



# Home Adoption Studies, Inc.

## Welcome Packet

Welcome! We are honored that your family has chosen **Home Adoption Studies, Inc.** to complete your home study report. **Home Adoption Studies** is committed to providing you and your family with quality support, and we wish you much success throughout your home study and adoption process. As adoptive parents ourselves, we fully understand the need to find a home study agency to work with who will guide you as a partner, support you, and complete your home study report in a timely and efficient manner.

To get started, please go to [www.homeadoptionstudies.com](http://www.homeadoptionstudies.com) and download the following documents by clicking on the Forms page and double click the "home study welcome forms"

1. Application
2. Home Study Agreement
3. Fee Schedule / Refund Policy

Please mail these completed forms along with the \$200 NON-REFUNDABLE application fee to our address at Home Adoption Studies, 642 Pemberton Dr., Lebanon, Tn 37087, or email your application and use the Pay Pal button to pay the fee. After we receive your application, you will be contacted immediately to begin the home study process. Please note, we can begin scheduling your home study meetings immediately after receipt of your application. Your home study packet does not need to be complete in order to begin the home study process.

**When completing your forms, always use your FULL LEGAL NAME - no nicknames!**

**PLEASE NOTE:** Our web-site contains the the documents needed to complete your home study. Download these forms by clicking on to "home study packet" on the forms page. We will supply the two notarized reports to you and one copy of the supporting documents you have completed, as well as a PDF version of the packet.

**Please remember, your home study report is valid for twelve months from when it is dated. If you will be requiring a home study update, please contact us at least six weeks before your home study report expires. If your adoption is not completed within twelve months, you will have to update your home study report.**

Should you have any questions, please feel free to contact me at 404-447-0414.

*Sherry Keadle*

Executive Director



## HOME STUDY APPLICATION

Last Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

County: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Have you ever been denied an adoptive home study? \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

### Applicant #1

### Applicant #2

	Applicant #1	Applicant #2
First Middle		
Cell Phone Number		
Employer Phone Number		
Social Security Number		
Drivers License Number		
Date of Birth		
Place of Birth – City and State		
Email Address		
Nationality/Heritage		
U.S. Citizen? Yes or No		
Occupation/Position title		
Employer		
Employer Address		
Length of Employment		
Annual Income		
Debt		
Property owned (type/value)		



## HOME STUDY APPLICATION

Relatives Name	Age	Name	Age
Father:		Father:	
Mother:		Mother:	
Siblings:		Siblings:	

Nearest Hospital: \_\_\_\_\_ # Miles \_\_\_\_\_

Nearest Fire Department: \_\_\_\_\_ # Miles \_\_\_\_\_

Nearest Police Department: \_\_\_\_\_ # Miles \_\_\_\_\_

Nearest Elementary School: \_\_\_\_\_ # Miles \_\_\_\_\_

Nearest Middle School: \_\_\_\_\_ # Miles \_\_\_\_\_

Nearest High School: \_\_\_\_\_ # Miles \_\_\_\_\_

Nearest 5 Churches: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nearest Recreational Facility: \_\_\_\_\_ # Miles \_\_\_\_\_

Church Currently Attending: \_\_\_\_\_ # Miles \_\_\_\_\_

Please list all the states where you have lived in the last 5 years. Include the dates and length of residency.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## HOME STUDY APPLICATION

Present Marriage	Date	Place	Date	Place
Previous Marriage(s)	Date	Place	Date	Place
Cause of dissolution / Date				
Education – High School City, State Grade Completed/date				
Education – College School City, State Grade Completed/date				
Education – Post Graduate, City, State Degree Completed/ date				
Education – Other				
Religion/Church or Parish How long have you attended Members: Yes/No				
Organizations/Club Memberships				

Children /Others in the Home (if stepchild, please specify custody arrangement):

Name	Sex	DOB	Hair and Eye Color	Height and Weight



## HOME STUDY APPLICATION

Please give your employment history for the past 10 years. Include employer name, length of employment, and job title (you may add resume instead):

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Have you ever declared bankruptcy? If yes, please explain \_\_\_\_\_

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### LIFE INSURANCE

Amount

Company

Beneficiary

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Has either applicant ever been accused or convicted of child abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Has either applicant ever received psychiatric or psychological counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Include date, name and address of physician \_\_\_\_\_

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Does either applicant have a history of prolonged usage of drugs or alcohol (either personal or family history)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Has either applicant ever suffered any sexual or physical abuse as an adult or in childhood?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Has either applicant ever been arrested or convicted of any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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## HOME STUDY APPLICATION

References (Five - 5) with full address, phone numbers and email address.

Please include: two family member and three non-family members. If you have worked with children within the past 5 years, one reference must be from that employer, supervisor, or pastor (if you volunteered at your church).

