



## HOME ADOPTION STUDIES, INC.

### WELCOME and INSTRUCTIONS Home Study Report

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.

Please start these forms after we have received your application and you have had your orientation visit. Please note, we can begin scheduling your home study meetings after we receive your final packet.

**When completing your forms, always use your FULL LEGAL NAME – no nicknames! Please NO STAPLES and FRONT SIDE Pages Only! Please remit all paperwork within 60 days of your orientation visit. This will help you in maintaining an updated study. Please mail the packet priority mail once completed to the address below.**

\*\*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 **eight** 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 Sherry Keadle at 404-447-0414.

*Sherry Keadle*  
CEO

## COMPLETING YOUR HOME STUDY DOCUMENTS

Your home study documents must be dated within **two** months of when you begin your home study report!

\*Please DO NOT STAPLE your documents together. **Front Side Only! NO front and back pages!**

- 1.** Orientation Checklist- Over view of home study process, fees, and paperwork, sign this **and send it with the packet.**
- 2.** Policies- Please review and sign the last page.
- 3.** Post Placement Agreement: This is the contracted agreement that we will complete your post placement visits.
- 4.** Self-Studies: Please complete one for each adoptive parent. Please answer all questions and then sign.
- 5.** Criminal Check Acknowledgement: Please sign. The Criminal Check Acknowledgement is an acknowledgment that background checks will be conducted for all members in the household age 18 and over. All members of the home age 18 and over must fill out these forms.
- 6.** Criminal Checks: **Instructions for the local, GBI, and FBI are within this packet.**
  - a.** Child Abuse Registry Form: Fill out the appropriate sections of the Child Abuse Registry. *All members of the home age 18 and over must fill out this form. Please sign the form and email it to us. If you can not type the information, then we will complete that portion for you.*
  - b.** 911 Screen: Completed by the dispatch unit, or E911 communications unit, at your local police or sheriff's department. **They may require you to fill out their form or complete it by email.**
  - c.** Georgia Parolee, Corrections Checks, and National Sexual Offender Registry Check: Will be performed by your Case Worker

**PLEASE NOTE:** Call your local police or sheriff's department and ask them the following questions before you go:

- Do they complete criminal checks a., c., and e.?
- Is there a fee charged for adoptions? Do they take credit cards or cash only? What is the charge per person?
- Are there set days and times that these criminal checks are completed for the public?

- 7.** Arrest Disposition and Letter of Explanation (if applicable): If either of you have ever been arrested for any reason, no matter how long ago it may have been, **Georgia requires that you obtain a complete "arrest disposition". This means** you will write a letter of arrest disposition which will show what you were arrested for, what you were convicted of, what restitution you may have made (i.e. paid a fine, **community service, jail time, etc...**). You must also write a letter explaining the circumstances surrounding the arrest and the steps you have taken to ensure that you would never be arrested for similar reasons again.
- 8.** Medical Report: One per adult family member age 16 and over. This form must be completed by your physician, **a nurse practitioner, or PA. They must be signed and print** their name along with the date. A **13 panel** urine drug screen must be performed on all members in the home age 16 and older and the results included in your packets. You will **also** need to be tested for TB (age 16 and over) and HIV and include these test results in your packets. Please schedule this appointment as quickly as possible as completion of the Medical Report frequently delays the completion of the home study.

**9.** Pediatrician Report AND Immunization Verification: This form must be completed by your pediatrician, **nurse practitioner, or PA** for each child, signed, and they must print their name along with the date. The form must be signed. **Please also obtain a recent copy of your child's immunization record to be included with** the letter.

**10.** Health Insurance Verification: Photocopy the front and back of your health insurance card(s).

**11.** Guardianship Letter: Please fill out the information with the persons who will assume care of your child if you were to be unable to parents or die unexpectedly.

**12.** Child Safety Agreement: Please read thoroughly, initial, and sign. **Please fill out the Disaster Plan as well.**

**13.** Firearm and Pool Safety Statements: Please sign and return both forms.

**14.** Financial Form and Mortgage/Lease Verification: Complete all applicable sections. Please attach a copy of your warranty deed, mortgage payment stub, or lease agreement to this document.

**15.** Most Recent Federal Tax Returns: Please provide the summary pages of the 1040 (page 1 and 2) from your most recent Federal Income Tax return (Form 1040). These are the first and second pages of your return, be sure that you have signed the second page. We do not need copies of your schedules or attachments.

**16.** Employment Verification: This form must be photocopied, or the information transferred, on to company letterhead, **signed**, and dated by your employer. If you are eligible for bonus pay, this information should be included. If you are self-employed, your CPA must complete a verification letter on their letterhead by indicating the name of your company, **income for the previous year, and recommendation that the current year's income should be the same or better.**

**17.** Employment History: Please copy your resume or list the past 10 years of employment (or post- college if applicable). Please list the name of the company and the calendar years that who worked there.

**18.** Reference Letters: Five references must be obtained (1-family member / 4-non-family members). These references can be emailed to Home Adoption Studies, or you, to give to your case worker at the home visit. NOTE: If you have worked with children in any capacity in the past five years, one of the four references must be obtained from that particular employer.

**19.** Adoption Training Certificate: Please sign send with you packet. The date will be filled in later.

**20.** Authorization Letter: Please sign with notary. We will need this in order to share your information with ICPC and verify your information.

**21.** Address Form: List all of your previous addresses for the past 5 years, unless international.

**22.** Grievance Form: This form is for you to keep in case you have a grievance with Home Adoption Studies professional performance. If you have a grievance you would fill out this form and send it to our address at the attention of our Board of Directors. They will properly and in a timely manner address your concerns.

### Additional Documents You Need to Provide:

**We need a COPY only :**

marriage certificate, citizenships, all birth certificates, divorce decrees, adoption finalizations, and/or death certificates.

Pet Vaccinations: Obtain copies of these records from your Veterinarian showing all animals in the home to be up to date with regard to rabies and required vaccinations.

Pictures: Provide pictures of the adoptive mother, adoptive father, front of your home, room where your adopted child will reside and (if applicable) a photo of children already residing in the home. We can accept a black and white photocopy and emailed copies of your adoption profile for this.

Septic Tank Letter (if applicable): You must provide a letter from your county health department, or a septic tank inspection company, stating that the septic tank is clean, in working order, and can accommodate an additional person in the home. This can take some time to schedule. Your county health department will be less expensive than a private inspection company and should not be more than \$100. **If you are on City water and Sewer please provide a recent bill.**

Well Water Test (if applicable): If your home is served by well water, please provide a well water test showing the water to be free of contaminants.

**If you are on City Water and Sewer: We need a most recent bill.**



## HOME STUDY PACKET CHECKLIST

Here are the documents needed in order for each Home Study packet:

- Orientation Letter
- Police Signature Page
- Home Study Application
- Home Study Agreement
- Fee Schedule
- Post Placement Agreement
- Self Study (husband & wife)
- Criminal Check Acknowledgement
- Child Abuse Registry Check
- Local Criminal Records Check(s)
- National and Georgia Sexual Offenders Check(s) (provided by HAS)
- Parolee Data Base Screen (provided by HAS)
- Georgia Department of Corrections Check(s) (provided by HAS)
- 911 Call report for last five years
- Finger printing results with Gemalto (GAPS) State Clearances
- Finger prints results with FBI (Domestic Only)
- Arrest deposition and explanation (if applicable)
- Medical Evaluations (includes \*HIV, TB, and \*drug screen) \* Domestic Only \_\_\_\_\_
- Pediatrician Evaluation(s) (if applicable)
  - Health Insurance verification (including copy of card)
  - Guardianship Letter
  - Child Safety Agreement
  - Disaster Plan
  - Fire Arms Statement
  - Swimming Pool Statement
  - Financial Statement (attached verifying information, including mortgage or rental stub)
  - Most current tax returns for last year (1040 pages only)
  - Employment Verification (husband & wife)
  - Resume or list of the last 10 years of employment (or since college)
  - Copy of drivers license (husband & wife) and Passports (for international) \_\_\_\_\_
- Copy of Auto Insurance
  - Copy of birth certificates, citizenships, adoption finalizations, marriage certificate, divorce decrees, or death certificates
  - Family Profile (picture of family, front of home, and room for baby)
  - Current Pet Vaccinations
  - Septic Tank Inspection or City Water and Sewer Bill
  - Well Inspection (if applicable)
  - 5 Reference Letters
  - Training Documentation
  - Address Form
  - Signed HIPPA Form
  - Notarized Authorization Form
  - Grievance Form (for you to keep if needed)



## Orientation Checklist

The following information has been covered regarding Home Adoption Studies services and home study reports:

1. Services offered by Home Adoption Studies
2. The Fee schedule and Refund policy
3. The DHR regulations and legal procedures involved in adoption
4. The minimum requirements for an adoptive parent and home
5. The procedure for the home study process and expected completion time
6. The process children use to locate birth parents and the process birth parents use to locate children
7. Type of children available, selection, and placement process
8. The forms and documents needed to complete the home study
9. Behavioral management and Child Safety Agreement
10. Adoptive parent training and certificate
11. Grievance Policy
12. Additional questions

Follow up needed: \_\_\_\_\_

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Client Signature(s) and Date: \_\_\_\_\_

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Representatives Signature and Date: \_\_\_\_\_



## **POLICIES AND PROCEDURES AND HOME STUDY ORIENTATION FOR ADOPTION HOME STUDY REPORTS**

**SERVICES PROVIDED:** Home Adoption Studies is a home study agency only. We are licensed to complete adoptive home study reports and evaluations for families who wish to adopt either domestically or internationally. We also prepare court reports and post placement reports for domestic and international adoptions.

