

Home Study Packet for Adoption/Custody

The home study packet contains the forms listed below.

- Please complete all the enclosed forms. These may take some time to complete but are needed as soon as possible:
 1. Home Study Application and Releases
 2. Autobiography – Wife and Husband
 3. Education and Employment History
 4. Marriage Questionnaire
 5. Parenting Questionnaire
 6. Adoption Questionnaire
 7. Home Directions/Description
 8. Financial Statement
 9. Medical Statements – Husband, Wife, Children (if any)
 10. Reference List and Reference Letters

- Additional documents required for your home study include copies of the following:
 1. Driver's License, Social Security Card (both)
 2. Marriage Certificate
 3. Any Divorce Decrees/Death Certificates from previous marriages (both)
 4. Last year's W-2 Forms and tax returns (both)
 5. Most recent check stub showing year to date income (both)
 6. Legal documents on violations, convictions, and their disposition.
 7. Other information may be needed depending on your particular circumstances

- Please have reference letters sent to me directly. Ask references to follow the "Topics to Address" outline in your folder. Also, please have employment reference forms sent to me directly.

- At least one home visit will be needed. Other interviews, together and individually including any child or other adults in the home, may also be needed.

- ***The home study fee is \$1,375.00. At the initial visit, we ask that you pay \$450.00. A second payment of \$325.00 is due in 2 weeks after the initial visit. A payment of \$300.00 is due one month after the initial visit. A final payment of \$300 is due before paperwork is completed.***

- For a rush home study, meaning the child you are adopting is expected to be born within two weeks of the application, there is an additional fee of \$200.00.

- Ideally, a home study is completed prior to the placement of a child in the home. At minimum, a preliminary home study is required by law before a child can be placed in the home. The full study is completed as soon as possible.
- A completed favorable home study is valid for one year and for the placement of one child or sibling group. Thereafter, the study can be updated or redone as the situation warrants.
- ***The ninety-day post placement supervision/report fee is \$400.00. For adoptions not finalizing at that time, extended supervision/reports(s) fee is \$75.00 per hour.***
- All fees are non-refundable.

We have read and agree to these terms.

Prospective Adoptive Father

Date

Prospective Adoptive Mother

Date

**1. Independent Adoption/Custody Home Study
Application**

Family Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: (____) _____

Work Phone [Husband] (____) _____ Cell Phone [Husband] (____) _____

Work Phone [Wife] (____) _____ Cell Phone [Wife] _____

Husband: _____

Last

First

Middle

Date of Birth: _____ Birthplace: _____

Social Security Number: _____

Citizenship: _____ Length of Florida Residency _____

Wife: _____

Date of Birth: _____ Birthplace: _____

Social Security Number: _____

Citizenship: _____ Length of Florida Residency _____

INTERMEDIARY ARRANGING YOUR ADOPTION

Name: _____

Address: _____

Phone: (____) _____ FAX: (____) _____

PLEASE INDICATE THE PURPOSE OF THE HOME STUDY

____ Adopting a new born who is expected to be born on _____

____ Adopting a child born on _____ who is not in our/my custody at this time.

____ Adopting a child who is already in our/my custody.

____ Seeking custody of a child born on _____ who is not in our/my custody at this time

____ Seeking custody of a child who is already in our/my custody.

Edwards Counseling Associates

5991 Chester Avenue, Ste. 104, Jacksonville, FL 32217

P. O. Box 56197, Jacksonville, FL 32241-6197

(904) 448-1992-phone (904) 448-8866-fax

Janette E. Edwards, LCSW

Phylcia Massey, LCSW

AUTHORIZATION TO DISCLOSE INFORMATION

I authorize and request _____

to disclose (via paper and/or orally) all personal, psychological, psychiatric, substance abuse treatment, and medical records regarding:

Name: _____

S.S.#: _____ D.O.B.: _____

TO: _____

I, the undersigned, understand that I do not have any obligation to reveal the information requested. I also understand that I can at any time revoke this consent by written notification. This authorization is good for twelve (12) months from the date of my signature below.

