



Career/Job/Title \_\_\_\_\_

Place of Employment \_\_\_\_\_

Height/Weight \_\_\_\_\_

Hair color \_\_\_\_\_

Eye color \_\_\_\_\_

Life Insurance \_\_\_\_\_

Medical Insurance \_\_\_\_\_

Homeowners Insurance \_\_\_\_\_

Do you have any children (biological/adopted) **Yes or No**

Name	Sex	DOB	Place of Birth	Address	If student, where?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have any pets in the home? If so, their names and what they are:  
\_\_\_\_\_  
\_\_\_\_\_

For the following questions, please include dates if the answer is YES:

Did you get fingerprinted for Criminal Clearances \_\_\_\_\_

Have you completed a child abuse clearance form? \_\_\_\_\_

What is your adoption preference?(age, sex, # of children) \_\_\_\_\_

What type of adoption (closed, semi, open) do you prefer? \_\_\_\_\_

What ethnicity/sex do you prefer? \_\_\_\_\_

**Please circle preference:** Healthy child   Minor/correctable medical   Special Needs

Do you have an agency or attorney? If so, please provide name, address and contact person. If not, do you require assistance in selecting an agency or attorney?

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

It is required by your agency/attorney to work with a home study agency? \_\_\_\_\_

Are there agency specific guidelines for your home study? \_\_\_\_\_ If so, please submit a copy of requirements along with this questionnaire. If you have any questions regarding this, please note them here: \_\_\_\_\_

**MARITAL INFORMATION**

Married                      Divorced                      Single (Never Married)                      Widowed

If married, date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Marriage Certificate # \_\_\_\_\_ Are there previous marriages? \_\_\_\_\_ Divorces? \_\_\_\_\_

**Applicant 1**

**Applicant 2**

Marriage date: \_\_\_\_\_ Divorce date: \_\_\_\_\_ Marriage date: \_\_\_\_\_ Divorce date: \_\_\_\_\_

Marriage date: \_\_\_\_\_ Divorce date: \_\_\_\_\_ Marriage date: \_\_\_\_\_ Divorce date: \_\_\_\_\_

Are there children from a previous marriage/relationship? \_\_\_\_\_ please provide:

Child's name                      Age   Biological/Adopted                      Date Adopted                      Grade/School

\_\_\_\_\_

Have you ever terminated your parental rights of a biological or adopted child? \_\_\_\_\_

Are there other people residing in your home? \_\_\_ If yes, list their names, ages, and relationship:

\_\_\_\_\_

Name of agency/attorney, phone, address & email: \_\_\_\_\_

I/We hereby certify by signing below, give consent and agreement to the above and that all information given in this application is correct to the best of my/our knowledge and ability.

**X** \_\_\_\_\_ Date \_\_\_\_\_

Applicant 1

**X** \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2



**JUDY S. SCHWARTZ, MSW, LMSW**  
Adoption Specialist Licensed in New York and New Jersey  
Phone: (914) 204-5800 ~ E-Fax: (815) 717-9644

**DISCIPLINE POLICY**

This policy is for prospective adoptive parents adopting a child/children. Adoptive parents must interact with the child/children in a manner which, at all times, is respectful of the child and which attempts to enhance the child's self-esteem. Setting limits and/or correcting behavior is a natural component of a parent-child relationship.

In keeping with this policy, a distinction is drawn between discipline and punishment. Discipline is an approach which, whenever possible, stresses praise for positive behavior and encourages mastery in new areas of growth. When limit setting is necessary, it is done in a spirit of teaching and in a spirit of separating the unacceptability of a behavior from the unacceptability of the child. Punishment is a negative approach which is not enhancing to the child's sense of self-worth and which causes the child to only behave because of fear or not behave as a means of rebellion. Interactions must be characterized by an effort to teach correct behavior as opposed to an effort to punish misbehavior and may, in no instance, consist of the prohibited behaviors listed below.

