



Heritage Adoption Services



Independent Program

(Oregon and Washington)

Application Packet

503-233-1099
www.heritageadoption.org

Independent Home Studies



Oregon

Columbia East
10011 SE Division - Suite 314
Portland, OR 97266

Voice: 503-233-1099
Fax: 503-258-2487

Email:
info@heritageadoption.org

Bend, Oregon

Voice: 541-318-7446

Lake Oswego, Oregon

P.O. Box 964
Lake Oswego, OR 97034-
0106

Washington

Vancouver, WA
Voice: 360-993-5608

Adoption Angel
Call toll free:
1-888-331-4040

Email:
angel@adoptionangel.org

www.heritageadoption.org

Thank you for your interest in having a home study done by our agency. The home study is a required document for all adoptions and will be filed in court with the petition to adopt and the birth parent(s) consents. This written report is a profile of you, your home, lifestyle, attitudes about adoption and childrearing, financial situation, biographical information, references and health. Our home studies have been used in many states and foreign countries.

Many families are understandably apprehensive about the process, but your home study is not a “white glove” inspection or a search for imperfections. The purpose of our visit is simply to determine if your home, family, and living environment are a safe, healthy place for a child to live. We trust that our professionalism will make the visit in your home a good one.

A case worker will meet with you in your home for one or more interviews. All persons currently living in your home must be interviewed. The case worker will ask for a tour of your home in order to write a description of it and to be sure there are no safety or health hazards for a child. The home visit usually lasts from 3-4 hours.

Time - The time needed from first contact with us to completed report depends partly on how quickly documents are received. The sooner you are able to provide them, the sooner your study can be completed. ***Our usual practice is to schedule your home study visit when we have all your documents and your police and child protective services records checks on file.*** We will complete the home study report after that visit. If you have already been matched with a birth mother whose delivery is imminent, please let us know and it may be possible to complete the report more quickly.

Fees - The home study fee of \$794.00 (\$1,500 as of 7/1/2006) is payable to *Heritage Adoption Services* when we receive your application. There is also a travel fee of \$0.447 per mile round trip, payable directly to the home study worker at the time of your home visit. We make every effort to assign a worker who lives within your geographic area if possible. Mileage is billed from the case worker’s point of origin to your home and back to the point of origin. If you are outside the Portland Metro area the case worker’s travel time may also be charged, at a rate of \$20 per hour. Should an overnight stay be required, you are responsible for providing meals and lodging at a reasonable hotel. All fees are non-refundable.

Copies and Changes - You will receive a copy of the completed study. A notarized original will be supplied to either you or the party you designate. Should you require a revised home study, we will be happy to make the necessary changes for a modest revision fee. At this writing, the fee for changes that require a new home visit by the worker is \$300.00.

. DOCUMENT LIST INDEPENDENT DOMESTIC HOME STUDIES



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Please collect the following documents. We are more than happy to provide you with both explanations and encouragement as you work your way down the list. Tips to expedite collection are on the reverse.

Completed **GENERAL APPLICATION** along with a **PHOTO** of yourselves;

Completed **ADOPTIVE PARENT QUESTIONNAIRE** - one per applicant

Three **REFERENCES** - Use the forms provided. Must NOT be from relatives or employees.

Physician-completed **PHYSICIAN'S REPORT** - one per applicant

Completed **CONSENT FOR CRIMINAL RECORDS CHECK** - one for each household member, even temporary, over 16. Mail or bring -- signed, completed form back to *Heritage Adoption Services*.

Copy of your most recent **FEDERAL TAX FORM** (the top two pages only)

VERIFICATION OF EMPLOYMENT - enclosed letter copied or typed on company letterhead, for each employed parent

Copy of each applicant's **BIRTH CERTIFICATE**

Copy of each child's **BIRTH CERTIFICATE**

Copy of adopted child's **ADOPTION CERTIFICATE / NATURALIZATION PAPERS**

Copy of your **MARRIAGE LICENSE**

Copy of child's or past spouse's **DEATH CERTIFICATE OR DIVORCE / ANNULMENT DECREE**

Verification of health insurance covering your adopted child's preexisting

conditions, i.e. **PHOTO COPY OF INSURANCE CARD / 1ST PAGE OF POLICY**

A check for the Home Study Fee payable to *Heritage Adoption Services* in the amount of \$794.00