**ELIGIBILITY REQUIREMENTS:** Any person, either married or single, may apply to the agency for the completion of a home study report. The minimum requirements for any home study report involve three home study meetings (at least one must be in your home), medical evaluations for all members of the household, verification of finances and employment, criminal history background checks, adoption education, reference letters, completion of self-study reports, and a home inspection. We are not able to work with any applicant who may have a felony conviction.

**APPLICATION FOR SERVICES:** Any person, or married couple, (residents of Georgia) desiring to apply for an adoptive home study evaluation will receive instructions to complete an application packet the documents for which can be found on this agency's website. The adoptive applicant(s) then forwards to Home Adoption Studies by mail or email, an application for the purpose of entering into a contract with Home Adoption Studies to perform the Adoptive Home Study Assessment. The application must be signed and dated. (See "Welcome" and all other documents required for a home study report on our website at [www.homeadoptionstudies](http://www.homeadoptionstudies) under "Forms").

**ESTIMATED TIME TO COMPLETION OF HOME STUDY REPORT:** A home study report may be completed in as little as three weeks if all criminal checks and documents have been received. The time it takes to complete the home study report is largely dependent upon how quickly the adoptive family can gather the documents as required by the State of Georgia.

**DETAILED EXPLANATION OF FEE STRUCTURE:** Fees paid for services rendered are earned at the time of payment and are thus non-refundable.

- **ADOPTIVE HOME STUDY EVALUATION FEE:** The Adoptive Home Study Report fee is made in two payments and is due with the application and the second at the home study visit. The application fee of \$200 is due when the application is mailed or emailed to our office. On the home study visit, this agency will collect the remainder of the home study cost at \$1400 for domestic or \$1600 for an international home study report, and any mileage costs incurred on the final home study visit. **THESE FEES ARE NON-REFUNDABLE.**
- **EXPEDITIED HOME STUDY FEE:** A home study may be expedited (subject to the approval of the agency Director) for an additional fee of \$200. **THIS FEE IS NON-REFUNDABLE.**
- **FEES FOR MATERIAL CHANGES OR AMENDMENTS TO THE HOME STUDY REPORT:** Revisions to the home study report, or amendments needed (i.e. changes from international to domestic and vice versa, major updates prior to the expiration of the home study, etc.) **after** the final report has been written, approved and forwarded to the adoptive applicant are assessed at \$100 to re-issue the report or complete the amendment. This fee is due and payable at the time that the changes are made. **THESE FEES ARE NON-REFUNDABLE.**

- ADOPTION HOME STUDY UPDATE FEE: If your home study is expiring or has expired and you are a current client, a home study update fee of \$800 will apply as we will waive the application fee. If you are a new client to Home Adoption Studies, a fee of \$1000 is due and payable when a home study report must be updated. The increased fee for non-Home Adoption Studies families is due to the increased amount of paperwork required. This fee is collected at the home study meeting in the adoptive parent's home. **THIS FEE IS NON-REFUNDABLE.**
- SUBSEQUENT HOME STUDY FEE: If you are a former client and would like to adopt again, within 2 years, a subsequent home study fee of \$800 will apply as we will waive the application fee. If you are a new client, a fee of \$1000 is due and payable when a home study report must be updated. The increased fee for non-Home Adoption Studies families is due to the increased amount of paperwork required. This fee is collected at the home study meeting in the adoptive parent's home. **THIS FEE IS NON-REFUNDABLE.**
- POST PLACEMENT FEE: A fee of \$250 is due and payable at the time of each post placement visit. **THIS FEE IS NON-REFUNDABLE.** **\*\*Please note that failure to comply with the required post placement reports for both domestic and international adoptions will delay the finalization of your adoption.**
- COURT REPORT: If a court report is needed for an adoption finalization, we will complete the Court Report for a fee of \$250. **THIS FEE IS NON-REFUNDABLE.**
- FEE FOR MILEAGE AND TRAVEL TIME: Mileage for the case worker to and from the adoptive family's home, or agreed upon meeting place, will be assessed at current IRS guidelines in place at the time of the meeting. **THESE FEES ARE NON-REFUNDABLE.**
- COPIES OF THE HOME STUDY REPORT: Home Adoption Studies will provide the adoptive family with two notarized originals of the home study report, if requested by the agency. We also provide a PDF version of the entire packet. Additional original home study reports and/or home study documents needed which are requested **after** the initial home study report has been released are available at \$25 each (\$50 for supporting document included)). Payment must be sent to our main office before the request will be processed. **THIS FEE IS NON-REFUNDABLE.**
- RECEIPT FOR SERVICE: The adoptive family will receive a receipt listing agency expenses and the fees paid when the home study report is issued.

**LEGAL PROCEDURES INVOLVED IN ADOPTION:** The adoptive family will be advised of the various legal issues involved in adoption. This will include birthparent rights, adoption searches, the selection and placement process, the ICPC or CIS process, post placement reports, and finalization of their adoption. This will occur during the training home study meeting.

**THE ADOPTIVE HOME STUDY PREPARATION, PROCESS, AND PROCEDURES:** Home Adoption Studies will acknowledge acceptance of the application by phone or email at which time the home study orientation may be scheduled.

The Adoptive Home Study Assessment is the process by which the adoptive family engages the services of Home Adoption Studies to determine the readiness of their home for the placement of an adoptive child or children. A key element of this process is the preparation of the family for the placement, including education, support, and contact with other adoptive families. This process is a contractual agreement which is entered into voluntarily. Either party may terminate the process at any time. The termination of the Adoptive Home Study Evaluation process shall be acknowledged by the written and signed notification to the other party by mail or email. Any fees paid up to this point are non-refundable.

The Adoptive Home Study Evaluation Process is comprised of the following components:

- The assessment of the adoptive family for adoption services shall include a minimum of one visit. The visit includes; the adoption orientation, and the applicant(s), and any other individuals who reside in the home, shall be seen and interviewed at the home visit, the training, and the home inspection.
- The family will complete a personal profile questionnaire or "self-study". The adoptive family will also provide copies of the birth and marriage certificates, divorce decrees, and adoption decrees for all members of the household as applicable. This written questionnaire and all other documents required for the home study report must be on file with Home Adoption Studies before the family's home study report can be issued by the agency.
- Approval or disapproval of the adoptive family for the placement of a child shall be made by the Adoption Case Worker in conjunction with the agency's Executive Director including the Case Work Supervisor. These staff members shall review the written home study report and any supporting information and data as necessary. The adoptive family will be notified in writing as to the disposition of the evaluation.
- A decision on approval of the adoptive applicants shall be made within 10 days of the last contact with the applicant(s) and/or receipt of all required home study documentation. A denial of the home study report will be fully documented in the adoptive family's file. Adoptive families receiving an unfavorable home study assessment will be given a list of resources with which to strengthen areas which Home Adoption Studies perceives as limitations. It is the policy of this agency not to provide a home study report to persons with felony convictions.
- A completed Adoptive Home Study Assessment which contains a favorable recommendation does not guarantee the placement of a child or children in the applicant(s) home. Placement of a child or children is the responsibility of the applicant's placement source (the "placing agency or attorney" for either a domestic or international adoption). Home Adoption Studies cannot be held responsible, either financially or in any manner, for the outcome of the adoption process.
- Prospective adoptive families should not apply and begin the home study process until they are ready to participate fully in the process. Fees, interviews, and documents expire at twelve months from the time the application is received; therefore, delays during the home study process will result in a family having extra interviews, revising documents, and paying additional fees.

**POST PLACEMENT SERVICES:** According to regulations for the State of Georgia regarding families who adopt a child within the State of Georgia, either Home Adoption Studies or the family's placing agency or attorney will conduct a minimum of two post placement visits after the placement of a child, monthly visits prior to the Petition for Adoption being filed. The first visit shall be made within 30 days of placement of the child. There shall be 30 days between the required home visits. Post placement visits will continue on a quarterly basis until finalization has been completed.

For families adopting a child from another state, the originating state and/or placement agency may require additional post-placement visits and the adoptive family will follow the post placement requirements of the other state or the state where the adoption is being finalized.

It is the sole responsibility of the adoptive family to contact Home Adoption Studies regarding post placement services in compliance with agency, state and/or country regulations for post placement supervision according to the schedule of their placement agency. The adoptive applicant agrees to pay the post placement fee and mileage costs incurred for supervision services to the agency at the time the service is rendered. The length of the post placement supervision varies from case to case and each applicant must cooperate and fulfill their obligations for post placement supervision.

**INTERSTATE PLACEMENT OF CHILDREN:** Home Adoption Studies shall comply with the applicable laws of the State of Georgia and with the provisions of the Interstate Compact on the Placement of Children, known as ICPC. ICPC is the interstate agency provided in each state, that regulates the approval of adoptive parents with the placement of adoptive children concerning temporary placement of a child with the adoptive family before finalization. This process usually takes around 10 to 15 days to complete after the birth or placement of the child.

