



HOME STUDY PACKET CHECKLIST-RHODE ISLAND

Agency Documents *(*Priority: Home Study Meetings Will not begin until these have been returned)*

	Agency Documents	Comments and Notes
✓	Explanation of Fees	Upload to portal
✓	Grievance & Appeal Policy	Upload to portal
✓	Refund Policy	Upload to portal
✓	Release of Information	Upload to portal
✓	Service Agreement	Upload to portal
✓	Statement of Rights	Upload to portal

Clearances *(*Priority: Sometimes take a long time and may cause delays)*

	Type of Clearance	Comments and Notes
	*Child Abuse Clearances-	DOMESTIC HOME STUDIES: Required for all states that anyone in the home who is 17 or and older has lived in for the past five years INTERNATIONAL HOME STUDIES: Required for ALL states and countries that anyone in the home who is 17 years and older has lived in (for FOUR weeks or more) since age 18. This INCLUDES attending college, internships, military service, study abroad, etc. For RI Child Abuse Clearances: Follow the instructions on the form, which is included in this packet For every other state, contact swright@allforchildren.org
	*State Criminal Clearances <u>Domestic & International Home Studies</u>	Required for anyone in the home who is 17 years and older. Follow the instructions on the form and please ask for a state and national clearance with fingerprints.



	*FBI Clearances, if needed by your program	For anyone in the home who is 17 years or older. Obtain from an FBI Channeler, such as Fieldprint. The complete list of Channelers can be found here: https://www.fbi.gov/how-we-can-help-you/need-an-fbi-service-or-more-information/identity-history-summary-checks/list-of-fbi-approved-channelers-for-departmental-order-submissions Follow the instructions of the Channeler; upon receiving the clearance, email to swright@allforchildren.org
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Family Documents

	Agency Documents	Comments and Notes
	<u>*Autobiography (Priority: Home Study Meetings will not begin until this has been returned)</u>	Upload to portal
	Bank Statement	Upload to portal
	Bankruptcy Documentation and Explanation of any, if applicable	Must have an original signature and be notarized with the words “signed, under penalty of perjury,” and mailed to AFC
	Birth Certificate(s) for all household members	Upload to portal
	Certificate of citizenship, green card for any household member, if applicable	Upload to portal
	Certificates of Completion, Training Courses	Upload to portal
	Court Report from any arrest, if applicable	Must be an official, original court record; must be mailed to AFC
	Divorce Decree, if applicable	Upload to portal
	Disciplinary Policy/Affidavit	Upload to portal
	Driver’s License(s) for Applicant(s)	Upload to portal
	Duty to Disclose Affidavit	Upload to portal
	Education and Training Checklist/Log Passport(s) for Applicant(s)-International Only	Upload to portal
	Employment Letter(s)	Upload to portal



	Explanation of arrests, if applicable	Must have an original signature, be notarized with the words “signed, under penalty of perjury,” & mailed to AFC
	Finalization Decree of prior adoptions, if applicable	Upload to portal
	Financial Information Form	Upload to portal
	Firearm Safety Affidavit	Upload to portal
	Guardianship Form	Upload to portal
	Health Insurance Card	Upload to portal
	Marriage Certificate, if applicable	Upload to portal
	Medicals, all household members	Upload to portal
	Mortgage Statement or Lease	Upload to portal
	Pet Vaccination Records, if applicable	Upload to portal
	Pool Safety Affidavit	Upload to portal
	Psychological Report-ONLY if required by the program	Upload to portal
	Reference Letters-Forms (3)	Must be from non-relatives and mailed directly to AFC with original signatures
	Social Security Cards	Upload to portal
	Specialist Letter/Report, if applicable	Letter regarding special medical condition or therapy, (request additional instructions, if needed); Must be mailed from the specialist directly to AFC
	Tax Return- Most Recent	Upload to portal

Additional Information and Handouts

✓	Financial Assistance	Information Enclosed
✓	USCIS (Immigration) Process- <u>International Adoptions Only</u>	Instructions Enclosed
✓	SIDS	Information Enclosed



Greetings from Alliance for Children!