Contents of Packet INDEPENDENT DOMESTIC HOME STUDIES

- u 1 - Independent Home Studies Introductory page
- u 1 - Document List/To Expedite or RUSH
- u 1 - Home Study Flow Chart
- u 1 - GENERAL APPLICATION - use Single Parent form if applicable
- u 2 - ADOPTIVE PARENT QUESTIONNAIRES- one if applicant is single.
- u 3 - Adoptive Parent REFERENCE Forms
- u 2 - PHYSICIAN'S REPORTS - one if applicant is single.
- u 2 - CONSENT FOR CRIMINAL RECORDS CHECK - Feel free to make additional copies if there are other household members, even temporary, over 16, who will be living there at the time of the home study visit and/or arrival of the child.
- u 2 - VERIFICATION OF EMPLOYMENT - to be copied or typed onto company letterhead for each employed parent
- u 1 - Fax cover sheet - Clients may make as many copies as needed.

To Expedite Document Collection

The following are listed in the order that seems to accomplish the most in the least amount of time. Don't neglect filling out your own questionnaires and locating documents in your possession, but recognize that the things which are out of your hands will usually take the longest.

- **Oregon Families:** As soon as you get your packet, fill out and sign the **Consent for Criminal Records Check**. Return it to Heritage ASAP in person or by mail so that we can send it in. The state requires original signatures on these forms so we cannot accept faxed forms. If you expect there will be a record, you must complete a different form. Let us know and we will provide it for you. Also, you will need to contact the county where you were charged to obtain a disposition of the case.
Washington Families: As soon as you get your packet, fill out and sign the form entitled **Washington State Patrol Identification and Criminal History Section**. Mail it directly to the address attached to it, along with a certified check or money order for the required fee.
- **Birth and Death Certificates** - If you don't have copies of your family members' certificates, send for these immediately. You may be able to obtain them more quickly in person or by phone. We do have a list of Vital Records offices in all states if you need to learn the address or phone number.
- **Physician's Reports** - We do not need you to have a new physical if you have had one within recent history. However, the Physician's Report must be filled out by a physician, either an MD or a DO. You can expedite these by taking them directly to your doctor's office, and by including a fax cover or self-addressed stamped envelope to Heritage with your request.
- **References** - Give your references a fax cover or self-addressed stamped envelope to Heritage when you give them the form. These should be sent directly to Heritage and not returned to you.
- **Verification of Employment** - This can be completed by your supervisor, human resources, or by whomever does payroll at your company. Providing a self-addressed stamped envelope with Heritage's address will make this easier - and thus quicker - task.
- Let people know that you are working on a deadline so that they feel the urgency of the matter. Telling them it is for an adoption often cheers people and makes them happy to help. Remember to be polite since that tends to smooth the way as well.

All documents must be in our possession in order to complete your home study report.

Independent Adoption Home Study & Post-Placement Flow Chart

You decide on Heritage and clarify costs and timing.

G

Obtain (or download) a packet which includes forms to fill out and a list of documents needed.

G

Return signed Consent for Records Check forms to Heritage.

G

Collect documents and fill out forms.

Return them to Heritage along with a check for the home study fee.

G

Heritage social worker calls and makes an appointment for HS visit.

G

HS visit (usually 3-4 hours) with all household members present.

G

HS report is written and sent to your attorney.

G

Time goes by; baby is born; consents are obtained; petition is filed.

G

State of Oregon reviews the adoption and sends Heritage a request for a post-placement report with a 60-day timeline.

G

Heritage social worker calls you and makes an appointment.

G

PP visit takes place (usually about an hour) with all household members present.

Birth parent(s) are contacted for their point of view if possible.

G

PP report is written and sent to the court.

Copies are sent to the State of Oregon and to your attorney.

G

Your attorney goes to court to obtain a signature on the decree of adoption.

Ta-da! Your child's adoption is final and complete.