**ADOPTION FINALIZATION:** The adoptive family shall engage, at their own cost, legal representation for the finalization of their adoption. In the case of a domestic adoption, this shall take place at the conclusion of the post placement period and after all requirements have been fulfilled for both the sending and the receiving state.

**POST-ADOPTION SERVICES:** In addition to post placement services, Home Adoption Studies is available as a resource and counselor on an on-going basis to our adoptive families. We welcome a continued relationship with our families through the years.

**UPDATE OF HOME STUDY:** Domestic home study reports remain valid for one year from the approval date. All documentation provided for the home study report remains valid for twelve months from the date on the particular document. It is the sole responsibility of the adoptive family to contact Home Adoption Studies to update the adoption home study report *at least* six weeks prior to the expiration of a home study report.

**GRIEVANCE PROCEDURE:** All applicants shall have the right of appeal of grievances. Applicants agree not to engage an attorney and/or enter into litigation. Should a difference arise between an applicant and their adoption case worker, such differences must be settled in the following manner:

- Grievances should first be discussed with the adoption case worker involved. If the difference is not resolved, the applicant should inform the adoption case worker in writing as to the nature of the grievance within two working weeks. At that time, the applicant should request a conference with the Case Work Supervisor. If needed, the Case

Work Supervisor will meet with the applicant(s) at the Case Work Supervisor's office within two working weeks of the date of receipt of the applicant's written grievance request.

- If resolution is not reached within two weeks after the applicant meets with the Case Work Supervisor, the nature of the grievances shall be presented, in writing, to the Executive Directors by the applicant. The Case Work Supervisor and the case worker will also report, in writing, the results of their findings to the Executive Directors. The Executive Directors will arrange a meeting within two weeks, between the applicant(s), the Adoption Consultant, and the Adoption Supervisor. The Executive Directors will render a decision, in writing, to the applicant(s), the Case Work Supervisor, and the case worker, usually within two weeks after the conference. The decision of the Executive Directors is final.
- If this procedure does not result in an agreeable resolution, the applicants may choose to participate in an objective, professional mediation service and abide by the recommended resolution. The adoptive applicants will pay for these mediation services.

**ESTABLISHING, MAINTAINING, AND STORAGE OF RECORDS AND FILES:** Home Adoption Studies shall maintain adoption records pertaining to each family. All finalized, or closed files, and all legal documents will be housed in the administrative office until the adoption is finalized and/or the case is closed. These records are to be maintained in fireproof, locked file cabinets. Once the adoption is finalized and/or case closed, the adoption records will be converted to a non-paper format. It is the adoptive applicant's responsibility to keep copies of *all* their documents. Documents provided to Home Adoption Studies by the adoptive family become an official part of the the agency's records and are the sole property of Home Adoption Studies.

**CLIENT'S RESPONSIBILITY FOR KEEPING DOCUMENTS CURRENT:** The prospective adoptive family further acknowledges that under the laws of the State of Georgia, the home study will be valid for a period of twelve months from the date upon which the report is completed and signed by the agency. Supporting home study documents may be current for only one year from the date on the individual document (i.e., medicals, Child Protective Service forms, criminal history reports, reference letters, pet vaccinations, sewage and water approval, employment letters. etc...), depending upon the requirements of individual placement agencies, states, or countries. **Even though the home study may not have expired at the time of a referral for the placement of a child, the supporting documents may have expired and will need to be resubmitted to Home Adoption Studies, as an addendum.**

**Important: There is no feasible way for Home Adoption Studies to know the following:**

- When a referral from a placement agency will be made
- If, at the time of referral, the client's documents are current
- Changes in document requirements of the placement agency or another state

It is the sole responsibility of the adoptive family to contact Home Adoption Studies and their placement agency prior to the one-year anniversary of the documents to determine whether or not updated documents need to be submitted by the adoptive family to the placement agency in order to meet the requirements of the placement agency or the state from which the adoptive applicants are adopting. The adoptive family may access all home study forms and criminal background check instructions from our website. (Exception: Applicants adopting through a Texas Placement Agency must have certain documents updated every six months.)

**CRIMINAL HISTORY FOR ADOPTIVE CLIENTS:** All adoptive applicants must be forthcoming and honest about a criminal charge. If an applicant has ever been fingerprinted for an arrest, the GBI and/or the FBI report will show this arrest. It is understood by the adoptive applicant(s), that no matter what they have been told by a police officer or an attorney, if they were ever fingerprinted regarding a law enforcement matter, this information will show up on a GBI or FBI criminal background check. This includes charges made by the applicant when underage, expunged records, and dropped charges. Felony convictions will almost always result in the inability to obtain a favorable home study report.

**BEHAVIOR MANAGEMENT:** Home Adoption Studies is committed to the philosophy that effective behavior management is based on consistency and effective communication of expectations and consequences. The long-term goal of behavior management is to teach children self-control and self-discipline. The type of behavior management needed is determined by the age of the child and the child's individual needs and personality. Distraction, reasoning, "time-out" and cause and effect learning techniques are all effective means for teaching a child's self-control skills. Corporal punishment is never an appropriate form of discipline.

The following forms of behavior management shall not be used by a prospective adoptive parent(s):

- Assignment of excessive or unreasonable work tasks
- Denial of meals or hydration
- Denial of sleep
- Denial of shelter, clothing, or essential personal needs
- Denial of essential services
- Verbal abuse, ridicule, or humiliation
- Manual holds, chemical restraints or mechanical restraints
- Seclusion or confinement of a child in a room or area which may reasonably be expected to cause physical or emotional damage to the child; or
- Seclusion or confinement of a child to a room or area for periods longer than those appropriate to the child's age, intelligence, emotional makeup and previous experience, or confinement to a room or area without the supervision or monitoring necessary to ensure the child's safety and well-being.
- Children shall not be permitted to participate in the behavior management of other children.

Home Adoption Studies shall take appropriate corrective action when it becomes aware of, or observes, the use of prohibited forms of behavior management. Documentation of the incident and the corrective action taken by the agency shall be maintained in the case records of the child and family.

## **International Clients Additional**

### **Policies Hague Standards**

#### **§ 96.36 Prohibition on child buying.**

**(a) The agency, known as Home Adoption Studies, Inc., or person prohibits its employees and agents from giving money or other consideration, directly or indirectly, to a child's parent(s), other individual(s), or an entity as payment for the child or as an inducement to release the child. If permitted or required by the child's country of origin, an agency or person may remit reasonable payments for activities related to the adoption proceedings, pre-birth and birth medical costs, the care of the child, the care of the birth mother while pregnant and immediately following birth of the child, or the provision of child welfare and child protection services generally. Permitted or required contributions shall not be remitted as payment for the child or as an inducement to release the child.**

**(b) The agency, known as Home Adoption Studies, Inc., or person has written policies and procedures in place reflecting the prohibitions in paragraph (a) of this section and reinforces them in its employee training programs.**

**Home Adoption Studies, Inc. is an exempt provider, and therefore, does not permit or require any receiving to or by this agency of monetary payments in connection with the birth parents, medical, costs, care of the child, or care of the birth mother, during the adoption process or proceeding the adoption. Any monies received by adoptive parents or potential adoption parents are only in connection with or related to the home study and post placement visits.**

#### **Prohibition on Child Buying**

**Home Adoption Studies, Inc. strictly prohibits the buying or selling of a child from it's employees, agents, or it's clients seeking or in the process of adoption. If either employee, agent, or client is found to be in violation of these laws or any other Hague or Federal immigration law they or their contract will be immediately terminated. They will be turned over to the proper authorities concerning such crimes. Any and all legal action required will be enforced.**



# Home Adoption Studies

## Policies/Orientation Agreement Page

By signing the below I/we acknowledge that I/we have read, understand, and comply with the policies and procedures listed in this document as set forth by Home adoption Studies, Inc.

I/We have read the policies, procedures, and orientation pages. I/We have been made aware of the requirements and procedures for a home study, and we have been educated in general adoption laws for Georgia. We have been made aware of the ICPC process.

I/we understand that this home study is performed in accordance with 8 CFR 204.3(e) and any applicable Georgia State Law requirements, such as those listed in O.C.G.A. 49-5-12, Chapter 290-9-2. A grievance form with instructions has been given to the applicant(s) if any issues of how the study was conducted need to be reported.

I/we agree to provide factual statements in the home study true and correct, to the best of my/our knowledge. The preparer has advised the applicant of the duty of candor, specifically including the on-going duty concerning disclosure of new events of information warranting submission of an updated or amended home study.

The Post Placements will be conducted by Home Adoption Studies as per the guidelines of the sending state prior to finalization. A post placement agreement with the client has been signed accordingly.

I/We have been advised that the home study report expires one year from the approval date.

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**Applicant Signature/Date**

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**Applicant Signature/Date**

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**Case Worker Signature/Date**



## ***HOME ADOPTION STUDIES, INC.***

### **POST PLACEMENT AGREEMENT**

Post placement reports are written after your child has been placed in your home. These visits evaluate and assess your child's adjustment, developmental milestones, medicals, and social skills since becoming a part of your family. Post placement visits are required by the State of Georgia. The number and frequency of visits will depend on which state or country from which your child was placed. Home Adoption Studies will communicate directly with your placing agency or countries government regarding the frequency of the post placements reports. Please note the fee Schedule for Post Placement Visit pricing.