Please complete the information release section of the DCYF Clearance Request. Once completed, mail the request to the address listed at the top of the form. You will need to include payment for the \$10.00 processing fee/per clearance. **Please note that they only accept cashier checks or money orders payable to General Treasurer State of Rhode Island.** Personal checks or cash will not be accepted and your request will not be processed.

Regards,

Alliance for Children Staff



STATE OF RHODE ISLAND
Department of Children, Youth and Families
101 Friendship Street
Providence, RI 02903

DCYF Clearance Request/Results (Facility)

\$10.00 fee is required, (agency check, cashier check or money order payable to: **"General Treasurer State of Rhode Island"** – a personal check or cash is not accepted. Requests submitted without payment **will not** be processed.)

Facility Name: The Alliance for Children, Inc. ☐ Please indicate if subsequent

Facility mailing address: 292 Reservoir St., Suite 101, Needham, MA 02494

Facility E-mail address: Jtobin@allforchildren.org Facility Phone #: 781-444-7148

Please indicate: ☐ Prospective Childcare operator or employee ☐ Foster Care provider
☒ Non-DCYF Adoption ☐ Employment ☐ Community Agency Volunteers who have
supervisory authority over children without the presence of others ☐ Volunteer in a daycare
setting ☐ Child Care and Community Agency Volunteers who **do not** have supervisory
authority over children without the presence of others

INFORMATION RELEASE

I hereby authorize the Department of Children, Youth and Families to release to The Alliance for Children, Inc. information obtained as a result of their check of the Department's Indicated Child Abuse/Neglect records. I understand that this records check is required by R.I.G.L. 40-13.2-3.1 and that information obtained as a result of this check may be used by the Department or the facility in determining my suitability for employment in a Child Care facility. This authorization will expire upon receipt by the facility of the Clearance Check Results Ninety (90) days after the date of this authorization appearing below. Any information released and /or received as a result of this consent shall not be further relayed in any way to any person or organization outside of the Department without additional consent except as provided by statute.

Signature of Applicant

Date of Birth

Date of Authorization

Last Name

First Name

Middle

Maiden

Address

& Street

City/Town

State

Zip Code

BACKGROUND CHECK RESULTS

RICHIST: ☐ No Prior Contact

Case ID or Person ID: Case Name: States: ☐ Active ☐ Closed

Investigation #

Level

Status

Name

Involvement

Allegations

MASTERFILE:(Prior to 1984)

☐ No prior Involvement



STATE OF RHODE ISLAND
Department of Children, Youth and Families
101 Friendship Street
Providence, RI 02903

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\$10.00 fee is required, (agency check, cashier check or money order payable to: **"General Treasurer State of Rhode Island"** – a personal check or cash is not accepted. Requests submitted without payment **will not** be processed.)

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BACKGROUND CHECK RESULTS

RICHIST: ☐ No Prior Contact

Case ID or Person ID: Case Name: States: ☐ Active ☐ Closed

Investigation #

Level

Status

Name

Involvement

Allegations

MASTERFILE:(Prior to 1984)

☐ No prior Involvement

HOW TO OBTAIN A RHODE ISLAND CRIMINAL CHECK

Bureau of Criminal Identification ("BCI")

All in-person adult state and/or national background checks performed by the Attorney General's Office will **ONLY** be available at the address below:

Attorney General Julius C. Michaelson Customer Service Center

4 Howard Avenue (corner of Pontiac Ave. and Howard Ave.)

Cranston, RI 02920

401-274-4400

Juvenile background checks are performed by Family Court 1 Dorrance Plaza, Providence, RI 02903 401-458-5272.

Hours of Operation

Monday – Friday

8:30 a.m. – 4:30 p.m.

(Fingerprint process stops at 4:00 p.m.)

No Holidays

Notice:

Starting, Monday, July 23, 2018, all **in-person** state and/or national background checks will **ONLY** be available at our new Customer Service Center, located at 4 Howard Avenue, Cranston (in the Pastore Complex).



