

# Home Screening Questionnaire

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PARENT 1: Name:** \_\_\_\_\_

**DOB and Place of Birth:** \_\_\_\_\_

**Languages Spoken:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_

**Education Level:** \_\_\_\_\_

RESIDENTIAL HISTORY: (LAST 10 YEARS)	DATES FROM/TO	STREET ADDRESS	CITY, STATE, ZIP

## Motivation for Adoption and Education

When did you first begin thinking about adoption and what are your reasons for adopting?

Have you ever been verified or approved as an adoptive or foster home previously?

**Parents and Siblings**

Are your parents still living and if so state of health; if deceased, date and cause of death:

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

Mother: DOB

Address:

Father: DOB

Address

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 and how has that relationship changed over the years?

What did your parents use for discipline?

Please list information regarding your brothers and sisters:

Name	Age	Address	Employment	Frequency of Contact

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

### **Childhood History**

Describe the community(ies) in which you grew up.

Did you enjoy school and what was your favorite subject?

What kind of school activities did you participate in?

What is your happiest memory of childhood?

What is your saddest memory of childhood?

Describe your adolescence (social and family experiences).

Which part of your childhood (ages) did you enjoy the most? Why?

Age-wise, which part of your childhood (ages) did you enjoy the least? Why?

What was your school experience (relationships, grades, extracurricular activities, etc.)

### **History of Abuse and Neglect**

Did a family member or a stranger ever physically abuse you or any of your brothers and sisters?

Did a family member or a stranger ever sexually abuse you or any of your brothers and sisters?

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

### **Drug and Alcohol Use**

Do you drink alcohol?

Does your spouse drink alcohol?

If so, how much and how often?

Do you use drugs?

Does your spouse use drugs?

If so, how much and how often?

Do you smoke cigarettes?                      How much?

**Criminal History**

Have you ever been **arrested for, detained 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)

**Physical, Mental and Emotional Status**

How is your current health?

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

Current medications and dosages and name of doctor administrating treatment:

List of hospitalizations and surgeries:

How is your partner's current health?

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

Have you ever been hospitalized for emotional problems? If yes, where were you hospitalized and what were the dates?

**Disabilities**

Do you have any disabilities that would limit your ability to care for a child?

**Previous Relationships or Marriages**

Please list any previous marriages or significant relationships and divorces below with names and dates:

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Please list reason for previous divorces: \_\_\_\_\_

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**Support System**

Besides your immediate family, with whom do you share problems and seek support from?

**PARENT 2: Name:** \_\_\_\_\_  
**DOB and Place of Birth:** \_\_\_\_\_  
**Languages Spoken:** \_\_\_\_\_  
**Citizenship:** \_\_\_\_\_  
**Education Level:** \_\_\_\_\_

RESIDENTIAL HISTORY: (LAST 10 YEARS)	DATES FROM/TO	STREET ADDRESS	CITY, STATE, ZIP

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Mother: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Father: \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

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 and how has that relationship changed over the years?

What did your parents use for discipline?

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Name	Age	Address	Employment	Frequency of Contact

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**Drug and Alcohol Use**

Do you drink alcohol?

Does your spouse drink alcohol?

If so, how much and how often?

Do you use drugs?

Does your spouse use drugs?

If so, how much and how often?

Do you smoke cigarettes?

How much?

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Current medications and dosages and name of doctor administrating treatment:

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Have you ever been hospitalized for emotional problems? If yes, where were you hospitalized and what were the dates?

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### **Support System**

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### **\*BOTH PARENTS COMPLETE THE REMAINING SECTIONS TOGETHER**

#### **CURRENT MARRIAGE or RELATIONSHIP**

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

When did you marry and where?

What attracted each of you to the other?

Describe yourselves as a partners, including both your strengths and your weaknesses.

What were the greatest adjustments you had to make in your relationship?

What circumstances would make you want to consider a divorce or termination of the relationship?

What factor causes the most problems in your relationship?

What impact do you expect a new child to have on your relationship?

How are problems discussed?

Is there a primary decision maker in your family?

Have you and your partner ever been separated?

**Child Rearing**

**Children in the Home (Please Complete a *Child in Home Form* for Each Child in Your Home)**

Name	DOB/Place	School/Grade
Name	DOB/Place	School/Grade
Name	DOB/Place	School/Grade
Name	DOB/Place	School/Grade

Please list information regarding any adult or minor children outside of the home including name age, address, and occupation. (Use back if needed)

Name	Age	Address or Email	Occupation	Familial Relationship and Contact

Their attitude toward the adoption:

Briefly describe your relationship with these children:

How would you describe your adult children

**Infertility**

What is the nature of your family's fertility problem(s) if any?

Is treatment finished?      When?

If not, what are current and future plans for treatment?

Briefly describe the emotional process of fertility treatment for you:

### **Parenting, Discipline and Childcare Knowledge**

What kind of experiences have you had with children?

