

SELF STUDY

Your responses to the Self Study will be utilized to complete the adoptive home study. The Self Study process will give you ample time for thought prior to responding to the following topics. It will also offer you privacy for thought, as well as the flexibility to complete it within your own time frame. If you need more space, feel free to add extra sheets. If there are any areas in which you would prefer to discuss in person, that is okay. Your completed Self Study is due to your adoption worker **3 working days prior to your next visit**. Please **sign** the Self Study **using permanent ink** as this will be a permanent document in your file.

Name: _____ Date: _____

1. How did you first become interested in adoption?

2. Why have you chosen to adopt? If there are any infertility issues, please identify and discuss them.

3. Please list the following information about your family's background.

Mother's full name:

Retired? Yes___ No___ Occupation: _____ Age: _____ If deceased, year: _____

Education: _____

City/State of residence: _____

Father's full name:

Retired? Yes___ No___ Occupation: _____ Age: _____ If deceased, year: _____

Education: _____

City/State of residence: _____

List names and residence of all siblings and step-relatives, if appropriate.

Name:

Relationship:

Occupation: _____

Age:

Education: _____

Single___ Married___ Divorced___ # Children___

City/State of residence: _____

Name:

Relationship:

Occupation: _____

Age:

Education: _____

Single___ Married___ Divorced___ # Children___

City/State of residence: _____

Name:

Relationship:

Occupation: _____

Age:

Education: _____

Single___ Married___ Divorced___ # Children___

City/State of residence: _____

10. What contact have you had with persons who have adopted or who have been adopted?
11. How will you answer the child's questions regarding past history, birth, family, etc.?
12. How do you think your friends and family will react to your adoption plans? If you have already shared your adoption plans, list actual reactions. (Discuss potential prejudice toward the child and you if you believe that could occur.)
13. What experience have you had in caring and relating to children?
14. What contact have you had with persons of other racial and cultural backgrounds?
15. If you are considering a transracial adoption, are you comfortable with expanding your routine contact with persons of other racial and cultural backgrounds? Yes___ No___
Are you comfortable with the fact that you will become a multicultural (minority) family? Yes___ No___
What thoughts do you have about this?
16. If you plan on an international or transracial adoption, do you expect any problems in your neighborhood? If you do experience problems, how will you address them?
17. If you plan on an international or transracial adoption, what contributions can you make in helping the child develop an awareness and appreciation of his/her culture? (Please list specific examples.)
18. Other than English, what languages do you speak?
19. What discipline techniques do you anticipate using with a child?

If you think you will use any of the following discipline techniques, please check them:

- Talking to the child
- Giving the child choices
- Structuring the environment
- Encouragement
- Spanking Spanking, as a last resort
- Logical consequences
- Natural consequences
- Redirection
- Grounding
- Putting the child in time-out
- Putting a toy in time-out when not used properly

20. Do your expectations for a child differ depending on whether the child becomes yours through birth or adoption?
Yes___ No___ Are you willing to adjust your expectations? Yes___ No___ Please elaborate.

21. If you have other children, what do they expect and how will you help them adjust?

22. What type of child/ren are you interested in adopting?

Age range

Health

Siblings Yes___ No___ If Yes, how many?

Special needs Yes___ No___ List special needs:

Number of children

23. If you have children, what types of activities do you enjoy with your children?

24. If you already have children, please **submit an attachment** listing each child from your present marriage and any from previous marriage and describe her/him, school, activities, etc. Include their residence and date of birth.

25. Do you share joint custody of your child/ren? Yes___ No___ If Yes, please provide the following:

- Visitation Order (if applicable)
- Child Support Order
- proof of current payment of child support

26. Describe your personality and discuss your most meaningful values.

27. What do you like best about yourself?

28. What would you like to change about yourself?

29. What have been the most fulfilling accomplishments in your life?

30. What leisure time activities do you enjoy with yourself, your spouse, your friends?

31. Comment on your health, elaborating on any special circumstances or problems.

If you are adopting from **China**, please list **all** surgeries, identifying the type of surgery and date.

32. Name of health insurance provider:

Type of coverage:

Do you have dependency coverage? Yes___ No___ If No, will obtain.

Does your insurance cover pre-existing conditions? Yes___ No___

33. If you currently take prescription medications, please complete the information below. (Attach additional sheet if necessary).

Name of Medication	Dosage	Reason for Use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State regulations require that all medication(s) be in a locked container. Are your medications locked? Yes___ No___
If Yes, are they in a: box___ cabinet___ other_____

34. What is your current use of alcohol?

35. Do you smoke? Yes___ No___

If Yes, will you smoke around the child? Yes___ No___

If Yes, will you smoke inside the house? Yes___ No___

36. Have you ever participated in counseling? Yes___ No___

If Yes, list actual dates: Counseling began on _____, ended on _____

Are you currently in counseling? Yes___ No___

Describe reason(s) for counseling.