AUTOBIOGRAPHICAL OUTLINE

PART ONE: INDIVIDUAL SECTION

EACH APPLICANT MUST ANSWER THESE QUESTIONS INDIVIDUALLY

I. Background

Family:

State the names, ages, whether living or have passed on, occupation, marital status, and residence of parents, siblings, and state if any of your siblings have children. Discuss anyone else who lived in your home while you were growing up. Comment on past relationships with family members--were you closer to one parent or sibling than another? Why do you think that occurred? Discuss any other thoughts about your family of origin.

Childhood Experiences:

What are a few of your childhood memories? What was your parents' disciplinary style, parenting approach, what were the house rules, and important values? Discuss significant events in your childhood, such as special relationships, losses, achievements, moves, health problems, etc. Describe friendships you had--did you have many friends, a few, or did you prefer to be alone? Describe your most and least favorite parts of your childhood. Describe special interests, hobbies, and activities.

Schooling:

Where did you attend grade school? Where did you attend high school? What types of educational experiences did you have? What about after high school? Did you go to college or trade school? Why or why not? Where did you go? What were your experiences there? Please list any post-high school programs or colleges you attended, the years you spent there, the degrees you earned and the years you earned them.

Career:

What types of jobs have you had in the past? How did you come to choose your profession? What is your current position, and how do you feel about it? What are your future career plans and goals?

II. Present Day

Family:

Describe your present-day relationship with parents and siblings. What are your current hobbies and interests? Discuss your personal strengths and weaknesses.



Marital Relationship, if applicable:

Describe how you met. What was your courtship like? How did you decide to get married? Did one person want to get married before the other? How long did you date before getting married? Describe your marriage. How has it changed over the years? What kinds of things lead to disagreements? How do you react when there is an argument or a disagreement? How would you assess the strengths and weaknesses of your marriage? What are your spouse's strengths and weaknesses?

Prior Marriages, if applicable:

If you have been married before, list dates of marriage and divorce. Describe what the marriage was like and the reason for the divorce. Describe how your current marriage is different from a previous marriage.

Other Relationships:

Describe your friendship network and social circle. Who are the people you see when you are not working? What kinds of things do you do with others? Are those people aware of your adoption plans? Describe any reactions you have received as a result of your decision to adopt.

III. Journey to Parenthood/Journey to Adoption

Describe your journey to parenthood and your decision to pursue adoption. How long have you been trying to build a family? What options did you consider? Did you consult with doctors? What was that experience like? Were there any medical diagnoses or health conditions? If so, what were they and how did you cope with this? When and how did you make the decision to adopt a child? What is your prior experience with adoption?

IV. Attitude Toward Parenthood and Childrearing Style

Previous Experience:

What types of experiences have you had with children? What was that like? Describe previous experience with parenthood, if any.

Views on Parenthood:

What are your views on discipline? What will you do when your child breaks a rule? What will be the important values and rules in your house? What type of parent do you think you are/will be? If you are married, what type of parent do you think your spouse is/will be? What do the two of you agree and disagree about regarding childrearing?

V. Religion

What type of religious views existed in your family of origin? What is your attitude toward religion at the present time? What religious and/or spiritual beliefs you plan to give to your child?



VI. Health

What has your health been like in the past? Include any previous health issues. What is your current health status? If you take medication at this time, how much, what kind, and what is the reason for it? Have you had any experience with counseling? Are you in counseling at the present time? What issues led you to counseling and what has that process been like?

VII. Leave of Absence/Childcare Plans

What are your plans regarding parental leave of absence following placement of a child? What are your thoughts about childcare? If both parents will be working outside the home, what will you do regarding substitute childcare?

VIII. Views on Adoption/Birth Parents

What are your views on adoption? How do you feel about birthparents? How will you talk with your child about adoption and birth parents? What issues or difficulties do you anticipate and how will you address them?

IX. Extended Family

How have your extended family members reacted to your adoption plans? If anyone has had a negative reaction, what was that like for you and how did you handle it?

X. Type of Child Requested:

Preferences:

What type of child are you hoping to adopt? What is your preference regarding age, gender, race, ethnicity, health status? What has led you to these preferences? What will it be like for you if you are unable to adopt a child of your preferred gender?

