

Pre-Adoptive Home Screening/Post-placement Questionnaire

Family Name: _____

PARENT #1: _____

Criminal Record:

Have you ever been arrested for or convicted of a felony or misdemeanor? _____
If yes, give date, place, charges and disposition _____

Child Protective Services Record:

Have you ever had any involvement with Child Protective Services as a child or an adult? _____
_____ If yes, give date(s), place(s), allegation(s), and case disposition(s)

General Information on Parent #1:

Where were you raised? _____
Did you enjoy school? What was your favorite subject? _____
What kind of school activities did you participate in? _____

Hobbies: _____
Extended Family: _____
Are your parents still living? _____
Please list their names and dates of birth (also list address and phone, if living)
Mother: _____ DOB _____
Address _____ Phone _____
Father: _____ DOB _____
Address _____ Phone _____
If living, state of health; if deceased, date and cause of death _____

What kind of marriage did your parents have while you were growing up? _____

Was there any drug or alcohol use by your parents? _____
What kind of relationship did you have with them when you were growing up? _____

How has that relationship changed during the years? _____

What did your parents do when you misbehaved?

Mother: _____

Father: _____

What was it like being the (youngest, oldest, middle) child? _____

Were your brothers and sisters disciplined in the same way as you? _____

How would you describe the relationship you currently have with your brothers and Sisters? _____

Were you or any of your brothers and sisters ever physically abused by a family member? _____, a stranger? _____

Were you or any of your brothers and sisters ever sexually abused by a family member? _____ a stranger? _____

If so, what did you and your family do when that happened? _____

What is your happiest memory of childhood? _____

What is your saddest memory of childhood? _____

Do you drink alcohol? _____ Does your partner drink alcohol? _____
If so, how much and how often? _____

Do you use drugs? _____ Does your partner use drugs? _____
If so, how much and how often? _____

Do you smoke cigarettes? _____ How much? _____

How is your current health? _____

List your previous health problems and current status of the problem(s) _____

How is your partner's current health? _____

List your partner's previous health problems (if any) and current status of the problem(s)____

When was the last time you had a physical or saw a physician?_____

Were there any medical problems at that time?_____ If so, please explain_____

Have you ever consulted a counselor, therapist, psychologist, or psychiatrist for emotional or family problems?_____ If yes, please explain:_____

Whom did you see and what were the dates you were seen?_____

Have you ever been hospitalized for emotional problems?_____

If yes, where were you hospitalized and what were the dates?_____

First Marriage of Parent #1:

What was the marriage like?_____

What was the reason for divorce?_____

Was there any violence or drug or alcohol abuse during the marriage?_____

Did you ever seek marital counseling during the course of the marriage?_____

How did you recover from the divorce?_____

What kind of contact do you currently have with your ex-partner?_____

If there were children, where do they reside?_____

Are you court ordered to pay child support? Yes_____ No_____

If so, how much?_____ Are you current in payments?_____

Second Marriage of Parent #1:

What was the marriage like?_____

What was the reason for divorce?_____

Was there any violence or drug or alcohol abuse during the marriage? _____

Did you ever seek marital counseling during the course of the marriage? _____

How did you recover from the divorce? _____

What kind of contact do you currently have with your ex-partner? _____

If there were children, where do they reside? _____

Are you court ordered to pay child support? Yes _____ No _____

If so, how much? _____ Are you current in payments? _____

SUPPORT SYSTEM

Besides your immediate family, with whom do you share problems? _____

MOTIVATION FOR ADOPTION-PARENT #1

Why do you want to adopt or have your partner adopt the child(ren) in your home? _____

What are your expectations of the child(ren) in your home? _____

What method of discipline do you use on the child(ren) while in your home? Please explain. _____

Parent #2: _____

Criminal Record:

Have you ever been arrested for or convicted of a felony or misdemeanor? _____

If yes, give date, place, charges and disposition _____

Child Protective Services Record:

