



Heritage Adoption Services



# Independent Program

(Oregon and Washington)

Application Packet

503-233-1099  
[www.heritageadoption.org](http://www.heritageadoption.org)

# Independent Home Studies



## Oregon

Columbia East  
10011 SE Division - Suite 314  
Portland, OR 97266

Voice: 503-233-1099  
Fax: 503-258-2487

Email:  
info@heritageadoption.org

## Bend, Oregon

Voice: 541-318-7446

## Lake Oswego, Oregon

P.O. Box 964  
Lake Oswego, OR 97034-  
0106

## Washington

Vancouver, WA  
Voice: 360-993-5608

Adoption Angel  
Call toll free:  
1-888-331-4040

Email:  
angel@adoptionangel.org

[www.heritageadoption.org](http://www.heritageadoption.org)

Thank you for your interest in having a home study done by our agency. The home study is a required document for all adoptions and will be filed in court with the petition to adopt and the birth parent(s) consents. This written report is a profile of you, your home, lifestyle, attitudes about adoption and childrearing, financial situation, biographical information, references and health. Our home studies have been used in many states and foreign countries.

Many families are understandably apprehensive about the process, but your home study is not a “white glove” inspection or a search for imperfections. The purpose of our visit is simply to determine if your home, family, and living environment are a safe, healthy place for a child to live. We trust that our professionalism will make the visit in your home a good one.

A case worker will meet with you in your home for one or more interviews. All persons currently living in your home must be interviewed. The case worker will ask for a tour of your home in order to write a description of it and to be sure there are no safety or health hazards for a child. The home visit usually lasts from 3-4 hours.

**T**ime - The time needed from first contact with us to completed report depends partly on how quickly documents are received. The sooner you are able to provide them, the sooner your study can be completed. ***Our usual practice is to schedule your home study visit when we have all your documents and your police and child protective services records checks on file.*** We will complete the home study report after that visit. If you have already been matched with a birth mother whose delivery is imminent, please let us know and it may be possible to complete the report more quickly.

**F**ees - The home study fee of \$794.00 is payable to *Heritage Adoption Services* when we receive your application. There is also a travel fee of \$0.37 per mile round trip, payable directly to the home study worker at the time of your home visit. We make every effort to assign a worker who lives within your geographic area if possible. Mileage is billed from the case worker's point of origin to your home and back to the point of origin. If you are outside the Portland Metro area the case worker's travel time may also be charged, at a rate of \$15 per hour. Should an overnight stay be required, you are responsible for providing meals and lodging at a reasonable hotel. All fees are non-refundable.

**C**opies and Changes - You will receive a copy of the completed study. A notarized original will be supplied to either you or the party you designate. Should you require a revised home study, we will be happy to make the necessary changes for a modest revision fee. At this writing, the fee for changes that require a new home visit by the worker is \$300.00.

## **. DOCUMENT LIST**

### **INDEPENDENT DOMESTIC HOME STUDIES**



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Please collect the following documents. We are more than happy to provide you with both explanations and encouragement as you work your way down the list. Tips to expedite collection are on the reverse.

Completed **GENERAL APPLICATION** along with a **PHOTO** of yourselves;

Completed **ADOPTIVE PARENT QUESTIONNAIRE** - one per applicant

Three **REFERENCES** - Use the forms provided. Must NOT be from relatives or employees.

Physician-completed **PHYSICIAN'S REPORT** - one per applicant

Completed **CONSENT FOR CRIMINAL RECORDS CHECK** - one for each household member, even temporary, over 16. Mail or bring -- signed, completed form back to *Heritage Adoption Services*.

Copy of your most recent **FEDERAL TAX FORM** (the top two pages only)

**VERIFICATION OF EMPLOYMENT** - enclosed letter copied or typed on company letterhead, for each employed parent

Copy of each applicant's **BIRTH CERTIFICATE**

Copy of each child's **BIRTH CERTIFICATE**

Copy of adopted child's **ADOPTION CERTIFICATE / NATURALIZATION PAPERS**

Copy of your **MARRIAGE LICENSE**

Copy of child's or past spouse's **DEATH CERTIFICATE OR DIVORCE / ANNULMENT DECREE**

Verification of health insurance covering your adopted child's preexisting conditions, i.e. **PHOTO COPY OF INSURANCE CARD / 1ST PAGE OF POLICY**

A check for the Home Study Fee payable to *Heritage Adoption Services* in the amount of \$794.00