In consideration thereof, I relieve the above parties from any and all liability or obligation pertaining to said records. I authorize the use of a copy of this form for the disclosure of the information described above.

Signature: _____ Date: _____

If signature is not that of the client, describe relationship to client: _____

Witness: _____ Date: _____

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Signature: _____ Date: _____

If signature is not that of the client, describe relationship to client: _____

Witness: _____ Date: _____

**1a. Release of Information
Father**

I, _____, hereby authorize the Florida Department of Law Enforcement, the _____ County Sheriff's Office, and the _____ Police Department to release the following information to Janette E. Edwards, LCSW.

A certified statement indicating that a search of the public record files of the Department has failed to disclose prior arrest data for the undersigned or pertinent information regarding the arrest.

The following information is provided to assist the department in this regard:

NAME _____
ADRESS _____

AKA _____
RACE _____
SEX _____
DOB _____
SS# _____

Signature

**1b. Release of Information
Mother**

I, _____, hereby authorize the Florida Department of Law Enforcement, the _____ County Sheriff's Office, and the _____ Police Department to release the following information to Janette E. Edwards, LCSW.

A certified statement indicating that a search of the public record files of the Department has failed to disclose prior arrest data for the undersigned or pertinent information regarding the arrest.

The following information is provided to assist the department in this regard:

NAME _____

ADRESS _____

AKA _____

RACE _____

SEX _____

DOB _____

SS# _____

Signature

1c. Law Enforcement Screening Form
Husband

David M. Bush & Associates, Inc.
4191 San Juan Avenue
Jacksonville, FL 32210
Phone: 904-387-1959
Fax: 904-387-1914

Client No. _____
Branch No. _____
Date _____

THIS APPLICATION MUST BE COMPLETELY FILLED OUT

NAME: _____
SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____
RACE _____
SEX _____
ALIASES OR PREVIOUS NAMES _____
COUNTY TO BE SEARCHED _____
DRIVER LICENSE NUMBER/STATE _____

FILE SEARCH RESULT:

1d. Law Enforcement Screening Form
Wife

David M. Bush & Associates, Inc.
4191 San Juan Avenue
Jacksonville, FL 32210
Phone: 904-387-1959
Fax: 904-387-1914

Client No. _____

Branch No. _____

Date _____

THIS APPLICATION MUST BE COMPLETELY FILLED OUT

NAME:

SOCIAL SECURITY NUMBER

DATE OF BIRTH

RACE

SEX

ALIASES OR PREVIOUS NAMES

COUNTY TO BE SEARCHED

DRIVER LICENSE NUMBER/STATE

FILE SEARCH RESULT:

**2a. Autobiography
Husband**

My full name is _____.
I was born on (date) _____ in (place) _____.
I am number ____ of ____ children. I have ____ sisters, now ages _____
And ____ brothers, now ages _____ plus ____ step/half sisters, now
ages _____ and step/half brothers, now ages _____.

Father's Full Name: _____ Age: _____
Father's Employment: _____
Father's Personality: _____

Mother's Full Name: _____ Age: _____
Mother's Employment: _____
Mother's Personality: _____

Date of Parent's Marriage: _____ Did they remain married? _____
If no, year of divorce: _____.
Remarried? Father (Year and Name) _____
Mother (Year and Name) _____

Describe your relationship with your parents while growing up: _____

Who was the most significant person in your childhood? _____
Why? _____

Which parent do you feel assisted you most in your growing years? _____
Why? _____

Please list your siblings:

Name _____ Age: _____
Resides where? (City/State) _____
Employment: _____ Married? _____ # of Children _____
Frequency and Type of Contact: _____

Name _____ Age: _____
Resides where? (City/State) _____
Employment: _____ Married? _____ # of Children _____
Frequency and Type of Contact: _____

