



Madison Adoption Associates

HOME STUDY GUIDELINES AND CHECKLIST

General Information:

The information outlined in the following checklist must be included in the home study report, unless prohibited by state law. As the author and conductor of the home study, please ensure each bulleted item has been addressed and included in the report, and indicate the page number on the checklist where the specific information is found in the home study document. Items not applicable to the Prospective Adoptive Parents (PAPs) should be marked with n/a.

Due to differing state requirements and specific family circumstances, the length of the home study document will vary.

MAA requires receipt of this completed checklist with the home study draft in order for us to conduct our review.

****STOP – If you are a contract worker and NOT employed by your agency, MAA cannot accept the home study. Please contact your supervisor and MAA immediately if this pertains to you****

FAMILY NAME: _____

COUNTRY ADOPTING FROM: _____

HOME STUDY AGENCY: _____

SOCIAL WORKER: _____

SW EMAIL ADDRESS: _____



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Please indicate which page number(s) each item is located within the home study document

Page #(s)	Section 1: Prepared by
	<p>Indicate who is conducting this home study, credentials, license number (if applicable), the agency's authorization to conduct this home study, the relationship between the cooperating agencies, and the date the PAP initially requested home study services.</p> <p><i>Sample wording: The (name) family contacted (HS agency) on (date) for the purpose of an international adoption home study. (social worker's name, credentials and license number and expiration date, if applicable), prepared this home study and is authorized by the State of (list state) to prepare home studies according to (list state statute regarding requirements of social workers who prepare home studies) and employed by (HS Agency). (HS Agency) is authorized by the State of (name state and cite state regulations that refers to agency licensing) to research and prepare home studies (list license number and expiration date, if applicable). (HS Agency) is an Exempted Provider for Madison Adoption Associates (MAA), a Hague accredited agency, based on an agreement executed on (date Exempt Provider Agreement was signed by MAA). In accordance with 22 CFR Part 96, MAA is a non-profit accredited agency on file with the Department of State as having the authority to supervise Convention home studies. This home study is to be used for the sole purpose of an international adoption from the country of (name country).</i></p>
Page #(s)	Section 2: PAP Identifying information
	<p>State the following information regarding the applicants:</p> <ul style="list-style-type: none"> • Full legal names • Dates of birth • Telephone numbers • Education • Occupation • Citizenship • Address • Marriage (date & place) • Names and DOBs of other household members
Page #(s)	Section 3: Summary of Contacts
	<p>For each interview, specify the date, length of time, location, and name of participant. A minimum of four (4) face-to-face, in-person interviews are required, on at least three (3) separate dates. Prospective Adoptive Parents should be interviewed individually and separately from others. Each household member must be interviewed. Children should be interviewed separately when possible.</p> <p>For a home study update, please list all previous visits, but include at least one recent home visit.</p> <p><i>Sample:</i></p> <ul style="list-style-type: none"> • May 4, 2020 – Joint interview with John & Jane Doe – HS agency office – 3 hours • May 5, 2020 – Individual interview with Jane Doe – Doe residence – 1 hour • May 5, 2020 – Individual interview with John Doe – Doe residence – 1 hour • May 10, 2020 – Individual interviews with Doe children, Mary and Tim – Doe residence – 1 hour • May 10, 2020 – Home inspection – Doe residence – 1.5 hours



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Page #(s)	Section 4: Motivation to Adopt
	<ul style="list-style-type: none"> • If part of the motivation to adopt stems from infertility, a thorough discussion of the fertility issues, attempts at conception, grief and loss, and how they came to the decision to adopt internationally must be included. • Include a discussion as to why the PAPs chose the specific country, how they are educating themselves regarding the country, and how they intend to educate the child about adoption and his or her birth country. • Do not include any humanitarian statements. <ul style="list-style-type: none"> ○ Colombia does not allow religious connotation or statements. • Be sure to include wording such as “<i>Mr. and Mrs. Doe understand that each child has unique behavioral and performance abilities based upon his or her age, ability, and special needs. They are capable of setting realistic expectations for their child.</i>” • <i>If applicable:</i> For a relative adoption, and/or if the adoption has already occurred in the country of origin, state that the PAP is completing the home study to adopt that specific child. (This does not include PAP’s hoping to match with a certain waiting child)
Page #(s)	Section 5: Child Preferences
	<ul style="list-style-type: none"> • State the number of children* the PAP is requesting to adopt, the country, gender preference, age range at time of referral, and special needs the PAP is open to accepting. <ul style="list-style-type: none"> <i>*If PAP is requesting to adopt two (2) unrelated children at once, MAA requires additional training that must be explained in depth in the Parent Preparation section.</i> <i>*Colombia and China do not allow the adoption of two (2) unrelated children at once. This cannot be suggested or discussed in the home study.</i> • Include if the PAP is open to adopt siblings, and if so, how many. • Do not identify a specific child to be adopted in the home study, unless it is a relative adoption and/or the adoption has already occurred in the country of origin as mentioned in the Motivation to Adopt section (above).
Page #(s)	Section 6: PAPs Personal History
	<p>For each PAP, address the following:</p> <ul style="list-style-type: none"> • Biographical information – DOB, place of birth (as verified by birth certificate), parents’ full names and ages, citizenship, memories (childhood, adolescence, young adulthood). <ul style="list-style-type: none"> ○ For China – <i>If PAP was born in China, Hong Kong, Taiwan, or Macau, these locations must be written out as follows:</i> <ul style="list-style-type: none"> ▪ <i>The People’s Republic of China (for China)</i> ▪ <i>Hong Kong, China (for Hong Kong)</i> ▪ <i>Taiwan, China (for Taiwan)</i> ▪ <i>Macau, China (for Macau)</i> • Background information on –discipline methods used in the home, interactions/relationships with parents and siblings throughout the years, significant events (including personal tragedies or traumas), and any other noteworthy life experience.



