



# 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 either mail these completed forms along with the **\$200 NON-REFUNDABLE** application fee to our address at Home Adoption Studies, 2665 High Point Ct., Loganville, GA 30052, 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 Home Study PACKET.

When completing your forms, always use your FULL LEGAL NAME - no nicknames! No Staples and Front Side Only! Please no double sided pages.

**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 a PDF version of the entire ICPC ready 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 Park or Recreational Center \_\_\_\_\_

Nearest 5 Churches: ( Your attending church) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all the states where each of 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 /year				
Education – College School City, State Grade Completed /year				
Education – Post Graduate City, State Degree Completed, year				
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
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### 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
_____	_____	_____
_____	_____	_____

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: **at least one** family member and **a minimum of two** 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 2665 High Point Court, Loganville, Ga 30052, a Georgia 501c3 non-profit corporation hereinafter referred to as "Home Adoption Studies" and \_\_\_\_\_, Resident(s) of the State of Georgia (hereinafter referred to as the "Individual/s"):

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

- 1) Home Adoption Studies shall conduct a study of the home of the individual in compliance with laws of the State of Georgia 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.*

Service	<u>Fee</u>
Application Fee	\$200
Domestic Home Study	\$1,400.00
International Supervised Home	\$1,600.00
Study 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)
Post Placement Supervision	\$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: \_\_\_\_\_



# Please **fill out** the following form!

HAS will type out the information needed from the following form, but please fill out (type if possible or hand write) and sign.

Each person in the home over the age of 18 must sign their own copy of the form.

Thanks,

Sherry Keadle

Director

## GEORGIA CHILD ABUSE SCREENING REQUEST FORM

- All information is required to be typed except for the signature. Handwritten applications will not be processed.
- If the purpose of the request is for an active or on-going investigation, the agency staff can sign, type, or submit an PDF signature. All other requests will require the original signature of the applicant(s).
- To type on the form, you will need to select the T (text) located on the top middle section of the form next to the A.
- If you are submitting requests for more than one person, each person will be required to have their own application and be listed in the household member section on each application regardless of the purpose of the request.
- You will need to submit your official agency letterhead, will need to list the purpose of the request, and the name(s) of the individual(s) who will require a screening to be completed.
- CPA Providers can only submit for Adoption, or new household member of an already approved foster or adoptive home
- Request are required to be submitted on one email per family, request submitted separate will not be processed.
- You will submit the agency letterhead and application(s) in one email per family to [GeorgiaAdamWalshCheck@dhs.ga.gov](mailto:GeorgiaAdamWalshCheck@dhs.ga.gov)

### AGENCY REQUESTING SCREENING INFORMATION

<b>NAME</b> Sherry Keadle	<b>TELEPHONE#</b> 404-447-0414	<b>EMAIL ADDRESS</b> homeadoptionstudies@gmail.com
<b>NAME OF AGENCY</b> Home Adoption Studies	<b>STREET ADDRESS</b> 2665 High Point Ct	<b>CITY/STATE/ZIP CODE</b> Loganville, GA 30052

### INFORMATION ON PERSON TO BE SCREENED (APPLICANT)

<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>
<b>MAIDEN NAME</b>	<b>OTHER NAMES USED IN THE PAST</b>	
<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>GENDER</b>
<b>CURRENT ADDRESS</b>	<b>CITY/STATE/ZIP CODE</b>	<b>DATE</b>
<b>PREVIOUS GEORGIA ADDRESS</b>	<b>CITY/STATE/ZIP CODE</b>	<b>DATE</b>

### CURRENT ADULT HOUSEHOLD MEMBERS TO BE SCREENED ONLY (DO NOT LIST MINOR CHILDREN)

NAME OF HOUSEHOLD MEMBER	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER

**SIGNATURE OF APPLICANT OR AGENCY STAFF**

**DATE**

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