Name _____ Age: _____
Resides where? (City/State) _____
Employment: _____ Married? _____ # of Children _____
Frequency and Type of Contact: _____

Name _____ Age: _____
Resides where? (City/State) _____
Employment: _____ Married? _____ # of Children _____
Frequency and Type of Contact: _____

Name _____ Age: _____
Resides where? (City/State) _____
Employment: _____ Married? _____ # of Children _____
Frequency and Type of Contact: _____
(Use reverse side for more space if needed)

Describe your relationship with your brothers and sisters (as children and as adults): _____

Describe childhood memories: _____

Describe family traditions: _____

What did you like best about growing up in your family? _____

What would you change if you could? _____

Is your father living? _____ If no, how old were you at the time of death? _____
Circumstances of death? _____

Is your mother living? _____ If no, how old were you at the time of death? _____
Circumstances of death? _____

Are your siblings all living? _____ If no, how old were you at the time of death? _____
If deceased, please indicate which sibling(s) and circumstances: _____

Describe the impact the death(s) had on you: _____

How did you handle it? _____

If the above does not apply, where do your parent(s) live now? _____

How often do you see them? (Mom) _____ (Dad) _____
.... talk to them? (Mom) _____ (Dad) _____

What was the biggest disappointment/loss you have had in your life? _____

How did you handle it? _____

What have you achieved that you are most proud of? _____

What are your personal goals? _____

What are your career goals? _____

What do you enjoy? (hobbies, interests, sports, etc.) _____

Do you use	Alcoholic beverages? _____	Frequency: _____
	Narcotics? _____	Frequency: _____
	Tobacco products? _____	Frequency: _____

Please explain: _____

Have you ever been arrested? _____.

If yes, please explain the circumstances surrounding the arrest: _____

Have you or anyone close to you been affected directly or indirectly by:

Sexual abuse	YES	NO
Physical abuse	YES	NO
Mental abuse	YES	NO
Drug abuse	YES	NO
Jail	YES	NO
Alcoholism	YES	NO
Counseling/Therapy	YES	NO
Financial Problems	YES	NO

Please explain any YES answers: _____

Please list your

Strengths

Weaknesses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

My spouse describes my personality as _____

I am _____ feet _____ inches tall; weigh _____ pounds, have a _____ complexion with _____ hair and _____ eyes. My ethnic heritage is _____.

**2b. Autobiography
Wife**

My full name is _____.
I was born on (date) _____ in (place) _____.
I am number ____ of ____ children. I have ____ sisters, now ages _____
And ____ brothers, now ages _____ plus ____ step/half sisters, now
ages _____ and step/half brothers, now ages _____.

Father's Full Name: _____ Age: _____
Father's Employment: _____
Father's Personality: _____

Mother's Full Name: _____ Age: _____
Mother's Employment: _____
Mother's Personality: _____

Date of Parent's Marriage: _____ Did they remain married? _____
If no, year of divorce: _____.
Remarried? Father (Year and Name) _____
Mother (Year and Name) _____

Describe your relationship with your parents while growing up: _____

Who was the most significant person in your childhood? _____
Why? _____

Which parent do you feel assisted you most in your growing years? _____
Why? _____

Please list your siblings:

Name _____ Age: _____
Resides where? (City/State) _____
Employment: _____ Married? _____ # of Children _____
Frequency and Type of Contact: _____

Name _____ Age: _____
Resides where? (City/State) _____
Employment: _____ Married? _____ # of Children _____
Frequency and Type of Contact: _____

Name _____ Age: _____
Resides where? (City/State) _____
Employment: _____ Married? _____ # of Children _____
Frequency and Type of Contact: _____

Name _____ Age: _____
Resides where? (City/State) _____
Employment: _____ Married? _____ # of Children _____
Frequency and Type of Contact: _____