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	<ul style="list-style-type: none"> ○ If the PAP has experienced a personal tragedy or trauma, include a discussion of the event, how the PAP coped with it, how it affects him or her currently, and how the PAP exhibits resiliency. ○ Abuse history (physical, sexual, emotional) if applicable – summarize the occurrence(s) of abuse, how the PAP has dealt with the trauma from the abuse, and an assessment regarding the PAPs processing and recovery as related to the abuse. ○ <i>For Colombia, if physical abuse was experienced in the PAP’s childhood, the home study immediately must say that the PAP will not use this type of abuse with their adopted child.</i> ● Family and/or client history of drug/alcohol abuse and mental illness ● Summary of education and work history, hobbies and interests, and religion. <ul style="list-style-type: none"> ○ <i>For China – please keep discussion of religion and religious practices brief.</i> ● A self-identified list of strengths and weaknesses, as well as greatest accomplishments. ● Social environment and support system – indicate if extended family is supportive of the adoption plan ● Any other notable traits or factors which may impact the PAPs ability to parent an adopted child
Page #(s)	Section 7: Marital Relationship
	<ul style="list-style-type: none"> ● Date and place of marriage (verified by marriage license/certificate) ● Discussion of: <ul style="list-style-type: none"> ○ When and how the couple met, what attracted them to each other, and length of courtship ○ Each spouse’s view of the other, and attitude towards marriage ○ Patterns of communication, how they cope with difficult situations, problem solving skills, willingness and ability to appropriately deal with feelings of anger, frustration, conflict, sorrow, affection ○ Identification of common areas of disagreement, and methods of handling disagreements ○ Extent of satisfaction with marriage, including activities the couple enjoys together ○ Marital separations and/or counseling ● If applicable, discussion of previous marriage(s): <ul style="list-style-type: none"> ○ State number of previous marriages for each spouse ○ Include reasons for divorce, dates, names of previous spouse(s), current relationship with ex-spouse, and if any children were produced by the marriage ● Confirm if no previous marriages <i>Sample wording: This is the first marriage for both John and Jane Doe.</i> ● For non-married, cohabitating couples, include same items listed above, as well as a discussion of the couple’s views on/plans for marriage.
Page #(s)	Section 8: Current children
	<p>For each minor child living in the home, include the following:</p> <ul style="list-style-type: none"> ● Full legal name, date of birth, country of birth (as stated on birth certificate/adoption documents), and whether child is biological or adopted



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	<ul style="list-style-type: none"> ○ If child/children is/are adopted, please include when they were placed in the home and how they have integrated into the family. ● If applicable, alien registration number (as stated on the Certificate of Citizenship) ● General physical description of the child ● Identify any special needs or diagnoses of the child, and how the PAPs tend to those needs. If the child does not have special needs, please state that ● Discussion of child’s social, psychological, physical, mental, and behavioral health ● School name and grade ● Any criminal history as per parental report or clearances (if allowable by state law). Suggested verbiage if state does not allow clearances: <i>“The child has no criminal history per the parents report. The state of residence does not allow criminal background checks on children.”</i> ● How each PAP views/describes the child ● Attitude and feelings of the child regarding the adoption (use quotes) ● Observations of the child and of the parent-child interactions ● Please add conclusion statement such as the following: <i>“The X children appear to be in excellent physical, mental, emotional and behavioral health and have no special needs.”</i> <p>Regarding each adopted child, in addition to the above, please also include:</p> <ul style="list-style-type: none"> ● A discussion of the adopted child’s integration into the family ● Therapies the adopted child has received and is receiving ● Any surgeries or medical interventions ● Commentary on the attachment and bonding process on both the child’s side and the PAPs ● PAPs proven ability to seek out and secure resources for the child ● If the family experienced a difficult transition, a discussion of how they addressed the difficulties, and confirmation that any significant challenges have been resolved <p>Adult children living outside of the home:</p> <ul style="list-style-type: none"> ● Conduct telephone interviews and include feelings/attitude toward the adoption ● If unable to include, state why
Page #(s)	Section 9: Adult Household Members
	<p>For each adult household member, but include the following:</p> <ul style="list-style-type: none"> ● Full legal name and date of birth ● Relationship to PAPs ● Feelings and attitudes regarding the PAPs adoption intentions
Page #(s)	Section 10a: Parenting Preparation & Special Needs
	<ul style="list-style-type: none"> ● The PAPs experience with children and their philosophy on child-rearing ● For PAPs who have never had children, include a description of their experience and interactions with children (for example, through extended family, providing childcare, social circle, or other means) ● Discipline methods currently used in the home, and plan for discipline methods with the newly adopted child.