Heritage Adoption Services
Independent Adoption Application

Adoptive Mother

Name: _____
Date of Birth: _____
S.S. # : _____
U.S. Citizen: _____
Place of Birth: _____
Religion: _____
Race: _____
National Heritage: _____
Height/Weight: _____
Health: _____
Mental Health History: _____
Eye Color: _____
Hair Color: _____
Complexion: _____

Adoptive Father

Name: _____
Date of Birth: _____
S.S. # : _____
U.S. Citizen: _____
Place of Birth: _____
Religion: _____
Race: _____
National Heritage: _____
Height/Weight: _____
Health: _____
Mental Health History: _____
Eye Color: _____
Hair Color: _____
Complexion: _____

Education

High School: _____
Graduation Date: _____
College: _____
Degree & Year: _____
Graduate School: _____
Degree & Year: _____

High School: _____
Graduation Date: _____
College: _____
Degree & Year: _____
Graduate School: _____
Degree & Year: _____

Residence

Address: _____
Home Phone: _____
Fax Number: _____
Email Address: _____
Own/Rent: _____
Monthly Payment: _____
Years at Present Address: _____
Current Market Value: _____
Square Footage of Home: _____
Lot Size/Acreage: _____
of Bedrooms/# of Bathrooms: _____
Year Built: _____
List other Rooms: _____
Miles to Nearest Hospital: _____

Employment

Adoptive Mother

Employer: _____
Work Phone: _____
Occupation: _____
Hours Per Week: _____
Annual Salary: _____
Date of Employment: _____
Other Income: _____

Adoptive Father

Employer: _____
Work Phone: _____
Occupation: _____
Hours Per Week: _____
Annual Salary: _____
Date of Employment: _____
Other Income: _____

Marital History

Currently Married: Yes ___ No ___
Date of Marriage: _____
Prior Marriages: _____
How Many: _____
Death/Divorce: _____
Former Spouse Name: _____
Date of Former Marriage: _____
Date of Divorce/Death: _____
Pay Child Support: Yes ___ No ___
If yes, amount: \$ _____

Currently Married: Yes ___ No ___
Date of Marriage: _____
Prior Marriages: _____
How Many: _____
Death/Divorce: _____
Former Spouse Name: _____
Date of Former Marriage: _____
Date of Divorce/Death: _____
Pay Child Support: Yes ___ No ___
If yes, amount: \$ _____

Note: If there has been *more than one previous marriage* please provide the same information about each marriage on a separate sheet of paper and attach it to this form.

Children

First Child: _____
Date of Birth: _____
Biological/Adopted: _____
Living in Home: Yes ___ No ___

Second Child: _____
Date of Birth: _____
Biological/Adopted: _____
Living in Home: Yes ___ No ___

Others in the Home

Name: _____
Relationship: _____
Name: _____
Relationship: _____

Name: _____
Relationship: _____
Name: _____
Relationship: _____

Health Insurance

Health Insurance: Yes ___ No ___
Name of Company: _____
Coverage of Child from Placement Date: Yes ___ No ___
Coverage of Child's Pre-Existing Conditions: Yes ___ No ___

It is *imperative* to have health insurance that covers your adopted child (1) from placement date and (2) for pre-existing conditions. If you do not have health insurance for your child indicate your plans for securing this vital coverage.

Confidential Financial Report

Adoptive Mother Gross Annual Income: _____
Adoptive Father Gross Annual Income: _____
Total Gross Annual Income: _____

Adoptive Mother Net Annual Income: _____
Adoptive Father Net Annual Income: _____
Total Net Annual Income: _____

Savings Account Balance: _____
Checking Account Balance: _____
Total Investments: _____
Trust Accounts: _____
Prior Declared Bankruptcy: _____
If Yes, When: _____

Monthly Payments

Mortgage/Rent: _____
Property Taxes: _____
Utility Costs: _____
Savings Deposits/Investments/Bonds: _____
Insurance Payments – All Types: _____
Credit Card/Personal Loan Payments: _____
Medical Costs: _____
Car Loan/Maintenance/Gas Payments: _____
Day Care Costs: _____
Food/Clothing/Entertainment Costs: _____
Miscellaneous: _____
Total Monthly Payments: _____

Total Net Monthly Income: _____
Minus Total Monthly Payments: _____
Total Monthly Unencumbered Income: _____

Assets

Real Estate Holding #1: _____	Real Estate Holding #1: _____
Location: _____	Location: _____
Equity: _____	Equity: _____
Estimated Market Value: _____	Estimated Market Value: _____

Life Insurance

Insured Person: _____	Insured Person: _____
Beneficiary: _____	Beneficiary: _____
Amount: _____	Amount: _____

