

## **ADOPTION HOMESTUDY UPDATE OUTLINE**

- I. CURRENT STATUS - reason for homestudy update; if married, description of marriage
- II. CHILD TO BE ADOPTED - type of child interested in adopting
- III. OTHERS IN THE HOME - other household members; if other adoptive/foster child(ren), describe adjustment of child(ren) and adoptive parents, how placement is going, development/growth of child(ren); include child(ren)'s date of birth, date of finalization for adopted child
- IV. UNDERSTANDING OF ADOPTION - views of adoption, attitude towards birth family, type of adoption desired (open vs. closed)
- V. PARENTING SKILLS - parenting techniques, discipline methods (needs statement that parents will not use any form of corporal punishment)
- VI. FINANCIAL UPDATE - describe employment, salary, level of financial stability
- VII. DESCRIPTION OF HOME - describe layout of home and neighborhood
- VIII. MEDICAL UPDATE-verify that adoptive parents are in good health
- IX. REFERENCES - describe references
- X. EVALUATION & SUMMARY - include agency recommendation for adoptive placement
- XI. SIGNATURES

ADOPTION ARC  
POST ADOPTION REPORT  
FIRST VISIT AFTER PLACEMENT

I. Cover page:

- Adoptive family name
- Infant name
- Birth family name
- Date of visit
- Place of visit
- Who was present
- Worker name -

II Body of report - Issues to address:

- Baby's physical growth and development, feeding and sleeping schedules, immunizations, doctor's visits, illnesses, etc.

- Describe baby's room, household space, safety issues

- Describe baby's routines, child care arrangements, who baby has interacted with

- Mother's adjustment to placement

- Father's adjustment to placement

- Describe roles of each parent

- Impact of placement on marriage

- Impact of placement on other siblings and family members

- Any changes in family circumstances, job, etc.

- Address any special issues such as transracial issues, open adoption if applicable, special needs issues, etc.

- Legal status of case at this time

- Any questions or concerns of family

- Any community resources being used by the family or any being referred or recommended by this worker

III. Conclusion:

- Worker's recommendation Date for next visit Signature and date

Total report should be approximately 3 - 7 pages

ADOPTION ARC  
POST ADOPTION REPORT  
SECOND VISIT AFTER PLACEMENT

I. Cover page:

- Adoptive family name
- Infant name
- Birth family name
- Date of visit
- Place of visit
- Who was present
- Worker name

II. Body of report - Issues to address:

- Baby's physical growth and development, feeding and sleeping schedules, immunizations, doctor's visits, illnesses, etc.

- Any changes since last report in baby's routines, child care arrangements, who baby has interacted with

- Discuss bonding and attachment

- How have roles of each parent evolved or changed since last report

- Continuing impact of placement on marriage

- Continuing impact of placement on other siblings and family members

- Any changes in family circumstances, job, etc.

- Address any special issues such as transracial issues, open adoption if applicable, special needs issues, etc.

- Legal status of case at this time

- Any questions or concerns of family

- Any community resources being used by the family or any being referred or recommended by this worker

- Follow up discussions on any specific issues raised at first visit

III. Conclusion:

- Worker's recommendation

- Date for next visit

- Signature and date

Total report should be approximately 3 - 7 pages

ADOPTIVE HOME STUDY  
(Outline)  
Cover Page

Identifying Information

First Applicant's Name:  
Date of Birth:  
Social Security Number:  
Place of Birth:  
Race/Ethnicity:  
Nationality:  
Occupation:  
Employer:

Salary (annually in U.S. \$):

Second Applicant's Name:  
Date of Birth:  
Social Security Number:  
Place of Birth:  
Race/Ethnicity:  
Nationality:  
Occupation:  
Employer:

Salary (annually in U.S. \$):

Date of Marriage:                      Place of Marriage:

Children in the Home (names and dates of birth):

Present Home Address:  
County of Residence:  
Home Phone:  
Years at Residence:

Caseworker:  
Date of Contacts: (at least 3 in person contacts held on separate days to conduct joint and individual interviews with all household members, including at least 1 in home visit)

Home study Approval Date:

### **Family Motivation to Adopt**

1. What is each adoptive applicant's awareness and sensitivity to special issues that adopted children need to resolve, including the child's identity, attitudes toward birth parents and circumstances of the child's availability for adoption?
2. What is the family's understanding of the importance of helping the child accept being adopted? How do they plan to help their child accept being adopted?
3. What are the attitudes of other members of the family and of significant other persons involved with the family towards the adoption?
4. What type of child are the applicants willing to accept? (include age range, racial or ethnic background, sex, sibling groups, and physical, social, emotional, or developmental disabilities acceptable)
5. Discuss whether post adoption counseling is offered or available and any plans the family has to participate.