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	<ul style="list-style-type: none">○ This section must include a statement that the PAPs agree not to utilize any form of corporal punishment, and that they understand why the use of corporal punishment on an adopted child will not only add to the child’s history of trauma, but will also hinder the attachment and bonding process.● The PAPs willingness to advocate on behalf of their child, and work cooperatively with an agency for support, and help in securing resources.● Childcare plans. If there is a grandparent, nanny or similar caregiver who will be providing ongoing childcare, they most likely will need to be included as an adult household member. Please contact us with any questions.● Understanding of the importance of positive adoption language and positive attitude towards birth parents● The PAPs plan to integrate the child into the household, and how they plan to discuss adoption with the child and all other household members● Assessment of the PAPs understanding of inter-country adoption, potential risks, delays, expenses, and potential issues and challenges regarding attachment, bonding, and adjustment.● If the state of residence offers post-adoption support, include a discussion that the PAPs are aware of this resource, and they agree to utilize it as needed● PAPs understanding of their responsibility in the case of disruption/dissolution. <i>Sample wording: The PAPs have realistic expectations and understand that an adoption is a permanent, irrevocable, and unconditional commitment to care for and nurture a child. In the event of disruption/dissolution of the placement, the PAPs understand that they will continue to be financially responsible for the child(ren), and they are prepared to provide any physical, emotional, and/or financial assistance that is needed in the best interest of the child(ren).</i> <i>For Colombia, sample wording: The PAPs have realistic expectations and understand that an adoption is a permanent, irrevocable, and unconditional commitment to care for and nurture a child. The PAPs understand that they are financially responsible for the child(ren), and they are prepared to provide any physical, emotional, and/or financial assistance that is needed in the best interest of the child(ren).</i>● If PAP is requesting to be approved for the adoption of a child with special needs, please have in depth discussion with PAPs and include the following verbiage IN A SEPARATE, TITLED SECTION: <i>PAPs are willing, able, prepared and suitable to parent and provide proper care for children with developmental delays related to orphan care and limited resources. They are prepared to adopt children who have come from a background of abuse or neglect. They are prepared to adopt children whose background information may be limited as well as to adopt children who might have undiagnosed medical conditions.</i> <i>PAPs realize that children with special needs will experience more difficulty in some areas and may require more one-on-one time and more adjustment time. In addition, the family confirms that they have the needed employment benefits allowing them to attend to the special needs of their children. PAPs are prepared mentally and have the ability to provide proper care for children with special needs.</i>
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Page #(s)	Section 10b: Training (Pre-adoptive, Continuing, Child Specific)
	<ul style="list-style-type: none"> • Pre-adoptive training <ul style="list-style-type: none"> ○ Include details about the pre-adoptive education/training undertaken. Include dates of training(s), means, and who provided the training. Confirm receipt of training completion certificates. ○ In compliance with 22 CFR §96.48(b), the pre-adoptive training must include: (1) The intercountry adoption process, the general characteristics and needs of children awaiting adoption, and the in-country conditions that affect children in the foreign country from which the prospective adoptive parent(s) plan to adopt; (2) The effects on children of malnutrition, relevant environmental toxins, maternal substance abuse, and of any other known genetic, health, emotional, and developmental risk factors associated with children from the expected country of origin; (3) Information about the impact on a child of leaving familiar ties and surroundings, as appropriate to the expected age of the child; (4) Data on institutionalized children and the impact of institutionalization on children, including the effect on children of the length of time spent in an institution and of the type of care provided in the expected country of origin; (5) Information on attachment disorders and other emotional problems that institutionalized or traumatized children and children with a history of multiple caregivers may experience, before and after their adoption; (6) Information on the laws and adoption processes of the expected country of origin, including foreseeable delays and impediments to finalization of an adoption; (7) Information on the long-term implications for a family that has become multicultural through intercountry adoption; and (8) An explanation of any reporting requirements associated with intercountry adoptions, including any post-placement or post-adoption reports required by the expected country of origin. ○ MAA requires all PAPs to complete at least 12 hours of pre-adoptive training, regardless of country program. <i>Please note: pre-adoptive training can be no more than two (2) years ago</i> <ul style="list-style-type: none"> ▪ <i>For Colombia requires at least 15 hours of pre-adoptive training for the home study. However, prior to dossier submission 10 hours must be conducted face-to-face and can be a part of or in addition to the 15 hours for the home study.</i> ○ Discussion of the PAPs preparedness for their particular or anticipated situation, if PAP is requesting to adopt out of birth order, two unrelated children at once, an older child, a child with specific medical needs, and/or a child of the same age as a child in the home. Include additional training completed. • MAA Continuing Education Requirements for MAA placement ONLY <ul style="list-style-type: none"> ○ Confirm that both PAPs agree to MAA's continuing education requirement – specifically that each PAP will read at least three (3) books pertaining to adoption, or complete three (3) additional adoption courses prior to travel