Legal History

Adoptive Mother

Adoptive Father

Prior Arrests: _____
Prior Convictions: _____
Prior Accusations of
Child Abuse or Neglect: _____
Prior Convictions of
Child Abuse or Neglect: _____
Drug Rehabilitation: _____
Alcohol Rehabilitation: _____
Prior Turn-Down By An
Adoption Agency: _____
Other than Honorable
Discharge from Military: _____

Prior Arrests: _____
Prior Convictions: _____
Prior Accusations of
Child Abuse or Neglect: _____
Prior Convictions of
Child Abuse or Neglect: _____
Drug Rehabilitation: _____
Alcohol Rehabilitation: _____
Prior Turn-Down By An
Adoption Agency: _____
Other than Honorable
Discharge from Military: _____

Personal

How were you referred to our agency? _____
Have you ever placed a child for adoption? _____
What is the role of religion in your life? _____
Please state any facts which you are concerned might adversely affect a birth parent's
decision to place a child with you: _____
Will one or both of you take a leave of absence when you adopt? Yes ___ No ___
How Long? _____
Will one or both of you return to work? Yes ___ No ___ Full time? ___ Part Time? ___
If you both return to work after the adoption, who will care for the child?

How do you intend to tell the child he/she is adopted? _____
Have you ever consulted a psychotherapist? _____
Name of Therapist: _____

Home Study

Have either or both of you ever been turned down by an adoption agency or had a non-
recommending home study? Yes ___ No ___ If yes, please explain below.

(If Home Study not being prepared by Heritage Adoption Services)

Agency preparing Home Study: _____ Completed? Yes ___ No ___

Address: _____

Caseworker's Name: _____ Phone: _____

Do you have a copy of the Home Study? Yes ___ No ___

If not, can you obtain one? Yes ___ No ___

Independent Adoption Parent Questionnaire A

Please answer the following questions as completely as possible. There are no right or wrong answers. Please use a separate sheet of paper for your answers. Please include the text of the question as you respond.



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1. Describe the type of child you see becoming a member of your family.
2. What are your primary fears, hesitations, concerns, or uncertainties:
 - about adoption at this time in your life;
 - about your perception of the children available;
 - about your capacities to succeed with an adoption?
3. List your entire immediate family, their names and ages. Please include any deceased with year of death.
 - which family members are you closest to and why;
 - which family members are you least close to and why.
4. Describe the following:
 - where you grew up;
 - those who raised you;
 - those who lived with you;
 - those with whom you shared a close relationship;
 - your parents' personalities, health, values, family roles, i.e. boss, disciplinarian, nurturer;
 - your parents' methods of discipline;
 - the manner in which your parents communicated with you and with each other;
 - how your parents expressed feelings of love, concern, approval, disapproval;
 - your relationship with, and feelings toward, your family members.
5. During your childhood, were there any serious family problems (explain):
 - mental illness, drug or alcohol abuse, divorce, unemployment, other problems.How did your parents handle these serious problems?
6. What elements of your child rearing do you hope to continue with your child? What will you choose to discard?
7. Describe yourself, your physical appearance, personality and health.
8. Describe your spouse's physical appearance, personality and health.
9. Have you been previously married?
If you are currently married, how has this marriage unlike the past marriage?
10. Describe your current relationship, what do you feel are the strengths and challenges?
11. How do you communicate your thoughts and feelings to your partner?
How does your partner communicate with you?
How do you handle conflict in your relationship?

12. With the addition of a child, how do you foresee this affecting your relationship?
 - How do you expect this to impact the amount of time you will be able to spend together?
 - How do you expect this to impact the time you will be able to spend on yourself?
13. What do you like to do for fun?
 - What are your hobbies and interests?
 - What community activities do you participate in?
14. Describe the following regarding your home:
 - what the inside consists of and looks like;
 - the space you have prepared for the additional child;
 - what the outside looks like and the kind of neighborhood you live in;
 - what family pet(s) you have or plan to have;
15. What are the three most important personal values you desire to pass on to your child?
16. How do you, or how will you, discipline your child?
 - Will you use physical punishment?
 - If so, what form will it take?
 - how often will it be administered?
 - under what circumstances? (be specific)
17. What three things do you like best about yourself?
 - In what about yourself do you take the most pride?
 - What positive personal changes have you made as an adult?
18. Do you like to give and receive physical demonstrations of affection from those close to you?
 - Do you like displays of affection in public, in private?
 - In what ways do you demonstrate affection?
19. What traits do you dislike most about others?
20. What crises have you coped with as an adult?
 - How did you handle these crises?
 - Do you feel you were successful, and how?
 - If you could do it over again, what would you do differently?
21. Have you been in therapy or other treatment for emotional difficulties?
 - If so, please describe the circumstances.
 - If so, describe the results.
22. What is the greatest personal risk you have ever taken?
 - How did it turn out?
23. What are the three major personal goals you hope to achieve in the next five years?
24. What are your fondest childhood memories?
25. Please list the schools you have attended, including
 - city and state where the schools were located
 - the dates you were there
 - your major and any degrees received.