Name _____ Age: _____
Resides where? (City/State) _____
Employment: _____ Married? _____ # of Children _____
Frequency and Type of Contact: _____
(Use reverse side for more space if needed)

Describe your relationship with your brothers and sisters (as children and as adults):

Describe childhood memories: _____

Describe family traditions: _____

What did you like best about growing up in your family? _____

What would you change if you could? _____

Is your father living? _____ If no, how old were you at the time of death? _____

Circumstances of death? _____

Is your mother living? _____ If no, how old were you at the time of death? _____

Circumstances of death? _____

Are your siblings all living? _____ If no, how old were you at the time of death? _____

If deceased, please indicate which sibling(s) and circumstances: _____

Describe the impact the death(s) had on you: _____

How did you handle it? _____

If the above does not apply, where do your parent(s) live now? _____

How often do you see them? (Mom) _____ (Dad) _____
.... talk to them? (Mom) _____ (Dad) _____

What was the biggest disappointment/loss you have had in your life? _____

How did you handle it? _____

What have you achieved that you are most proud of? _____

What are your personal goals? _____

What are your career goals? _____

What do you enjoy? (hobbies, interests, sports, etc.) _____

Do you use	Alcoholic beverages? _____	Frequency: _____
	Narcotics? _____	Frequency: _____
	Tobacco products? _____	Frequency: _____

Please explain: _____

Have you ever been arrested? _____.

If yes, please explain the circumstances surrounding the arrest: _____

Have you or anyone close to you been affected directly or indirectly by:

Sexual abuse	YES	NO
Physical abuse	YES	NO
Mental abuse	YES	NO
Drug abuse	YES	NO
Jail	YES	NO
Alcoholism	YES	NO
Counseling/Therapy	YES	NO
Financial Problems	YES	NO

Please explain any YES answers: _____

Please list your

Strengths

Weaknesses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

My spouse describes my personality as _____

I am _____ feet _____ inches tall; weigh _____ pounds, have a _____ complexion with _____ hair and _____ eyes. My ethnic heritage is _____.

**3a Education and Employment History
Husband**

I attended _____ High School in (city/state)

_____ and graduated in _____

I went to college/vocational school at _____ and

graduated in (Yr) _____ with a degree in _____.

Following graduation, I was employed with:

a. Company Name _____ City/State _____

Position: _____ Dates: _____

Reason for leaving: _____

b. Company Name _____ City/State _____

Position: _____ Dates: _____

Reason for leaving: _____

c. Company Name _____ City/State _____

Position: _____ Dates: _____

Reason for leaving: _____

d. Company Name _____ City/State _____

Position: _____ Dates: _____

Reason for leaving: _____

Presently, I am employed with _____

In _____ as a _____

I have been with the company for the past _____ year(s).

My Annual Income: _____

3b Education and Employment History
Wife

I attended _____ High School in (city/state)

_____ and graduated in _____

I went to college/vocational school at _____ and

graduated in (Yr) _____ with a degree in _____.

Following graduation, I was employed with:

e. Company Name _____ City/State _____

Position: _____ Dates: _____

Reason for leaving: _____

f. Company Name _____ City/State _____

Position: _____ Dates: _____

Reason for leaving: _____

g. Company Name _____ City/State _____

Position: _____ Dates: _____

Reason for leaving: _____

h. Company Name _____ City/State _____

Position: _____ Dates: _____

Reason for leaving: _____

Presently, I am employed with _____

In _____ as a _____

I have been with the company for the past _____ year(s).