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	<ul style="list-style-type: none"> • Child Specific Training and Counseling for MAA placement ONLY <ul style="list-style-type: none"> ○ Confirm that the PAP understands that MAA requires, and will assign, Child Specific Training upon their acceptance of a referral, and will provide Child Specific Counseling following said training prior to travel.
Page #(s)	Section 11: Health of all household members
	<ul style="list-style-type: none"> • Regarding each PAP, state the following: <ul style="list-style-type: none"> ○ Name of physician and date of exam <ul style="list-style-type: none"> ▪ <i>For China & Colombia – the exam must be completed by an MD or DO</i> ○ Currently prescribed medications – name, dosage, reason. If none, please state that in report. ○ Disabilities or significant diagnoses of the PAPs, and address if those will affect the ability to parent an adopted child ○ Height, weight, and BMI (Body Mass Index) ○ The physician’s overall assessment of the PAPs health, and if the physician believes the PAP is suitable to be an adoptive parent ○ The social worker’s observations regarding the PAPs general well-being ○ Discussion of history of substance abuse and/or mental health diagnoses <ul style="list-style-type: none"> ▪ <i>For China – If history of substance abuse and/or mental health diagnosis and/or use of medications to treat issues of mental health, a letter from a psychological professional must be obtained and included</i> ▪ <i>For Dominican Republic, Philippines, and Colombia – A full psychological evaluation is required. The psychologist’s name, date of evaluation, tests administered, and the results must be discussed in the home study.</i> <p style="text-align: center;"><i>Required wording for PAP health section: Mr. and Mrs. Doe were both seen by their physician, Dr. Mark Smith on June 2, 2020. They were both found to be in good health with no physical or mental limitations that would prevent them from raising an adopted child. Dr. Smith states that both Mr. and Mrs. Doe have no physical, behavioral, or psychological issues that would interfere with their suitability to raise an adopted child. Neither Mr. nor Mrs. Doe have displayed any indication of alcohol or drug abuse. My observations support the physician’s findings, and no further evaluations, tests, or referrals are required.</i></p> <ul style="list-style-type: none"> • Regarding Adult Household Members (“AHM”): <ul style="list-style-type: none"> ○ Name of physician and date of exam ○ Currently prescribed medications – name, dosage, reason. If n/a, please state none taken. ○ Disabilities, special needs or significant diagnoses ○ The physician’s overall assessment of the individual’s health ○ The social worker’s observations regarding the individual’s general well-being ○ Discussion of history of substance abuse and/or mental health diagnoses