I, \_\_\_\_\_, agree to use Home Adoption Studies, Inc. for my post placement supervisory visits.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Sherry Keadle  
Executive Director  
Home Adoption Studies, Inc



# Self-Study

A major task of the home study process is getting to know you as an individual, couple and as a family. This is not a test; your answers will reflect your thoughts and feelings. Please complete these questions without talking with your spouse. After completing the autobiography you may compare answers, however, please do not change what you have written. If you need more space, please use additional paper.

Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ (Maiden) \_\_\_\_\_ Last \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONALITY:**

Describe your personality; include what you view as your strengths and weaknesses.

What activities or hobbies do you enjoy? What gifts or abilities do you have?

**CHILDHOOD AND FAMILY OF ORIGIN:**

Describe the family in which you grew up. Please include your current relationship with your parents and siblings.

What types of activities did your family do together? How did your parents discipline you and your siblings? What aspects of their parenting do you hope to emulate & what will you avoid?

**RELIGION:**

What is your religious background, and current involvement?

**MARRIAGE:**

When/how/where did you and your spouse meet? How long did you date prior to marriage?

Describe any change(s) you would like to make in your marital relationship to make it better?

What interests do you share with your spouse? What are your separate interests?

How do you divide family responsibilities i.e. wage earnings, household jobs, child care?

What are your relationships with each other's family? How do they feel about your adoption plans?

Please describe the circumstances of any previous marriage(s), divorce(s). List how you came to dissolve the marriage. Give name of spouse, length of marriage, children of the marriage and relationship with them today.

What did you learn from this experience? How has it affected your current marriage?

**CHILDREN:**

If you have children already, please give a description of them, their ages, personality, characteristics, interests, strengths and weaknesses. Indicate if they are birth children, adopted children or foster children.

How does/do your child(ren) feel about your adoption plans?

**PARENTING STYLE/DISCIPLINE:**

What experience, if any, have you had with children?

How do you anticipate a child (or another child) will impact your life?

What will your methods of discipline be with your children? How would you set limits? What do you feel are important characteristics of good discipline?

**ADOPTION MOTIVATION:**

When did you first start thinking about adoption and why?

If infertility is present, please comment on when and what medical diagnosis/consultation you have received and how long ago. Are you still pursuing medical means to conceive?

Do you and your spouse feel the same about adoption? Who initiated the action?

Describe how you will help your child(ren) understand their adoption?

To what extent are you willing and expecting to have contact with your child's birth parents?

**EMPLOYMENT:**

Describe your current job (position, responsibilities, hours, job satisfaction).

Explain your desires and expectations for the care of your child from birth through school, (i.e. day care or stay-at-home parent) and what are your thoughts on a parental leave of absence from work after placement?

**HEALTH:**

Describe your general health.

Have you ever received any personal or family counseling? Please explain.

**HOME AND COMMUNITY:**

Describe your house (size, number of rooms), & property.

**FAMILY LIFESTYLE:**

Describe what you do to have fun as a family, perhaps describe a typical weekend day.

**PRE-CLEARANCE:**

1. Have you ever been arrested? If so, explain.
2. Do you have a history of substance abuse?
3. Do you have a history of sexual or child abuse?
4. Do you have a history of domestic violence?
5. Have you ever been rejected as a prospective adoptive parent or have been the subject of an unfavorable family home study?
6. Do you have any firearms in your home?
7. Do you have a swimming pool on your property?

**QUESTIONNAIRE FOR APPLICANTS WHO MAY CONSIDER ADOPTING CHILDREN OF OTHER RACES AND CULTURES (One copy per family)**

What has influenced you to consider adopting a mixed race child, a child of another race, or a child from another culture?

Have you discussed your interest for parenting mixed race child, a child of another race or a child from another culture with your family? What was their reaction?

Do you have friends or neighbors who are of the same race as the child that you wish to parent?

What is the racial composition of your neighborhood?

Are there persons in your life that could be models to the child as a regular part of that child's life?

How will a child in your home learn about his/her own race, culture, and history?

How do you feel your decision to parent a racially mixed child will benefit you? How do you feel it will benefit the child?

How will you teach coping skills to a child of different race?

What problems do you think might come up in school, or your neighborhood? How would you handle this?

What have you done to learn about other races and culture? Specifically the race of the child you are wanting to parent.

How might you help your child deal with discrimination he/she will experience?



## **HOME ADOPTION STUDIES, INC.**

### **CRIMINAL CHECK ACKNOWLEDGEMENT**

I/We the under signed, do hereby understand and consent to Home Adoption Studies conducting various background checks on my/our behalf as is required by the State of Georgia for the completion of a home study report.

I/We further consent to these documents being shared as is necessary for the completion of our home study process to offices such as my/our placement agency and Georgia ICPC.

I/We understand that these background checks include, but are not limited to, the following and that additional checks may be required at any time:

- a local criminal history check
- a state level criminal history check
- an FBI criminal history check
- a child abuse history check for all States lived in the past five years
- a sexual offenders registry check for all States lived in the past five years
- a parole history check for the State of Georgia

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Adoptive Father (print) \_\_\_\_\_ Date \_\_\_\_\_

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Adoptive Mother (print) \_\_\_\_\_ Date \_\_\_\_\_

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Adoptive Father signature \_\_\_\_\_

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Adoptive Mother signature \_\_\_\_\_

# Home Adoption Studies

## CRIMINAL BACKGROUND CHECK

Background checks are required for all couples. You have to have a local background check from your local police/sheriff's department, a state (GBI/GCIC) background check, and a federal (FBI) background check. **IT IS VERY IMPORTANT THAT YOU FOLLOW THESE INSTRUCTIONS!**

**\*\*If you have an arrest in your background, please give an explanation of what happened and the steps you have taken to ensure that you would never be arrested for similar reasons again.**

### **LOCAL BACKGROUND CHECK**

Go to your local police/sheriff's department and ask for a local background check. They will most likely have a form for you to complete. They will do a name check through NCIC/GCIC. Check with them before you go to do your background checks about payment type. Some only accept cash, cashier's check, or money order. **\*\*If the police/sheriff's department tells you that they can also do your GBI checks, they are either referring to the name check or they will do ink prints for you to mail in which will take a lot longer. You CANNOT use instantcriminalchecks.com.**

### **FBI BACKGROUND CHECK**

To obtain your FBI fingerprints, you will need to find a local provider that offers digital FBI fingerprinting services. Ensure the location is capable of producing results that include the official FBI logo. Avoid mailing in traditional fingerprint cards. You can use [www.printscan.com](http://www.printscan.com) or [www.fieldprintusa.com](http://www.fieldprintusa.com) to schedule your appointment. If prompted for a code, simply select the option indicating you don't have one. Please note, only an FBI background check is required.

### **GBI/GCIC BACKGROUND CHECK**

The GBI/GCIC prints, visit <https://ga.state.identogo.com> and follow the following instructions:

- Enter the Service Code: **2TGQTY**
- For Reviewing Agency ID, enter **GAP233769** (case sensitive). There is NOT a Requesting Agency ID
- Click on Start Enrollment
- Complete the required fields
- Print the confirmation email or have it on your phone with the registration number. You will need this at the fingerprinting location along with your ID.
- **Once you have completed your fingerprints, please contact our agency at 404-447-0414 to inform us.** Your results will be available within 24 to 48 hours but will only be accessible for 7 days. Hope for Adoption will retrieve the results and give you a copy of the results.



## HOME ADOPTION STUDIES, INC.

### LOCAL CRIMINAL RECORD CHECK

TAKE THIS FORM TO YOUR LOCAL POLICE OR SHERIFF'S OFFICE

I hereby authorize Home Adoption Studies, Inc., located at 5886 Tyree Rd, Winston, 30187 (404) 447-0414, to receive any criminal history record pertaining to me, which can be accessed lawfully in the files of any state or local criminal justice agency in Georgia.

**Applicant's Name:** \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

**TAKE TO POLICE DEPARTMENT TO FILL OUT THIS SECTION**  
**(OFFICIAL USE ONLY)**

This statement is to certify the criminal arrest files in the State of Georgia have been served by name and social security number and reveal the following information on the above listed person.

No Arrest Record  See attached GCIC printout  
 Arrest Record as follows

Criminal Justice System \_\_\_\_\_

Signature of Authorized Person \_\_\_\_\_

Notary \_\_\_\_\_

Date \_\_\_\_\_



## HOME ADOPTION STUDIES, INC.

### 911 SCREEN

**NOTE: ONE FORM PER HOUSEHOLD**

*Where every child H.A.S. a home!*

**TAKE THIS FORM TO THE POLICE DEPARTMENT**

I hereby authorize Home Adoption Studies, Inc. at 5886 Tyree Rd, Winston, GA 30187, 404-447-0414, to receive documentation of all 911 calls pertaining to me for the last five years, which can be accessed lawfully in the files of any state or local criminal justice agency in Georgia. Please use one form per address.

**Applicant Names:** \_\_\_\_\_

<b>Last</b>	<b>First Name Husband</b>	<b>First Name Wife</b>
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**Address:** \_\_\_\_\_

<b>House No.</b>	<b>Street</b>	<b>Apt. No.</b>
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<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>COUNTY</b>
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<b>Husband's Social Security Number</b>	<b>DOB</b>	<b>Age</b>
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<b>Wife's Social Security Number</b>	<b>DOB</b>	<b>Age</b>
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<b>Husband's Signature</b>	<b>Date</b>
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<b>Wife's Signature</b>	<b>Date</b>
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**TAKE TO POLICE DEPARTMENT TO FILL OUT THIS SECTION  
(OFFICIAL USE ONLY)**

This statement is to certify the criminal arrest files in the State of Georgia have been served by name and social security number and reveal the following information on the above listed person.

