

Adoption Home Study Questionnaire

Applicant Information

Applicant 1 Full Name

Applicant 2 Full Name

Address

Phone Number

Email

Family Background

Marital Status

Names and ages of children (if any)

Describe your living arrangements

Employment & Financial Information

Applicant 1 Current Employment

Applicant 2 Current Employment

Combined Monthly Income

List any significant financial obligations

Health Information

Applicant 1 Health Status

Applicant 2 Health Status

Describe any significant medical conditions in the family

Motivation for Adoption

Why do you wish to adopt?

How does your family feel about adoption?

Other Information

List two personal references (name, relationship, contact)

Other Comments or Information