

Date Received \_\_\_\_\_  
Social Worker \_\_\_\_\_

### A CHILD'S HOPE PREPLACEMENT ASSESSMENT APPLICATION

Last Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Work Telephone Numbers:  
Adoptive Father \_\_\_\_\_ Adoptive Mother \_\_\_\_\_

Cell phone Numbers:  
Adoptive Father \_\_\_\_\_ Adoptive Mother \_\_\_\_\_

Email:  
Adoptive Father \_\_\_\_\_ Adoptive Mother \_\_\_\_\_

Directions for reaching home by automobile  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child Desired: Age range \_\_\_\_\_

#### ADOPTIVE FATHER

#### ADOPTIVE MOTHER

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Birth \_\_\_\_\_  
Date Place

Birth \_\_\_\_\_  
Date Place

Race \_\_\_\_\_ Religion \_\_\_\_\_

Race \_\_\_\_\_ Religion \_\_\_\_\_

National Origin \_\_\_\_\_

National Origin \_\_\_\_\_

(Do not use "American")

United States Citizen \_\_\_\_\_  
Yes No

United States Citizen \_\_\_\_\_  
Yes No

(If not United States Citizen, explain immigration status on separate sheet of paper)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Color of \_\_\_\_\_  
Eyes Hair Complexion

Color of \_\_\_\_\_  
Eyes Hair Complexion

Education \_\_\_\_\_  
Last Year Completed/Degree

Education \_\_\_\_\_  
Last Year Completed/Degree

Colleges Attended and Dates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Colleges Attended and Dates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wife's Health (Please discuss any health problems in the last ten years)  
\_\_\_\_\_

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Husband's Health (Please discuss any health problems in the last ten years)

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Are either of you taking any medication(s) for depression or anxiety, or any psychological issue, etc. If so what is your diagnosis(es), type of medication, and what is the dosage and who administers it for you (name and contact information)- Also are either of you currently seeing a therapist or counselor for any issues OR have you seen one in the past year, etc? (this includes marriage counseling) If so how often do you go and what is the primary reason, etc. Have either of you ever been treated for substance abuse (including alcohol or prescription medications)? If so please provide full details and treatment and any criminal consequences (DWI, Probation, Driver's License revoked, etc.)

If either of you answered "Yes" to any of these questions please indicate:

\_\_\_\_\_ Yes - Husband

\_\_\_\_\_ Yes - Wife

And then type/write a detailed statement answering each question in full and attach it to this application. Please sign and date the statement. Each applicant must write/type their own statement individually in separate signed statements. Please attach also photocopies of any dispositions, written assessments, therapy/treatment evaluations you have been given.

\*\*\*\*You will also need to request from your doctor or therapist/psychiatrist, etc a letter from them sent directly to our office detailing the following:

- Purpose of treatment, formal diagnosis(es), medication and dosage, prognosis, progress in treatment, and his or her recommendation for or against you pursuing an adoption at this time.

(If you are not in therapy/counseling and you are ONLY taking a mild antidepressant or mild anti-anxiety medication that is solely administered by your primary physician who will also be the person completing your "A Child's Hope Physician's Report" please have that doctor indicate these details on the form and a separate letter will not be necessary from the doctor )

\*\*\*Your Preplacement Assessment can not be completed without all of the above information and letter from the professional you are seeing/have seen in the past year. The agency will inform you if any additional information is needed.

Have either of you been subject of a CPS Assessment? (If yes, describe circumstances)

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Do you agree to notify the agency if you become a subject of a CPS Assessment prior to the finalization of your adoption? \_\_\_\_ (yes) \_\_\_\_ (no)

References: List four unrelated people who know you well

Name	Address	Phone (Home, Work)

Type of Adoption Pursued: Private \_\_\_\_\_ Agency \_\_\_\_\_ If agency, name of placing agency (if known) \_\_\_\_\_  
 If private, name of attorney representing you \_\_\_\_\_  
 If you are pursuing independent (private) adoption, indicate circumstances \_\_\_\_\_

Assessment when completed should be sent to \_\_\_\_\_

Adoptive Father: List names of parents and siblings, their ages, and where they live:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Adoptive Mother: List names of parents and siblings, their ages, and where they live:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADOPTIVE FATHER**

