Division of Children and Family Services

Adoption Home Study

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| **I. DEMOGRAPHIC AND HOUSEHOLD INFORMATION** |
| **APPLICANT/ CAREGIVER #1:**       |
| Date of Birth:        | Social Security Number:       |
| Tribal Affiliations:       |
| Address (Street and Mailing):       |
| City:       | State: NE | Zip:       | County:       |
| Home/Cellular Number:       | Work Number:       |
| Email Address:       |
| **APPLICANT/ CAREGIVER #2:**       |
| Date of Birth:       | Social Security Number:       |
| Tribal Affiliations:       |
| Home/Cellular Number:       | Work Number:       |
| Email Address:       |
| **FAMILY INFORMATION/ OTHER HOUSEHOLD MEMBERS** |
| Other Household Member(s): | DOB: | Relationship to Caregiver(s): |
|       |       |       |
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| **SUMMARY OF INTERVIEW CONTACTS** |
| Household Member: | Date of Contact: | Contact Location: | Length of Time: |
|       |       |       |       |
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| If an interview with one or more of the household members did not occur, explain who did not have an interview and why:       |
| Is Caregiver a Current Foster Parent? [ ]  Yes [ ]  No  If yes, is the Caregiver a Licensed Foster Parent? [ ]  Yes [ ]  No Has Caregiver completed Foster Parent Training (either from an agency or online from DHHS)?  [ ]  Yes [ ]  No List any other relevant trainings the Caregiver(s) have completed (including requirements of Public Health Regulations - NAC 391 Chapter 8):       |
| **PURPOSE OF HOME STUDY:** Choose an item. **and** Choose an item. **HOME STUDY DECISION:** Choose an item.

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| Home Study Completed By (Name):       | Date Home Study Completed:       |
| Credentials: Choose an item. |
| Agency Name:       |
| Address:       |
| City:       | State:        | Zip:       |
| Email Address:       |
| Date of Referral:       | Referral Source:       |

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| **II. CHILD(REN)/ PROSPECTIVE ADOPTEE(S) INFORMATION** |
| **CHILD(REN)/ PROSPECTIVE ADOPTEE(S)** |
| **Child’s Name:** | DOB: | Relationship to Caregiver(s): |
|       |       |       |
| Current Placement: | Date of Placement: | Length of Time in Placement: |
|       |       |       |
| **Child’s Name:** | DOB: | Relationship to Caregiver(s): |
|       |       |       |
| Current Placement: | Date of Placement: | Length of Time in Placement: |
|       |       |       |
| **Child’s Name:** | DOB: | Relationship to Caregiver(s): |
|       |       |       |
| Current Placement: | Date of Placement: | Length of Time in Placement: |
|       |       |       |
| **Child’s Name:** | DOB: | Relationship to Caregiver(s): |
|       |       |       |
| Current Placement: | Date of Placement: | Length of Time in Placement: |
|       |       |       |
| **Caregiver(s)’s Interview on Prospective Adoptee(s):**       |
| **Prospective Adoptee(s)’s Interview:**       |

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| **III. CAREGIVER(S)’S INFORMATION**  |
| **APPLICANT/ CAREGIVER #1:**       |
| Family Background:       |
| Self-Awareness:        |
| Physical and Behavioral Health:       |
| Employment, Education, and Military:        |
| Criminal History and Law Enforcement Contact:        |
| Adoption Motivation:       |
| Adoption Preparation:       |
| Openness/ Willingness for Contact with Child’s Family:       |
| **APPLICANT/ CAREGIVER #2:**       |
| Family Background:       |
| Self-Awareness:       |
| Physical and Behavioral Health:       |
| Employment, Education, and Military:       |
| Criminal History and Law Enforcement Contact:       |
| Adoption Motivation:       |
| Adoption Preparation:       |
| Openness/ Willingness for Contact with Child’s Family:       |
| **IV. FAMILY COMPOSITION, RELATIONSHIPS AND STRUCTURE** |
| Current Family Composition:       |
| Marital History – Applicant/ Caregiver #1:      Has Caregiver #1 previously been married? [ ] Yes [ ] No If yes, complete table below.

|  |  |  |  |
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| Spouse Name | Date of Marriage | Reason for Ending | Date of Death/Divorce |
|       |       |       |       |
|       |       |       |       |
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| Marital History – Applicant/ Caregiver #2:      Has Caregiver #2 previously been married? [ ] Yes [ ] No If yes, complete table below.

