

HOME STUDY UPDATE

Name
Address
Address
Home phone number
Work number (spouse 1)
Work number (spouse 2)
Cell number (spouse 1)
Cell number (spouse 2)

HOME VISIT

Date:

Present: [PAP NAME(s)]

(any child/children in family and any adult living in home should also be present for part of visit)

SUMMARY:

[PAP NAME(s)] were interviewed on *date* for the purpose of updating their home study, initially approved on *date*. Joseph and Jane hope to (adopt a child from Korea, China etc.), of either gender and up to the age of _____. They are open to a placement of a child with _____ (list details of placement situation they desire such as openness on special needs, siblings, etc). For a special needs adoption, state the types of special needs the applicants are open to consider. *(Please indicate whether there are any changes to PAPs child preferences/approval since the last report. If so, please include discussion within the report [can be in significant changes or managing the wait section] on what prompted PAPs to make these, what training or education they have done pertaining to them, and the worker's assessment of PAPs' readiness).*

State reason for conducting this update such as to meet state regulations, renew USCIS approval, move to a new home, etc. The home study preparer has reviewed the home study being updated or amended and is personally and fully aware of its contents.

[PAP NAME(s)] were asked whether they had been previously rejected for a home study, or have started a home study without completion, have ever relinquished custody of a

child, or had ever been the subject of an unfavorable home study. To each question, [PAP NAME(s)] answered “no.”

SIGNIFICANT CHANGES IN THE PAST YEAR

Include any key changes in life – note change in employment or same, potential adoption situations that did not develop.

MANAGING THE WAITING PERIOD

Any difficulties, involvement in support groups, work, vacations, support network.

Discuss preparation and readiness – have they been reading adoption literature, speaking with medical specialists and locating resources (especially if adopting a child with special needs), attending Waiting Parents’ Meetings, language classes, etc. (*Barker requires that PAPs complete 6 hours of continuing education per year, so discussion of what training they have completed/how they have continued to prepare for their adoption should be reflected in the update*).

HEALTH

A report dated _____ was received from (doctor, city and state) indicating that [PAP #1] is in very good physical and mental health. [PAP #1 pronoun] is emotionally, physically, and mentally stable and doesn’t present with any behavioral issues that would prevent [PAP pronoun] from providing a loving home for any child placed in this family. No referrals to medical or mental health professionals were made.

A report dated _____ was received from (doctor, city and state) indicating that [PAP #2] is in good physical and mental health. [PAP #2 pronoun] is emotionally, physically, and mentally stable and doesn’t present with any behavioral issues that would prevent [PAP #2 pronoun] from providing a loving home for any child placed in this family. No referrals to medical or mental health professionals were made.

A medical exam was completed for (Child’s name) on (Date) by (Physician’s name, credential, location of office). The evaluation indicates that (Child’s name) X’s routine inoculations are current, he/she is free of communicable diseases, and his/her physical and emotional development are within the normal range.

Repeat for each child in home.

HOME AND COMMUNITY

If there have been no changes in home or community since original home study, or previous home study update, please state such.

If the family has moved: please include detailed home description with all information required in full home study (description of home and child’s room, community resources and diversity, etc.). Statement that the home meets/exceeds the state requirements for a

safe and suitable accommodations for a child & Assessment of the suitability of home and community for a child adopted internationally.

State whether there are weapons in the home. Provide a statement about the PAPs signing Barker's weapons policy and DATE. **NOTE**: worker is person who verifies weapons are appropriately secured.

Statement re: household pets being current on rabies and other immunizations

FINANCES

[PAP NAME(s)] are well prepared to provide for a child. The family's adjusted gross income in (Year) was (amount) according to the 1040 Tax Forms submitted by [PAP NAME(s)]. List current incomes separately for each adoptive parent. Salaries, assets and liabilities were verified using letters from employers, financial statements, bank letters, tax forms and the family's self report,

The family's total assets are approximately (amount.) List of assets (real estate properties, bank accounts, investments, automobiles, personal properties, etc.). The family's total liabilities are approximately (amount). List of significant debts, including but not limited mortgage payment, automobile payment, bank loans, student loans and other loans, etc. List the family's net worth.