## **Contents of Packet**

### **INDEPENDENT DOMESTIC HOME STUDIES**

- u 1 - Independent Home Studies Introductory page
- u 1 - Document List/To Expedite or RUSH
- u 1 - Home Study Flow Chart
- u 1 - GENERAL APPLICATION - use Single Parent form if applicable
- u 2 - ADOPTIVE PARENT QUESTIONNAIRES- one if applicant is single.
- u 3 - Adoptive Parent REFERENCE Forms
- u 2 - PHYSICIAN'S REPORTS - one if applicant is single.
- u 2 - CONSENT FOR CRIMINAL RECORDS CHECK - Feel free to make additional copies if there are other household members, even temporary, over 16, who will be living there at the time of the home study visit and/or arrival of the child.
- u 2 - VERIFICATION OF EMPLOYMENT - to be copied or typed onto company letterhead for each employed parent
- u 1 - Fax cover sheet - Clients may make as many copies as needed.

### **To Expedite Document Collection**

The following are listed in the order that seems to accomplish the most in the least amount of time. Don't neglect filling out your own questionnaires and locating documents in your possession, but recognize that the things which are out of your hands will usually take the longest.

- **Oregon Families:** As soon as you get your packet, fill out and sign the **Consent for Criminal Records Check**. Return it to Heritage ASAP in person or by mail so that we can send it in. The state requires original signatures on these forms so we cannot accept faxed forms. If you expect there will be a record, you must complete a different form. Let us know and we will provide it for you. Also, you will need to contact the county where you were charged to obtain a disposition of the case.  
**Washington Families:** As soon as you get your packet, fill out and sign the form entitled **Washington State Patrol Identification and Criminal History Section**. Mail it directly to the address attached to it, along with a certified check or money order for the required fee.
- **Birth and Death Certificates** - If you don't have copies of your family members' certificates, send for these immediately. You may be able to obtain them more quickly in person or by phone. We do have a list of Vital Records offices in all states if you need to learn the address or phone number.
- **Physician's Reports** - We do not need you to have a new physical if you have had one within recent history. However, the Physician's Report must be filled out by a physician, either an MD or a DO. You can expedite these by taking them directly to your doctor's office, and by including a fax cover or self-addressed stamped envelope to Heritage with your request.
- **References** - Give your references a fax cover or self-addressed stamped envelope to Heritage when you give them the form. These should be sent directly to Heritage and not returned to you.
- **Verification of Employment** - This can be completed by your supervisor, human resources, or by whomever does payroll at your company. Providing a self-addressed stamped envelope with Heritage's address will make this easier - and thus quicker - task.
- Let people know that you are working on a deadline so that they feel the urgency of the matter. Telling them it is for an adoption often cheers people and makes them happy to help. Remember to be polite since that tends to smooth the way as well.

**All documents must be in our possession in order to complete your home study report.**

## Independent Adoption Home Study & Post-Placement Flow Chart

You decide on Heritage and clarify costs and timing.

G

Obtain (or download) a packet which includes  
forms to fill out and a list of documents needed.

G

Return signed Consent for Records Check forms to Heritage.

G

Collect documents and fill out forms.

Return them to Heritage along with a check for the home study fee.

G

Heritage social worker calls and makes an appointment for HS visit.

G

HS visit (usually 3-4 hours) with all household members present.

G

HS report is written and sent to your attorney.

G

Time goes by; baby is born; consents are obtained; petition is filed.

G

State of Oregon reviews the adoption and sends Heritage  
a request for a post-placement report with a 60-day timeline.

G

Heritage social worker calls you and makes an appointment.

G

PP visit takes place (usually about an hour) with all household members present.

Birth parent(s) are contacted for their point of view if possible.

G

PP report is written and sent to the court.

Copies are sent to the State of Oregon and to your attorney.

G

Your attorney goes to court to obtain a signature on the decree of adoption.

Ta-da! Your child's adoption is final and complete.