*Prohibited Behaviors:*

1. There is no instance in which verbal abuse and/or threats, ridicule, derogatory or humiliating remarks, threats of removal from the child's present home or any similar abusive or intimidating practice will be considered acceptable.
2. Specific forms of punishment which are prohibited include:
  - A. Physical punishment inflicted upon the body, i.e. any form of corporal punishment.
  - B. Punishment for bedwetting or actions related to toilet training.
  - C. Denial of food, water, shelter, sufficient sleep, clothing or bedding.
  - D. Assignment of physically strenuous exercise or work solely as punishment
  - E. Requiring a child to remain silent for long periods of time, or isolating him/her for long periods of time from other family members.
  - F. Delegation of discipline to persons not known by the child.
3. No method of physical restraint, isolation, security or physical barriers that prohibit a child's egress may be utilized. Locks may be utilized only as a means of external security (in a home setting) to keep people out or to deny access to certain parts of the home which would be hazardous to a child or which would violate the privacy of another person in the household.
4. In the event that a child is out of control, passive physical restraint is the only allowable means of restraint.

This will acknowledge that I have received, read and agree to this Discipline Policy in adopting a child, either directly through an Agency or by any other means. Please return this signed form to your social worker as part of your home study package.

\_\_\_\_\_  
Applicant 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant 2 Signature

\_\_\_\_\_  
Date

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**DOCUMENTS REQUIRED for DOMESTIC & INTERNATIONAL  
HOME STUDY**

1. **Questionnaire/Autobiography** (for each applicant)
2. **Financial statement**
3. **Copy of marriage license**
4. **Copy of birth certificates** (for each applicant and any children or other adults residing in the home).
5. **Copy of divorce decrees** (if applicable)
6. **Three reference forms** (in regard to both applicants) from friends or relatives (only one can be from a relative)
7. **Employment Verification** (for each applicant) if self employed then a letter from an accountant. This letter must state how long employed, annual salary, hours worked and position held.
8. **Guardianship form** stating who will be assigned as guardian. for the child in the event of the adoptive parents' death.
9. **Physician letter** – (for each adult applicant) – For children residing in the home a note from their pediatrician is required stating: they are in good health, are free from communicable diseases, immunizations are up to date.
10. **Child abuse clearance** (attorney or agency provides form).
11. **Criminal clearance fingerprints** (attorney or agency provides forms).

***Child abuse and Criminal clearances must be done for anyone over age 18 legally residing in the home***

13. **Discipline Policy form** to be signed by applicants.
14. **Home Study Contract** to be signed by applicants.
15. **Copy Past three years top sheet of Tax Returns**
16. **Copy of divorce decrees when applicable**

***None of the above requires notarization for the home study !!***

**JUDY S. SCHWARTZ, MSW, LMSW**

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**DOMESTIC ADOPTION POST PLACEMENT INFORMATION**

**Please provide the following information in preparation for your domestic/private post placement report (when applicable):**

**1. Birth name of child** \_\_\_\_\_

**2. Adopted name of child** \_\_\_\_\_

**3. Name of birth parents (if known)** \_\_\_\_\_

**4. Ages of birth parents (if known)** \_\_\_\_\_

**5. State or County where adoption will be finalized:** \_\_\_\_\_

**6. Family Court/Judge's clerk** \_\_\_\_\_

**7. Address of Family Court**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Docket #** \_\_\_\_\_

**9. Family Unit #** \_\_\_\_\_

**10. Adoption Attorney Name** \_\_\_\_\_

**11. Adoption Attorney Address/Phone:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FINANCIAL STATEMENT

### ASSETS (for both applicants)

#### Bank Accounts

Checking	\$
Savings	\$
Total Bank Accounts	\$

#### Other Assets

Auto Value	\$
Home Value	\$
Total Other Assets	\$

#### Investment Accounts

401K Savings	\$
IRA	\$
Stocks, Bonds, Mutual Funds	\$
Total Investment Accounts	\$

<u>Life Insurance (applicant 1)</u>	\$
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<u>Life Insurance (applicant 2)</u>	\$
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**TOTAL ASSETS \$**

### LIABILITIES

Credit Card-total owed	\$
Loans	\$
Home Mortgage	\$

*Monthly pmts:* car(s) \_\_\_\_\_, cable \_\_\_\_\_, mortgage/taxes/rent \_\_\_\_\_,  
phones \_\_\_\_\_, food \_\_\_\_\_, utilities \_\_\_\_\_, credit cards \_\_\_\_\_,  
miscellaneous \_\_\_\_\_.

