

(MUST BE ON AGENCY LETTERHEAD)

SUMMARY OF HOME STUDY

DATE: *(This date must match the Home Study prepared date)*

ADOPTIVE PARENTS:

	Husband	Wife
Name:		
Address:		
Birth Date:		
Occupation:		
Monthly Income:		
Religion:		
Education:		
Nationality/Race:		

REAL ESTATE:

House:	Own:	Rent:
	Real Estate Value:	

Other Assets:	
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NUMBER OF CHILDREN:

	Sex	Age	Grade	Married/at home/college	Adopted/Birth
(Name)					

MOTIVATION TO ADOPT

Reasons/motivation for family to adopt from specific country. Generic references to Asia are not sufficient. Infertility should be discussed if an issue - particularly how couple has managed loss.

MARITAL RELATIONSHIP:

Date and place of marriage, description of marital relationship, strengths, roles, etc.

HEALTH STATUS:

General description of health status of each parent. Please add statement there is no alcohol or substance dependence.

Example: "(NAME) is in good health and free of infectious diseases. (NAME) is of sufficient emotional stability to parent a child and it is this worker's assessment that (NAME) is emotionally, physically, behaviorally, and

mentally stable and will provide a loving home for any child placed in this family. There are no concerns for alcohol or substance dependence.”

PERSONALITY/CHARACTER:

Describe personality, beliefs, & values.

HEALTH INSURANCE:

State the family is covered by medical insurance that will cover pre-existing conditions for each child placed in the home for adoption purposes and that coverage will begin on the day of placement.

RELIGION

Describe faith/religious practice of adoptive parents. Need some kind of statement the family will accept whatever their adopted child’s decision is for religion in the future.

Example: “While the family will share their faith with their child, they will accept whatever the child’s decision is regarding religion in the future.”

OTHER SIGNIFICANT FACTORS:

Family is Korean, an adoptee, other ties to Korea, etc.

SOCIAL WORKER’S RECOMMENDATION:

Include statement verifying the eligibility of the adoptive parents in accordance with what act and what article of the adoption law for your state.

Example: “This family meets or exceeds the eligibility criteria for adoptive families as set forth under (LAW NAME AND ARTICLE NUMBER) of the State of (STATE)”.

(NAMES) are recommended and approved to adopt one child of either gender, age 0-3 years, from South Korea, with special needs including but not limited to: prematurity and related medical issues and delays, birth mother reported use of minor to moderate alcohol/tobacco during pregnancy, hospitalization shortly after birth for issues that are now resolved, heart murmur, heart conditions not requiring surgery, low birth weight, minor/moderate developmental delays, skin conditions (nevus, hemangioma, birthmarks), potentially hereditary medical history, plagiocephaly, and cryptorchidism.

Social Worker Name, Degree
Title

Date

(Notarization)