***Heritage Adoption Services***  
***Independent Adoption Application***

**Adoptive Mother**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
S.S. # : \_\_\_\_\_  
U.S. Citizen: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Race: \_\_\_\_\_  
National Heritage: \_\_\_\_\_  
Height/Weight: \_\_\_\_\_  
Health: \_\_\_\_\_  
Mental Health History: \_\_\_\_\_  
Eye Color: \_\_\_\_\_  
Hair Color: \_\_\_\_\_  
Complexion: \_\_\_\_\_

**Adoptive Father**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
S.S. # : \_\_\_\_\_  
U.S. Citizen: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Race: \_\_\_\_\_  
National Heritage: \_\_\_\_\_  
Height/Weight: \_\_\_\_\_  
Health: \_\_\_\_\_  
Mental Health History: \_\_\_\_\_  
Eye Color: \_\_\_\_\_  
Hair Color: \_\_\_\_\_  
Complexion: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_  
College: \_\_\_\_\_  
Degree & Year: \_\_\_\_\_  
Graduate School: \_\_\_\_\_  
Degree & Year: \_\_\_\_\_

High School: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_  
College: \_\_\_\_\_  
Degree & Year: \_\_\_\_\_  
Graduate School: \_\_\_\_\_  
Degree & Year: \_\_\_\_\_

**Residence**

Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Own/Rent: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_  
Years at Present Address: \_\_\_\_\_  
Current Market Value: \_\_\_\_\_  
Square Footage of Home: \_\_\_\_\_  
Lot Size/Acreage: \_\_\_\_\_  
# of Bedrooms/# of Bathrooms: \_\_\_\_\_  
Year Built: \_\_\_\_\_  
List other Rooms: \_\_\_\_\_  
Miles to Nearest Hospital: \_\_\_\_\_

## Employment

### Adoptive Mother

Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Hours Per Week: \_\_\_\_\_  
Annual Salary: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_  
Other Income: \_\_\_\_\_

### Adoptive Father

Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Hours Per Week: \_\_\_\_\_  
Annual Salary: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_  
Other Income: \_\_\_\_\_

## Marital History

Currently Married: Yes \_\_\_\_ No \_\_\_\_  
Date of Marriage: \_\_\_\_\_  
Prior Marriages: \_\_\_\_\_  
How Many: \_\_\_\_\_  
Death/Divorce: \_\_\_\_\_  
Former Spouse Name: \_\_\_\_\_  
Date of Former Marriage: \_\_\_\_\_  
Date of Divorce/Death: \_\_\_\_\_  
Pay Child Support: Yes \_\_\_\_ No \_\_\_\_  
If yes, amount: \$ \_\_\_\_\_

Currently Married: Yes \_\_\_\_ No \_\_\_\_  
Date of Marriage: \_\_\_\_\_  
Prior Marriages: \_\_\_\_\_  
How Many: \_\_\_\_\_  
Death/Divorce: \_\_\_\_\_  
Former Spouse Name: \_\_\_\_\_  
Date of Former Marriage: \_\_\_\_\_  
Date of Divorce/Death: \_\_\_\_\_  
Pay Child Support: Yes \_\_\_\_ No \_\_\_\_  
If yes, amount: \$ \_\_\_\_\_

**Note:** If there has been *more than one previous marriage* please provide the same information about each marriage on a separate sheet of paper and attach it to this form.

## Children

First Child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Biological/Adopted: \_\_\_\_\_  
Living in Home: Yes \_\_\_\_ No \_\_\_\_

Second Child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Biological/Adopted: \_\_\_\_\_  
Living in Home: Yes \_\_\_\_ No \_\_\_\_

## Others in the Home

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Health Insurance

Health Insurance: Yes \_\_\_\_ No \_\_\_\_  
Name of Company: \_\_\_\_\_  
Coverage of Child from Placement Date: Yes \_\_\_\_ No \_\_\_\_  
Coverage of Child's Pre-Existing Conditions: Yes \_\_\_\_ No \_\_\_\_

It is *imperative* to have health insurance that covers your adopted child (1) from placement date and (2) for pre-existing conditions. If you do not have health insurance for your child indicate your plans for securing this vital coverage.

## Confidential Financial Report

Adoptive Mother Gross Annual Income: \_\_\_\_\_

Adoptive Father Gross Annual Income: \_\_\_\_\_

Total Gross Annual Income: \_\_\_\_\_

Adoptive Mother Net Annual Income: \_\_\_\_\_

Adoptive Father Net Annual Income: \_\_\_\_\_

Total Net Annual Income: \_\_\_\_\_

Savings Account Balance: \_\_\_\_\_

Checking Account Balance: \_\_\_\_\_

Total Investments: \_\_\_\_\_

Trust Accounts: \_\_\_\_\_

Prior Declared Bankruptcy: \_\_\_\_\_

If Yes, When: \_\_\_\_\_

### Monthly Payments

Mortgage/Rent: \_\_\_\_\_

Property Taxes: \_\_\_\_\_

Utility Costs: \_\_\_\_\_

Savings Deposits/Investments/Bonds: \_\_\_\_\_

Insurance Payments – All Types: \_\_\_\_\_

Credit Card/Personal Loan Payments: \_\_\_\_\_

Medical Costs: \_\_\_\_\_

Car Loan/Maintenance/Gas Payments: \_\_\_\_\_

Day Care Costs: \_\_\_\_\_

Food/Clothing/Entertainment Costs: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