**TOTAL LIABILITIES \$**

**NET WORTH \$**

### ANNUAL SALARIES

Applicant 1	\$
Applicant 2	\$
Total Annual Income	\$

\_\_\_\_\_  
Applicant 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant 2 Signature

\_\_\_\_\_  
Date

**JUDY S. SCHWARTZ, MSW, LMSW**

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**GUARDIANSHIP**

Name of Applicant(s): \_\_\_\_\_

Name of Guardian(s): \_\_\_\_\_

Guardian's Address/Phone: \_\_\_\_\_

**Please provide the following information as completely as you can. All information that you provide will be kept confidential. Please mail this form to the above address.**

1. How long have you know the guardian(s), and in what capacity?

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

2. Guardian's employment information and financial status:

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

3. Guardian's length of time married (if applicable): \_\_\_\_\_

4. Guardian's # of children (if applicable) and ages: \_\_\_\_\_

5. Guardian's health status: \_\_\_\_\_

6. Do you feel the guardians) would be able to provide a good home for your child and why?

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

7. List any further comments you might have:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant 1 Signature

\_\_\_\_\_  
Applicant 2 Signature

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**HOME STUDY CONTRACT**

I/We, the undersigned, understand that a Home Study is an objective report and that the purpose of the Home Study is to evaluate the suitability to parent an adopted child/children.

I/We understand that any payment of the fee for the Home Study does not necessarily insure a positive recommendation nor a foreign agency or country's willingness to release a child/children to me/us. It does not necessarily insure the placement of a child through a domestic agency or a birth parent's relinquishment.

I/We agree to participate in the Home Study process under these circumstances in order to satisfy the objectivity of the evaluation process.

I/We agree to disclose any and all information required as part of the Home Study process. This includes anyone who has been convicted of a crime, anyone with a serious medical and/or mental health problem, history of substance abuse, physical violence or instability.

I/We agree to submit payment at the start of the Home Study process. When required, payment will be made to the agency involved as per their requirements. For domestic adoptions, payment in full is to be made at the time of the social worker's visit to the home.

I/We further acknowledge the understanding and acceptance of the fact that home study fees (once paid) will not be refunded for any reason.

\_\_\_\_\_  
Applicant 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant 2 Signature

\_\_\_\_\_  
Date

## **JUDY S. SCHWARTZ, MSW, LMSW**

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### **REQUIRED WRITTEN FAMILY INFORMATION**

(For each applicant to complete separately)

- 1. List all the members of your household, including ages.**
- 2. List names of siblings (if any), ages and professions and where they now live. Include whether they have children and their gender, age and how often you see them. What type of support do you and your siblings offer each other? What type of relationship do you share? Please describe.**
- 3. Describe your parents. Please include names, current age if living (or date and cause of death), and occupations. Describe how you view(ed) the strengths and weaknesses of their marital and family relationships. If you have step parents/siblings, please note and describe relationships.**
- 4. Briefly describe three significant events over the years that have shaped your life course. Include a brief description of the events and why they are important.**
- 5. Describe a few favorite childhood memories about time spent together with your family.**
- 6. Describe how discipline was handled in your family and by whom. Do you agree/disagree with the techniques used.**
- 7. What is your religion? Was religion important to your family while growing up? How important is it to you now?**
- 8. If currently married, briefly describe your strengths and weaknesses as a couple. This description should include one or more experiences that you feel demonstrate the manner in which you, as a couple, react to problems and handle stress of life situations. State date and place of marriage, how you met, length of time you dated, lived together, etc.**
- 9. If applicable, discuss the circumstances leading to the dissolution of any prior marriages. Please include date married and date of divorce.**
- 10. List places and dates of education and degrees earned (if applicable) starting with High School.**