My Annual Income: _____

4 Marriage Questionnaire

1. When/how/where did you and your spouse meet? _____

2. When/how/why did you decide to get married? _____

3. Describe your wedding? _____

4. Describe the strong points in your marriage. _____

5. What changes have occurred in your marital relationship? _____

6. Describe one or more changes you would like to make in your marital relationship. _____

7. Describe any disagreements you have had, and how you resolved them, regarding the following:
 - a) Acquiring and spending money. _____

 - b) Children. _____

 - c) Communication. _____

- d) Goals. _____

- e) Household chores. _____

- f) In-laws. _____

- g) Leisure-time activities. _____

- h) Life style. _____

- i) Priorities. _____

- j) Religion. _____

- k) Sexual attitudes, feelings, or behavior. _____

- l) Use of alcohol or other chemicals. _____

- m) Work. _____

n) Other. _____

8. Husband: Describe yourself as a marital partner, including both your strengths and your weaknesses. _____

9. Husband: Describe your wife as a marital partner, including both strengths and weaknesses. _____

10. Wife: Describe yourself as a marital partner, including both your strengths and your weaknesses. _____

11. Wife: Describe your wife as a marital partner, including both strengths and weaknesses. _____

12. What do you have in common? _____

13. How are you different? _____

14. What are important goals that you, as a couple, are working toward? _____

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

16. To which denomination, if any, do you belong? Husband: _____
Wife: _____
Do you belong to a place of worship? _____ How often do you attend? _____
Which place of worship do you attend? _____
Why did you choose this place of worship? _____

17. Have you or would you consider marriage counseling? Under what circumstances? _____

18. What would cause you to divorce? Why? _____

19. Where have you lived as a married couple?

Address	City	State	Zip	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous Marriages:

A. Husband:

1. Name of ex-spouse: _____
Date of Marriage _____ How did you meet? _____

Date of Divorce: _____ Reason for Divorce _____
How is the current marriage different? _____

2. Name of ex-spouse: _____
Date of Marriage _____ How did you meet? _____

Date of Divorce: _____ Reason for Divorce _____
How is the current marriage different? _____

B. Wife:

1. Name of ex-spouse: _____

Date of Marriage _____ How did you meet?

Date of Divorce: _____ Reason for Divorce _____

How is the current marriage different? _____

2. Name of ex-spouse: _____

Date of Marriage _____ How did you meet?

Date of Divorce: _____ Reason for Divorce _____

How is the current marriage different? _____

5. Parenting Questionnaire

1. List the three words which you feel best describe and ideal home environment for children. _____

2. What do you think are the most important values for a child to learn in a family?

3. Husband: What is (or will be) your greatest strength as a parent?

4. Husband: What is (or will be) your greatest weakness as a parent?

5. Husband: What is (or will be) your spouse's greatest strength as a parent?

6. Husband: What is (or will be) your spouse's greatest weakness as a parent?

7. Wife: What is (or will be) your greatest strength as a parent?

8. Wife: What is (or will be) your greatest weakness as a parent?

9. Wife: What is (or will be) your spouse's greatest strength as a parent?

10. Wife: What is (or will be) your spouse's greatest weakness as a parent?

11. Think of someone you know whom you see as a successful parent. Why is that person successful? _____

Current Children

Name _____ Date of Birth _____

Adopted or Biological _____ School Grade _____

Physical Description _____

Personality Description _____

Special Interests _____

Health Concerns _____

How do you and child relate? _____

How do you think this child will react to new child? _____

Name _____ Date of Birth _____

Adopted or Biological _____ School Grade _____

Physical Description _____

Personality Description _____

Special Interests _____

Health Concerns _____

How do you and child relate? _____

How do you think this child will react to new child? _____

Name _____ Date of Birth _____

Adopted or Biological _____ School Grade _____

Physical Description _____

Personality Description _____

Special Interests _____

Health Concerns _____

How do you and child relate? _____

How do you think this child will react to new child? _____

6. Adoption Questionnaire

Infertility and Adoption Motivation:

1. How long have you been attempting to get pregnant? _____

2. Which family member is infertile? _____
Cause? _____

3. What was your initial reaction to this information?
Husband:

Wife: _____

4. How do you feel about it now?
Husband: _____

Wife: _____

5. Any infertility treatment or surgery to correct problem? Please explain _____

6. At the present time, are you attempting to conceive? _____
7. When did you start thinking about adoption? _____
8. Who was the first to suggest adoption? _____
9. Spouse's response to the idea? _____