No 911 Call Record

See attached 911 Call Record Printout

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Criminal Justice System      Name and Title

Signature of Authorized Person

---

Date

**GEORGIA DEPARTMENT OF HUMAN RESOURCES**  
**Home Adoption Studies**  
**Medical Evaluation of an Adult in a Foster or Adoptive Home**

Name of Person Examined: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Foster Care Applicant  Adoption Applicant

This form will aid the Department in determining the physical wellness and capabilities of foster and/or adoptive parents who are or may be caring for children. Please complete the following summary of health problems, conditions, and medication use that may affect his/her ability to maintain alertness, endurance, and performance of tasks and responsibilities associated with caring for up to six children, ages 0 to 18 now and for the foreseeable future (five to ten years).

---

#### **I. HISTORY**

1. Check any health problems:

<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Depression	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Lung Problems	<input type="checkbox"/> Obesity	<input type="checkbox"/> Sleep Disorder	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Poor Ambulation	<input type="checkbox"/> Confusion	<input type="checkbox"/> Allergies
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Weak/Frail	<input type="checkbox"/> Dementia	<input type="checkbox"/> Other
<input type="checkbox"/> Asthma	<input type="checkbox"/> Vision	<input type="checkbox"/> Epilepsy/Seizures	
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Hearing	<input type="checkbox"/> Strokes/Paralysis	

Explain **all** medical condition(s) checked and any other chronic conditions:

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2. Are there any condition(s) that are progressive in nature? Yes  No   
If yes, explain: \_\_\_\_\_

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3. Is there a terminal illness that could interfere with this person's ability to care for a child in the next \_\_\_ 5 years,  
\_\_\_ 10 years \_\_\_ 15 years? If yes, explain: \_\_\_\_\_

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4. Medication(s): \_\_\_\_\_

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Are there any physical limitations as a result of medication(s)? Yes  No   
If yes, explain: \_\_\_\_\_

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5. Illness/Injuries, Operations or Hospitalizations during the last 5 years:

Illness/Injury	Operation	Hospitalization	Date	Outcome

**6. Health Habits**

Is there a history of substances used by the applicant and what degree of impairment exists, if any, from the substance use?

Alcohol  
Tobacco

\_\_\_\_\_

Drugs  
Other

\_\_\_\_\_

## II. PHYSICAL EXAMINATION

HEIGHT	WEIGHT	TEMPERATURE	PULSE	BLOOD PRESSURE (INDICATE IF NORMAL)
HEART			LUNGS (INCLUDING TUBERCULIN (TB) SKIN TEST OR CHEST X-RAY RESULTS)	
EYES			VISION	
EARS			NOSE/THROAT	
TEETH/GUMS			ABDOMEN	
ENDOCRINE			PELVIS	
NERVOUS SYSTEM			EXTREMITIES	
<b>CURRENT LABORATORY RESULTS:</b>				
URINALYSIS: SPECIFIC GRAVITY			ALBUMIN	
MICROSCOPIC			GLUCOSE	
<b>OTHER LABORATORY TEST (NAME, DATE AND RESULTS)</b>				

Summary of abnormal physical findings that would affect caring for a child:

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## III. PHYSICAL CAPABILITIES

In your medical opinion could your patient physically be able to:

1. Lift a child:  
 Under 6 months Yes  No   
 6 months to 3 years Yes  No

2. Walk/maneuver 50-100 feet without major difficulties: Yes  No

3. Bend/stoop, kneel, reach: Yes

4. Is an assistive device needed to walk, bend/stoop, kneel, or reach? Yes  No   
 If Yes, what type? \_\_\_\_\_

5. Are there any medical conditions which limit this person's physical ability to care for a medically complex child which may include the ability to:  
 Lift from a bed to chair, etc. Yes  No  Don't Know   
 Frequent Feedings Yes  No  Don't Know   
 Frequent Suctions Yes  No  Don't Know   
 Frequent Monitoring Yes  No  Don't Know   
 Frequent Medication Yes  No  Don't Know   
 Frequent Nebulizations Yes  No  Don't Know   
 Frequent Treatments Yes  No  Don't Know

Are any limiting conditions temporary? Yes  No

If yes, which condition(s): \_\_\_\_\_

For each condition, how long will the limitation exist? \_\_\_\_\_

#### IV. CERTIFICATION/SIGNATURE

I certify that this individual is found free from symptoms of communicable disease.

Yes  No  If No, explain: \_\_\_\_\_

I certify that the individual has no physical or cognitive limitations that would prevent her/him from parenting.

Yes  No  If No, explain: \_\_\_\_\_

With appropriate signed releases, I am available to discuss this report.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(this can be signed by a PA, NP, LPC, etc.)

State License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_



## **HOME ADOPTION STUDIES, INC.**

### **TO BE COMPLETED BY FAMILY PHYSICIAN**

Name and Birth date of Child: \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Is this child current on all immunizations: \_\_\_\_\_

Is this child free of communicable and contagious diseases? \_\_\_\_\_

Please comment on the health and development of this child: \_\_\_\_\_

Please comment on the level of care that this child has received in the home: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



## **HOME ADOPTION STUDIES, INC.**

### **Health Insurance Verification**

Date: \_\_\_\_\_

In reference to: \_\_\_\_\_  
(List employee and others covered under plan (spouse, children))

This is to verify the employee has health insurance through their employment through \_\_\_\_\_  
\_\_\_\_\_ (Insurance Company)

CONTACT PERSON (Human Resources): \_\_\_\_\_  
Name/Title/Telephone number

Please attach a copy of the front and back of the insurance card to this form.

An Insurance copy for each spouse must be provided, unless under the same policy or employer.



**HOME ADOPTION STUDIES, INC.**

## **GUARDIANSHIP LETTER**

Father's Full Legal Name

Mother's Full Legal Name

Do you have a legal will? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date of will completion \_\_\_\_\_

In the event of the deaths or incapacitation of (Parent's Names) \_\_\_\_\_

I/We have instructed the following person(s) to assume guardianship of our child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Profession: \_\_\_\_\_ Age: \_\_\_\_\_

Profession: \_\_\_\_\_ Age: \_\_\_\_\_

Names/Ages of Guardian's children: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Adoptive parent

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Adoptive parent

# Child Safety Agreement

## Adoption Care Services:

### RELATIVE CAREGIVERS CHILD SAFETY AGREEMENT

*This form contains information about the safety of the children placed in your care by DFCS or PAPs. Your initials and signature indicate your acknowledgement that the agency has reviewed with you the safety requirements outlined in this form and that you are in agreement with the safety requirements for foster homes as stated below.*

*Animal Safety-As children are the primary victims of animal bites, (I/we) agree to comply with the following mandates listed below to assure the safety of any child placed in (my/our home):*

- Provide close supervision of children when around animals.
- Refrain from keeping dangerous or aggressive dogs, or other pets, in the home, unless properly secured with a leash, fence or cage, etc.
- Notify Home Adoption Studies immediately if any dog attacks a child placed in your home.
- Ensure all pets have current inoculations.

Relative  
Caregiver(s) Initial  
Below

*Gun Safety-Firearms take the lives of thousands of children each year. To prevent the accidental death of any child placed in (my/our) home, (I/we) agree to the following mandates:*

- Inform Home Adoption Studies of the presence of firearms in (my/our) home, now or at any time in the future.
- Secure all firearms in (my/our) home, using one of the commercial brand safety locks available for this purpose, or under lock and key.
- Keep all firearms unloaded and out of the view and reach of children in the home.
- Never allow children placed in the home to handle guns.

Relative  
Caregiver(s) Initial  
Below

*Motor Vehicle Safety- Motor vehicle accidents are the leading causes of death for children of all races, ages 5-14, according to national statistics. To ensure the safety of children placed in (my/our) care, (I/we) agree to adhere to the following safety precautions while riding or driving motorized vehicles:*

- Secure children under the age of six (6) in a federally approved child safety restraint seat that is properly installed according to the manufacturer's instructions.
- Secure children six (6) and older in the rear seat of the vehicle with federally approved and properly installed safety seat belts.
- Refrain from transporting children/youth under 18 years of age in the bed of a pickup truck at any time. Children must always be properly secured with safety seat belts.
- Consult with the Case Manager prior to allowing a child to ride as a passenger or driver on any of the following: automobile (as driver only); motorcycle; motorbike; all terrain vehicles; small, high-speed watercraft and other similarly motorized vehicles.

Relative  
Caregiver(s) Initial  
Below

*Supervision- Children in care are required to be supervised by appropriate adult caretakers at all times. In keeping with this requirement, (I/we) agree to adhere to the following:*

- Provide appropriate adult supervision for the children in my care at all times.
- Refrain from leaving children placed in my care in the supervision of minors.
- Refrain from leaving children unattended in a motor vehicle.
- Refrain from leaving children in the care of unauthorized adult caretakers. Any substitute caretaker should have the agency's approval.
- Obtain approval from the agency prior to leaving older children (13 and older) unsupervised.