Total Monthly Payments: \_\_\_\_\_

Total Net Monthly Income: \_\_\_\_\_

*Minus* Total Monthly Payments: \_\_\_\_\_

Total Monthly Unencumbered Income: \_\_\_\_\_

### Assets

Real Estate Holding #1: \_\_\_\_\_ Real Estate Holding #1: \_\_\_\_\_

Location: \_\_\_\_\_ Location: \_\_\_\_\_

Equity: \_\_\_\_\_ Equity: \_\_\_\_\_

Estimated Market Value: \_\_\_\_\_ Estimated Market Value: \_\_\_\_\_

### Life Insurance

Insured Person: \_\_\_\_\_ Insured Person: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Amount: \_\_\_\_\_ Amount: \_\_\_\_\_



## Legal History

### Adoptive Mother

Prior Arrests: \_\_\_\_\_  
Prior Convictions: \_\_\_\_\_  
Prior Accusations of  
Child Abuse or Neglect: \_\_\_\_\_  
Prior Convictions of  
Child Abuse or Neglect: \_\_\_\_\_  
Drug Rehabilitation: \_\_\_\_\_  
Alcohol Rehabilitation: \_\_\_\_\_  
Prior Turn-Down By An  
Adoption Agency: \_\_\_\_\_  
Other than Honorable  
Discharge from Military: \_\_\_\_\_

### Adoptive Father

Prior Arrests: \_\_\_\_\_  
Prior Convictions: \_\_\_\_\_  
Prior Accusations of  
Child Abuse or Neglect: \_\_\_\_\_  
Prior Convictions of  
Child Abuse or Neglect: \_\_\_\_\_  
Drug Rehabilitation: \_\_\_\_\_  
Alcohol Rehabilitation: \_\_\_\_\_  
Prior Turn-Down By An  
Adoption Agency: \_\_\_\_\_  
Other than Honorable  
Discharge from Military: \_\_\_\_\_

## Personal

How were you referred to our agency? \_\_\_\_\_  
Have you ever placed a child for adoption? \_\_\_\_\_  
What is the role of religion in your life? \_\_\_\_\_  
Please state any facts which you are concerned might adversely affect a birth parent's  
decision to place a child with you: \_\_\_\_\_  
Will one or both of you take a leave of absence when you adopt? Yes \_\_\_ No \_\_\_  
How Long? \_\_\_\_\_  
Will one or both of you return to work? Yes \_\_\_ No \_\_\_ Full time? \_\_\_ Part Time? \_\_\_  
If you both return to work after the adoption, who will care for the child?  
\_\_\_\_\_  
How do you intend to tell the child he/she is adopted? \_\_\_\_\_  
Have you ever consulted a psychotherapist? \_\_\_\_\_  
Name of Therapist: \_\_\_\_\_

## Home Study

Have either or both of you ever been turned down by an adoption agency or had a non-  
recommending home study? Yes \_\_\_ No \_\_\_ If yes, please explain below.

(If Home Study not being prepared by Heritage Adoption Services)

Agency preparing Home Study: \_\_\_\_\_ Completed? Yes \_\_\_ No \_\_\_

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

Caseworker's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a copy of the Home Study? Yes \_\_\_ No \_\_\_

If not, can you obtain one? Yes \_\_\_ No \_\_\_

**EMERGENCY**

**Someone we can always contact if we cannot reach you:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**If you have answered 'yes' to any of the previous questions please explain on a separate sheet of paper and attach to this form.**

**We certify that the information contained in this application is true and correct to the best of our knowledge. We understand that any misrepresentation of any information provided on this application may constitute grounds for immediate dismissal from this program and forfeiture of paid funds.**

**Adoptive Parent Signature**

Date \_\_\_\_\_

**Adoptive Parent Signature**

Date \_\_\_\_\_

**Comments and explanations:** \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**PLEASE INCLUDE A RECENT PHOTO OF YOU AND YOUR SPOUSE.**

## Independent Adoption Parent Questionnaire A

Please answer the following questions as completely as possible. There are no right or wrong answers. Please use a separate sheet of paper for your answers. Please include the text of the question as you respond.



