

**A FOREVER BOND, INC.**  
**HOME STUDY APPLICATION**

Date \_\_\_\_\_ Home Study Type:  Domestic  International  Step-Parent

Are you planning to join our agency for placement services?  Yes  No

If you only wish for us to complete your home study, what agency/attorney do you plan to join for placement? \_\_\_\_\_

Name: \_\_\_\_\_  
Adoptive Parent #1 Legal Name (As listed on Birth Certificate) and Married Name (if applicable)

Name: \_\_\_\_\_  
Adoptive Parent#2 Legal Name (As listed on Birth Certificate)

Address: \_\_\_\_\_  
Street City/State/Zip County

Phone: \_\_\_\_\_  
Home Parent #1 Work Parent #2 Work

\_\_\_\_\_   
Parent #1 Cell r Parent #2 Cell Fax

Email: \_\_\_\_\_  
Parent #1 Email Address Parent #2 Email Address

Parent #1: \_\_\_\_\_  
Social Security Number Drivers License Number

Parent #2: \_\_\_\_\_  
Social Security Number Drivers License Number

How did you hear about A Forever Bond, Inc.? \_\_\_\_\_

Identifying & Physical Characteristics

	<b>Parent #1</b>	<b>Parent #2</b>
Date of Birth	_____	_____
City/State of Birth	_____	_____
Date/Place of Marriage	_____	_____
Education	_____	_____
Religion	_____	_____

**Identifying & Physical Characteristics (cont.)**

Height	_____	_____
Weight	_____	_____
Hair Color	_____	_____
Eye Color	_____	_____
Complexion	_____	_____
Body Structure	_____	_____
Race (i.e., Caucasian, Hispanic)	_____	_____
Heritage (i.e., Irish, Italian, etc.)	_____	_____

**Background Information of Parent #1 and Extended Family**

Parents' Names	Age	Marital Status	Occupation	State # of Children
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

  

Siblings' Names	Age	Marital Status	Occupation	State # of Children
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any health concerns in your extended family. Any major illnesses family members have experienced.

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

Briefly describe your childhood.

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

What methods of discipline did you parents utilize? Did they work?

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As you parent a child, will you differ from the way your parents raised you? If so, how?

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Describe your current relationship with your extended family?

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What hobbies do you enjoy? What are your special talents?

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**Education of Parent #1**

In high school, what were your favorite activities? Involvement in clubs, sports, etc.?

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What kind of student were you?

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If applicable, what college did you attend? Describe college days, interests, GPA, major, etc.?

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**Employment of Parent #1**

Current employer \_\_\_\_\_ Occupation \_\_\_\_\_

Current salary \_\_\_\_\_ Date of Hire \_\_\_\_\_

If less than one year, list prior employment \_\_\_\_\_

Will you continue working after the adoption? If yes, what are childcare plans while working?

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Annual Gross Income \_\_\_\_\_

**Parent #1 - Marriage (if applicable)**

What attracted you to your spouse? How did you meet?

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How long did you date before marriage? \_\_\_\_\_

Have you been married before? If so, explain circumstances surrounding divorce, length of marriage, date divorce decree issued, and name of ex-spouse.

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If previously married, how is this marriage different than the one before?

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When you disagree with each other how do you solve the disagreement?

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Have you ever been to a marriage counselor? If yes, explain.

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What do you enjoy most about being married to your spouse?

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How has marriage changed you?

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**Health of Parent #1**

Are you currently in good health? Yes [ ] No [ ]

List any previous or past health problem, disabilities, physical impairments, or mental health care you have received. List any medications you are currently taking.

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If applicable, will personal limitations interfere with parenting a child?

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Describe your use of alcohol.

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Has alcohol or illicit drug use ever caused you a problem? If yes, please explain

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**Military Experience of Parent #1**

Are you now serving, or have you served, in the military? Yes [ ] No [ ]

If yes, list dates of service, date and type of discharge, military branch, and rank.

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**Background Information of Parent #2 and Extended Family**

Parents' Names	Age	Marital Status	Occupation	State # of children
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Siblings' Names	Age	Marital Status	Occupation	State # of Children
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List any health concerns within extended family. Any major illnesses family members have experienced?

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Briefly describe your childhood.