The family's monthly income versus monthly expenditures, including car payment, mortgage payment, insurance payments, utilities, childcare and miscellaneous expenses, etc. This leaves a monthly remaining discretionary of \$XXX.

(Family name(s)) are well-able to support a child with this remaining income.

The family has life insurance in the amounts of (\$), with (wife's name) as beneficiary, and (\$) with (husband's name) as beneficiary.

The family has health insurance, which covers their adopted children and is effective upon placement without limitations for pre-existing conditions.

CRIMINAL AND CHILD ABUSE CLEARANCES

As part of its routine procedures, *the [agency name]* conducted criminal background checks on the applicants. Clearances were received from the (name of the local police office) for (Name) on (Date) and for (Name) on (Date). FBI clearances were received for (Name) on (Date) and for (Name) on (Date). Child abuse clearances were received from the (name of the local child welfare department) for (Name) on (Date) and for (Name) on (Date). No criminal record or child abuse/neglect listings were found.

(Please include clearances for any state PAP has resided in since the last home study report.)

When asked, (Name) and (Name) each responded that they do not have histories as offenders, whether in the United States or abroad, of substance abuse, sexual abuse, child abuse, or domestic violence, even if such history did not result in an arrest or conviction.

When asked, (Name) and (Name) each responded that they do not have histories of transferring or receiving permanent custody of a child outside of the state/local authorities or outside of the state/local process.

In addition, (Name) and (Name) individually replied “no” to the following questions:

- a. Have you ever been arrested or convicted, whether in the United States or abroad?
- b. Do you have a history of being convicted of child abuse, sexual abuse, or domestic violence, whether in the United States or abroad?
- c. Do you have a history of alcohol, drug or substance abuse, whether in the United States or abroad?

****NOTE:** Please be sure to include the above information for all adults over the age of 18 living in the household. ******

DUTY OF DISCLOSURE

[PAP NAME(s)] (and name for any other adult member of the household) have been informed of the Duty of Disclosure (8 CFR 204.311 (d)) and have signed the agency’s Duty of Disclosure statement on DATE. They understand the following:

1. They must give true and complete information to [agency name] and their social worker;
2. They must disclose any arrest, conviction, or other adverse criminal history in the US or abroad, even if the record has been expunged, sealed, pardoned, or the subject of any other amelioration;
3. They must disclose other relevant information, such as physical, mental or emotional health issues, or behavioral issues;
4. This Duty of Disclosure is an ongoing duty which continues until there is a placement. They and any adult household members must notify [agency name], and the USCIS of any new event or information that might warrant submission of an amended or updated home study.
5. A single incident of sexual abuse, child abuse, or family violence is sufficient to constitute a “history”.

[PAP NAME(s)] have also been informed by [agency name] that failure to disclose under this Duty of Disclosure could result in the denial of their adoption application by [agency name] and/or the USCIS.

EVALUATION, RECOMMENDATION AND APPROVAL

[Agency name] has conducted a home study update and found (Name) and (Name) to be well-prepared for the adoption of a child (or twins) (or sibling group) from (country or program). In the judgment of this Agency, they have shown that they are capable of

providing for the emotional, physical, financial, and educational needs of a child (or twins) (or sibling group).

[PAP NAME(s)] have met all of the requirements for adoption in the State of [name]. This Home Study Update has been prepared in accordance with licensing standards for approved adoption agencies, the State of [name], USCIS, the Hague Convention and the country of origin.