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1. Describe the type of child you see becoming a member of your family.
2. What are your primary fears, hesitations, concerns, or uncertainties:
  - about adoption at this time in your life;
  - about your perception of the children available;
  - about your capacities to succeed with an adoption?
3. List your entire immediate family, their names and ages. Please include any deceased with year of death.
  - which family members are you closest to and why;
  - which family members are you least close to and why.
4. Describe the following:
  - where you grew up;
  - those who raised you;
  - those who lived with you;
  - those with whom you shared a close relationship;
  - your parents' personalities, health, values, family roles, i.e. boss, disciplinarian, nurturer;
  - your parents' methods of discipline;
  - the manner in which your parents communicated with you and with each other;
  - how your parents expressed feelings of love, concern, approval, disapproval;
  - your relationship with, and feelings toward, your family members.
5. During your childhood, were there any serious family problems (explain):
  - mental illness, drug or alcohol abuse, divorce, unemployment, other problems.

How did your parents handle these serious problems?
6. What elements of your child rearing do you hope to continue with your child?  
What will you choose to discard?
7. Describe yourself, your physical appearance, personality and health.
8. Describe your spouse's physical appearance, personality and health.
9. Have you been previously married?  
If you are currently married, how has this marriage unlike the past marriage?
10. Describe your current relationship, what do you feel are the strengths and challenges?
11. How do you communicate your thoughts and feelings to your partner?  
How does your partner communicate with you?  
How do you handle conflict in your relationship?

12. With the addition of a child, how do you foresee this affecting your relationship?
  - How do you expect this to impact the amount of time you will be able to spend together?
  - How do you expect this to impact the time you will be able to spend on yourself?
13. What do you like to do for fun?
  - What are your hobbies and interests?
  - What community activities do you participate in?
14. Describe the following regarding your home:
  - what the inside consists of and looks like;
  - the space you have prepared for the additional child;
  - what the outside looks like and the kind of neighborhood you live in;
  - what family pet(s) you have or plan to have;
15. What are the three most important personal values you desire to pass on to your child?
16. How do you, or how will you, discipline your child?
  - Will you use physical punishment?
  - If so, what form will it take?
  - how often will it be administered?
  - under what circumstances? (be specific)
17. What three things do you like best about yourself?
  - In what about yourself do you take the most pride?
  - What positive personal changes have you made as an adult?
18. Do you like to give and receive physical demonstrations of affection from those close to you?
  - Do you like displays of affection in public, in private?
  - In what ways do you demonstrate affection?
19. What traits do you dislike most about others?
20. What crises have you coped with as an adult?
  - How did you handle these crises?
  - Do you feel you were successful, and how?
  - If you could do it over again, what would you do differently?
21. Have you been in therapy or other treatment for emotional difficulties?
  - If so, please describe the circumstances.
  - If so, describe the results.
22. What is the greatest personal risk you have ever taken?
  - How did it turn out?
23. What are the three major personal goals you hope to achieve in the next five years?
24. What are your fondest childhood memories?
25. Please list the schools you have attended, including
  - city and state where the schools were located
  - the dates you were there
  - your major and any degrees received.

26. Describe your school experience:
- your relationship with teachers and peers;
  - your dating experiences;
  - your extra curricular activities;
  - the highest grade you completed.
27. Have you ever had a problem with law enforcement authorities?
- Have you ever been charged with a crime, arrested, or placed on probation?
  - Have you ever spent time in jail?
  - If you answered yes to any of these questions, please explain.
28. Have you ever been involved with a child protective services agency?  
If so, please explain.
29. Have you ever had, or do you now have, a significant health problem?  
If so, please explain.
30. Do you smoke? If yes, how much and for how many years?  
Do you drink alcohol? If yes, how much and for how many years?  
Do you take prescription or other drugs? If yes, please state for what condition, what drugs, the amount and for how long?
31. How did you arrive at the decision to pursue a certain line of work?
32. Which jobs have you found particularly satisfying or unsatisfying?
33. Describe your present job. Please give the following information:
- name of employer;
  - date of employment;
  - job-related responsibilities;
  - your general attitude toward your job;
  - your desire, or lack of desire, to stay in your present position;
  - your career goals.