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| --- | --- | --- | --- |
| Spouse Name | Date of Marriage | Reason for Ending | Date of Death/Divorce |
|       |       |       |       |
|       |       |       |       |
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| Description of Other Children and Adult Children (including children residing in and out of the household):       |
| Other Children in the Home Interview(s):       |
| Caregiver(s)’s Information on Household Dynamics and Relationships:       |
| Caregiver(s)’s Plans for Inclusion:       |
| Other Adult(s) in the Home Interview(s):       |
| **V. HOUSEHOLD LIVING ARRANGEMENT** |
| Description and Details of Home:       |
| **VI. SUPPORT SYSTEMS, CURRENT AND POST-ADOPTION** |
| Relationship Between Spouse(s)/ Caregiver(s):       |
| Informal Resources and Supports:       |
| Formal Resources and Supports:       |
| **VII. PARENTING PHILOSOPHY** |
| Description of Rules for Children in the Home, Expectations of the Children, and Discipline:       |
| **VIII. MULTIRACIAL/ MULTICULTURAL PARENTING** *(when applicable)* |
| Family’s Description of Being a Multiracial/ ethnic/ cultural Family and Meaning for the Family:       |
| Support for the Child(ren) and Ongoing Education for Adoptive Parents:       |
| **IX. TRANSPORTATION** |
| Description of Vehicles or Other Transportation:       |
| **X. FINANCES** |

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| **Monthly Income** | **Caregiver #1:**       | **Caregiver #2**:       |
| Gross Income | $       | $       |
| Current Net Income | $       | $       |
| Social Security | $       | $       |
| Child Support | $       | $       |
| Alimony | $       | $       |
| Disability | $       | $       |
| Unemployment | $       | $       |
| Veteran’s Benefits | $       | $       |
| Workman’s Compensation | $       | $       |
| Pension | $       | $       |
| Additional Income | $       | $       |
| TOTAL | $       | $       |

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| **XI. FORMS OF ASSISTANCE** *(when applicable)* |
| SNAP | $       |
| WIC | $       |
| Other Assistance:  | $       |
| TOTAL | $       |

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| **XII. HOUSEHOLD EXPENSES:** |
| Housing (Rent/Mortgage) | $       |
| Utilities (Electric, Water, Gas, etc.) | $       |
| Medical Insurance (if not deducted from paycheck) | $       |
| Cable, Phone, Internet | $       |
| Vehicle (Payment and Insurance) | $       |
| Loan and/ or Credit Card(s) | $       |
| Medical/ Insurance Not Covered | $       |
| Living Expenses (Groceries, Gasoline, Entertainment, etc.) | $       |
| Child Care | $       |
| Other | $       |
| TOTAL | $       |
| **XIII. SUMMARY OF FINANCES:** |
| Total Income (from sections X and XI): | Total Expenses (from section XII): | Total Income Minus Total Expenses: |
| $       | $       | $       |
| Description of Finances:       |

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| **XIV. REFERENCES** |
| Number of References Received, Date of Receipt and Relationships to Caregiver(s):        |
| Strengths Identified:       |
| Areas of Concern Identified:       |

