



Adoptive Family Home Study Packet

This packet is for those who would like Heart to Heart Adoptions, Inc to complete their Home Study.

The cost of the Home Study is \$750.00 plus Mileage for travel.

Please do the following:

1. Complete the Adoptive Parents' Supplemental Background Information. (AF 2a)
2. Have 2 friends and **1 relative** complete the References for Adoption. You can send them this form or they can write a letter that provides similar information. They should mail it back to us at the address below. (AF 2b)
3. Give your MD the Medical Information- Physician's Referral form. You will need one for everyone in your family including children. The physician can send it to us or return it to you. (AF 2c)
4. Attach:
 1. Original or Copies of all birth certificates (adults and children in the home).
 2. Original or Copies of marriage license, divorce decrees, custody and visitation orders, if any.
 3. Copy of your Health Insurance Card and a copy of your latest Tax Return.
5. Begin working on adoption training, we require 10-12 hours of adoption education. Contact Lisa for information and where to get started. This is also included in the application packet.
6. Send all information in to the following address or give it to your Social Worker.

**Heart to Heart Adoptions
9669 So 700 East
Sandy, Utah 84070
lisab@hearttoheartadopt.com**

**General Number: 801-563-1000
Adoptive Families: 801-838-8007
Toll Free: 866-68ADOPT**



ADOPTIVE HOME STUDY
SUPPLEMENTAL
BACKGROUND INFORMATION

HS 1

This Form is Required if Heart to Heart Adoptions is completing the Home Study.

Please complete the following questionnaire as thoroughly as possible. All information that you give us will be kept completely confidential. If you should require additional space, please attach separate pages as needed. Once completed, please mail it to 9669 South 700 East, Sandy, Utah 84070 and call 801-563-1000 to arrange for a meeting with a social worker.

IDENTIFICATION

Names:

Husband: Wife:

Driver's License Numbers: (Include State) Husband: Wife:

FAMILY BACKGROUND

Husband: Name of Parents:

Parents Address: Phone:

Parents Ages:

If one or both of your parents are deceased, please indicate their Age(s) and Cause(s) of Death:

Parents' General Health:

Parents' Occupations:

Number of Siblings and Relationship:

Description of Siblings:

Table with 7 columns: Name (including Maiden), Gender, Age, #Children, Occupation, City, State. Rows 1-7.

If any of your siblings are deceased, please indicate their age at death and cause of death:

If applicable, indicate if your parents or any of your siblings have been divorced.

Please briefly describe your relationship with your extended family, including the amount of contact you have with them:

Please describe how your extended family feels about your plans to adopt a child:

Wife: Name of Parents:

Parents Address: Phone:

Parents Ages:

If one or both of your Parents are deceased, please indicate their Age(s) and Cause(s) of Death:

Parents' General Health:

FAMILY BACKGROUND cont.

Wife continued: Parents' Occupations: _____

Number of Siblings and Relationship: _____

Name (including Maiden)	Gender	Age	#Children	Occupation	City	State
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____

If any of your siblings are deceased, please indicate their age at death and cause of death: _____

If applicable, indicate if your parents or any of your siblings have been divorced. _____

Please briefly describe your relationship with your extended family, including the amount of contact you have with them: _____

Please describe how your extended family feels about your plans to adopt a child: _____

MEDICAL – PERSONAL HISTORY

Please explain all "yes" answers on a separate piece of paper and attach to this questionnaire.