Relative  
Caregiver(s) Initial  
Below

*\*Water Safety- According to the recent statistics, drowning ranks highest among the causes of accidental deaths for children and youth 0-24. Foster parents whose primary or alternate place of residence is equipped with an in-ground /above ground swimming pool are required to take extra safety precautions with children placed in their care. To ensure the safety of children in our home, (I/we) agree to the following water safety guidelines:*

- Inform Home Adoption Studies immediately if/when our home fits the above criteria.
- Know or learn how to swim.
- Hold a current certificate in CPR or First Aid.
- Obtain a certificate in Basic Water Rescue.
- Enroll all children 3 years of age and older placed in the home in a swimming class taught by a certified instructor.
- Complete all water safety requirements within one (1) year of the child's placement in the home.
- Ensure direct adult supervision of children when around bodies of water.
- Ensure the compliance with any local or state ordinances regarding pools or waterfront property.
- Secure the entire perimeter of the pool area with a fence and locked gate of sufficient height to prevent the entry of young children.
- Obtain the approval of Home Adoption Studies staff prior to allowing any child to ride or operate any watercraft.

*\*Note: Homes with ponds, or homes located on waterfront property, are required to employ substantive safety measures to ensure the protection of children in the home.*

*Discipline Policy- DHR/DFCS policy prohibits the use of corporal or unusual punishment on a child in its custody. Children removed from their parents or other caretakers due to neglect or abuse must be disciplined in ways that do no perpetuate the physical and emotional pain experienced as a result of past inappropriate parenting practices. To ensure the safety and well-being of the children placed in (my/our) home, (I/we) agree to the following:*

- Refrain from the use of any corporal or unusual punishment on a child placed in (my/our) home, including, but not limited to the following: spanking, slapping, switching, shaking, pinching, biting, twisting, or pulling; tying with rope, withholding food, force feeding, denying mail; denying appropriate contacts with family, denying contact with worker; degrading child or child's family, or humiliating child; creating fear, anger and anxiety, locking child in a room, closet or outside the home; group punishment or delegating older children to administer punishment; destroying the child's property and any other practices which may physically or emotionally damage the child.
- When managing children's behavior, use the suggested alternative methods (or other effective means of discipline) made available by Home Adoption Studies.
- Seek on-going information/training to build and enhance (my/our) child behavioral management skills.
- Immediately inform the agency of the need for assistance in managing the behavior of any child placed in (my/our) home.

Relative  
Caregiver(s) Initial  
Below

**Note: This Caregiver Child Safety Agreement is reviewed with adoptive parents at the time of the initial approval of the home and at the time of the re-evaluation. Both caretakers are required to initial and sign as indicated.**

Father \_\_\_\_\_ / \_\_\_\_\_ (Date)

Mother \_\_\_\_\_ / \_\_\_\_\_ (Date)

Other Caregiver \_\_\_\_\_ / \_\_\_\_\_ (Date)

Case Manager \_\_\_\_\_ / \_\_\_\_\_ (Date)

## **DISASTER PREPAREDNESS PLAN**

This plan is for potential emergency situations and will be reviewed and revised annually or as needed.

1. Local and widespread weather emergencies will follow the national weather advisory. For tornadoes, individuals in the building will proceed to the room in the basement which is located down the stairs and around to the right. If an earthquake is happening, individuals in the building will drop, cover, and hold on under a desk or strong table. For hurricanes, ice/snow storms, and floods, we will follow the plan provided by the local and state authorities.
2. Manmade disasters such as acts of terrorism or hazardous materials will follow the plan provided by the local and state authorities.
3. Should any of the following events happen, families will be instructed to have a plan for such emergencies that they will communicate with the agency. They should talk through various scenarios and communicate how they will reach out to the agency should an emergency occur. The agency will request a list of contacts and their phone numbers both local and out-of-state that can be reached if the family cannot be reached. After several attempts to reach the family and reaching out to their contacts, the local authorities will be contacted to try to locate them and check on their safety.
  - a. Local and wide spread weather emergencies or natural disasters, such as tornadoes, hurricanes, earthquakes, ice or snow storm or floods.
  - b. Manmade disasters such as acts of terrorism and hazardous materials spills
  - c. Unanticipated interruption of services such as water, gas, or electricity
  - d. Loss of heat or air conditioning
  - e. Fire, explosion, or other physical damage
  - f. Pandemics or other situations where the community's needs exceed the placement homes and services provided by the agency
  - g. Mandated evacuation by government officials
4. Families should be prepared to shelter in place and have adequate supplies.
  - a. Three-day supply of non-perishable food and a manual can opener
  - b. Three-day supply of water (one gallon of water per person, per day)
  - c. Portable, battery-operated radio or television and extra batteries
  - d. Flashlight and extra batteries
  - e. First aid kit
  - f. Sanitation and hygiene items
  - g. Matches in a waterproof container
  - h. Whistle
  - i. Photocopies of identification, insurance, and credit cards
  - j. Cash and coins
  - k. Special needs items such as prescription medications, eyeglasses, contact lens solution, and hearing aid batteries
  - l. Items for infants such as formula, diapers, bottles, and pacifiers
  - m. Tools, pet supplies, and other items to meet their family's unique needs.
5. In the event that a family needs to evacuate, they should:
  - a. Plan for at least two sites that would serve as an evacuation site. (see worksheet)
  - b. Establish a meeting spot in their home where everyone can gather prior to evacuation
  - c. Keep their gas tank half full at all times to insure they will not run out of gas on the way to the evacuation site.
  - d. Plan for three days out of the home and have a basic evacuation kit ready at all times
    - i. Three-day supply of non-perishable food and a manual can opener
    - ii. Three-day supply of water (one gallon of water per person, per day)

- iii. Portable, battery-operated radio or television and extra batteries
- iv. Flashlight and extra batteries
- v. First aid kit
- vi. Sanitation and hygiene items
- vii. Matches in a waterproof container
- viii. Whistle
- ix. Extra clothing and blankets
- x. Kitchen accessories and cooking utensils
- xi. Photocopies of identification, insurance, and credit cards
- xii. Cash and coins
- xiii. Special needs items such as prescription medications, eyeglasses, contact lens solution, and hearing aid batteries
- xiv. Items for infants such as formula, diapers, bottles, and pacifiers
- xv. Tools, pet supplies, and other items to meet their family's unique needs.

- e. Once a family arrives at the evacuation site, they should notify the agency of their whereabouts.
6. The office shall always be supplied with enough staff and supplies based on the above criteria to provide room, board and watchful oversight during emergency situations.
7. The agency has a plan that shall be followed by its employees for the emergency transport or relocation of all children in placement homes, should it be necessary and written agreements with any agency who agree to receive the agency's children in these situations.
8. The agency shall document quarterly fire drills by the adoptive family.
  - a. Families should have a plan in the event of a fire and communicate it with the entire household.
  - b. They should determine two ways to escape from each room and make sure that the doors and windows open easily.
  - c. Families should have a predetermined spot outside of the home for a meeting place where everyone will meet once they are out of the home.
  - d. Smoke detectors should be in good working order and checked frequently
  - e. Fire drills should be conducted quarterly with everyone in the home to ensure that everyone knows the plan and how to get out of the house safely. A signed report shall be sent to the agency after each drill. Our family fire drill was completed on \_\_\_\_\_.

---

Applicant Signature and date

---

Applicant Signature and date

---

Case worker Signature and date

## FAMILY DISASTER PLAN

Family Name \_\_\_\_\_  
Family Address \_\_\_\_\_  
Family Phone Number \_\_\_\_\_

Instructions: Create a disaster plan for the family in case of emergency or in the event that the family needs to leave their home due to a natural disaster or catastrophic event. This form is completed by the family during the initial process and renewed as part of an update.

If I need to evacuate my home, I would re-locate to:

First Choice:

NAME	HOME PHONE NUMBER	ZIP CODE
ADDRESS	CELL PHONE NUMBER	E-MAIL ADDRESS
CITY	STATE	

Second Choice:

NAME	HOME PHONE NUMBER	ZIP CODE
ADDRESS	CELL PHONE NUMBER	E-MAIL ADDRESS
CITY	STATE	

Other means of contacting our family:

CELL PHONE NUMBER	EMAIL ADDRESS

Contact Person: Contact information for the person with whom I would be in touch with in case of an emergency, and who the agency contact would be, if necessary.

NAME	HOME PHONE NUMBER	ZIP CODE
ADDRESS	CELL PHONE NUMBER	E-MAIL ADDRESS
CITY	STATE	

I understand that:

- There are critical items that I am urged to take along when evacuating. These include: --Agency contact information
- Children's medical information
- Education records
- Identifying information for a child, including citizenship information
- Should any information included in this plan change, I am to update the form within 14 days of the change and provide the agency with an update.

APPLICANT 1 SIGNATURE: \_\_\_\_\_ APPLICANT 2 SIGNATURE: \_\_\_\_\_  
Date: \_\_\_\_\_



**HOME ADOPTION STUDIES, INC.**

## **FIREARM STATEMENT**

A portion of each adoptive home assessment addresses health and safety issues for children placed in their prospective home. Children are injured, or injure others, by playing with unsecured firearms or other weapons in the home. In order to be approved as an adoptive home; guns, rifles, shotguns or other weapons must be secured away from children. Gun cabinets must be locked. Weapons and ammunitions must be kept in separate locked locations inaccessible to children. Trigger locks must be used on guns and the weapons must be unloaded. Weapons in vehicles must be locked away from the reach of children.

