

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: _____

4. Growing up . . . write a lot about your childhood, beginning from early childhood memories through high school. Then list at least three of your fondest childhood memories. Also, mention school (activities, grades, likes/dislikes). (Attach additional sheet(s) if needed.)

5. Briefly share how you felt about or saw the relationship between your mother and father with each other, as well as with you.
6. In what ways are you alike or different from your mother and father?
7. How were you disciplined as a child? (If you were spanked, please indicate frequency and elaborate.)
8. In what ways would you bring up your child as you were reared? What would you do differently? (If you were spanked, do you plan to continue this practice; please elaborate.)
9. Was there anything missing in your childhood? If so, discuss.
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 for 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

Premature birth Yes ___ No ___ If Yes, # of weeks:

Number of children

Siblings Yes ___ No ___ If Yes, how many?

Twins Yes ___ No ___

Special needs* Yes ___ No ___ List special needs:

*If you are adopting a child(ren) with special needs, please discuss your preparation, willingness, and ability to provide proper care for a child with a handicap or special needs.

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 a previous marriage(s) 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_____

I understand it is my duty to report any relevant issues regarding my physical, mental, or emotional health, and/or behavioral health. Yes___ No___

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 in the U.S. or abroad? 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, in the U.S. or abroad, even if it did not result in an arrest or conviction? Yes___ No___
If Yes, explain in detail. (Include dates or time periods and details of any mitigating circumstances of each occurrence; each occurrence must be on a separate letter and signed.)

I understand it is my duty to report to the agency any criminal arrest and/or previous conviction or other adverse criminal history in the U.S. or abroad, even if the record has been expunged, sealed, pardoned, or the subject of any other amelioration. I understand this is an ongoing duty, and continues while the I-800A is pending, after the I-800A is approved, and until there is a final decision admitting the Convention adoptee to the United States with a visa.
Yes___ No___

I understand that I am to disclose any significant changes in my household, such as a change in residence, marital status, criminal history, or financial resources. This includes, but is not limited to, an addition of one or more children, an addition of other dependents, or additional adult members of the household prior to the adoption. Any of the above changes will require a home study update or amendment. Yes___ No___

38. Have you or any adult member of your household ever attempted to adopt independently or in any other way? Yes___ No___

If Yes, please list the name of the agency that completed the home study, when the prior home study process began, and the date the home study was completed.

Have you or any adult member of your household 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. 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.)

<u>Employer</u>	<u>Position</u>	<u>Dates of Employment</u>

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.) Note: Guardians must agree, per Hague regulations.

Name(s): _____ Age(s) 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: _____

Has the guardian agreed to the guardianship? Yes___ No___

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 childcare arrangements be after leave time is taken? (day care, childcare provider coming to home, stay-at-home parent, etc.)

70. The information given on this self study is true and complete to the best of my knowledge and belief. I am aware that should investigation disclose misrepresentations or falsification, my application will be rejected per USCIS regulations. Yes___ No___

Signature

Date

For Agency Use Only

Date of Visit	Joint Interview	Individual Interview	Home Visit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Rev. 06/17)