

Rebecca Conner, LICSW, PIP
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Ashville, AL 35953
(205) 310-0581

HOME STUDY APPLICATION

Payment completed through: _____ Mail _____ Cashapp _____ Zelle
Cashapp: \$RebeccaConner
Zelle: conneradoption@gmail.com

ADOPTIVE PARENT 1:

First Name: _____ Middle: _____ Last: _____

Maiden/Former Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ E-Mail: _____

Social Security Number: _____ Date of Birth: _____

Age: _____ Birthplace (city, county, state): _____

Race: _____

Current Employer's name and address:

Occupation/position: _____ Years with this employer: _____

List last 3 employers and length of employment

How many previous marriages do you have? _____

For each previous marriage, please list how it ended (death, divorce, dissolution, annulment, etc.)

Date each marriage ended (month, day, year)

For each divorce, list the county and state where divorce finalized:

Highest level of education completed: _____

Religious affiliation: _____

Do you have a chronic physical, emotional, mental ailment/illness? If yes, describe fully:

Do you take any medications on a daily basis? If yes, describe fully:

If you are pursuing a domestic home study:

List the states and countries you have lived in last 5 years:

If you are pursuing an international home study:

List the states and countries you have lived in last 5 since the age of 18:

ADOPTIVE PARENT 2:

First Name: _____ Middle: _____ Last: _____

Maiden/Former Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ E-Mail: _____

Social Security Number: _____ Date of Birth: _____

Age: _____ Birthplace (city, county, state): _____

Race: _____

Current Employer's name and address:

Occupation/position: _____ Years with this employer: _____

List last 3 employers and length of employment

How many previous marriages do you have? _____

For each previous marriage, please list how it ended (death, divorce, dissolution, annulment, etc.)

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Do you take any medications on a daily basis? If yes, describe fully:

If you are pursuing a domestic home study:

List the states and countries you have lived in last 5 years:

If you are pursuing an international home study:

List the states and countries you have lived in last 5 since the age of 18:

OTHER HOUSEHOLD MEMBERS

List all people living in your home currently or in near future and if they have lived in any other states in last 5 years list those states:

MARRIAGE

Date married (month, day, year): _____

Place married (city, county, state): _____

CHILDREN IN HOME OR THAT VISIT REGULARLY (exclude grown children)

List full name(s) and age(s) of all children in the family, including any minor children of a former marriage, regardless of their place of residence. This also includes children away at college that have not moved out permanently.

GROWN CHILDREN LIVING OUT OF HOME PERMANENTLY

List full name(s), age(s), and **emails** of all grown children who live out of the home permanently.

CHILD DESIRED

Describe the age, gender, and race

Where did you hear about Conner Adoption Support Services?

- WDJC
- 1800homestudy.com
- google search
- PairTree Family
- referral from _____
- other _____

CRIMINAL HISTORY

Has either applicant ever been convicted of any crime involving the below list of charges? If yes, please describe fully:

A sex-related crime, including sexual abuse, exploitation, rape, child pornography, or incest

Serious intentional physical injury or death of any person, including murder, manslaughter, assault, reckless endangerment, or kidnapping

A crime against a child, including abandonment or endangerment

An armed property crime, such as burglary or robbery

Arson

Both acknowledge and affirm that all information provided herein is true and accurate.

Adoptive Parent 1 Date

Adoptive Parent 2 Date