26. Describe your school experience:
 - your relationship with teachers and peers;
 - your dating experiences;
 - your extra curricular activities;
 - the highest grade you completed.
27. Have you ever had a problem with law enforcement authorities?
 - Have you ever been charged with a crime, arrested, or placed on probation?
 - Have you ever spent time in jail?
 - If you answered yes to any of these questions, please explain.
28. Have you ever been involved with a child protective services agency?
If so, please explain.
29. Have you ever had, or do you now have, a significant health problem?
If so, please explain.
30. Do you smoke? If yes, how much and for how many years?
Do you drink alcohol? If yes, how much and for how many years?
Do you take prescription or other drugs? If yes, please state for what condition, what drugs, the amount and for how long?
31. How did you arrive at the decision to pursue a certain line of work?
32. Which jobs have you found particularly satisfying or unsatisfying?
33. Describe your present job. Please give the following information:
 - name of employer;
 - date of employment;
 - job-related responsibilities;
 - your general attitude toward your job;
 - your desire, or lack of desire, to stay in your present position;
 - your career goals.

FOR SINGLE APPLICANTS ONLY

34. What supportive resources do you turn to in times of stress?
Whom do you rely on: friends, relatives, spiritual leaders, etc?
What activities do you rely on: reading books, receiving counseling, working hobbies, etc?

Independent Adoption Parent Questionnaire B

Please answer the following questions as completely as possible. There are no right or wrong answers. Please use a separate sheet of paper for your answers. Please include the text of the question as you respond.



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1. Describe the type of child you see becoming a member of your family.
2. What are your primary fears, hesitations, concerns, or uncertainties:
 - about adoption at this time in your life;
 - about your perception of the children available;
 - about your capacities to succeed with an adoption?
3. List your entire immediate family, their names and ages. Please include any deceased with year of death.
 - which family members are you closest to and why;
 - which family members are you least close to and why.
4. Describe the following:
 - where you grew up;
 - those who raised you;
 - those who lived with you;
 - those with whom you shared a close relationship;
 - your parents' personalities, health, values, family roles, i.e. boss, disciplinarian, nurturer;
 - your parents' methods of discipline;
 - the manner in which your parents communicated with you and with each other;
 - how your parents expressed feelings of love, concern, approval, disapproval;
 - your relationship with, and feelings toward, your family members.
5. During your childhood, were there any serious family problems (explain):
 - mental illness, drug or alcohol abuse, divorce, unemployment, other problems.How did your parents handle these serious problems?
6. What elements of your child rearing do you hope to continue with your child? What will you choose to discard?
7. Describe yourself, your physical appearance, personality and health.
8. Describe your spouse's physical appearance, personality and health.
9. Have you been previously married?
If you are currently married, how has this marriage unlike the past marriage?
10. Describe your current relationship, what do you feel are the strengths and challenges?
11. How do you communicate your thoughts and feelings to your partner?
How does your partner communicate with you?
How do you handle conflict in your relationship?