Name	Address	Telephone	Email

Child Preferred:

Agency or Coordinator Referral: \_\_\_\_\_

Sex: \_\_\_\_\_

Age Range: \_\_\_\_\_

Race Preference: \_\_\_\_\_

☐ Domestic

☐ International \_\_\_\_\_ (country)

Openness of Adoption:

☐ Open

☐ Semi-Open

☐ Closed

\_\_\_\_\_  
Applicant #1's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2's Signature

\_\_\_\_\_  
Date

**\*\*When completed, please return along with the \$200 NON-REFUNDABLE application fee to Home Adoption Studies.**



## HOME STUDY AGREEMENT

This Home Study Agreement, made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between Home Adoption Studies, Inc. at 642 Pemberton Dr., Lebanon, Tn 37087, a Tennessee non-profit corporation hereinafter referred to as "Home Adoption Studies" and \_\_\_\_\_, Resident of the State of Tennessee (hereinafter referred to as the "Individual/s"):

Home Adoption Studies is a licensed child placement agency in the State of Tennessee which is authorized by the Department of Human Resources of the State of Tennessee to conduct home studies of prospective adoptive Individuals, such a home study being a necessary condition to placement of a child with the Individual and the finalization of an adoption petition in the State of Tennessee.

- 1) Home Adoption Studies shall conduct a study of the home of the individual in compliance with laws of the State of Tennessee and regulations of the Department of Human Resources governing home studies for prospective placement and/or adoption of children. Home Adoption Studies shall conduct said home study with a view toward a child being placed with the individual by the private resource and with a view toward the individual filing a petition for the Adoption of said child.
- 2) The individual acknowledges and agrees that in agreement to conduct such a home study, Home Adoption Studies is not acting as a guarantor of the results of said home study. The individual further acknowledges and agrees that by agreeing to conduct a home study for the individual, Home Adoption Studies is not participating in the proposed placement of the child with the individual or with the adoption process, nor in the relationship between the individual and the private resource with respect of the success or failure of the placement of the child with the individual or the ultimate outcome of any prospective adoption. The parties stipulate and agree that Home Adoption Studies sole role and responsibility is to conduct the home study described herein.
- 3) The individual hereby agrees to indemnify and hold harmless Home Adoption Studies, its officers, directors, employees, agents and assign from any and all expenses, claims, losses, damages, lawsuits and judgments with Home Adoption Studies may incur by reason of Home Adoption Studies conducting the home study described herein.
- 4) The individual shall pay Home Adoption Studies for the services described herein the sum of \$\_\_\_\_\_ for a home study. Mileage will be charged separately at the Home Visit.

IN WITNESS WHEREOF, the parties have set the hands to the Agreement of the date first written above.

Home Adoption Studies, Incorporated

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date



## HOME STUDY FEE SCHEDULE

*Check, Pay Pal, and Venmo are accepted.*

<u>Service</u>	<u>Fee</u>
Application Fee	\$200
Domestic Home Study	\$1,300.00
International Supervised Home Study	\$1,500.00
Home Study Amendment	\$50 due at the time changes are made
Home Study Update/Subsequent	\$800.00 due at time of home visit (\$1000 for new clients)
Home Study Post Placement	\$225.00 per visit due at time of visit
Court Report for Finalization	\$250.00 must be received before release of the Court Report (Domestic Adoption)
Travel (paid directly to the caseworker)	Charged at the current IRS guidelines - per mile roundtrip, due at time of home visit
Additional Home Study Reports	\$25.00 each (2 Reports are provided and PDF ICPC ready version)

### **Home Study Refund Policy**

Clients are billed at the time service is rendered therefore, there are no refunds. If you put your home study on hold for a period greater than six months, you will be billed at the rates in effect once you begin the home study process again.

Client Signature: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Rep: \_\_\_\_\_ Date: \_\_\_\_\_





## CHILD ABUSE REGISTRY CHECK FORM

### DEPARTMENT OF CHILDREN'S SERVICES

### CHILD ABUSE AND NEGLECT CONSENT

642 Pemberton Dr., Lebanon, Tennessee 37087 Phone: (615) 519-7182 Fax: (678) 840-7885

I/We (print name(s)): \_\_\_\_\_  
having resided at the following addresses for the past five years:

\_\_\_\_\_ (full address and County)

\_\_\_\_\_ (full address and County)

\_\_\_\_\_ (full address and  
County)

give our (my) permission and request that DCS release to Home Adoption Studies, Inc., a private adoption agency licensed by the Tennessee DHR, a copy of any information on our (my) family regarding:

- 1) Child Protective Services
- 2) Adoption (inquiry or assessment)
- 3) Foster Care (inquiry or assessment)

This information will be used for an Adoptive Home Study for the potential placement of a child.

\_\_\_\_\_  
Adoptive Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date of Birth / Social Security Number

\_\_\_\_\_  
Date of Birth / Social Security Number

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### **Others in Household: (18 and older)**

\_\_\_\_\_  
Print Name / Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name / Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth / Social Security Number

\_\_\_\_\_  
Date of Birth / Social Security Number

**This is completed electronically in office by DHS. Please provide to your case worker.**