Cecilia Powers, LCSW-S
Court Ordered Child Custody and Adoption
Evaluations

Pre-Adoptive Home Screening/Post-Placement Questionnaire

Please fill this form out completely and legibly. You need to fill it out yourself, not a spouse, partner, parent, employer, or anyone else.

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 is your plan for respecting and encouraging the child's religious background, if they have one?_____

What is your willingness to provide religious opportunities for spiritual and religious development?_____

What is your plan for medical care, especially if a medical professional recommends a treatment that conflicts with your religious beliefs?_____

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: _____

Complete Address: (House Number, Street Name, City, State, Zip)

_____

Home & Work Phone:

_____

Name: _____

Complete Address: (House Number, Street Name, City, State, Zip)

_____

Home & Work Phone:

_____

Name: _____

Complete Address: (House Number, Street Name, City, State, Zip)

_____

Home & Work Phone:

_____

Name: _____

Complete Address: (House Number, Street Name, City, State, Zip)

_____

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: $

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

_____