**ADOPTIVE MOTHER**

Occupation \_\_\_\_\_  
 Where Employed \_\_\_\_\_  
 Length at Present Job \_\_\_\_\_  
 Income: Salary \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Occupation \_\_\_\_\_  
 Where Employed \_\_\_\_\_  
 Length at Present Job \_\_\_\_\_  
 Income: Salary \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Present Marriage \_\_\_\_\_  
Date Place

If married before (Please include separate sheet if divorced more than once)

\_\_\_\_\_ Date Place  
 To Whom \_\_\_\_\_  
 Terminated by \_\_\_\_\_ Divorce \_\_\_\_\_ Death \_\_\_\_\_  
 Date Terminated \_\_\_\_\_

\_\_\_\_\_ Date Place  
 To Whom \_\_\_\_\_  
 Terminated by \_\_\_\_\_ Divorce \_\_\_\_\_ Death \_\_\_\_\_  
 Date Terminated \_\_\_\_\_

Insurance	Kind	Amount	Beneficiary

Assets	Kind (Bank Accounts, Stock Portfolio, etc.)	Total

Home: Apart. \_\_\_\_\_ House \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ Rent or Mortgage Amt: \_\_\_\_\_  
Cost of Property \_\_\_\_\_ Amt. Paid In \_\_\_\_\_ Approximate Value Now \_\_\_\_\_

List all Current Debts:

Item	Amount

Have you ever declared bankruptcy? (If yes, explain)

\_\_\_\_\_

Children and Any Other Member of Your Household and Their Birthdates (If any children were Adopted, list place, date of finalization, and type of adoption) \_\_\_\_\_

\_\_\_\_\_

Describe Personality of Adoptive Mother \_\_\_\_\_

\_\_\_\_\_

Describe Personality of Adoptive Father \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested, charged or convicted of any crime or drug and alcohol related offense? Adoptive Mother \_\_\_\_\_ Adoptive Father \_\_\_\_\_

*(If yes, attach separate sheet to identify and explain each event.)*

Describe your marital relationship, if you are married, including strengths and weaknesses:

\_\_\_\_\_

\_\_\_\_\_

What are your philosophies regarding child rearing? \_\_\_\_\_

\_\_\_\_\_

Have you ever been denied approval of a preplacement assessment or homestudy \_\_\_\_\_

(If yes, describe circumstances, using a separate sheet.)

Has a complaint ever been filed against you for child abuse? \_\_\_\_\_ (If yes, describe

Circumstances using a separate sheet.)

Do you request that a specific social worker be assigned to your case? \_\_\_\_\_

If yes, name of social worker \_\_\_\_\_

How were you referred to A Child's Hope?

\_\_\_\_\_ Web Site \_\_\_\_\_ Yellow Pages

\_\_\_\_\_ Social Worker \_\_\_\_\_ Other (please let us know the source of “other”)\_\_\_\_\_

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If you desire the Preplacement Assessment to be Fed Ex'd to your agency or attorney, give your credit card number, expiration date on card, and indicate whether Visa or MasterCard

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I/We agree to immediately notify the agency of any change in our personal or family situation that could substantially affect my/our suitability to be an adoptive parent or ability to provide for the care of a child. I/we understand that a significant change will included, but is not limited to, the following: being identified as a person of interest or suspect in any criminal or administrative investigation, a citation, arrest or conviction for any criminal or petty offense (including a citation for any traffic related offense), moving to a new home, a change in the occupants of our household, any significant marital strife or discord, a diagnosis or significant illness of any household member, participation by any household member in psychiatric or psychological treatment, counseling or therapy, any change in any prescription medication (particularly any medication for any psychological or psychiatric condition, including depression or anxiety), and any change in income or employment status (including any change in any employer provided health care insurance coverage). I/We understand that the failure to disclose any change in our personal or family situation that could substantially affect my/our suitability to be an adoptive parent or ability to provide for the care of a child may be a basis to revise or amend any recommendation contained in any preplacement assessment or postplacement report previously completed or to terminate services.

***I/We hereby certify that this application is completed accurately.***

\_\_\_\_\_  
Adoptive Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number