10. Why are you choosing to adopt? _____

11. Do you both want to adopt? _____
12. What was your family's response? _____

13. What do you imagine will be the most positive impact of adopting to your family?

14. What will be the most difficult or least positive impact? _____

15. Have you ever started or completed a home study in the past? _____

If yes, where? (please list name and address) _____

Feeling Toward Adoption and Birth Parents:

1. Experiences with family and friends who have adopted or are adopted: _____

2. Any previous adoption experience yourselves, whether successful or not? _____

3. What are some situations you believe birth parents struggle with in deciding to place a child for adoption? _____

4. Do you plan to tell your child that he/she was adopted _____

-
5. How? _____

 6. When do you plan on telling your child? _____

 7. How do you feel about an adopted child searching for birth parents? _____

 8. Would you assist or oppose? _____

 9. How? _____

 10. Openness to Meeting/Phone Calls/Correspondence with birth parents. _____

 11. Openness to Identified Birth Fathers only or Unknown Birth Fathers: _____

Child Desired:

1. Age range: _____
2. Race & Ethnicity: _____
3. Gender: _____
4. Health: _____
5. Medical Background: _____

6. Alcohol Usage in Pregnancy: _____
7. Drug Usage in Pregnancy: _____
8. What do you think you would do if your adopted child developed a physical or mental condition or a life-threatening disease? _____

Child Care Plan:

1. Which parent will be staying home with the child in the beginning? _____

2. How long will you be able to take off work at the time of placement? _____

3. What type of daycare/sitter will you use when you return to work? _____

4. Who will care for your child if something were to happen to you? _____

7. Directions/Description of Home

1. *Directions to Your Home:*

2. *Description of Home:*

We live in a _____ bedroom, _____ bath home, which has a _____ car garage.

Our _____-story house is about _____ square feet in size and is located in _____ neighborhood near _____.

Our home has a living room / dining room / family room / kitchen / utility room. (Circle those which apply). Other rooms consist of _____.

The interior is decorated with _____ decor.

The baby's room is located _____.

The exterior of the house is _____.

The landscape is _____.

The backyard is fenced / unfenced with a pool / spa / screened patio. (Water, name of body of water, protection from water) _____

We have lived in the home for the past _____ years.

What made you choose to live in your present neighborhood? _____

What do you like about it? _____

What opportunities are there for children (i.e. schools, parks, etc.)? _____

8. Financial Statement

Income: Annual

Husband's Salary	Gross _____	Net _____
Wife's Salary	Gross _____	Net _____
Bonus & Commission	Gross _____	Net _____
Dividends	Gross _____	Net _____
Other Income	Gross _____	Net _____

TOTAL GROSS _____ **TOTAL NET** _____

Assets:

Cash in Bank (Savings) _____

Cash in Bank (Checking) _____

Stocks & Bonds _____

US Gov't Securities _____

Accounts & Notes Receivable _____

Automobiles

Make _____	Model _____	Year _____
Make _____	Model _____	Year _____

Furniture & Personal Effects _____

Real Estate:

House _____

Date of Purchase and Price _____	Equity _____
----------------------------------	--------------

Other Property _____

Date of Purchase and Price _____	Equity _____
----------------------------------	--------------

Other Assets - Identify
(Cash value life insurance, boat, livestock, jewelry)

Other _____

TOTAL ASSETS _____

Liabilities

Notes Payable: Total _____

Mortgages Payable on Real Estate _____

Balances on Installment Accts - Total _____

Policy Loan on Insurance _____

Other Debts - Identify (car, boat, etc)

TOTAL LIABILITIES _____

Insurance:

Life Insurance:

Amount	Type	Name of Company	Beneficiary
--------	------	-----------------	-------------

Hospitalization Insurance:

Amount	Type	Name of Company	Family Members Covered
--------	------	-----------------	------------------------

Health & Accident Insurance:

Amount	Type	Name of Company	Beneficiary
--------	------	-----------------	-------------

Disability Insurance:

Policy Name	Amount
-------------	--------

Pension, Retirement, 401K, Ira, Keogh:

(Name and amount of each)

Monthly Budget

PERSONAL BUDGET FORM	MONTHLY	MONTHLY	OUTSTANDING
ITEM	ESTIMATED PAYMENT	ACTUAL PAYMENT	BALANCE
Mortgage/Rent	\$ -	\$ -	\$ -
2nd Mortgage	\$ -	\$ -	\$ -
Food	\$ -	\$ -	\$ -
Electricity	\$ -	\$ -	\$ -
Water	\$ -	\$ -	\$ -
Home Phone	\$ -	\$ -	\$ -
Cell Phone/Wireless Service	\$ -	\$ -	\$ -
Car Loan Payment	\$ -	\$ -	\$ -
Car Loan Payment	\$ -	\$ -	\$ -
Car Insurance	\$ -	\$ -	\$ -
Gas	\$ -	\$ -	\$ -
Oil Changes	\$ -	\$ -	\$ -
Car Maintenance	\$ -	\$ -	\$ -
Credit Card Payments	\$ -	\$ -	\$ -
Credit Card Payments	\$ -	\$ -	\$ -
Credit Card Payments	\$ -	\$ -	\$ -
Signature Loan Payment	\$ -	\$ -	\$ -
Student Loan Payment	\$ -	\$ -	\$ -
Internet Service	\$ -	\$ -	\$ -
Cable	\$ -	\$ -	\$ -
Entertainment	\$ -	\$ -	\$ -
Eating Out - Breakfast/ Lunch	\$ -	\$ -	\$ -
Eating Out - Dinners	\$ -	\$ -	\$ -
Vacation Travel	\$ -	\$ -	\$ -
Home Maintenance	\$ -	\$ -	\$ -
Lawn Maintenance	\$ -	\$ -	\$ -
Holiday	\$ -	\$ -	\$ -
Other Gifts	\$ -	\$ -	\$ -
Personal Care	\$ -	\$ -	\$ -
Hair Care	\$ -	\$ -	\$ -
Clothing	\$ -	\$ -	\$ -
Tithing	\$ -	\$ -	\$ -
Other Charity - Explain	\$ -	\$ -	\$ -
Savings/Investments	\$ -	\$ -	\$ -
Daycare	\$ -	\$ -	\$ -
Income Protection/Life Ins.	\$ -	\$ -	\$ -
Life Insurance	\$ -	\$ -	\$ -
Doctors/Dentists	\$ -	\$ -	\$ -
Medicines	\$ -	\$ -	\$ -
Hospitals/Labs	\$ -	\$ -	\$ -
Misc.	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -
Take Home Pay Per Month	\$ -	\$ -	\$ -

9a. Medical Statement - Husband
(To be Completed by a Physician)

(Examination must not be made by a relative of the patient)

Patient's Name: _____ Date of Birth _____

Height _____	Weight _____
Pulse _____	Blood Pressure _____
Vision _____	Hearing _____
Heart _____	Lungs _____
Skin _____	Orthopedic Defects _____
Teeth _____	Endocrine System _____
Abdomen _____	Nervous System _____
Other _____	Cancer _____
Allergies _____	Surgeries _____
Mental Illness _____	Chronic Condition _____

Tuberculin Test _____
Date _____ Results _____

Chest X-rays (required if tuberculin is positive) _____

Fertility Status _____

Pap Smear _____

Length of time patient has received care from you and follow-up plan, if any. _____

Is the patient in good health at the present? _____

In your opinion does the patient have normal life expectancy? _____

Could you add anything related to the personality, physical condition or past health history, not already explained which would affect the patient's ability to take on the responsibilities of parenthood? **Note: if more space is needed, use reverse side**