### **FOR SINGLE APPLICANTS ONLY**

34. What supportive resources do you turn to in times of stress?  
Whom do you rely on: friends, relatives, spiritual leaders, etc?  
What activities do you rely on: reading books, receiving counseling, working hobbies, etc?

## Independent Adoption Parent Questionnaire B

Please answer the following questions as completely as possible. There are no right or wrong answers. Please use a separate sheet of paper for your answers. Please include the text of the question as you respond.



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1. Describe the type of child you see becoming a member of your family.
2. What are your primary fears, hesitations, concerns, or uncertainties:
  - about adoption at this time in your life;
  - about your perception of the children available;
  - about your capacities to succeed with an adoption?
3. List your entire immediate family, their names and ages. Please include any deceased with year of death.
  - which family members are you closest to and why;
  - which family members are you least close to and why.
4. Describe the following:
  - where you grew up;
  - those who raised you;
  - those who lived with you;
  - those with whom you shared a close relationship;
  - your parents' personalities, health, values, family roles, i.e. boss, disciplinarian, nurturer;
  - your parents' methods of discipline;
  - the manner in which your parents communicated with you and with each other;
  - how your parents expressed feelings of love, concern, approval, disapproval;
  - your relationship with, and feelings toward, your family members.
5. During your childhood, were there any serious family problems (explain):
  - mental illness, drug or alcohol abuse, divorce, unemployment, other problems.

How did your parents handle these serious problems?
6. What elements of your child rearing do you hope to continue with your child? What will you choose to discard?
7. Describe yourself, your physical appearance, personality and health.
8. Describe your spouse's physical appearance, personality and health.
9. Have you been previously married?

If you are currently married, how has this marriage unlike the past marriage?
10. Describe your current relationship, what do you feel are the strengths and challenges?
11. How do you communicate your thoughts and feelings to your partner?

How does your partner communicate with you?

How do you handle conflict in your relationship?

12. With the addition of a child, how do you foresee this affecting your relationship?
  - How do you expect this to impact the amount of time you will be able to spend together?
  - How do you expect this to impact the time you will be able to spend on yourself?
13. What do you like to do for fun?
  - What are your hobbies and interests?
  - What community activities do you participate in?
14. Describe the following regarding your home:
  - what the inside consists of and looks like;
  - the space you have prepared for the additional child;
  - what the outside looks like and the kind of neighborhood you live in;
  - what family pet(s) you have or plan to have;
15. What are the three most important personal values you desire to pass on to your child?
16. How do you, or how will you, discipline your child?
  - Will you use physical punishment?
  - If so, what form will it take?
  - how often will it be administered?
  - under what circumstances? (be specific)
17. What three things do you like best about yourself?
  - In what about yourself do you take the most pride?
  - What positive personal changes have you made as an adult?
18. Do you like to give and receive physical demonstrations of affection from those close to you?
  - Do you like displays of affection in public, in private?
  - In what ways do you demonstrate affection?
19. What traits do you dislike most about others?
20. What crises have you coped with as an adult?
  - How did you handle these crises?
  - Do you feel you were successful, and how?
  - If you could do it over again, what would you do differently?
21. Have you been in therapy or other treatment for emotional difficulties?
  - If so, please describe the circumstances.
  - If so, describe the results.
22. What is the greatest personal risk you have ever taken?
  - How did it turn out?
23. What are the three major personal goals you hope to achieve in the next five years?
24. What are your fondest childhood memories?
25. Please list the schools you have attended, including
  - city and state where the schools were located
  - the dates you were there
  - your major and any degrees received.

26. Describe your school experience:
- your relationship with teachers and peers;
  - your dating experiences;
  - your extra curricular activities;
  - the highest grade you completed.
27. Have you ever had a problem with law enforcement authorities?
- Have you ever been charged with a crime, arrested, or placed on probation?
  - Have you ever spent time in jail?
  - If you answered yes to any of these questions, please explain.
28. Have you ever been involved with a child protective services agency?  
If so, please explain.
29. Have you ever had, or do you now have, a significant health problem?  
If so, please explain.
30. Do you smoke? If yes, how much and for how many years?  
Do you drink alcohol? If yes, how much and for how many years?  
Do you take prescription or other drugs? If yes, please state for what condition, what drugs, the amount and for how long?
31. How did you arrive at the decision to pursue a certain line of work?
32. Which jobs have you found particularly satisfying or unsatisfying?
33. Describe your present job. Please give the following information:
- name of employer;
  - date of employment;
  - job-related responsibilities;
  - your general attitude toward your job;
  - your desire, or lack of desire, to stay in your present position;
  - your career goals.