#### **IF APPLICABLE**

1. Knowledge of or history with special needs adoption
2. Why considering special needs adoption

### **Coping and Parenting Skills**

1. What is the emotional stability and maturity of the applicants and any adult household members?
2. How do they cope with problems, stress, frustration, crisis, and separation and loss? What is their capacity to give and receive affection? What is their ability to distinguish between their needs and those of the child?
3. What are their philosophies on child rearing and parental roles?
4. What is their experience with children?
5. What is their philosophy on discipline? Do they agree that corporal punishment, including hitting and shaking, as well as abusive language and ridicule, are unacceptable means of discipline?
6. What is the applicants' capacity to make viable child care arrangements while employed?

### **Marital/Family Relationships**

1. How do they interact as a family?
2. How do they communicate and make decisions?
3. What role does each spouse/partner play in the family?
4. How do they handle differences of opinion?
5. What is the adjustment of other children in the family?
6. What is the family's social, cultural and religious background?

### **Adoptive Parents Family Life History**

#### **First Applicant:**

1. Describe the applicant's childhood experiences.
2. What was the applicant's home life like?
3. What was his/her parents' method of discipline and handling problems?
4. What are the applicant's current family ties and relationships?
5. What are the applicant's interests and hobbies?
6. What are the applicant's strengths and weaknesses?
7. How does the applicant see himself/herself and his/her spouse/partner?
8. How is the applicant's health? Include date of most recent physical examination. What is the physician's recommendation about the applicant's capacity to be an adoptive parent?
9. Does the applicant have any birth family background problems, such as medical or hereditary problems, incest, mental illness or drug use? If so, describe.

#### **Second Applicant**

1. Describe the applicant's childhood experiences.
2. What was the applicant's home life like?

3. What was his/her parents' method of discipline and handling problems?
4. What are the applicant's current family ties and relationships?
5. What are the applicant's interests and hobbies?
6. What are the applicant's strengths and weaknesses?
7. How does the applicant see himself/herself and his/her spouse/partner?
8. How is the applicant's health? How is the health of any additional adult household members? Include date of most recent physical examination. What is the physician's recommendation about the applicant's capacity to be an adoptive parent?
9. Does the applicant have any birth family background problems, such as medical or hereditary problems, sexual or child abuse, domestic violence, mental illness or substance abuse? If so, describe.

### **Marriages/Divorces**

Verify present and previous marriage(s) and divorce(s) of each adoptive applicant, including deaths of former spouses when there was no divorce.

### **Criminal History and Child Abuse Records**

1. Have the applicants or any adult household members been arrested, indicted convicted or had any other judicial judgment or administrative action as the result of substance abuse, sexual or child abuse and/or domestic violence.
2. State the agency's assessment of the results of criminal history and child abuse records searches.
3. If there are any positive findings, document the results and discuss any rehabilitation efforts.
4. Have the applicants or any adult household member been previously rejected for adoption or received an unfavorable home study? If so, why?

### **Home Environment**

1. What is the location and description of the physical environment of the home and neighborhood?
2. Is the home suitable to accommodate a child?

3. Does it have space meeting any applicable requirements?

### **Financial Resources**

1. State the family's income and financial resources such as bank accounts, investments, retirement accounts, etc. Include a copy of the latest federal tax return.
2. State the family's financial obligations such as mortgage/rent payments, car payments, credit card debt, loans, etc.
3. Describe the family's capacity to manage finances.

### **References**

Review of current job reference plus 3 personal references from persons unrelated to the applicants. At least one reference must have known the applicant(s) for five or more years, and at least one reference must be from a neighbor of the applicant(s).

If a current job reference will jeopardize the applicant's employment status, a reference may be obtained from a previous employer. If a previous employer is not available, a reference from an alternative such as a former teacher or supervisor of a volunteer activity would be acceptable.

### **Recommendation and Certification**

Recommendation and reasons for the proposed adoption including number of children and any specific restrictions such as race, age, gender and if approved for handicapped or special needs.

Statement certifying the worker's authorization to conduct home studies.

Signature of home study worker

Signature of home study worker's supervisor or agency director

[Format for Last Post Placement Report]  
[Please follow format exactly]

COURT OF COMMON PLEAS OF PHILADELPHIA  
FAMILY COURT DIVISION  
ADOPTION BRANCH POST-PLACEMENT HOMESTUDY

**ADOPTEE:**

Name at Birth:

Date of Birth:

Place of Birth: USA

Social Security Number: N/A

Race/Religion:

The infant was born on     at                     Hospital in  
, USA. Upon discharge from the hospital on     the infant was placed in Adoption  
ARC short-term foster care. On             , the infant was placed with the  
prospective adoptive parent(s), where he has resided continuously from that date  
until the present.