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	<p><i>Required wording for AHM health section: Mary Doyle was seen by her physician, Dr. Mark Smith on June 2, 2020. Mary Doyle has not displayed any indication of alcohol or drug abuse. My observations support the physician's findings, and no further evaluations, tests, or referrals are required.</i></p> <ul style="list-style-type: none"> • Regarding children currently in the home- A physical OR a doctor's letter of good health is acceptable, dependent upon state regulations. Must include: <ul style="list-style-type: none"> ○ Name of physician and date of exam (last exam should be within two years) ○ Currently prescribed medications – name, dosage, reason. If none, please state that ○ Disabilities or significant diagnoses ○ The physician's overall assessment of the child's health ○ The social worker's observations regarding the child's general well-being 																																						
Page #(s)	Section 12: Employment and Finances																																						
	<ul style="list-style-type: none"> • Current annual income (as verified by tax returns and employment letters) <ul style="list-style-type: none"> ○ For China – the annual income must be at least \$10,000 per person in the household, including the adopted child (but not including adult household members) ○ For Philippines – the annual household income must be at least \$40,000 • Stability/Likelihood of continued employment • Total assets, liabilities, and net-worth <ul style="list-style-type: none"> ○ For China – the net-worth must show at least \$80,000, or \$100,000 for singles. • Total monthly expenditures, liabilities, and excess funds available • For Colombia the following template MUST be used. <p><u>Yearly Annual Income:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 40px;">According to most recent Federal Tax Return</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;"><u>Husband Annual Salary:</u></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;"><u>Wife Annual Salary:</u></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2"><u>Monthly Net Income:</u></td> </tr> <tr> <td style="padding-left: 40px;">Husband</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;">Wife</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;">Investments</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;">Alimony and/or Child Support</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;">State or Federal Assistance (SSI, Food Stamps, WIC, etc.)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;">Other _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;">TOTAL:</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p style="margin-top: 10px;"><u>Monthly break down of expenses:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 40px;">Mortgage / Rent</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;">Home Owner's Association Dues</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;">Car Payments</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;">Utilities (phone, cell phone, gas, water, electric, internet, cable/dish)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;">Home Owner's / Renter's Insurance</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;">Car Insurance</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;">Union or Professional Dues</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;">Alimony and/or Child Support</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	According to most recent Federal Tax Return	\$ _____	<u>Husband Annual Salary:</u>	\$ _____	<u>Wife Annual Salary:</u>	\$ _____	<u>Monthly Net Income:</u>		Husband	\$ _____	Wife	\$ _____	Investments	\$ _____	Alimony and/or Child Support	\$ _____	State or Federal Assistance (SSI, Food Stamps, WIC, etc.)	\$ _____	Other _____	\$ _____	TOTAL:	\$ _____	Mortgage / Rent	\$ _____	Home Owner's Association Dues	\$ _____	Car Payments	\$ _____	Utilities (phone, cell phone, gas, water, electric, internet, cable/dish)	\$ _____	Home Owner's / Renter's Insurance	\$ _____	Car Insurance	\$ _____	Union or Professional Dues	\$ _____	Alimony and/or Child Support	\$ _____
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	<i>Food</i>	\$ _____
	<i>Clothing Expenses</i>	\$ _____
	<i>Family Fun / Entertainment</i>	\$ _____
	<i>Medical / Prescription Expenses</i>	\$ _____
	<i>Health Insurance</i>	\$ _____
	<i>Life Insurance</i>	\$ _____
	<i>Charge Accounts and Loan Payments</i>	\$ _____
	<i>Investment / Retirement Contributions</i>	\$ _____
	<i>Religious contribution</i>	\$ _____
	<i>Average monthly donations to non-profits</i>	\$ _____
	<i>Other</i> _____	\$ _____
	TOTAL:	\$ _____
	<u>Average Monthly Checking account balance over past 12 months:</u> \$ _____	
	<u>Financial Assets:</u>	
	<i>Value of residence</i>	\$ _____
	<i>Amount in savings</i>	\$ _____
	<i>Amount in investments</i>	\$ _____
	<i>401(K) or Retirement Savings</i>	\$ _____
	<i>Personal Property</i>	\$ _____
	<i>Other assets</i>	\$ _____
	TOTAL:	\$ _____
	<u>Financial Liabilities:</u>	
	<i>Mortgage balance due on property owned</i>	\$ _____
	<i>Loan balance for motor vehicles</i>	\$ _____
	<i>Loan balance for all other loans</i>	\$ _____
	<i>Credit Card Balance(s)</i>	\$ _____
	TOTAL:	\$ _____
	<u>Total Net Worth (Financial Assets – Financial Liabilities)</u> \$ _____	
	<u>Life Insurance Coverage:</u>	
	<i>Husband</i>	\$ _____
	<i>Wife</i>	\$ _____
	<i>Additional Life Insurance- For</i> _____	\$ _____
	<ul style="list-style-type: none"> • State <u>all</u> insurance coverages – health, dental, auto, homeowners/rental, life, disability • Discussion of the PAPs ability to budget and spend within their means 	
Page #(s)	Section 13: Home and Community	
	<ul style="list-style-type: none"> • Description of the home in detail, including square footage, lot size, number of bedrooms and bathrooms. Be sure to include: <ul style="list-style-type: none"> ○ Compliance with state home safety checklist (specifically confirming safety compliance as it relates to: firearms, pools/water hazards, fire safety, pets, toxic/dangerous materials, etc.) 	