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What methods of discipline did you parents utilize? Did they work?

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As you parent a child, will you differ from the way your parents raised you? If so, how?

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Describe your current relationship with your extended family?

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What hobbies do you enjoy? What are your special talents?

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**Education of Parent #2**

In high school, what were your favorite activities? Involvement in clubs, sports, etc.?

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What kind of student were you?

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If applicable, what college did you attend? Describe college days, interests, GPA, major, etc.?

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**Employment of Parent #2**

Current employer \_\_\_\_\_ Occupation \_\_\_\_\_

Current salary \_\_\_\_\_ Date of Hire \_\_\_\_\_

If less than one year, list prior employment \_\_\_\_\_

Will you continue working after the adoption? If yes, what are childcare plans while working?

\_\_\_\_\_

Annual Gross Income \_\_\_\_\_

**Parent #2 - Marriage** (if applicable)

What attracted you to your spouse? How did you meet?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long did you date before marriage? \_\_\_\_\_

Have you been married before? If so, explain circumstances surrounding divorce, length of marriage, date divorce decree issued, and name of ex-spouse.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If previously married, how is this marriage different than the one before?

\_\_\_\_\_

\_\_\_\_\_

When you disagree with each other how do you solve the disagreement?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been to a marriage counselor? If yes, explain.

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\_\_\_\_\_

\_\_\_\_\_





Describe your home, including number of rooms, general appearance, how it is furnished, etc.

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How long have you lived at your current address? \_\_\_\_\_

Are there any other people living in the home? If yes, list age, relationship, and role in this adoption.

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Is your house prepared to accommodate a child? Describe.

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Are there any unique characteristics or other items at your home that could potentially be harmful for a child (i.e., swimming pool, waterfront, weapons, pets)? If yes, what precautions will be taken?

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What safety devices do you currently have in your home (i.e., burglar alarm, smoke detector carbon monoxide detectors, fire extinguishers, etc.)?

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**Insurance Information for Parent(s)**

Name under which your health insurance is being carried? If separate, list both.

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Name of your health insurance company?

\_\_\_\_\_ Policy number \_\_\_\_\_

Do you have life insurance?            Yes [ ] No [ ]

If yes, how much coverage do you have?

Parent #1 coverage \$ \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Parent #2 coverage \$ \_\_\_\_\_ Insurance Company: \_\_\_\_\_

At what point will your health insurance begin to cover an adopted child? (you must provide a statement from your insurance company stating when coverage begins i.e., at birth, placement, etc.)

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**Religious and Spiritual Activities**

Are you members of a religious or spiritual organization?      Yes [ ]    No [ ]

Are you active participants?      Yes [ ]    No [ ]

Name and address of religious/spiritual affiliations. If more than one, please list.

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How often do you attend? \_\_\_\_\_ List your primary activities.

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What are your plans for your child's involvement in your religious/spiritual affiliations?

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**Other Children in the Family**

If applicable, include the following information regarding other children in the home. Attach photographs and copies of school performance reports.

Gender	Name	Birth date	Adopted/date	Living in home
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any of your children from a previous marriage? Explain.

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Please describe custody arrangements, if they apply.

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Are your children old enough to know of your adoption plans? If yes, have you told them, and what are their feelings and attitudes about it?

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Have you had contact with other families with adopted children? Describe.

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Write a brief narrative about your children, describing personalities and how you relate to them.

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**Child Rearing Philosophy**

Write a brief narrative on your child rearing philosophy including your disciplinary philosophies.

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**Guardianship**

If something unfortunate should happen to both of you, what plans exist for the child's future? Include any information about legal guardianship, who and why.

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**NOTE:** If you do not currently have a last will and testament, you should consider obtaining one after the placement of a child.

**Motivation for Adoption**

What are your reasons for wanting to adopt?

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What are your feelings regarding family formation through adoption?

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Do you feel that you will be able to answer questions about adoption as they arise for your child and what specific plans have you considered for discussing adoption with your child?

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What questions do you have about raising an adopted child?

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Have you told friends and family about your plans to adopt a child? How have they responded?

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Describe your current thoughts and feelings toward birth parents.

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What type of contact would you be comfortable having with birth parents (i.e., open, closed, semi-open)?