11. Describe your professional life, where you are currently employed and dates of employment. If current place of employment is under two years, list five years previous employment.
12. Describe any medical (physical or emotional) problems you have, or have had in the past, including hospitalizations. Provide any information regarding fertility drugs/treatment.
13. Describe an event or chain of events that you feel marked the beginning of your decision to adopt.
14. Who/what do you expect to be your greatest sources of support as you move forward in your plans to adopt a child.
15. Describe your strengths, weakness, level of patience, sense of humor and attitudes towards life.
16. Describe your activities and hobbies/interests.
17. Describe past experiences with children.
18. If you presently have children, how have you prepared them for the upcoming adoption.
19. State your child/children's full name, age and grade in school
20. Describe your child's personality and attitude including their strengths and weaknesses.
21. If you do anticipate requiring child care services following adoption, what you looking into, and when do you anticipate using the service.
22. If applicable, provide the following military service information: branch, length of service, rank at discharge, discharge date and why you left the military.

**23. HOME & NEIGHBORHOOD:**

*Please complete for each home you reside in – only one parent needs to complete this part*

If you own a house, complete the following:

Year purchased: \_\_\_\_\_ Purchase price \_\_\_\_\_ Present Value \_\_\_\_\_  
 Type of mortgage \_\_\_\_\_ Size of property \_\_\_\_\_  
 Years of original mortgage \_\_\_\_\_ Remaining \_\_\_\_\_  
 Number of rooms \_\_\_\_\_ Style of house \_\_\_\_\_  
 Drinking water source: \_\_\_\_\_ When last tested \_\_\_\_\_  
 Sewer/septic \_\_\_\_\_  
 Fire extinguishers Yes/No Smoke detectors Yes/No, where located \_\_\_\_\_  
 Any firearms kept in the home? \_\_\_\_\_ Where? \_\_\_\_\_

**List Rooms (including bathrooms) and note if basement is finished or unfinished:**

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**Describe the feel of your home:**

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---

---

---

**Describe your neighborhood:**

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---

**Describe the community & schools**

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---

**What cultural/recreational amenities are available?**

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***SUBMIT THE QUESTIONNAIRE (S) TO ME ALONG WITH YOUR FINANCIAL STATEMENT, COPIES OF BIRTH CERTIFICATE(S), MARRIAGE LICENSE, DIVORCE DECREE(S) (IF APPLICABLE), LETTER(S) OF EMPLOYMENT /OR FROM YOUR ACCOUNT, REQUIRED NOTE(S) FROM YOUR DOCTOR(S), AND 3 LETTERS OF REFERENCE. THESE CAN ALL BE SENT TO ME BY EMAIL or Fax***

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# **JUDY S. SCHWARTZ, MSW, LMSW**

Adoption Specialist Licensed in New York and New Jersey

Phone: (914) 204-5800 ~ E-Fax: (815) 717-9644

## **HOME STUDY ORIENTATION**

I am Judy Schwartz, LMSW. I am an experienced adoption social worker as well as an adoptive mother of four children. I will be working with you to complete your home study. I am not coming into your home to counsel you. I will not be in your home to inspect it with a white glove. I simply need to verify that the child will be entering into or is in a safe and healthy environment. I will prepare a document (home study narrative report) that describes how your family lives, where they live, how you work and play and manage money. This will help the court in the adoption process where you will be adopting your child. So relax, don't be nervous as I want to work with you! I am here to support and assist you in your adoption journey. You will not be expected to reveal every intimate detail of your life, nor are you expected to be perfect. Honesty really is the best policy during a home study. I look forward to meeting with you soon!

**What to Expect:** A home study is more than a study of the family's home. I will also want to meet individually with you and any other family members that live in your household, including other children. The home study will include but not limited to the questions on the following information:

Personal and family background information: where and how you grew up, siblings, information on your parents, things learned from childhood as well as good and bad experiences.

Significant people in your life

Marriage and family relationships

Motivation to adopt & Parenting

Expectations for the child and yourself

Family environment: where you grew up, your home, neighborhood, school and activities

Physical and health history of the applicants

Education and employment

Finances & Insurance coverage

References

Criminal history background check and Child abuse clearance

## **REFERENCE FORMS:**

I will need three references from your friends, family, or co-workers. Please send them the reference form to complete. Only one reference can be a family member. It is required that your references know you for at least three years. If your references can, they should be able to write positively about how you raise children (if you have them) or how you interact with other children they have observed you with. You can keep and use the original forms of reference for your dossier and email or fax me copies of the reference forms.

