

PART I

Confidential Adoption Home Study Report

This confidential report has been prepared by (*Name of Agency*), an adoption agency licensed and contracted by the Department of Human Services, to provide the court with information about prospective adoptive parents' suitability to adopt.

Prospective Adoptive Parents:

Full Names

Date(s) and Place(s) of Birth

Social Security Number(s)

Street Address

City, State, Zip Code

Write a narrative concerning each prospective adoptive parent and include:

- a. Name;*
- b. Ethnic background, genetic history, and family background;*
- c. Marital, education, employment, and military history;*
- d. Health status (include physical description and any health problems that may affect ability to raise a child). Summarize current medical condition and cover drug and alcohol use;*
- e. Child care experience;*
- f. Interests and hobbies;*
- g. Results of criminal history check and CPS (Child Protection Service) report; and*
- h. Other factors which may affect ability to parent, including any relevant contacts for services with public human service agencies.*

CHILDREN IN THE HOUSEHOLD

Write a narrative on each child living in the prospective adoptive home giving name, date of birth, school grade, personality, adjustment in family and community and attitude about having an adopted child in the home. If there are no children, make a statement to that effect.

MARITAL RELATIONSHIP/FAMILY LIFESTYLE

Provide information regarding the stability of the marriage, strengths and weaknesses, decision making style, areas of disagreement, adjustments, marital separations, interests petitioners(s) share, child discipline methods, why they wish to adopt, religious preference, and any other relevant factors. If both prospective parents are employed, indicate child care plans, if appropriate.

OTHER ADULTS IN THE PROSPECTIVE ADOPTIVE HOME

Why in the home, length of stay, relationship, and effect on other members of household, including any criminal and/or public agency contact.

FINANCES

Indicate gross annual income. Describe any past and/or current financial difficulties including: whether of not they have ever declared bankruptcy, if the income meets the family expenses, and if the prospective adoptive parent(s) appear to be able to provide adequate financial support for the child.

HOUSING

Conduct an on-site visit from which you can describe housing and note any safety or health hazards. Note if there is room for the child and his/her possessions and describe the housekeeping standards.

UNDERSTANDING OF ADOPTION

Write a paragraph concerning the prospective adoptive parents' understanding of the permanency of adoption and the responsibilities of parenting. State whether or not they intend to inform the child of his/her adoptive status. State arrangements, if any, for future contact with biological parents. Indicate any adoption counseling or training received.

REFERENCES

Interview at least two references, not related to prospective adoptive parents, on behalf of the prospective adoptive parents. The contact may be in person, by telephone, or by letter. Briefly describe reference's comments regarding adoptive couple as individuals, as a couple and as potential parents. If couple already has children, provide reference's description of children's adjustment and the applicant's parenting techniques. Any negative or conflicting information should be fully reported. If more than two references are necessary to confirm or resolve conflicting information, they should be sought and interviewed.

THE HOME STUDY SHOULD CLOSE WITH THE FOLLOWING FORMAT:

SUMMARY

Write one or two paragraphs which summarize the degree to which prospective adoptive parents meet minimum standards for adoptive homes as required by OAR 413-120-0300 through 413-120-0310. Highlight specific issues that support the recommendation.

(Name of Agency) approves _____ and _____ as potential adoptive parents.

OR

(Name of Agency) approves _____ and _____ as potential adoptive parents, with the following limitations or special conditions:

Describe limitations or special conditions.

Prepared by: *(Name and signature of worker)*

Approved by: *(Name and signature of Director)*

Date: _____