Please complete the following statement. This statement will become part of your home study:

I/We have NO guns, rifles, shotguns or other weapons in our home or in our vehicle.  
(Initial)

I/We do have one or more weapons in our possession.  
(Initial)

Weapons in our home and or vehicle are safeguarded from children by the following means:

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The social worker must observe the weapon in a locked box, unloaded with the trigger lock on and with the ammunition stored in a separate locked location during the home visit.

Signed: \_\_\_\_\_ Date:  
Adoptive Parent

Signed: \_\_\_\_\_ Date:  
Adoptive Parent



## ***HOME ADOPTION STUDIES, INC.***

### **SWIMMING POOL STATEMENT**

A portion of each adoptive home assessment addresses health and safety issues for children placed in their prospective home. By law, pools must be fenced with a locked gate to prevent unsupervised access. In addition, the pool must meet all the applicable community ordinances.

Please complete the following statement. This statement will become part of your home study:

I/We do NOT have a swimming pool.  
(Initial)

I/We do have a swimming pool.  
(Initial)

The swimming pool is safeguarded from children by the following means:

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The social worker must observe the swimming pool and the fence with a locked gate during the home visit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Adoptive Parent

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Adoptive Parent

**Home Adoption Studies**  
**FINANCIAL STATEMENT FOR RESOURCE PARENTING**

Date:

Family Name:	Father:	Mother:
Father's Occupation:		
Name and Address of Employer:		
Date Employed:	Monthly/Yearly Gross Salary:	
Mother's Occupation:		
Name and Address of Employer:		
Date Employed:	Monthly/Yearly Gross Salary:	
Other Household Income:		
Home: <input type="checkbox"/> Owned <input type="checkbox"/> Rent	Monthly Payment/Rent:	
Amount of Mortgage:	Approximate Market Value:	
List all other Assets:		
Total Amount of Assets: (Including House)		
Life Insurance:		
Father:		
Mother:		
Health Insurance:		
Is an adopted child covered from date of placement:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a waiting period for pre-existing conditions:		Yes <input type="checkbox"/> No <input type="checkbox"/>

## FINANCIAL STATEMENT FOR RESOURCE PARENTING

List All Outstanding Debts: (show total owed and monthly payments) Attach additional page if needed.

(Name of Creditor)	(Total Owed)	(Monthly Payment)
Credit Card(s):	_____	_____
Automobile(s):	_____	_____
Bank Loan(s):	_____	_____
Furniture/Appliance(s):	_____	_____
Student Loan(s):	_____	_____
Other (list): _____	_____	_____

Monthly Expenses: (List all monthly expenses by name and amount) Attach additional page if needed.

(Monthly Expense)	(Amount of Expense)
Rent/Mortgage:	_____
Electricity:	_____
Gas:	_____
Water:	_____
Sewage:	_____
Telephone:	_____
Insurance:	_____
Automobile:	_____
Home:	_____
Health:	_____
Dental:	_____
Life:	_____
Medical and Prescription Expenses:	_____
Cable Television:	_____
Internet Service:	_____
Cell Phone:	_____
Groceries:	_____
Clothing:	_____
Tithes/Charitable Contributions:	_____
Child Support:	_____
Day Care:	_____
Other (list): _____	_____

Total Monthly Income (after withholding): \_\_\_\_\_

(-) Total Monthly Payments and Expenses: \_\_\_\_\_

(=) Available Monthly Surplus: \_\_\_\_\_



## Employment Verification

**(Delete this line and photocopy this form onto company letterhead, or if self employed you will need a letter from your CPA)**

Date: \_\_\_\_\_

In Reference to: \_\_\_\_\_

This is to verify the following information on the above mentioned employee of:

1. Dates of Employment: \_\_\_\_\_
2. Position: \_\_\_\_\_
3. Department: \_\_\_\_\_
4. Salary: \_\_\_\_\_

If you have any questions, you can contact us at: \_\_\_\_\_

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Name and Title



## HOME ADOPTION STUDIES, INC. ADOPTIVE FAMILY REFERENCE FORM

To: \_\_\_\_\_

Reference for: \_\_\_\_\_

- When and under what circumstances did you meet the applicant(s)? How often are you in contact with them?
- How would you describe their lifestyle, religious and cultural activities?
- How would you describe their home in terms of stability, communication, support network, etc?
- Describe their interactions with children?
- What special qualities will they bring to parenting?
- Are you aware of any aspects of their background or personality that may interfere in the successful parenting of a child?



## HOME ADOPTION STUDIES, INC. ADOPTIVE FAMILY REFERENCE FORM

Where every child H.A.S. a home.

- Do you have any doubts, reservations or hesitations about the applicant(s)?
- Are there any other comments you would like to share?
- Do you believe this will or will not make a good adoptive home?

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE/ EMAIL \_\_\_\_\_  
\_\_\_\_\_

Send to: [staff@homeadoptionstudies.com](mailto:staff@homeadoptionstudies.com)



# Training Certificate

Home Adoption Studies  
5886 Tyree Rd, Winston, GA 30187  
Phone: (404) 447-0414  
[staff@homeadoptionstudies.com](mailto:staff@homeadoptionstudies.com)

## Home Study Agency Certification of Adoptive Parent Preparation and Education

Adoptive families are required to be prepared and knowledgeable about adoptive issues. It is expected that we, as the home study agency, have provided this training for the adoptive family and we certify that this training has been satisfactorily completed by the adoptive parents(s). Time and experience has shown that it is extremely beneficial to the family to have help and access to resources early in the placement in order for the family to be assisted with their adjustment and with the child's adjustment regardless of whether you are adopting domestically or internationally. This certification verifies that the following topics have been discussed at length throughout the adoption home study process to the satisfaction of the adoptive parent(s) and the knowledge to the adoptive parent that this agency is available to them after placement should these issues warrant further discussion.

Your home study Case Worker will review and discuss the following topics with you throughout the home study process:

- For domestic adoption, the requirements of the Georgia Interstate Compact rules and guidelines.
- Finalization of the adoption process and how that process differs from state to state. For international adoption, the re-adoption requirements.
- Education for the family with regard to attachment and bonding. Discussing the basics of how bonding and attachment occur. Ways to facilitate bonding. The possibility of an attachment resistive or disordered child placed with them and that there is a continuum of severity with attachment resistive and disordered children. Awareness that infants are not immune from having attachment difficulties. Development of a plan to address these issues should they occur with their child(ren). Awareness of grieving in adopted children and how this impacts attachment.
- Preparation with regard to abandonment, separation and loss issues for the child as they relate to placement, during initial adjustment and at each stage of the child's development.
- Discussion of the various ways children grieve when they are separated from all that is familiar in their life and how they may experience that loss, as well as every day events perceived as losses during long-term adjustment.
- Discussion of the various behaviors families may anticipate from their child which relate to the grief process. Awareness that grieving has no time limit and may occur at any one or at numerous stages of development.
- Discussion of various forms of discipline and how different types of discipline may work for one child and not another. Corporal punishment is strongly discouraged. Offer of On-line-Library of resources.
- Discuss ESI's and Human Empowerment Leadership Principles (HELP) as a resource for intervention.
- The ability of the adoptive family to assess their personal level of self esteem and their ability to handle rejection, so that they can handle the rejection if that is an aspect of the child(ren)'s behavior during the attachment process.
- Awareness that there are no "perfect" children, just as there are no "perfect" parents. When problems come up that feel overwhelming, the adoptive parents must be willing to seek help and be open to changing their own perceptions as they learn and grow with their adopted children.
- Adoptive parent counseling regarding difficulties and delays associated with different types of adoption situations.

- Awareness and education regarding learning difficulties, known and unknown, which may be present in the child that they adopt.
- Education regarding Sensory Integration and/or Processing Disorder.
- Awareness of “special needs” and the many different definitions of “special needs” and how it may affect their placement.
- Respect for birthparents and the openness to communicating with those birthparents and their child’s relationship with his/her birthparents as they age.
- Attitudes regarding their adopted child’s culture and heritage. Awareness for having a plan to help their child develop an appreciation for their cultural heritage and to help the child develop a positive self-identity.
- Understanding that adoptive parents may parent the way they were parented. If there is any history of emotional, physical, substance or sexual abuse in the background of the adoptive parent(s), have they been able to adequately address these issues and in what ways has this been professionally evaluated?
- If there is a history of infertility, giving the family the opportunity to address this issue and come to terms with it.
- Help with assessing how to cope with crises.
- Preparation that adoption is a lifelong process and the child’s adjustment to their adoption is lifelong as well.
- Lack of accurate medical history for both domestic and international adoption is discussed.
- The affects of alcohol if the birthmother drank pre-natally. The affects of other forms of substance abuse. The possibility that an adopted child may suffer from the affects of various forms of drug use and it not be assessed prior to the adoption.
- Awareness that social and medical information may be scanty, exaggerated, misrepresented, and inaccurate.
- The impact of institutionalization on adopted children (including infants).
- What developmental delays may or may not mean with regard to the child’s physical, speech, and language development, emotional, and psychological development for both the short term and the long term.
- The importance of the awareness for medical, social, emotional, developmental and other needs after placement.