NEW NAME:

**HEALTH OF ADOPTEE:**

Medical reports have been submitted to Adoption ARC throughout post-placement supervisory period by [Doctor's name] of [Doctor's address]. These reports show the infant to be in good health, progressing normally and up to date on all immunizations.

**SCHOOL:**

[Not applicable if an infant]

**FINANCIAL STATUS OF ADOPTEE:**

[Not applicable in most cases]

**PETITIONERS:**

No Kinship

**HUSBAND PETITIONER:**

Name:  
Date of Birth:  
Place of Birth:  
Social Security number:  
Race/Religion:  
Present Address:  
Previous Addresses: [for the past 5 years]

**WIFE PETITIONER:**

Name:  
Date of Birth:  
Place of Birth:  
Social Security number:  
Race/Religion:  
Present Address:  
Previous Addresses: [for the past 5 years]

**MARITAL STATUS:**

Date of Marriage:

Place of Marriage: [county and state]

Neither petitioner has any previous marriages. [If there is a divorce(s), list date divorce was finalized, name of court, state and Judge who signed decree].

Petitioners have [list number] biological children, [list names and dates of birth of biological children]

There is one [or more] adopted child:

Name of adoptee:

Date of Birth:

Place of birth:

Date of Adoptive Placement:

Date of finalization:

Court Term and Number:

**HEALTH STATUS OF PETITIONERS:**

Medical reports have been received by Adoption ARC from [name of doctor and address] for both petitioners. Both were found to be in good health with normal life expectancy and recommended for adoptive parenting.

**HOME CONDITIONS:**

Describe house [style, number of rooms, safety, yard, etc].

Describe neighborhood [racial composition, access to resources, family's involvement with neighbors, etc].

Petitioners are [buying/renting] their home. It is valued at \$ \_\_\_\_\_ and they owe approximately \$ \_\_\_\_\_ OR The monthly rent is \$ \_\_\_\_\_. The term of the lease is \_\_\_\_\_ years.

Name all other household members, if applicable.

**FINANCIAL STATUS OF PETITIONERS:**

Petitioner 1: place of employment, title, salary

Petitioner 2: place of employment, title, salary

The [name of family] do/do not receive any financial assistance from the Department of Public Assistance or from any US Government pensions, disability payments, Social Security or private pensions.

**LIFE INSURANCE:**

[Names of all policies, policy account information, value]

**MEDICAL INSURANCE:**

[Name of insurance provider, type of coverage]

**SAVINGS:**

[For each account list the name of the account holder, the bank name the account number and the balance]

**CHECKING:**

[For each account list the name of the account holder, the bank name, the account number, and the balance]

**BONDS:**

[list/describe]

**STOCKS:**

[list/describe]

**PENSIONS, TRUSTS, ETC.:**

[list/describe]

**CARS:**

[For each car, give model, make year, value, amount owed, if any and monthly payment amount]

**CAR INSURANCE:**

[Give insurance company, account number and type of coverage]

**OTHER PROPERTIES:**

[Address, value, type of property (i.e. summer home, investment property)]

**NATURAL RELATIVES OF PETITIONERS:**

Names and addresses of parents or closest living relatives of both petitioners]

**INTERVIEW WITH PETITIONERS:**

A 4 - 6 paragraph narrative describing your visit in the home of the petitioners. Describe the child's adjustment. The support or reaction from extended family. The parent's comfort level with the worker. Any other pertinent issues. End a statement regarding the petitioner's financial stability and ability to support this child.

**PUTATIVE FATHER:**

Name:  
Date of Birth:  
Place of Birth:  
Social Security number:  
Race:  
Religion:  
Marital Status:  
Last Known Address:

**NATURAL MOTHER:**

Name:  
Date of Birth:  
Place of Birth:  
Social Security number:  
Race:  
Religion:  
Marital Status:  
Present Address:

MARITAL STATUS OF NATURAL PARENTS:

OTHER CHILDREN OF NATURAL PARENTS:

HEALTH OF NATURAL PARENT:

RELATIVES OF NATURAL PARENT:

LEGAL STATUS OF NATURAL MOTHER:

COURT RECORDS:

Aside from adoption court records as cited above, the parties of this adoption matter are not known to have any court records.

**AGENCY RECOMMENDATION TO COURT:**

A 1 - 3 paragraph narrative stating the agency's recommendation as to whether or not this adoption should be finalized and why.

Respectfully submitted:

your name  
Adoption Caseworker

Name  
Agency Director