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	<ul style="list-style-type: none"> ○ A thorough description of the bedroom that the child will occupy, including the dimensions and whether another child will share the room ○ Confirmation that the home meets all state regulations ● Description of the community. Be sure to include: <ul style="list-style-type: none"> ○ Accessibility of services – medical, educational, therapeutic ○ Accessibility of resources – grocery, library, cultural, entertainment ○ Discussion of diversity. If lacking in diversity, a discussion of how the PAPs plan to expose the adopted child to their culture of origin, as well as other cultures
Page #(s)	Section 14: Religion (required for Philippines. Not required for other countries)
	<ul style="list-style-type: none"> ● Name of religion ● Name of church/temple/meeting house the PAPs belong to, as well as length of time there ● Note any volunteer work or participation in church activities
Page #(s)	Section 15: State Pre-adoption Requirements
	<ul style="list-style-type: none"> ● Describe the state’s pre-adoption requirements for the state in which the child will reside. Please directly cite any relevant state statutes or regulations. ● If none, please state as such.
Page #(s)	Section 16a: Criminal Clearances
	<p>Provide all criminal clearances as required by your state for the PAPs, all adult household members (if applicable), and children in the home (if applicable and permissible by state law). Please state the date of the clearance, as well as the issuing entity. MAA requires a minimum of a state criminal clearance for each PAP and AHM.</p> <p>If a criminal record exists for PAP or AHM: Describe the incident and details surrounding the incident, the judgment and sentence, the rehabilitation, repentance, and correction. Use quotes to explain what the PAP/AHM learned from the experience, and how they have changed.</p>
Page #(s)	Section 16b: Child Abuse Clearances
	<p>Provide child abuse clearances from each state that each PAP and AHM (if applicable) has resided since the age of 18. Include date of clearance, as well as issuing entity. If PAP has secured a child abuse clearance for a previous home study, and has not lived in that state since, that clearance can be cited with confirmation that the PAP has not lived in that state since the clearance was obtained.</p> <p><i>Sample wording: Since the age of 18, Mrs. Jane Doe has resided in Maryland, Pennsylvania, and Indiana. A child abuse clearance was obtained from the (MD name of issuing entity) on June 2, 2020, and confirms that no record exists. A child abuse clearance was obtained from the (IN name of issuing entity) on June 2, 2020, and confirms that no record exists. Mrs. Doe currently lives in Pennsylvania. A child abuse clearance was obtained from the (PA name of issuing entity) on June 2, 2020, and confirms that no record exists.</i></p> <p>Required Criminal & Child Abuse Clearances for MAA States:</p> <ul style="list-style-type: none"> ● <i>For Delaware – State Police, FBI, DE Sex Offender Registry, National Sex Offender Registry, DE Family Court Clearance, DE Adult Abuse Registry</i>



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	<ul style="list-style-type: none"> • For Illinois – CANTS, State Police, FBI, IL Sex Offender Registry, National Sex Offender Registry, Murder & Violent Offender Against Youth Registry • For New Jersey – State Police, FBI, Child Abuse Record Information (CARI) • For Pennsylvania – State Police, FBI, and PA Child Abuse
Page #(s)	Section 17: USCIS Regulations Compliance
	<ul style="list-style-type: none"> • Duty to Disclose – confirmation that PAPs and AHM(s) understand their Duty to Disclose <p><i>Required wording: During the home study process, Mr. and Mrs. John Doe, and AHM, have each been informed of their duty to disclose. Mr. and Mrs. John Doe and AHM have each been informed and understand that under penalty of perjury it is their duty to disclose all information under 8 CFR 204.311(i). Mr. and Mrs. John Doe and AHM are aware that they must notify their home study preparer and USCIS of any new event or information that might warrant submission of an updated home study. Mr. and Mrs. John Doe and AHM have also been advised that their duty to disclose is ongoing while form I-800a is pending, after form I-800a is approved, and while any form I-800 if pending until there is a final decision admitting the child to the US on a visa.</i></p> • USCIS required disclosure questions – The following questions must be asked of each PAP and AHM. Do not paraphrase. If an individual answers ‘yes’ to any question, the social worker must explain the situation in detail. <p><i>Required wording:</i> <i>In addition to the documentation received, the following questions were asked of Mr. and Mrs. John Doe and of AHM on May 10, 2020:</i></p> <ul style="list-style-type: none"> ○ <i>Have you ever been arrested and fingerprinted, even if the record was sealed, pardoned, or expunged?</i> <i>Mr. Doe answered NO. Mrs. Doe answered NO. AHM answered NO.</i> ○ <i>Have you ever been accused of child abuse, sexual abuse, and/or domestic/family violence in the United States or abroad, even if it did not result in an arrest or conviction?</i> <i>Mr. Doe answered NO. Mrs. Doe answered NO. AHM answered NO.</i> ○ <i>Do you have a history with child protective services in the United States or abroad?</i> <i>Mr. Doe answered NO. Mrs. Doe answered NO. AHM answered NO.</i> ○ <i>Have you ever been the subjects of an unfavorable home study, or been rejected as prospective adoptive parents?</i> <i>Mr. Doe answered NO. Mrs. Doe answered NO. AHM answered NO.</i> ○ <i>Do you have a history, or have you ever received treatment for drug, alcohol, substance abuse, and/or any other addiction?</i> <i>Mr. Doe answered NO. Mrs. Doe answered NO. AHM answered NO.</i> ○ <i>Have you ever transferred or received permanent custody of a child outside of state/local authorities or state/local process?</i> <i>Mr. Doe answered NO. Mrs. Doe answered NO. AHM answered NO.</i> ○ <i>Have you ever relinquished custody of any child?</i> <i>Mr. Doe answered NO. Mrs. Doe answered NO. AHM answered NO.</i>



