

## 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 the 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.

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

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

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

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

**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: \$	

<b>Assets</b>
_____
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**

\_\_\_\_\_