Have you ever:

- Been In bankruptcy? Husband: _____ Wife: _____
- Been under psychiatric care? Husband: _____ Wife: _____
- Had counseling? Husband: _____ Wife: _____
- Been arrested? Husband: _____ Wife: _____
- Received other than an Honorable Discharge from military service?
Husband: _____ Wife: _____
- Been turned down by an adoption agency? If yes indicate where, when, and why?
Husband: _____ Wife: _____
- Placed a child for adoption? Husband: _____ Wife: _____
- Filed for Divorce, Dissolution, or Annulment of this marriage?
Husband: _____ Wife: _____
- Been past due on any court ordered installment of child support?
Husband: _____ Wife: _____

Please Describe Any Medical Problems That You Have:

Husband: _____

Wife: _____

Are you taking any medication? Husband: _____ Wife: _____

If so, list the medication, for what purpose:

Husband: _____

Wife: _____

Do you consume alcohol? Husband: _____ Wife: _____

If yes, describe use: _____

Do you smoke? Husband: _____ Wife: _____

If yes, describe use: _____

Have you had any substance abuse problem? Husband: _____ Wife: _____

If yes, please explain: _____

MEDICAL – PERSONAL HISTORY cont.

Have you been accused of or had any involvement with any of the following:

Felony or Misdemeanor?	Husband: _____	Wife: _____
Child Protective Service?	Husband: _____	Wife: _____
Domestic Violence?	Husband: _____	Wife: _____
Court ordered counseling, classes, etc?	Husband: _____	Wife: _____

Would you be willing to undergo drug and HIV testing? Yes: _____ No: _____

If applicable- please briefly describe why you are unable to have children: _____

What medical procedures and counseling have you used regarding infertility? _____

How have you felt about the help you have received? _____

Briefly describe if and when any of the following have occurred to your immediate family.

Death of a child, stillborn child, miscarriage, abortion: _____

CONCERNING THE ADOPTION

Are there any specific birthparent traits or characteristics that would be difficult for you to accept in the background of the child?

Please briefly describe how you feel adoption will affect your lives: _____

Why do you think birth parents select adoption for their child? _____

INFORMATION ABOUT YOUR LIFE IN GENERAL

Please describe your home and neighborhood: _____

What is a typical weekday and weekend like in your home? _____

What do you enjoy doing as a couple and as a family? _____

What qualities attracted you to your spouse? _____

How do you resolve major decisions, such as the purchase of a car, house, or planning a vacation? _____

How is love expressed in your home? _____

INFORMATION ABOUT YOUR LIFE IN GENERAL cont.

If a problem arises, how is it generally solved? _____

How are conflicts normally handled? _____

Please briefly describe your childhood and your relationships with your parents and siblings while growing up: _____

Describe any experience you have had with children: _____

Do you have children who do not reside with you? _____ If yes, please explain where they are and why: _____

What are your thoughts on disciplining children? _____

Would you ever use physical discipline? _____ Under what circumstances? _____

What are your thoughts on children's education? _____

What are your plans for child care for the baby (Who will be caring for the child throughout the day?) _____

Please list any questions or concerns you have about adoption: _____

Other Comments _____

***We affirm that, to the best of our knowledge and recollection,
the above information is complete, true and correct.***

Date

Husband's Name (Please Print)

Signature

Wife's Name (Please Print)

Signature



HS 2

REFERENCE FOR ADOPTION For Adoptive Families

This Form is required if Heart to Heart Adoptions is completing the Home Study.
We need at least two references from non relatives and one reference from a relative.

Date: _____

Name: _____

Your name has been given to this Agency as a reference by _____ who is/are applying to adopt a child. To help us decide whether or not to approve this application, we are asking you to answer several questions. Your reply will be considered strictly confidential and will be used only to determine whether to consider the individual(s)/ applicant/couple as perspective adoptive parent(s).

1- In what capacity have you known the adoptive applicant(s)? Has your relationship been close or casual and how long have you known them? How would you characterize your relationship with them?

2- Describe the capabilities and characteristics that would make the applicant(s) good adoptive parent(s). What are the limitations of the applicant(s) to adopt a child?

3-What special attributes do you believe qualify or disqualify the applicant(s) to meet the special needs of an adoptive child if that child is of a different race, handicapped, older than a newborn, etc?

4- How well does/do the applicant(s) cope with conflict, stress, and problem solving?

5- Describe any problems you may have observed in areas such as: alcohol, drugs, finances, marital conflict, criminal activity, sexual activity, or other concerns.

