

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)

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

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 you previously adopted? _____ (yes) _____ (no)

If you have previously adopted please indicate the name of the agency or government entity that completed your homestudy and the date.

PLEASE NOTE that you will be required to provide a copy of any previous reports and your final adoption decree from any previously adoptions.

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

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

Occupation _____

Where Employed _____

Length at Present Job _____

Income: Salary \$ _____ Other \$ _____

ADOPTIVE MOTHER

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 _____

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") _____

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

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