[Agency name] certifies that all copies of this home study update are identical and will be provided to (country) and the Citizenship and Immigration Services. To the best of our knowledge, the [last name] family meets all the requirements identified by [country] to adopt from [country] and all facts reported in this home study update that are relevant to the eligibility and suitability of the family to adopt from [Country) according to these specific requirements are true and accurate.

(Insert specific country specific requirements-see below.

[For South Korea:] South Korea requires that couples applying to adopt meet the following requirements at the time home study is first submitted to country: be a heterosexual couple married a minimum of three years; be in good physical and mental health; have the financial ability to care for a child; be accepting of a child's religious freedom and willing to respect their choices surrounding religion; have no recorded criminal history of child abuse, domestic violence, sexual assault or drug use, or have any history of drug or alcohol dependence; must be between the ages of 25 and 45 unless one of the applicants is of Korean heritage, is an adoptee of any heritage, or has adopted from South Korea previously; and have no more than four children currently in the home. NAME and NAME meet these qualifications.

[For India]: India requires that applicants applying to adopt meet the following requirements at the time home study is first submitted to country: be married a minimum of two years if adopting as a couple; be in good physical and mental health; have the financial ability to care for a child; have no more than two children unless adopting a child with special needs or relative, and adoptive parents' combined age must be less than 90 years in order to adopt a child less than four. NAME and NAME meet these qualifications.

****Note:** If adopting a child between 0-2 as a couple, combined age must be less than 85 years. If adopting a child between 2-4 as a couple, combined age must be less than 90 years. If adopting a child between 4-8 as a couple, combined age must be less than 100 years. If adopting a child between 8-18 as a couple, combined age must be less than 110 years. If adopting as a single applicant, age must be under 40 years to adopt from 0-2, under 45 years to adopt a child between 2-4, under 50 years to adopt from 4-8, and under 55 years to adopt between 8-18. Couples and single women may adopt a child of either gender. Single men are only eligible to adopt a male child.

[Agency name] therefore recommends and approves (Name) and (Name) for (Please include specific approval of age range at time of referral/placement, gender, number of children, health status, and country of adoption, etc. Also state that the family has been approved for a child with special needs, if applicable.

AGENCY’S CERTIFICATION/AUTHORITY TO CONDUCT HOME STUDIES

[Agency name] is a 501(c)(3) not-for-profit child placement agency, licensed in [state]. [Agency name] is authorized to conduct home studies in the states of [name states] under its license. The [PAPs state of residence] license number is _____ with an expiration date of _____.

[name of social worker] is a social worker for [agency name]. She/He is authorized under the [name of state of the parents’ residence] law to conduct home studies in the State of [name of state]. Her/his license number is [license #] with an expiration of [date].

[Agency name] is authorized under 22 CFR part 96 to complete home studies for international adoption cases as a Hague Accredited adoption service provider. The expiration date of [agency name’s] Certificate of Accreditation issued by the Center for Excellence in Adoption Services (CEAS) is DATE.

The home study update is the property of [agency name]. It was prepared solely for the purpose of an adoption from (country) through The Barker Adoption Foundation. It is not to be reproduced or used for any other purposes without permission from [agency name].

Declaration of Home Study Preparer

The signer of this home study, hereby declare, under penalty of perjury under U.S. law, that:

- 1. The signer personally, and with professional diligence reasonably necessary to protect the best interests of any child whom the applicant might adopt, actually conducted the home study or supervised the home study, and all other aspects of the investigations needed to prepare the home study, and*
- 2. The factual statements in the home study are true and correct, to the best of the signer’s knowledge, information and belief, and*
- 3. The home study preparer has advised the applicant and any adult household members of the duty of disclosure, specifically noting the ongoing duty of disclosure of new events or information, which may require an updated or amended home study.*

Prepared by:

Name, Academic or Licensure Credentials

Adoption Home Study Update of:

Joseph and Jane Smith

Social Worker

(Date)

Approved by:

Name, Academic or Licensure Credentials
Title

Date of Home Study Update Approval: _____