### **FOR SINGLE APPLICANTS ONLY**

34. What supportive resources do you turn to in times of stress?  
Whom do you rely on: friends, relatives, spiritual leaders, etc?  
What activities do you rely on: reading books, receiving counseling, working hobbies, etc?



# Adoptive Parent Reference



Oregon

Columbia East  
10011 SE Division - Suite 314  
Portland, OR 97266

Voice: 503-233-1099  
Fax: 503-258-2487

Email:  
info@heritageadoption.org

Bend, Oregon

Voice: 541-318-7446

Lake Oswego, Oregon

P.O. Box 964  
Lake Oswego, OR 97034-0106

Washington

Vancouver, WA  
Voice: 360-993-5608

Adoption Angel  
Call toll free: 1-888-331-4040

Email: angel@adoptionangel.org

[www.heritageadoption.org](http://www.heritageadoption.org)

Adoptive Applicant's Name(s): \_\_\_\_\_  
Date: \_\_\_\_\_

The above-named person(s) hopes to adopt a child and has requested this agency to conduct a home study. Please fill out this reference carefully and thoughtfully to assist us in the process of determining their character and ability to parent an adopted child. Please fill out both pages. If you need more space, feel free to attach additional pages. Thank you for your help!

How long have you known the applicant(s)? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please describe the personality of each applicant. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please comment on their character and values. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If married, please describe the applicants as a couple. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Continued on Page 2)

If single, please describe the applicant's support system for parenting a child.

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Please describe them as parents or potential parents.

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If the applicant already has children, please describe the children's adjustment and the applicant's parenting techniques.

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What hesitations or concerns, if any, do you have about recommending the applicant(s) to adopt a child?

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---

Your Signature (s)

---

Your Name (s) Printed Legibly

---

Your Address and Phone Number

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(\_\_\_\_) \_\_\_\_\_

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*Thanks again for your assistance!*

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\_\_\_\_\_

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*Thanks again for your assistance!*

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*Thanks again for your assistance!*

## PHYSICIAN'S REPORT



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To *Heritage Adoption Services*:

\_\_\_\_\_ has been a patient of  
mine for the past \_\_\_\_\_ months / years. S/He was last seen on  
\_\_\_\_\_, 200\_\_\_\_. I have treated her/him for the following  
condition(s): \_\_\_\_\_

\_\_\_\_\_.

This condition relates to her/his ability to parent in the following way:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What prescription medication does this patient take, if any? \_\_\_\_\_

\_\_\_\_\_  
Please describe this patient's use of tobacco, alcohol and/or drugs.

\_\_\_\_\_  
Her/his overall physical and mental health is \_\_\_\_\_

\_\_\_\_\_  
(For the next three items, please circle the appropriate response.)

This patient does / does not have any communicable diseases.

This patient does / does not have a normal life expectancy. If not, please  
explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do / do not have hesitations recommending this patient as a potential  
adoptive parent.

Signed: \_\_\_\_\_

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

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

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

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\_\_\_\_\_

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



**Instructions for the Employment Verification Letter:**

- 1. Ask your employer to type an original letter using the following format.**
- 2. Note that the salary stated in your home study must match this letter.**

Date: \_\_\_\_\_

Heritage Adoption Services  
Columbia East  
10011 SE Division, Suite 314  
Portland, OR 97266

To Whom It May Concern:

This letter is to verify the employment of \_\_\_\_\_

Date of Hire. \_\_\_\_\_

Position / Job Title: \_\_\_\_\_

This position is a permanent / non-permanent position. (Please circle).

Annual gross salary for the year 2003 was \$ \_\_\_\_\_

Annual projected gross salary for the year 2004 is \$ \_\_\_\_\_

This employee is / is not covered by health insurance. (Please circle).

This employee's adopted child will / will not be eligible for health insurance coverage. (Please circle)

Sincerely,

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by

\_\_\_\_\_.

SEAL:

\_\_\_\_\_  
Notary for the State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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My Commission Expires: \_\_\_\_\_

Heritage Adoption  
Services

# Fax

From:

Pages: , including cover

Date:

CC:

1 Comments:

[illegible]