



Caring Adoption Associates, LLC
(484) 494-0235

www.caringadoption.com

HOME STUDY QUESTIONNAIRE

Please answer the questions below honestly. Your responses to the questions will not result in an automatic rejection of you as an adoptive parent. Your Adoption Coordinator will discuss these topics with you in more depth at the home study visit.

Most history and conditions can be acceptable to Caring Adoption Associates. However, failure to disclose them can result in a denial of your home study by Caring Adoption Associates or the Bureau of Citizenship and Immigration Services.

Each applicant needs to complete a separate questionnaire. If you prefer to discuss the information below with a Caring Adoption Associates staff member, please contact our offices to speak personally with your Adoption Coordinator about any specifics below at 484-494-0235.

Applicant's Name: _____

Adoption and/or Foster Care History

	Yes	No
Have you ever had a home study done before?		
Have you ever been rejected as a potential adoptive parent or foster parent?		
Are you an adoptive parent?		
Are you and adoptee?		
If you marked "Yes" to any of the above, please explain.		

Criminal History

	Yes	No
Have you ever been arrested and/or fingerprinted as a juvenile?		
Have you ever been arrested and/or fingerprinted as an adult?		

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Have you ever had any criminal offenses expunged from your record?		
Have you ever been arrested without a conviction?		
Have you ever been abused as a child?		
Do you have a history of child abuse?		
Do you have a history of sexual abuse?		
If you marked “Yes” to any of the above, please explain. (You may also be asked to provide documentation.)		

Health History

	Yes	No
Do you have any health problems or history of health problems?		
Have you ever had a problem with alcohol or drug use or abuse?		
Have you ever been in a relationship where there was domestic violence?		
Have you ever been in counseling?		
Have you ever been diagnosed with depression, bipolar disorder, or any other mental health problem?		
Have you ever taken medication to treat a mental health problem?		
If you marked “Yes” to any of the above, please explain.		

Adoptive Parent’s Signature: _____ **Date:** _____

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