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| **XV. CENTRAL REGISTER, LOCAL AND NATIONAL BACKGROUND CHECKS**  |
| **Applicant**/ **Caregiver #1:**       |
| National Criminal History Check (Finger Prints/Nebraska State Patrol) Results:       | Date Completed:       |
| National Sex Offender RegistryResults:       | Date Completed:       |
| Nebraska Law Enforcement Check (NDEN)Results:       | Date Completed:       |
| Nebraska Child Abuse/ Neglect Central RegistryResults:       | Date Completed:       |
| Nebraska Adult Abuse/ Neglect Central RegistryResults:       | Date Completed:       |
| Applicant/ Caregiver #1 has lived outside of Nebraska within past five (5) years: [ ]  Yes [ ]  No |
| Other State Child Abuse/ Neglect Central Register:      Results:       | Date Completed:       |
| **Applicant**/ **Caregiver #2**:       |
| National Criminal History Check (Finger Prints/Nebraska State Patrol)Results:       | Date Completed:       |
| National Sex Offender RegistryResults:       | Date Completed:       |
| Nebraska Law Enforcement Check (NDEN)Results:       | Date Completed:       |
| Nebraska Child Abuse/Neglect Central RegistryResults:       | Date Completed:       |
| Nebraska Adult Abuse/Neglect Central RegistryResults:       | Date Completed:       |
| Applicant/ Caregiver #2 has lived outside of Nebraska within past five (5) years: [ ]  Yes [ ]  No |
| Other State Child Abuse/ Neglect Central Register:      Results:       | Date Completed:       |
| **Other Household Adult Member:**       |
| National Criminal History Check (Finger Prints/Nebraska State Patrol) Results:       | Date Completed:       |
| National Sex Offender RegistryResults:       | Date Completed:       |
| Nebraska Law Enforcement Check (NDEN)Results:       | Date Completed:       |
| Nebraska Child Abuse/ Neglect Central RegistryResults:       | Date Completed:       |
| Nebraska Adult Abuse/ Neglect Central RegistryResults:       | Date Completed:       |
| Other Household Adult Member has lived outside of Nebraska within past five (5) years: [ ]  Yes [ ]  No |
| Other State Child Abuse/ Neglect Central Register:      Results:       | Date Completed:       |
| **Other Household Adult Member**:       |
| National Criminal History Check (Fingerprints/Nebraska State Patrol) Results:       | Date Completed:       |
| National Sex Offender RegistryResults:       | Date Completed:       |
| Nebraska Law Enforcement CheckResults:       | Date Completed:       |
| Nebraska Child Abuse/ Neglect Central RegistryResults:       | Date Completed:       |
| Nebraska Adult Abuse/ Neglect Central RegistryResults:       | Date Completed:       |
| Other Household Adult Member has lived outside of Nebraska within past five (5) years: [ ]  Yes [ ]  No |
| Other State Child Abuse/ Neglect Central Register:      Results:       | Date Completed:       |
| **XVI. HEALTH INFORMATION REPORT** |
| **Applicant/ Caregiver #1**: Choose an item. Date of Physician’s Signature:       |
| Choose an item.Date of Caregiver’s Attestation:      |
| **Applicant/ Caregiver #2:** Choose an item. Date of Physician’s Signature:       |
| Choose an item. Date of Caregiver’s Attestation:       |
| **XVII. RECOMMENDATIONS** |
| Home Study Decision:Choose an item. |
| Summary/ Reasoning for Home Study Decision:       |
| If Home Study Decision is Not Recommended for Approval, Describe Areas for Improvement Which Could Assist Family in Being Reconsidered for Approval:       |
| **XVIII. SIGNATURES** |
| Home Study Author Name:       |
| Home Study Author Signature: | Date:       |
| Reviewing Supervisor’s Name:       |
| Reviewing Supervisor’s Signature:  | Date:       |
| **XIX. APPLICANT(S)’S REVIEW** |
| [ ]  *By signing below, I acknowledge that I was given the opportunity to read and review the final draft of my adoption home study, excluding confidential references, and affirm that the information I provided for this report is true and correct, to the best of my knowledge.*  |
|  Applicant/ Caregiver #1 Name:       |
|  Applicant/ Caregiver #1 Signature: | Date:       |
|  Applicant/ Caregiver #2 Name:       |
|  Applicant/ Caregiver #2 Signature:  | Date:       |
| [ ]  *The home study author attests that the applicant was given the opportunity to read and review the final draft of the adoption home study, excluding confidential references, but refused to sign acknowledgment. The applicant states the following in regards to refusing to sign acknowledgement: ­­*      |
|  Home Study Author Signature:  | Date:       |