6- Please give us any other information which will help us to decide whether or not it is desirable to place a child, especially one of a different race, handicapped, or older permanently in this home.

7. May we contact you with additional questions? No Yes If yes, please complete the following:
Telephone: () Best time to contact you:

Your assistance is very valuable to us. Remember your reply will be kept completely confidential. Thank you for taking the time to provide the information listed above.

Please sign below and return within five working days to:

Heart to Heart Adoptions Inc.
9669 South 700 East
Sandy, Utah 84070
Phone: (801) 563-1000
Fax: (801) 563-9899
Toll Free: (866) 682-3678 (68ADOPT)

Completed this day of 20

By: Printed Name Signature



MEDICAL INFORMATION PHYSICIAN'S REFERRAL FORM

To the Adoptive Parents: Please sign below and give this to your physician, to complete and return to the agency.

I hereby give my consent to have a complete report of any diagnosis and medical information about me sent to the Heart To Heart Adoptions, Inc. and agree to hold all parties blameless for any outcome of such medical disclosure.

Signature: _____ Date: _____

Name: _____

Address: _____

To the Physician:

In order to make the best possible evaluation of each adoptive applicant, Heart To Heart Adoptions will appreciate receiving the information indicated below concerning this applicant: Please use an additional sheet if necessary

1- General Physical Condition: Please indicate general physical and mental condition, listing any past or present history illnesses, surgery, the cause, diagnosis, and prognosis:

2- Is this individual currently under treatment? Yes () No () If yes, describe the condition:

3- If yes to number two above, how long is this individual expected to be under treatment?

4- Is this individual currently taking medication which could affect his/her ability to care for children?
Yes () No () If yes, please describe:

5- From a medical viewpoint and from your knowledge of this person, would you recommend this person as a prospective adoptive parent? Yes () No () If no, please explain:

6- Do you see any reason or condition why, barring accidents, this person will not live a normal life span? Yes () No ()

7- Any further information pertaining to general physical or emotional health would be appreciated: Please use another sheet if necessary.

8- Would you like the agency social worker to call you? Yes () No ()

Physician's Name (Printed): _____

Physician's Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Please Return to:
Heart to Heart Adoptions, Inc.
9669 South 700 East
Sandy, Utah 84070
Phone: 801-563-1000
Fax: 801-563-9899



CHILD'S MEDICAL REFERENCE

To the Adoptive Parents: For each child in your home, please give this to your child's pediatrician, to complete and return to the agency.

I hereby give my consent to have a complete report of any diagnosis and medical information about my child sent to the Heart To Heart Adoptions, Inc. and agree to hold all parties blameless for any outcome of such medical disclosure.

Adoptive Family Signature: _____

Name of Child _____

Address: _____

To the Physician:

In order to make the best possible evaluation of each adoptive applicant, Heart To Heart Adoptions will appreciate receiving the information indicated below concerning the applicants child/children. Please use an additional sheet if necessary

1. General physical condition and age of the child:
2. Is the child current on immunizations: Yes () No ()
3. Does the child have any health problems: Yes () NO ()
4. Is the child taking any medication for an illness Yes () No () If yes, give condition and required medication.

Adoptive Parents Names: _____ Date: _____

Physician's Signature: _____ Date: _____

Address: _____

Please Return to:
Heart To Heart Adoptions, Inc.
9669 South 700 East
Sandy, Utah 84070
Phone: 801-563-1000
Fax: 801-563-9899

Instructions for the Background Screening Application Form

Utah Applicants only

Please print out the Background Screening Application Form from the Office of Licensing Home Page at

<http://www.hslic.utah.gov>

or directly to the form with

<http://www.hslic.utah.gov/docs/screening%20application.pdf>

or Lisa can scan these forms to you

Heart to Heart Adoptions
9669 South 700 East
Sandy, UT 84070

If you have lived outside of the state of Utah in the past *five years*, or are doing a home study for the first time you will need a fingerprint based back ground check.