Physician's Signature _____ Date _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

9b. Medical Statement - Wife
(To be Completed by a Physician)

(Examination must not be made by a relative of the patient)

Patient's Name: _____ Date of Birth _____

Height _____	Weight _____
Pulse _____	Blood Pressure _____
Vision _____	Hearing _____
Heart _____	Lungs _____
Skin _____	Orthopedic Defects _____
Teeth _____	Endocrine System _____
Abdomen _____	Nervous System _____
Other _____	Cancer _____
Allergies _____	Surgeries _____
Mental Illness _____	Chronic Condition _____

Tuberculin Test _____
Date _____ Results _____

Chest X-rays (required if tuberculin is positive) _____

Fertility Status _____

Pap Smear _____

Length of time patient has received care from you and follow-up plan, if any. _____

Is the patient in good health at the present? _____

In your opinion does the patient have normal life expectancy? _____

Could you add anything related to the personality, physical condition or past health history, not already explained which would affect the patient's ability to take on the responsibilities of parenthood? **Note: if more space is needed, use reverse side**

Physician's Signature _____ Date _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Medical Statement - Children
(To be Completed by a Physician)

Medical Form for Children Currently in the Home
Copy as necessary

Name of Child _____ Date of Birth _____

Is this child regularly treated by you? Yes () No ()

If Yes, what medical services have you provided? _____

Does this child have any serious physical, emotional disorder, or any major medical concerns? Yes () No ()

If Yes, please explain: _____

Immunizations: Up to Date _____ Needs _____

Signed _____

Physician

Address

City _____ State _____ Zip Code _____

(____) _____

Phone

Date

**Medical Statement - Children
(To be Completed by a Physician)**

Medical Form for Children Currently in the Home
Copy as necessary

Name of Child _____ Date of Birth _____

Is this child regularly treated by you? Yes () No ()

If Yes, what medical services have you provided? _____

Does this child have any serious physical, emotional disorder, or any major medical concerns? Yes () No ()

If Yes, please explain: _____

Immunizations: Up to Date _____ Needs _____

Signed _____
Physician

Address

City _____ State _____ Zip Code _____
(_____) _____
Phone

Date

Medical Statement - Children
(To be Completed by a Physician)

Medical Form for Children Currently in the Home
Copy as necessary

Name of Child _____ Date of Birth _____

Is this child regularly treated by you? Yes () No ()

If Yes, what medical services have you provided? _____

Does this child have any serious physical, emotional disorder, or any major medical concerns? Yes () No ()

If Yes, please explain: _____

Immunizations: Up to Date _____ Needs _____

Signed _____

Physician

Address _____

City _____ State _____ Zip Code _____

(____) _____

Phone _____

Date _____

10a. References

Family Members (One each):

Husband

Wife

Name: _____

Address: _____

Phone: _____

See next pages for topics that the reference letters should address

Personal References (Four total):

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

See next pages for topics that the reference letters should address

Employer (One each):

Name: _____

Address: _____

Phone: _____

See next pages for topics that the reference letters should address

REFERENCE LETTER

Topics to Address

- How long have you known them and in what capacity?
- Have you observed them around children and under what circumstances?
- How are they with children?
- Do you believe they can easily handle the problems that could arise when an adopted child enters their home?
- Have they discussed their adoption plans with you? Do you think they have given much thought to these plans? How do you feel about their plans?
- How do you think an adopted child will be accepted in their family and community?
- Do you believe they manage their money responsibly?
- How would you rate their homemaking and property upkeep?
- Do you have any concerns about their ability to parent an adopted child?
- Would you leave your children with them? Why? Why not?

Please submit your letter to:

Janette E. Edwards, LCSW
P.O. Box 56197
Jacksonville, Florida 32241-6197

If you have any questions, please contact me at (904) 448-1992

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