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	<ul style="list-style-type: none"> ○ <i>Have you ever been determined to be partially or fully mentally incapacitated by any court?</i> <i>Mr. Doe answered NO. Mrs. Doe answered NO. AHM answered NO.</i> ○ <i>Has immigration ever refused you visa clearance?</i> <i>Mr. Doe answered NO. Mrs. Doe answered NO. AHM answered NO.</i>
Page #(s)	Section 18: Previous Home Studies
	<p>If PAPs/AHMs do not have a history of previous adoption home studies, please state , “Mr. and Mrs. X have not previously begun or completed a home study for adoption or foster care.”</p> <p>If PAPs/AHMs have a previous home study(s) for adoption or foster care, please provide:</p> <ul style="list-style-type: none"> ● Date of home study ● Purpose of home study (domestic adoption, international adoption, foster care, etc.) ● Name of agency conducting home study ● Outcome of home study <p><i>Sample wording: John and Jane Doe were asked if they have ever previously begun or completed a home study for adoption or foster care. John and Jane Doe confirmed that they completed a home study through ABC Adoptions in January 2015 for the purpose of a domestic adoption. The home study was approved, and resulted in the adoption of their son, Timothy Doe, in May 2015. Therefore, they have never been rejected as prospective adoptive parents, nor have they been the subjects of an unfavorable home study.</i></p>
Page #(s)	Section 19: References
	<p>Identify individuals who have written references on behalf of the PAPs. If not state mandated, the number of references included should be at least three (3), and should be from diverse candidates, such as one friend, one neighbor, one teacher, etc. No more than one reference should be from a relative. Provide a discussion of the references’ view of the PAPs, using quotes where possible. Verify each reference in person or by phone, and confirm this verification within the home study document.</p>
Page #(s)	Section 20: Guardian(s)
	<p>Include information on the named guardians for the adopted child(ren), including name(s), age(s), occupation(s), income, health, and suitability to act as guardian for the adopted child(ren). If guardian is unmarried or under the age of 25, please include a secondary guardian.</p> <ul style="list-style-type: none"> ● <i>For China & Colombia – the named guardians must meet the country’s eligibility requirements to adopt. Please confirm this in the home study document.</i>
Page #(s)	Section 21: Summary, Recommendation, and Authorization
	<ul style="list-style-type: none"> ● The report must confirm that the social worker recommends the family for adoption, including the child parameters, country, and special needs. This approval section must match the parameters listed in the “Child Desired” section in the beginning of the home study.



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Sample wording: John and Jane Doe are recommended and approved to adopt one child of either gender from COUNTRY, who is birth to five years of age at time of referral, and who has minor to moderate special needs including but not limited to: cleft lip and palate, congenital heart disease, developmental delay, limb difference, and/or cerebral palsy.

- The report must confirm that the PAPs agree to all post-placement/post-adoption supervision set forth by the PAPs state of residence, child's country of birth, and the placement agency. PLEASE NOTE: MAA requires a 30-day post-placement/post-adoption visit and report for all families, regardless of program.
 - **For Bulgaria** – Mr. and Mrs. Doe agree to comply with Bulgaria's, the state of STATE's, and MAA's post-adoption requirements. The reports will be completed at 30 days, 6 months, 12 months, 18 months, and 24 months following the adoption.
 - **For China** - Mr. and Mrs. Doe agree to comply with The People's Republic of China's, the state of STATE's, and MAA's post-adoption requirements. The reports will be completed by a social worker at 30 days, 6 months, 12 months, and 24 months; and self-reported at 3 years, 4 years, and 5 years following the adoption.
 - **For Colombia** - Mr. and Mrs. Doe agree to comply with Colombia's, the state of STATE's, and MAA's post-adoption requirements. The reports will be completed at 30 days, 6 months, 12 months, 18 months, and 24 months following the adoption.
 - **For Dominican Republic** - Mr. and Mrs. Doe agree to comply with the Dominican Republic's, the state of STATE's, and MAA's post-adoption requirements. The reports will be completed at 30 days, 6 months, 12 months, 2 years, 3 years, 4 years, and 5 years following the adoption.
 - **For Philippines** - Mr. and Mrs. Doe agree to comply with The Philippines', the state of STATE's, and MAA's post-adoption requirements. The reports will be completed at 30 days, 3 months, 5 months, and 8 months following the placement.

