 years, in 20 years, and at retirement?
- How will a child impact your current lifestyle and career?

### **14. Your feelings about yourself now**

- Describe feelings about yourself now.
- What do you like best about yourself?
- What are your personal strengths and weaknesses?
- What are your successes and frustrations?
- What is your most important accomplishment up to now?
- What are your goals in life?
- What are the reasons you feel you are ready to add to your family at this time?

## Adoption Questionnaire

### Biographical Information

We are interested in a brief, but complete chronological background history. A few short sentences are **not** sufficient to help us know you well.

#### APPLICANT #2

1. I was born in \_\_\_\_\_ On \_\_\_\_\_  
(City/State/Country) (Day/Month/Year)

2. To \_\_\_\_\_ And \_\_\_\_\_

- Father's Legal First & Last Name, as listed on your birth certificate
- Mother's Legal First & Last Name, as listed on your birth certificate
- Were your parents married at the time of your birth?

3. Parent's Occupation (*Indicate if retired*)

- Father:
- Mother:

4. Describe your parents using at least three adjectives.

- Father:
- Mother:

5. Describe your relationship/bond/attachment with each parent.

- Father:
- Mother:

Is either parent deceased? When? Cause?

- Father:
- Mother:



## Adoption Questionnaire

**6. Are your parents divorced? What year?**

**7. Has either parent remarried? When?**

- Father:
- Mother:

**Stepparents' name & occupation (*Indicate if retired*)**

- Stepfather:
- Stepmother:

**Describe your stepparents and your relationship with each stepparent.**

- Stepfather:
- Stepmother:

**8. Where do your parents and/or stepparents presently live? (*City/State*)**

- Father:
- Mother:
- Stepfather:
- Stepmother:

**9. Describe your siblings.**

- Full Names, Sex, Age, Marital Status, Children, Occupation, Residence
- Number of brothers and sisters (*Indicate if siblings are full, half, or step, etc.*)
- Are any siblings adopted?
- Briefly describe your relationship with each sibling.
- I am the \_\_\_\_\_ child of \_\_\_\_\_ children.

## *Adoption Questionnaire*

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## *Adoption Questionnaire*

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## **Marital Relationships for Married and Partnered Applicants**

### **1. Beginning of relationship**

- When, where, and how did you meet your partner?
- What was the attraction?
- What was the length and nature of your courtship?
- How did this lead to marriage?
- What made you decide to enter a committed relationship?

### **2. Your relationship to each other (*Please respond as a couple*)**

- Describe your marital life and your marital roles.
- What is the quality of the relationship between you and your spouse?
- What are the strengths and vulnerabilities in your relationship?
- What do you like about your spouse?

## *Adoption Questionnaire*

- What are the roles each of you plays (provider, disciplinarian, peacemaker, motivator, primary decision-maker, etc.) in the relationship?
- How do you make decisions, solve problems and communicate as a couple?
- How do you share responsibilities, including household chores?
- How are decisions concerning finances made?
- Have there been any separations or threats of divorce?
- Describe any marriage counseling, including dates, duration and resolution.
- What are the areas in your marital relationship you hope to improve upon as a couple.

### **3. Child-rearing responsibilities (*For applicants with children*)**

- Describe your decision-making processes regarding child rearing.
- In what ways do you agree/disagree on child rearing and discipline?
- What do you do when you and your spouse disagree about discipline?
- Describe your support for one another as parents.

### **4. Impact of adoption on your relationship**

- Describe the impact you anticipate adoption will have upon your marital and family relationships.
- How do you anticipate adding a child will affect your marital relationship?
- How will it affect relationships within your immediate family?

### **Significant Relationship for Single Applicants**

- If you are presently in a long-term committed relationship with a partner, and intend to raise your child within this relationship, please respond to the relevant questions in the previous section regarding marital issues and its impact on adoption.

## *Adoption Questionnaire*

### **Previous Marriages (If applicable)**

- Provide your name and the full name of your ex-spouse(s).
- Include the month/year and place married, when separated, and month/year and place divorced.
- Provide the name, age, and current place of residence of any children born during this marriage. Briefly describe the marital relationship and what led to divorce.
- What contact do you now have with your former spouse(s)?

### **Children (If applicable)**

- This includes - but is not limited to- children living in or out of the home, children away at college, children from a previous marriage or relationship, adopted children.
- Please indicate whether these children live in the applicant's household or elsewhere. If elsewhere, state where and with whom they reside.
- Include child's name, age, sex, and parents' names.
- Describe child's personality, school adjustment, development, and hobbies.
- If child is adopted, how much information does the child have and how comfortable is he/she with their adoptive status?
- What challenges has the child had to deal with (learning disabilities, health problems, peer problems, loss of parent/sibling, etc.)?
- Has there been acting-out behavior, drug/alcohol problems, delinquency, counseling, etc.?
- Describe your children's relationships with each other.
- If the child is from a previous relationship, describe parental visitation and child support provisions.
- What adjustment issues do you expect among other children in the household, and how do you plan to handle them?
- What changes do you expect in your children/family to occur after the adoption?
- How have you prepared your child/children for the addition of a sibling?
- What are each child's thoughts about adopting a sibling, including issues related to birth order and role changes?

**Note:** Any person, 18 years or older, physically living in your home must complete all background checks as applicants to adopt, including criminal background checks and health reports.

## *Adoption Questionnaire*

### **Your Neighborhood and Community**

- What is your community's attitude toward accepting adopted children and children from other cultures and ethnic groups?
- What is the ethnic/racial composition of the neighborhood and schools you live in?
- What parks and other recreational areas are nearby? How far away are they?
- What medical facilities are in your area? How far away are they?