I, \_\_\_\_\_ hereby affirm that \_\_\_\_\_ and  
 (Adoption Case Worker) (Adoptive parent)

\_\_\_\_\_  
 (Adoptive parent) have received counseling/education on each of the  
 above mentioned adoptive issues and have been advised of the risks and adjustment issues relating to the parenting of children through adoption.

\_\_\_\_\_  
 Home Study Worker

\_\_\_\_\_  
 Date

By signing this document, the adoptive family affirms that they have received adoption counseling and education of the previously mentioned adoptive issues and has been advised of the risks and adjustment issues for children coming from various adoption situations (i.e. foster care, infant to older child domestic adoption, post institutionalized adoption, international adoption, family adoption, etc...).

\_\_\_\_\_  
 Adoptive Parent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Adoptive Parent

\_\_\_\_\_  
 Date



## HIPPA DISCLOSURE

### Notice of Privacy Practices Georgia Department of Human Resources

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BE THE DEPARTMENT AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice is effective April 14, 2003. It is provided to you pursuant to provisions of the Health Insurance Portability and Accountability Act of 1996 and related federal regulations. If you have questions about this Notice, please contact the Legal Services Office at the address below.

The Department of Human Resources is an agency of the State of Georgia responsible for numerous programs that deal with medical and other confidential information. Both federal and state laws establish strict requirements for most programs regarding the disclosure of confidential information, and the Department must comply with those laws. For situations where more stringent disclosure requirements do not apply, this Notice of Privacy Practices describes how the Department may use and disclose your protected health information for treatment, payment, health care operations and for certain other purposes. This notice also describes your rights to access and control your protected health information, and provides information about your right to make a complaint if you believe the Department has improperly used or disclosed your "protected health information". Forms are available upon request to the contact persons identified in Section 3 to assist you in exercising your rights or filing a complaint. Protected health information is information that may personally identify you and relates to your past, present or future physical or mental health or condition and related health care services. The Department is required to abide by the terms of this Notice of Privacy Practices, and may change the terms of this notice, at any time. A new Notice will be effective for all protected health information that the Department maintains at the time of issuance. Upon request, the Department will provide you with a revised Notice of Privacy Practices by posting copies at its facilities, publication on the Department's website, in response to a telephone or facsimile request to the Privacy Office, or in person at any facility where you receive services from the Department.

#### 1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by the Department, its administrative and clinical staff and others involved in your care and treatment for the purpose of providing health care services to you, and to assist in obtaining payment of your health care bills.

Treatment: Your protected health information may be used to provide, coordinate, or manage your health care and any related services, including coordination of your health care with a third party that has your permission to have access to your protected health information, such as, for example, a health care professional who may be treating you, or to another health care provider such as a specialist or laboratory.

Payment: Your protected health information may be used to obtain payment for your health care services. For example, this may include activities that a health insurance plan requires before it approves or pays for health care services such as: making a determination of eligibility or coverage, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Health Care Operations: The Department may use or disclose your protected health information to support the business activities of the Department, including, for example, but not limited to, quality assessment activities, employee review activities, training, licensing, and other business activities. The Department may use a sign-in sheet at the registration desk at any facility where services are provided. You may be asked to provide your name and other necessary information, and you may be called by name in the waiting room when a staff member is ready to see you.

## HIPPA DISCLOSURE

and your protected health information may be used to contact you about appointments or for other operational reasons. Your protected health information may be shared with third party "business associates" who perform various activities that assist us in the provision of your services. Other uses and disclosures of your protected health information will be made only with your written authorization, which you may revoke in writing at any time, except as permitted or required by law as described below.

Other Permitted or Required Uses and Disclosures With Your Authorization or Opportunity to Object: The Department may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Unless you object, the Department may disclose protected health information for a facility directory or to a family member, relative, or any other person you identify, information related to that person's involvement in your health care and may use or disclose protected health information to notify or assist in notifying a family member, personal representative or other person responsible for your care of your location, general condition or death. The Department may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. Objections may be made orally or in writing.

Permitted or Required Uses and Disclosures Without Your Authorization or Opportunity to Object: The Department may use or disclose your protected health information without your authorization when required to do so by law; for public health purposes; to a person who may be at risk of contracting a communicable disease; to a health oversight agency; to an authority authorized to receive reports of abuse or neglect; in certain legal proceedings; and for certain law enforcement purposes. Protected health information may also be disclosed without your authorization to a coroner, medical examiner or funeral director, for certain approved research purposes; to prevent or lessen a threat to health or safety; and to law enforcement authorities for identification or apprehension of an individual.

Required Uses and Disclosures: Under the law, the Department must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine the Department's compliance with the requirements of the Privacy Rule at 45 CFR Sections 164.500 et.seq.

### 2. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. Upon written request, you may inspect and obtain a copy of protected health information about you for as long as the Department maintains the protected health information. This information includes medical and billing records and other records the Department uses for making medical and other decisions about you. A reasonable, cost-based fee for copying, postage and labor expense may apply. Under federal law you may not inspect or copy psychotherapy notes; information compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding, or protected health information that is subject to a federal or state law prohibiting access to such information.

You have the right to request restriction of your protected health information. You may ask in writing that the Department not use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations, and not to disclose protected health information to family or friends who may be involved in your care. Such a request must state the specific restriction requested and to whom you want the restriction to apply. The

## HIPPA DISCLOSURE

Department is not required to agree to a restriction you request, and if the Department believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted, except as required by law. If the Department does agree to the requested restriction, the Department may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. Upon written request, the Department will accommodate reasonable requests for alternative means for the communication of confidential information, but may condition this accommodation upon your provision of an alternative address or other method of contact. The Department will not request an explanation from you as to the basis for the request.

You may have the right to request amendment of your protected health information. If the Department created your protected health information, you may request in writing an amendment of that information for as long as it is maintained by the Department. The Department may deny your request for an amendment, and if it does so will provide information as to any further rights you may have with respect to such denial.

You have the right to receive an accounting of certain disclosures the Department has made of your protected health information. This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, excluding any disclosures the Department made to you, to family members or friends involved in your care, or for national security, intelligence or notification purposes. Upon written request, you have the right to receive legally specified information regarding disclosures occurring after April 14, 2003, subject to certain exceptions, restrictions and limitation.

You have the right to obtain a paper copy of this notice from the Department. Upon request, all written requests regarding your rights, as set forth above should be sent to the DHR Division, Office or facility that maintains your PHI.

### 3. Complaints

You may complain to the Department and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing with the DHR Division, Office or facility that maintains your PHI. You must state the basis for your complaint. The Department will not retaliate against you for filing a complaint. You may contact the Division, Office or facility Privacy Coordinator or the Department's Legal Services Office at telephone (404) 657-1123, or by mail to 2 Peachtree Street NW, Room 29.210, Atlanta, Georgia 30303-3142 for further information about the complaint process or this notice. Please sign a copy of this Notice of Privacy Practices for the Department's records.

I have received a copy of this Notice on the date indicated below.

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Adoptive Father Signature

Date

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Adoptive Mother Signature

Date



Georgia Department  
of Human Services

Name of Individual/Consumer/Patient/Applicant

Date of Birth

IF AVAILABLE:

CPFC001130

ID Number Used by  
Requesting Agency

ID Number Used by  
Releasing Agency

### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize:

Home Adoption Studies

(Name of Person or Agency Requesting Information)

2665 High Point Ct, Loganville, GA 30052

(Address)

to obtain from:

(Name of Person or Agency Holding the Information)

(Address)

the following type(s) of information from my records (and any specific portion thereof):

Any and all information pertaining to the home study for adoption purposes, including but not exclusive of the release of information of the child abuse registry, the sexual offenders registry, all criminal or civil required checks, medical information, and financial information.

for the purpose of:

Adoption of minor child

*I understand that the federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for: (PLEASE CHECK ONE)*

ninety (90) days unless I specify an earlier expiration date here:

one (1) year.

(Date)

the period necessary to complete all transactions on matters related to services provided to me.

*I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.*

(Date)

(Signature of Individual/Consumer/Patient/Applicant)

(Signature of Witness)

(Title or relationship to Individual)

(Signature of Parent or other legally Authorized  
Representative, where applicable)

(Date)

(Date this authorization is revoked by Individual)

(Signature of Individual or legally authorized  
Representative)

Form 5459 (Rev. 7-01-16) Previous versions are obsolete and should not be used.

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN



## ***HOME ADOPTION STUDIES, INC.***

### **ADDRESS FORM**

**Please list all previous addresses for the past 5 years. If this is a Hague home study report, please provide all previous addresses (including foreign countries) from age 18 to present to include your legal name at that residence (attach a separate paper as necessary).**

**Name:** \_\_\_\_\_

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**Name:** \_\_\_\_\_

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**From** \_\_\_\_\_ **To** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_



## ***HOME ADOPTION STUDIES, INC.***

## **Grievance Form**

Date:

## Contact Information:

Name: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:**

**Email:** \_\_\_\_\_

**Statement of Grievance:** \_\_\_\_\_

**Any additional room needed may be attached on an additional sheet of paper**

**Signature:** \_\_\_\_\_

### Date Reviewed

## Resolution:

**Any additional room needed may be attached on an additional sheet of paper**

**Reviewed By:** \_\_\_\_\_

**Signature:** \_\_\_\_\_