- The report must confirm that the PAPs meet all of the requirements of country they are adopting from
 - **For Bulgaria** - Mr. and Mrs. Doe meet the requirements to adopt from Bulgaria. They are at least 15 years older than the child they are approved to adopt. They are physically and mentally healthy, and do not have a criminal or child abuse history. They are financially stable, and both have earned at least a high school diploma.
 - **For China** – Mr. and Mrs. Doe meet the requirements to adopt from The People's Republic of China. Mr. and Mrs. Doe, who wish to adopt a child with special needs, are at least 30 years of age and less than 50 years older than the child they are approved to adopt, and have been married for over two years (change this to five if there is a history of divorce). They are physically and mentally healthy. Each has a Body Mass Index of less than 40. Their net-worth is greater than \$80,000, and their annual income is at least \$10,000 per person in the home including the child to be adopted. Both have earned at least a high school diploma, and neither has a history of criminal or child abuse. They have no more



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	<p>than 5 minor children in the home, and the youngest child is over the age of 3.</p> <ul style="list-style-type: none">○ For Colombia – Mr. and Mrs. Doe meet the requirements to adopt from Colombia. They are both at least 25 years of age, and at least 15 years older than the child they are approved to adopt. The older parent is no more than 45 years older than the child they are approved to adopt; however, exceptions may be made for children with more moderate special needs. The Does are financially stable, and have been married for more than two years. Single parents as well as same sex married couples of either gender are allowed to adopt children with special needs. They are physically and mentally fit to parent, and have not had a cancer diagnosis within the past five years. They have at least 15 hours of Hague approved adoptive training.○ For Dominican Republic – Mr. and Mrs. Doe meet the requirements to adopt from The Dominican Republic. They are both at least 30 years old, and at least 15 years older than the child they are approved to adopt. They are financially stable, and have legally been married for over five years. The Does are mentally and physically healthy.○ For Philippines - Mr. and Mrs. Doe meet the requirements to adopt from The Philippines. They are both at least 27 years of age, and are at least 16 years older than the child they are approved to adopt. The older parent is not more than 45 years older than the child they are approved to adopt. The Does income is at least \$40,000 annually, and both have a high school diploma. The Does have been legally married for over 3 years, and neither have more than 2 divorces. The Does are actively practicing a religion, and both have a Body Mass Index of less than 35. <ul style="list-style-type: none">● The report must conclude with the following required wording: <i>Mr. and Mrs. Doe have successfully met the pre-adoptive requirements of adoption for the State of <u>STATE</u>. This home study report has been prepared in accordance with licensing standards for approved adoption agencies, the State of <u>STATE</u>, USCIS, Hague Convention, and Intercountry Adoption Accreditation and Maintenance Entity (IAAME). This home study is a true and accurate original of the home study which has been provided to the adoptive family. This home study was performed in accordance with 8 CFR 204.311 and any applicable state laws.</i> <i><u>Home Study Agency</u> is a non-profit agency licensed by the State of <u>STATE</u> as a child placement agency authorized to conduct adoption/home study services (license # _____). Under 22 CRF Part 96, <u>Home Study Agency</u> is operating as an Exempt Provider for Madison Adoption Associates who has earned full Hague accreditation.</i> <i>This home study was completed by <u>NAME, MSW</u>. The writer has a <u>master's Degree in social work and is licensed in STATE (if applicable)</u>. I am an employee of <u>Home Study Agency</u> with over <u>eight</u> years experience. I meet all state, federal and Hague regulations to conduct home study and post-placement/ post-adoption reports.</i>
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	<p><i>I, <u>NAME, MSW</u>, verify that under perjury of law of the United States of America that I have acted with the professional diligence necessary to protect the best interest of any child whom the applicant might adopt in preparing the home study, including personal interviews, home visits, and all other aspects of the investigation needed to complete the home study. The content and statements within this home study are true and correct to the best of my knowledge, information and belief. I have notified the applicants of their duty to disclose information, and of their duty disclose any new information or new events per The Hague regulations. I certify that this is a true and accurate copy of the home study as provided to the prospective adoptive parents, DHS, USCIS, and the COUNTRY. I verify that this home study meets all state, federal, and inter-country requirements.</i></p>
Page #(s)	Section 22: Validity and Signatures
	<ul style="list-style-type: none"> • Signed by the Social Worker who conducted and wrote the home study • Signed by the Executive Director of the home study agency • Must include a final date • Must include an expiration date (according to state laws) • Must be notarized

Signature of Social Worker

Date