## **PHYSICIAN FORM:**

I will need a form completed by your Physician for each applicant. I will need the date of last examination, (should be within one year) and that you are essentially healthy, have a normal life expectancy, do not have a history of drug or alcohol abuse and are able physically and emotionally to handle the care of a child. **If you are in a doctor's care for a medical condition** (ex: high blood pressure or diabetes), a statement that it is under control will be needed, for instance, that is managed by diet and medication. If you are in mental health treatment a letter may be required from your provider. You will also need a form completed by a pediatrician for any children residing in your home.

I have enclosed a list of required documents for the home study process, a questionnaire for each applicant to complete, a home study contract, a post placement contract and other necessary documents.

Please feel free to ask me questions throughout the process. Remember that I am here working with you towards your goal of a forever family. Together we will take the journey through adoption. Please note my telephone numbers and email address so you can easily reach me by phone: 914-204-5800 or email: [Judy@MyNyAdoptions.com](mailto:Judy@MyNyAdoptions.com) . I am looking forward to working with you!

*JUDYS. SCHWARTZ, LMSW*

**THE FOLLOWING ARE MANDATED QUESTIONS:**

(each applicant must complete a separate form)

**Have you ever been rejected as a prospective adoptive parent or been the subject of an unfavorable home study? If so, explain** \_\_\_\_\_

\_\_\_\_\_

**Do you have a history of drug or alcohol abuse? If so, explain** \_\_\_\_\_

\_\_\_\_\_

**Have you ever been accused of sexual or child abuse, or participated in physical or sexual abuse even if it did not result in a conviction? If so, explain** \_\_\_\_\_

\_\_\_\_\_

**Have you been accused of domestic violence, even if it did not result in a conviction? If so, explain** \_\_\_\_\_

\_\_\_\_\_

**Has it ever been determined by any court that you were fully or partially mentally incapacitated? If so, explain** \_\_\_\_\_

\_\_\_\_\_

**Have you ever been deprived of parental rights or had your parental rights restricted or terminated? If so, explain** \_\_\_\_\_

\_\_\_\_\_

**Have you ever lost legal guardianship due to the failure to meet the responsibilities of legal guardianship? If so, explain** \_\_\_\_\_

\_\_\_\_\_

**Have you ever been diagnosed with a mental illness? If so, explain** \_\_\_\_\_

\_\_\_\_\_

**Have you ever been diagnosed with a life-threatening medical condition? If so, explain** \_\_\_\_\_

\_\_\_\_\_

**Do you have a criminal history ? If so, explain** \_\_\_\_\_

\_\_\_\_\_

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Judy@MyNyAdoptions.com

**ADOPTION MEDICAL EXAMINATION REPORT**

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ HIV \_\_\_\_\_ Mantoux \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_

Name of Physician (print clearly) \_\_\_\_\_

Date of physical exam: \_\_\_\_\_ Dates of HIV and Mantoux test results: \_\_\_\_\_

**Please provide the following information as completely as you can. All information that you provide will be kept confidential. Please mail this form to the above address.**

1. Any medical conditions we should be aware of? Any treatment? Medications?  
Please list:

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

2. How is this person's general health: excellent \_\_\_ good \_\_\_ fair \_\_\_ poor \_\_\_\_\_

3. Does the patient have the usual expectancy of life? Yes \_\_\_ No \_\_\_, if no, please explain \_\_\_\_\_

4. Is the patient well balanced emotionally? Yes \_\_\_ No \_\_\_\_\_

5. Is there any history of psychiatric hospitalization or mental illness? Yes \_\_\_ No \_\_\_\_\_

6. Is there any history of substance abuse? Yes \_\_\_ No \_\_\_ If yes, is this a current problem? \_\_\_\_\_

7. How long have you known this patient? \_\_\_\_\_

8. Is there any physical and/or mental problem that would interfere with this individual's ability to parent? Yes \_\_\_ No \_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

9. Does this patient suffer from any communicable diseases? Yes \_\_\_ No \_\_\_ if yes, please explain \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Telephone #