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**Infertility (if applicable)**

If infertile, what testing or treatments have been performed?

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Have either of you had counseling to help deal with your infertility? If so, how did it help?

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Are you still seeking infertility treatments? If yes, explain.

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**Legal**

Have either of you been arrested? If yes, explain circumstances, date(s), and resolution.

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**Other**

For what reasons have you chosen adoption?

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Are you on any other adoptive family waiting lists? If so, who and where?

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If we are completing this home study because you are working with another agency for your adoption, please list any special requirements they have for your home study.

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Any other information that you wish us to have and we have not asked about, please feel free to describe here. \_\_\_\_\_

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**Financial Information**

INCOME:

\$ \_\_\_\_\_ PARENT #1 GROSS SALARY PER YEAR  
\$ \_\_\_\_\_ PARENT #2 GROSS SALARY PER YEAR  
\$ \_\_\_\_\_ TOTAL MONTHLY INCOME  
\$ \_\_\_\_\_ CHECKING ACCOUNT;            BANK \_\_\_\_\_  
\$ \_\_\_\_\_ SAVINGS ACCOUNT;            BANK \_\_\_\_\_  
\$ \_\_\_\_\_ STOCKS AND BONDS  
\$ \_\_\_\_\_ TRUSTS/RETIREMENT  
\$ \_\_\_\_\_ VALUE OF YOUR HOME (IF A HOME OWNER)  
\$ \_\_\_\_\_ EQUITY IN HOME; YEARS LEFT ON MORTGAGE \_\_\_\_\_  
\$ \_\_\_\_\_ VALUE OF HOUSEHOLD FURNITURE \_\_\_\_\_  
\$ \_\_\_\_\_ AUTOMOBILE(S)/TYPE AND VALUE \_\_\_\_\_  
\$ \_\_\_\_\_ ANY OTHER ASSETS AND VALUE \_\_\_\_\_

Monthly Payments

EXPENSES:

\$ \_\_\_\_\_ HOUSE OR RENT PAYMENT  
\$ \_\_\_\_\_ UTILITIES  
\$ \_\_\_\_\_ FOOD TELEPHONE  
\$ \_\_\_\_\_ INTERNET AND CABLE  
\$ \_\_\_\_\_ GASOLINE  
\$ \_\_\_\_\_ CREDIT CARD BILLS  
\$ \_\_\_\_\_ AUTOMOBILE PAYMENTS  
\$ \_\_\_\_\_ AUTOMOBILE INSURANCE  
\$ \_\_\_\_\_ HOME INSURANCE  
\$ \_\_\_\_\_ MEDICAL/LIFE INSURANCE  
\$ \_\_\_\_\_ OTHER

**TOTAL MONTHLY PAYMENTS** \_\_\_\_\_

All information provided in the Home Study Review Application is true and accurate. I/We understand if any information has been misrepresented, the home study will be rendered invalid.

Parent #1 Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Will you be working with another adoption professional other than A Forever Bond, Inc. to complete your adoption? Yes [ ] No [ ]

If yes, you must acknowledge that you will notify A Forever Bond, Inc. in writing once a placement has occurred so that the post-placement process can be completed as per your State adoption law. Please initial below your awareness and willingness to provide this information.

Initial: Parent #1 \_\_\_\_\_  
Parent #2 \_\_\_\_\_

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**Return completed application with the first payment of the home study fee, payable by check, credit card, cashier's check, or money order, to A Forever Bond, Inc., 1980 North Atlantic Ave, Ste. 723, Cocoa Beach, FL 32931. Upon receipt, we will assign your home study to one of our caseworkers and you will be contacted to schedule your first meeting. If you have any questions, please feel free to call us at 1-321-613-5996.**

### Preferences For a Child

Gender:  Boy  Girl  Either

Will you accept a child with special needs?  Yes  No  Maybe

Age range:  Newborn  Under 6 months  6 months to 1 year  1-2 years  2-4 years  
 5 years and older

Ethnicity:  Caucasian  Hispanic/Latino  African American  Asian  Native American  
 Bi-racial (African American/Caucasian)  Bi-racial (African American/Hispanic)  Bi-racial (Caucasian/Hispanic)  Any

Will you accept a sibling group?  Yes  No  Maybe