What values do you believe are important for you to pass on to your child?

What methods of discipline do you use/would you use/ with the child(ren) while in your home?

For what behaviors are/were/would your children be disciplined?

Do you and your partner agree on discipline?

Who is/would be responsible for discipline?

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

What are your childcare plans for your child(ren)?

Will you arrange for a leave from work for placement? If both parents return to work, what are your childcare arrangements?

### **Expectations**

What are your expectations of the child (ren) in your home or the child to be placed in your home?

How will you want your children to behave? What is most important to you?

What are some of your hopes and dreams for your child(ren)?

**Religion**

What religious training did you receive as a child?

Do you attend a church now? If so, tell about your involvement:

Are you willing to respect and/or encourage a child's prior religious affiliation? If not, please explain:

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**Extended Family and Community and Guardianship**

On whom could you call to support you in your role as parents?

If you and your spouse were incapacitated, whom would you name as guardian of your children? Please give name and relationship:

**REFERENCES**

*Please obtain 4 references, 2 non-family and 2 family/relative. If there are adult children please obtain a reference from them as well.*

1. Name Telephone No. Years known

Address (Street, City, State, Zip) Email

2. Name Telephone No. Years known

Address (Street, City, State, Zip) Email

3. Name Telephone No. Years known

Address (Street, City, State, Zip) Email

4. Name Telephone No. Years known

Address (Street, City, State, Zip) Email

**Your Home Environment and Community**

*(We require a floor plan be in your file with room dimensions. Also please send photos of front and back of the home)*

Type Home- (check one)

Single family \_\_\_\_\_ Multiple dwelling (apartment, duplex, condominium) \_\_\_\_\_

How long have you lived at this residence?

Number of rooms, their use and **total square footage:** (for example, 7 rooms; living room, family room, kitchen, 2 bedrooms, 2 baths, etc.):

Is your home within easy driving distance of schools? Yes\_\_\_ No\_\_\_  
shopping? Yes \_\_\_ No\_\_\_  
doctor? Yes \_\_\_No\_\_\_

Do you have a swimming pool or hot tub? 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?

**Parent #1**

**Employer:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

**Previous Employment past 5 years (use back if needed):**

**Employer:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

**Parent #2**

**Employer:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

**Previous Employment past 5 years (use back if needed):**

**Employer:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

**MONTHLY BUDGET**

	<b><u>PARENT 1</u></b>	<b><u>PARENT 2</u></b>
<b><u>INCOME:</u></b>		
Monthly Take Home Income	_____	_____
Other Monthly Income	_____	_____
(Rent, child support, etc.)	_____	_____

<b><u>ESTIMATED MONTHLY EXPENSES:</u></b>	Monthly	Amount Owed
Mortgage/Rent	_____	_____
Utilities: Electricity	_____	_____
Water	_____	_____
Gas	_____	_____
Telephone/Cell	_____	_____

Cablevision/Satellite Dish	_____	_____
Groceries	_____	_____
Life Insurance	_____	_____
Automobile Insurance	_____	_____
Automobile payments (1)	_____	_____
(2)	_____	_____
Gasoline	_____	_____
Medical and Dental	_____	_____
Furniture	_____	_____
Child Care	_____	_____
Church	_____	_____
Entertainment	_____	_____
Revolving charge accounts (Sears, Penny's, Master card, Visa, etc.)	_____	_____
Miscellaneous (specify) i.e. clothing, entertainment, etc. Also include other loans	_____	_____
Other Debts:	_____	
	_____	
Assets:	_____	
	_____	

**INSURANCE**

Do you have medical insurance?                      With what company?

Do you have dental insurance?                      With what company?

Do you have life insurance?                      With what company?

### **Birth Family Connections, Adoption Readiness and Education**

How would you help your child to understand adoption? When will you tell him or her?

What are your feelings and thoughts about biological relatives of an adopted child, particularly the birthparents?

How would you feel about contact with birth parents and siblings?

How would you feel about the adoptee's need for information and perhaps contact with their birth family?

What education or information do you have about the life long issues of adoption: (have you read books, attended seminars, etc)

What causes you the most concern about adoption if anything?

What kinds of questions will an adopted child have about their past? How would you respond?

### **Dealing with Separation and Loss**

Many children by adoption experience feelings of loss. What are your thoughts about how to help your child, should they need it?

What are your personal experiences with the grieving process?

How would you help the child with feelings of anger, abandonment, and grief?

### **Dealing with Children Who Have Been Abused or Neglected:**

Please write a bit about your understanding of abuse/neglect, how you would both help a child who has this background, and how you think this might impact your family:

What do you plan to tell your child about his or her background, particularly abuse and/or neglect, and/or relinquishment or abandonment?

PARENT 1: I hereby affirm that the foregoing information is true and correct to the best of my knowledge.

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Signature

Date

PARENT 2: I hereby affirm that the foregoing information is true and correct to the best of my knowledge.

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Signature

Date