Depending on your situation and length of time seeing a counselor, a brief form may need to be completed by your counselor.

37. Have you ever been arrested for any offense? Yes___ No___ If Yes, explain in detail (add attachment if needed).

Have you ever been the victim, perpetrator, charged with, convicted of, or had a history of child abuse/neglect, alcoholism, drug addiction, substance abuse, sexual abuse, or domestic violence? Yes___ No___
If Yes, explain in detail (add attachment if needed).

Have you ever been the perpetrator of a crime for which you were not convicted? Yes___ No___

It is your duty to report any criminal history (in the past or in the future) until your adoption is complete.

38. Have you ever attempted to adopt independently or in any other way? Yes___ No___ If Yes, please elaborate.

Have you ever been rejected from another adoption agency or received an unfavorable home study from another adoption agency? Yes___ No___ If Yes, please explain.

39. Please list the following:

Height _____

Weight _____

Body Mass Index _____ (*China* and *South Korea* only)

Hair color _____

Eye color _____

Date of birth: _____ Birthplace – City: _____ County: _____ State: _____

Social Security # _____

40. What is your heritage? (for example, Irish, German, English, etc.)

41. Your education:

Name of High School:

City, county, and state of high school:

Year graduated:

Name of College:

City, county, and state of college:

Year graduated:

Degree: Associate B.A. B.S. M.A. M.S. Ph.D. Other: Degree in: _____

Name of College:

City, county, and state of college:

Year graduated:

Degree: Associate B.A. B.S. M.A. M.S. Ph.D. Other: Degree in: _____

Other education, training, certification:

42. Marriage

Date: _____ City: _____ County: _____ State: _____

How long did you date prior to marriage?

How did you meet?

43. How would you describe your marriage?

44. What attracted you to your spouse?

45. Describe the qualities you like the most about your spouse.

46. Describe anything you wouldn't mind being different about your spouse.

47. How do you and your spouse handle disagreements or conflicts?

48. Describe how your marriage has changed in the years since it began.

49. If you have been unable to have a birth child, how have you dealt with this?

50. Previous marriages: _____
Name of spouse: _____ Date of marriage: _____ Date of divorce: _____
County and state of marriage: _____
Reason for divorce (please be as explanatory as you can).

51. How are frustration, anger, and hurt feelings expressed and resolved within your marriage?

52. What makes communication effective?

53. Do you have any pets? Yes___ No___ If Yes, what kind and how many?

Are they inside___ or outside___ pets? (comments)

54. Describe your home and property (narrative), then note the following:

Number of rooms: List rooms:

Will the child share a bedroom? Yes___ No___ If Yes, with _____
Dimensions of the child's bedroom: ___ feet ___ inches x ___ feet ___ inches
Value of the home: \$ Square footage: Lot size/acreage:
Basement: Yes___ No___ Garage: Yes___ No___
Age of the home: Date you moved into the residence:

55. Number of smoke detectors: Location(s):

56. Do you have at least one fire extinguisher? Yes___ No___ Location(s):

57. Are there firearms in the home? Yes___ No___
State regulations require that all firearms and ammunition be kept in separate locked containers.
If answered Yes above, are firearms and ammunition kept in separate locked containers? Yes___ No___
If No, please explain.

58. Other than Kentucky, in what states and/or countries have you lived within the past ten years? List the year(s) you lived in each state and/or country.

List all states and/or countries where you have lived since you were age 18 and the year(s) you lived in each state and/or country. (A child abuse clearance must be obtained from each state and/or country.) (**Hague** only)

59. Do you anticipate moving outside the state within the next year? Yes___ No___

60. Describe the city or town in which you live.

What is the population? What is the type of industry?

61. List employment in the past 10 years, including current. (Add attachment if needed.)
Employer Position Dates of Employment

62. How do you feel about your present employment? (Include job security, work satisfaction, future employment goals.)

63. Do you experience any problems living within your monthly income? Yes___ No___
If Yes, please elaborate.

Have you or your spouse ever filed for bankruptcy? Yes___ No___

64. Spirituality – what’s important to you? (Describe any church related involvement/activities. What type of church or worship? How often do you attend church?)

65. How will you instill a sense of spirituality in the life of your child?

66. Who will be your child’s guardian (in the event of death of both adoptive parents, or your death, if single and are adopting)? (If naming a couple as guardians, include information on both guardians.)

Name(s): _____ Age of guardian(s), respectively: _____

Street address, city, state, zip: _____

Relationship (for example, sister of adoptive mother): _____

Guardian(s) occupation, respectively: _____

Does the guardian have children? Yes___ No___ List each child’s name and age: _____

67. How much leave time do you plan to take when you receive the child?

68. If you have a current passport, please list the exact way your name is listed.

69. What will your child care arrangements be after leave time is taken? (day care, child care provider coming to home, stay-at-home parent, etc.)

Signature

Date

For Agency Use Only

Date of Visit

Joint Interview

Individual Interview

Home Visit

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Rev. 12/12)