12. With the addition of a child, how do you foresee this affecting your relationship?
 - How do you expect this to impact the amount of time you will be able to spend together?
 - How do you expect this to impact the time you will be able to spend on yourself?
13. What do you like to do for fun?
 - What are your hobbies and interests?
 - What community activities do you participate in?
14. Describe the following regarding your home:
 - what the inside consists of and looks like;
 - the space you have prepared for the additional child;
 - what the outside looks like and the kind of neighborhood you live in;
 - what family pet(s) you have or plan to have;
15. What are the three most important personal values you desire to pass on to your child?
16. How do you, or how will you, discipline your child?
 - Will you use physical punishment?
 - If so, what form will it take?
 - how often will it be administered?
 - under what circumstances? (be specific)
17. What three things do you like best about yourself?
 - In what about yourself do you take the most pride?
 - What positive personal changes have you made as an adult?
18. Do you like to give and receive physical demonstrations of affection from those close to you?
 - Do you like displays of affection in public, in private?
 - In what ways do you demonstrate affection?
19. What traits do you dislike most about others?
20. What crises have you coped with as an adult?
 - How did you handle these crises?
 - Do you feel you were successful, and how?
 - If you could do it over again, what would you do differently?
21. Have you been in therapy or other treatment for emotional difficulties?
 - If so, please describe the circumstances.
 - If so, describe the results.
22. What is the greatest personal risk you have ever taken?
 - How did it turn out?
23. What are the three major personal goals you hope to achieve in the next five years?
24. What are your fondest childhood memories?
25. Please list the schools you have attended, including
 - city and state where the schools were located
 - the dates you were there
 - your major and any degrees received.

26. Describe your school experience:
 - your relationship with teachers and peers;
 - your dating experiences;
 - your extra curricular activities;
 - the highest grade you completed.
27. Have you ever had a problem with law enforcement authorities?
 - Have you ever been charged with a crime, arrested, or placed on probation?
 - Have you ever spent time in jail?
 - If you answered yes to any of these questions, please explain.
28. Have you ever been involved with a child protective services agency?
If so, please explain.
29. Have you ever had, or do you now have, a significant health problem?
If so, please explain.
30. Do you smoke? If yes, how much and for how many years?
Do you drink alcohol? If yes, how much and for how many years?
Do you take prescription or other drugs? If yes, please state for what condition, what drugs, the amount and for how long?
31. How did you arrive at the decision to pursue a certain line of work?
32. Which jobs have you found particularly satisfying or unsatisfying?
33. Describe your present job. Please give the following information:
 - name of employer;
 - date of employment;
 - job-related responsibilities;
 - your general attitude toward your job;
 - your desire, or lack of desire, to stay in your present position;
 - your career goals.

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34. What supportive resources do you turn to in times of stress?
Whom do you rely on: friends, relatives, spiritual leaders, etc?
What activities do you rely on: reading books, receiving counseling, working hobbies, etc?

Rev. 1/04

Adoptive Parent Reference

Adoptive Applicant's Name(s): _____

Date: _____



The above-named person(s) hopes to adopt a child and has requested this agency to conduct a home study. Please fill out this reference carefully and thoughtfully to assist us in the process of determining their character and ability to parent an adopted child. Please fill out both pages. If you need more space, feel free to attach additional pages. Thank you for your help!

How long have you known the applicant(s)? _____

In what capacity? _____

Please describe the personality of each applicant. _____

Please comment on their character and values. _____

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If married, please describe the applicants as a couple. _____

(Continued on Page 2)

If single, please describe the applicant's support system for parenting a child.

Please describe them as parents or potential parents.

If the applicant already has children, please describe the children's adjustment and the applicant's parenting techniques.

What hesitations or concerns, if any, do you have about recommending the applicant(s) to adopt a child?

Your Signature (s)

Your Name (s) Printed Legibly

Your Address and Phone Number

(____) _____

Thanks again for your assistance!

Adoptive Parent Reference



Adoptive Applicant's Name(s): _____

Date: _____

The above-named person(s) hopes to adopt a child and has requested this agency to conduct a home study. Please fill out this reference carefully and thoughtfully to assist us in the process of determining their character and ability to parent an adopted child. Please fill out both pages. If you need more space, feel free to attach additional pages. Thank you for your help!

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angel@adoptionangel.org

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(Continued on Page 2)

If single, please describe the applicant's support system for parenting a child.

Please describe them as parents or potential parents.

If the applicant already has children, please describe the children's adjustment and the applicant's parenting techniques.

What hesitations or concerns, if any, do you have about recommending the applicant(s) to adopt a child?

Your Signature (s)

Your Name (s) Printed Legibly

Your Address and Phone Number

(____) _____

Thanks again for your assistance!