### **Others Living in Your Home**

- Please list anyone living in your home, including people outside your immediate family who physically reside in your home (e.g., grandparents, extended family members, exchange students, live-in domestic help, etc.).
- Include each person's name, age, relationship, duration of stay in your home and physical/financial dependency.
- Describe their interaction with other family members.
- What are their thoughts and attitude towards adoption?
- If applicable, indicate reasons for sharing your home with a non-family member.

### **Interests and Activities**

- Describe the interests and activities you enjoy individually, as a couple, and as a family.

### **Parenting *(Complete this section as a couple, if applicable)***

- Explain your ideas and parenting philosophy, or your plans for parenting your child.
- Describe some of your basic ideas and attitudes about raising children, including discipline.
- What methods of discipline will you use (such as "time-out", re-directing, consequences, problem solving, spanking, etc.)?
- If corporal punishment is used, describe your reasons and the value you see in it?

## *Adoption Questionnaire*

- Note that concerning spanking/corporal punishment: Some agencies will not place a child with families who spank. If you firmly believe in spanking, you may need to rethink your approach to parenting an adopted child.

### **Plans for the Child After Placement and Adoption**

#### **1. Immediate plans after placement and adoption**

- What are your immediate plans for you and your child after placement and adoption?
- What is your adoption job-leave plan?
- What are your childcare plans?
- For those applicants who will continue working after the adoption, what arrangements have been made with your employer?
- What is your work schedule?
- Please address any other issues involving childcare that you anticipate.

#### **2. Wills**

- What arrangements have you made/plan to make to include the child as a beneficiary in your will?

#### **3. Guardianship**

- Most adoption agencies/countries require specific information on this provision.
- Who shall act as guardian for the child in case of a debilitating accident, health problems, or your premature deaths?
- Have you made plans for guardianship? If so, indicate the name, age, address, occupation, general health, name and age of their children if they have them, and financial status of appointed guardians.
- Have you discussed this potential responsibility with them?
- What will be the commitment on the part of the guardian?

## *Adoption Questionnaire*

### **Religion/Spiritual Beliefs**

- Briefly address your religious beliefs (if any) and how you plan to raise your child regarding this issue.
- Some countries and agencies require this to be addressed in the home study, and some do not.

### **Raising an Adopted Child**

- How do you intend to help your adopted child understand adoption?
- How will you explain adoption to your child?
- What resources would you use to help with this?
- If you adopted previously, how have you explained adoption to your child? (*Note: Adults have the responsibility to inform their children of their adoptive status before the child begins to ask questions. Children who grow up with the knowledge and acceptance of their adoptive status have been found to experience fewer related adjustment problems.*)
- What feelings do you expect your child to have towards his/her biological parents?
- What is your understanding of your child's needs regarding their birth family?
- What is your attitude towards your child's biological parents?
- What are your feelings about the reasons the child is placed for adoption?
- How will you feel about your child's possible desire to learn about his/her birthparents, search for the birthparents, or visit their birthplace? (*Note: Your child's feelings about these issues often change throughout their development.*)
- What are the attitudes of your extended family and other members of your support system toward adoption?
- What reactions have you encountered?
- How will you handle potential non-acceptance in the support system?

## *Adoption Questionnaire*

### **Interracial Adoptions (*if applicable*)**

- What life experiences, interests, and relationships have prepared you to parent in a transracial family?
- Since your child will probably not look like you, will the physical differences be an issue for you?
- How will you help your child understand these differences?
- How will you teach your child about racism and how to handle these encounters?
- How will you handle non-acceptance of your child because of his/her race by extended family and/or support system?
- Describe your ability to deal appropriately with personal questions, ambiguity, or disapproval.



## *Fingerprint Clearance*

All adoptions in the state of Washington require FBI clearance to check for criminal background. You also will be fingerprinted through the immigration process. Before you begin the steps for the FBI clearance please call Cheramy Hassen at 206-695-3233 for additional instructions.

### **EXPEDITING FINGERPRINT CLEARANCE**

FBI fingerprint clearances take approximately thirteen weeks to process. Follow the steps below to get your results as quickly as possible.

**1. Obtain your fingerprints.**

- Visit a sheriff's office or police department to have your fingerprints taken (plain or flat impressions) on a standard fingerprint card (FD-258).
- **Note:** Previously processed fingerprint cards will not be accepted.

**2. Purchase a money order.**

- Make it payable to the "Treasury of the United States."
- Include an \$18 money order for a set of fingerprints for an individual, or one money order for \$36 for a couple.

**3. Write a cover letter requesting your FBI records.**

- Request a copy of your "FBI Identification Record(s)," and state the reason as "Adoption Planning." Note that your request is urgent.
- Address the letter to:

FBI CJIS Division – Record Request  
1000 Custer Hollow Road  
Clarksburg, WV 26306

- Ask that the results be returned to CHSW.
- Include CHSW's mailing address (3300 NE 65<sup>th</sup> St, Seattle, WA 98115), telephone number (206-695-3233), and notarized authorization form.
- Please note that all individuals submitting prints must sign the cover letter.
- Send by FedEx using overnight mail, and note the tracking number.
- Write "ADOPTION" on the envelope, and under that write "URGENT" in large, bold letters.

**4. Allow one week for processing** (from date of receipt by the FBI).

**5. To follow-up, contact the FBI and provide the tracking number.**

The numbers are: 304-625-5590 (Press "3" for Customer Service) or 304-625-2000 (Main FBI number).