Have you ever had any involvement with Child Protective Services as a child or an adult? _____
_____ If yes, give date(s), place(s), allegation(s), and case disposition(s)

General Information on Parent #1:

Where were you raised? _____

Did you enjoy school? What was your favorite subject? _____

What kind of school activities did you participate in? _____

Hobbies: _____

Extended Family: _____

Are your parents still living? _____

Please list their names and dates of birth (also list address and phone, if living)

Mother: _____ DOB _____

Address _____ Phone _____

Father: _____ DOB _____

Address _____ Phone _____

If living, state of health; if deceased, date and cause of death _____

What kind of marriage did your parents have while you were growing up? _____

Was there any drug or alcohol use by your parents? _____

What kind of relationship did you have with them when you were growing up? _____

How has that relationship changed during the years? _____

What did your parents do when you misbehaved?

Mother: _____

Father: _____

What was it like being the (youngest, oldest, middle) child? _____

Were your brothers and sisters disciplined in the same way as you? _____

How would you describe the relationship you currently have with your brothers and sisters? _____

Were you or any of your brothers and sisters ever physically abused by a family member? _____, a stranger? _____

Were you or any of your brothers and sisters ever sexually abused by a family member? _____ a stranger? _____

If so, what did you and your family do when that happened? _____

What is your happiest memory of childhood? _____

What is your saddest memory of childhood? _____

Do you drink alcohol? _____ Does your partner drink alcohol? _____

If so, how much and how often? _____

Do you use drugs? _____ Does your partner use drugs? _____

If so, how much and how often? _____

Do you smoke cigarettes? _____ How much? _____

How is your current health? _____

List your previous health problems and current status of the problem(s) _____

How is your partner's current health? _____

List your partner's previous health problems and current status of the problem(s)_____

When was the last time you had a physical or saw a physician?_____

Were there any medical problems at that time?_____ If so, please explain _____

Have you ever consulted a counselor, therapist, psychologist, or psychiatrist for emotional or family problems?_____ If yes, please explain: _____

Whom did you see and what were the dates you were seen?_____

Have you ever been hospitalized for emotional problems?_____

If yes, where were you hospitalized and what were the dates?_____

First Marriage of Parent #2:

Dates and place of marriage and divorce: _____

What was the marriage like?_____

What was the reason for divorce?_____

Was there any violence or drug or alcohol abuse during the marriage?_____

Did you ever seek marital counseling during the course of the marriage?_____

How did you recover from the divorce?_____

What kind of contact do you currently have with your ex-partner?_____

If there were children, where do they reside?_____

Are you court ordered to pay child support? Yes____No_____

If so, how much?_____ Are you current in payments?_____

Second Marriage of Parent #2:

Dates and place of marriage and divorce: _____

What was the marriage like?_____

What was the reason for divorce? _____

Was there any violence or drug or alcohol abuse during the marriage? _____

Did you ever seek marital counseling during the course of the marriage? _____

How did you recover from the divorce? _____

What kind of contact do you currently have with your ex-partner? _____

If there were children, where do they reside? _____

Are you court ordered to pay child support? Yes _____ No _____

If so, how much? _____ Are you current in payments? _____

SUPPORT SYSTEM

Besides your immediate family, with whom do you share problems? _____

Are there any cultural issues that might affect placement? (Contractor should also make their own assessment) _____

MOTIVATION FOR ADOPTION

Why do you want to adopt or have your partner adopt the child(ren) in your home? _____

What is your knowledge of the child(ren), his/her problems or special needs? _____

What are your expectations of the child(ren) in your home? _____

What method of discipline will you use on the child(ren) while in your home? Please explain. _____

PRESENT MARRIAGE or RELATIONSHIP:

How did you meet and how long have you been together? _____

Describe your current relationship _____

How are problems discussed? _____

What kind of things do you argue about? _____

Is there a primary decision maker in your family? _____

Who is it? _____

Have you and your partner ever been separated? _____

Have you ever considered separating? _____ How was that issue resolved? _____

CHILD REARING:

How would you describe your children? _____

For what behaviors are/were your children disciplined? _____

What methods are used? _____

Did (or do) you and your partner ever argue over discipline? _____

Who is responsible for discipline? _____

What is the typical routine or day like in your house? _____

What are your child care plans for your child(ren)? _____

Who in the family is mainly responsible for the housekeeping chores? _____

Does anyone else in the household help with the chores? Yes ___No___

Who and what do they do? _____

How would you describe your neighborhood? (for example, families, retired persons,
single family homes, apartments, mixture of both, neat, in need of repair, etc.) _____

Is your home within easy driving distance of schools? Yes _____ No _____
shopping? Yes _____ No _____
doctor? Yes _____ No _____

Do you have a swimming pool? Yes _____ No _____
If yes how do you or would you provide for a child's safety. _____

Do you have smoke/fire detectors? Yes _____ No _____

Do you have firearms in the house? Yes _____ No _____
If so, where are they kept and are they kept loaded/locked up? _____

What are the sleeping arrangements in your house? _____

Are there any off limit areas in the home for children? Yes _____ No _____

Where or what are these areas? _____

Do you have a religious preference? _____ . if yes, what is the religion? _____

What church do you attend? _____

Frequency? _____

Who attends? _____

What activities do you engage in as a family? _____

PERSONAL REFERENCES

Please list the names and addresses of four persons or couples who have known you well for at least two years. Try to vary the nature of your references, including those from social, spiritual, business, or employment relationships.

<p>Name: _____</p> <p>Complete Address: (House Number, Street Name, City, State, Zip) _____ _____</p> <p>Home & Work Phone _____</p>
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<p>Name: _____</p> <p>Complete Address: (House Number, Street Name, City, State, Zip) _____ _____</p> <p>Home & Work Phone _____</p>
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<p>Name: _____</p> <p>Complete Address: (House Number, Street Name, City, State, Zip) _____ _____</p> <p>Home & Work Phone _____</p>
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<p>Name: _____</p> <p>Complete Address: (House Number, Street Name, City, State, Zip) _____ _____</p> <p>Home & Work Phone _____</p>
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INCOME AND EXPENSES

Provide the following information about your financial status and attach paycheck stubs or copies of your most recent tax returns or other documentation of your monthly income.

Monthly Income

Parent 1's Income _____ \$ _____
Source
Employment: _____ Retirement Benefits _____ Other _____
Gross \$ _____ Net \$ _____

Parent 2's Income _____ \$ _____
Source
Employment: _____ Retirement Benefits _____ Other _____
Gross _____ Net _____

All Other Household Income : _____
(Source: Rental Income, Alimony, Child Support, Dividends)
TOTAL: \$ _____

Assets

Specify Sources (Stocks, Bonds, Savings, Investments, Interest Bearing Accounts, etc.)
Value \$ _____
Do you own your own home or do you rent? _____
Other (explain)

Household Expenses: Enter your household's average monthly expenses for the following items. DO NOT INCLUDE EXPENSES THAT ARE DEDUCTED FROM PAYCHECKS.

House/Rent Payments _____	Automobile Insurance _____
Payments for Other Real Property _____	Life Insurance _____
Automobile Payments _____	Medical and Dental Insurance _____
Gasoline and Auto Maintenance _____	Medical Care _____
	(Not covered by insurance) _____
Groceries and Household Supplies _____	Dental Care _____
	(Not covered by insurance) _____
Child Care _____	Child Support Payments _____
Telephone _____	Cellular Phone _____
Clothing _____	Utilities (Gas, Water, Electric) _____
Recreation and Entertainment _____	Credit Cards _____
Other Debts/Expenses (specify): _____	

TOTAL MONTHLY EXPENSES