- **Two completed fingerprint cards for each applicant (These can be done at police station or Department of Public Safety)**
- **Money order or cashier's check for \$38.25, if doing more than one clearance combine the fee to one cashier's check for \$76.50 payable to the Department of Human Services.**

The background clearances take about 6 weeks to complete so it's best to get started on this as soon as possible. Mail or bring in the signed original copy of the form to the office along with the 2 fingerprint cards, social security card and Drivers License copies.

If you have any questions about this process, please contact Lisa at 801 838-8007



**Adoptive Family
Education Requirements**
Also included in the Application Packet

AF 8

Research shows that adoptions are much more successful when parents are prepared for the adoption experience and their expectations and the reality of the situation are consistent. If you have training and education completed through your home study provider or through a consultant, please list out what classes or type of training was completed.

**We require the you complete the Heart to Heart Orientation
and 10 hours of adoption education.**

Heart to Heart Adoption Orientation

Found at - [Hearttoheartadopt.com](http://hearttoheartadopt.com) - Hoping to adopt – Orientation or cut and paste the link below.
<https://heart-to-heart-adoption-academy.teachable.com/p/adoptive-family-orientation>

Online Courses

We highly recommend any of the following Online Courses we have listed below. If you have questions, please give us a call. **Plases print out the certificate once completed.** * found at www.adoptionlearningpartners.org

Online Courses and Books- General Adoption Education

Please choose FOUR of the following materials: (Or another approved resource)

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------|
| Let's Talk Adoption* (Online) | <input type="checkbox"/> Date Completed _____ |
| The Journey of Attachment* (Online) | <input type="checkbox"/> Date Completed _____ |
| Find the Missing Pieces* (Online) | <input type="checkbox"/> Date Completed _____ |
| <u>The Open Adoption Handbook</u> By: Lois Melina & Sharon Kaplan Roszia | <input type="checkbox"/> Date Completed _____ |
| <u>Wounded Children Healing Homes</u> By: Schooler, Smalley, & Callahan | <input type="checkbox"/> Date Completed _____ |
| <u>Adoption Parenting</u> Edited by: Jean McLeod | <input type="checkbox"/> Date Completed _____ |

What did you Learn: _____

Transracial Adoption

If adopting a race other than your own, please read TWO of the following materials:

- | | |
|-----------------------------------------------------------------|-----------------------------------------------|
| Conspicuous Families* (Online) | <input type="checkbox"/> Date Completed _____ |
| Beyond Culture Camp Webinar* (Online) | <input type="checkbox"/> Date Completed _____ |
| <u>I'm Chocolate, You're Vanilla</u> By: Marguerite A. Wright | <input type="checkbox"/> Date Completed _____ |
| <u>In Their Own Voices</u> By: Rita J. Simon & Rhonda M. Roosda | <input type="checkbox"/> Date Completed _____ |

What did you Learn: _____

Older Child Adoption

If open to adopting a child more than six months old, please read TWO of the following materials:

- | | |
|-------------------------------------------------|-----------------------------------------------|
| With Eyes Wide Open* (Online) | <input type="checkbox"/> Date Completed _____ |
| Adopting the Older Child* (Online) | <input type="checkbox"/> Date Completed _____ |
| <u>Toddler Adoption</u> By: Mary Hopkins | <input type="checkbox"/> Date Completed _____ |
| <u>Raising Adopted Children</u> By: Lois Melina | <input type="checkbox"/> Date Completed _____ |

What did you Learn: _____

Input from Other Adoptive Families

We find the best education comes from talking with other adoptive families. Please list at least 3 adoptive families you have talked with.

First Name	Why did you talk with this AP	What you learned from talking to this adoptive parent

Additional Education

If you have completed other education, please list the books, online course, workshop or agency training below, or fill out on a separate piece of paper.

Name of Material	What you learned from this material

The completed form and attached documents will show that you have completed the education requirements for adoptive parent raining. Your signature below verifies that you completed the education thoroughly and to the best of your ability.

Adoptive Father: _____

Date: _____

Adoptive Mother: _____

Date: _____