Adoptive Parent Reference

Adoptive Applicant's Name(s): _____

Date: _____



The above-named person(s) hopes to adopt a child and has requested this agency to conduct a home study. Please fill out this reference carefully and thoughtfully to assist us in the process of determining their character and ability to parent an adopted child. Please fill out both pages. If you need more space, feel free to attach additional pages. Thank you for your help!

Oregon

How long have you known the applicant(s)? _____

Columbia East
10011 SE Division - Suite
314
Portland, OR 97266

In what capacity? _____

Voice: 503-233-1099
Fax: 503-258-2487

Please describe the personality of each applicant. _____

Email:
info@heritageadoption.org

Bend, Oregon

Voice: 541-318-7446

Lake Oswego, Oregon

P.O. Box 964
Lake Oswego, OR 97034-
0106

Please comment on their character and values.

Washington

Vancouver, WA
Voice: 360-993-5608

Adoption Angel
Call toll free:
1-888-331-4040

Email:
angel@adoptionangel.org

If married, please describe the applicants as a couple.

www.heritageadoption.org

(Continued on Page 2)

If single, please describe the applicant's support system for parenting a child.

Please describe them as parents or potential parents.

If the applicant already has children, please describe the children's adjustment and the applicant's parenting techniques.

What hesitations or concerns, if any, do you have about recommending the applicant(s) to adopt a child?

Your Signature (s)

Your Name (s) Printed Legibly

Your Address and Phone Number

(____) _____

Thanks again for your assistance!

PHYSICIAN'S REPORT

To *Heritage Adoption Services*:



Oregon
Columbia East
10011 SE Division - Suite 314
Portland, OR 97266

Voice: 503-233-1099
Fax: 503-258-2487

Email:
info@heritageadoption.org

Bend, Oregon
Voice: 541-318-7446

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P.O. Box 964
Lake Oswego, OR 97034-0106

Washington
Vancouver, WA
Voice: 360-993-5608

Adoption Angel
Call toll free:
1-888-331-4040
Email:
angel@adoptionangel.org

www.heritageadoption.org

_____ has been a patient of mine for the past _____ months / years. S/He was last seen on _____, 200____. I have treated her/him for the following condition(s): _____

This condition relates to her/his ability to parent in the following way:

What prescription medication does this patient take, if any? _____

Please describe this patient's use of tobacco, alcohol and/or drugs.

Her/his overall physical and mental health is _____

(For the next three items, please circle the appropriate response.)

This patient does / does not have any communicable diseases.

This patient does / does not have a normal life expectancy. If not, please explain.

I do / do not have hesitations recommending this patient as a potential adoptive parent.

Signed: _____

Name: _____

Address: _____

Phone: _____

PHYSICIAN'S REPORT

To *Heritage Adoption Services*:



Oregon
Columbia East
10011 SE Division - Suite 314
Portland, OR 97266

Voice: 503-233-1099
Fax: 503-258-2487

Email:
info@heritageadoption.org

Bend, Oregon
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Vancouver, WA
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This patient does / does not have a normal life expectancy. If not, please explain.

I do / do not have hesitations recommending this patient as a potential adoptive parent.

Signed: _____

Name: _____

Address: _____

Phone: _____

Instructions for the Employment Verification Letter:

- 1. Ask your employer to type an original letter using the following format.**
- 2. Note that the salary stated in your home study must match this letter.**

Date: _____

Heritage Adoption Services
Columbia East
10011 SE Division, Suite 314
Portland, OR 97266

To Whom It May Concern:

This letter is to verify the employment of _____

Date of Hire. _____

Position / Job Title: _____

This position is a permanent / non-permanent position. (Please circle).

Annual gross salary for the year 2003 was \$_____

Annual projected gross salary for the year 2004 is \$_____

This employee is / is not covered by health insurance. (Please circle).

This employee's adopted child will / will not be eligible for health insurance coverage.

(Please circle)

Sincerely,

STATE OF _____

COUNTY OF _____

Signed before me on this _____ day of _____, 200__ by

SEAL:

Notary for the State of: _____

My Commission Expires: _____

Instructions for the Employment Verification Letter:

3. Ask your employer to type an original letter using the following format.

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(Please circle)

Sincerely,

STATE OF _____

COUNTY OF _____

Signed before me on this _____ day of _____, 200__ by

SEAL:

Notary for the State of: _____

My Commission Expires: _____