Special Needs Adoption, if applicable:

Why do you want to adopt a child with special needs? What led you to this decision? What types of special needs are you willing to consider? Are there any types of special needs that you would NOT consider? Please explain. Discuss your local resources for children with special needs. How will you prepare yourself for this child? How will you adapt your lifestyle/circumstances to accommodate a child with special needs? If you have discussed special needs adoption with others, what has their reaction been?

Older Child Adoption, if applicable:

Why do you want to adopt an older child? What led to this decision? What age child would you consider adopting? Please explain your reasoning for your decision. Discuss your local resources for an older adopted child. How will you adapt your lifestyle/circumstances to accommodate this child? How will you prepare yourself for this child? If you have discussed older child adoption with others what has their reaction been?

**Sibling Adoption, if applicable:**

Why do you want to adopt siblings? What led to this decision? How many children and what ages of children are you considering? Discuss your local resources for these children. How will you prepare yourself for sibling adoption? How will you adapt your lifestyle/circumstances to accommodate these children? If you have discussed sibling adoption with others, what has their reaction been?

PART TWO: JOINT SECTION**ANSWER INDIVIDUALLY FOR SINGLE APPLICANTS
COUPLES MAY ANSWER THIS SECTION TOGETHER****XI. Home**

What type, style is your home? Do you rent or own it? How long have you lived there? What adaptations will there be at home with the placement of a child? Describe your neighborhood. Describe your community, some of its resources, what it is like to live there. Describe what kinds of issues your child might experience in your neighborhood and community.

XII. Finances

Have you had any financial difficulties in the past? Please describe them. What is your current financial situation? What adjustments will there be to your financial situation with the placement of a child?

XIII. Guardianship

If some unforeseen, catastrophic event occurs who have you chosen to raise your child/children? What led you to this decision? Describe that person/couple. What is your connection/relationship with them? What are their ages, length of marriage, occupations, number and ages of children? Please include a statement about your standby guardians' health and financial ability to raise your child, should the need arise.



CHILD DISCIPLINE POLICY

Alliance for Children, Inc. views discipline as a very important aspect of parenting. It teaches a child about personal safety and socially appropriate rules and boundaries. While respecting adoptive parents' need and right to make their own decisions regarding the raising of their children, the Agency maintains a very strong position regarding discipline. Alliance is opposed to the use of corporal punishment in the discipline of children. The agency will not place a child with a family who disciplines a child with physical punishment. In addition, the Agency will not place a child with a family who disciplines a child by restricting movement, confining a child in a small or locked area, withholding food, rest, or toilet use, verbally abusing a child, and/or using any other means of discipline that is designed to humiliate, embarrass, or denigrate a child, his/her birth family, heritage, or ethnicity.

The most suitable method will depend on the specific situation and the style, temperament, and personality of the individual child. Many books have been written on this subject many webinars, courses, and training seminars are available for guidance and direction. Please discuss this with your social worker if you have any questions or concerns or would like some additional resources regarding appropriate use of discipline.

We/I have read Alliance for Children's child discipline policy. We/I agree to abide by the conditions of this policy. Specifically, we/I agree:

- ☐ Not to use physical punishment as a form of child discipline. This includes spanking, hitting, slapping with an open hand, a closed fist, or any object
- ☐ Not to discipline a child by restricting movement, confining a child in a small or locked area, withholding food, rest, or toilet use
- ☐ Not to verbally abuse a child and/or use any other means of discipline that is designed to humiliate, embarrass, or denigrate a child, his/her birth family, heritage, and/or ethnicity

Name, Printed

Name, Printed

Signature and Date

Signature and Date



DUTY TO DISCLOSE AND REQUIRED HOME STUDY QUESTIONS APPLICANT 1

Note: Every adult residing in the home must review, sign and date this form for each home study process and each home study renewal update process.

I, _____, have been informed and understand that under penalty of perjury it is my duty to disclose all information under 8 CFR 204.311(d). I am aware that I must notify Alliance for Children and USCIS within 30 days of any new event or information that might warrant submission of an amended or updated home study and that the duty to disclose is ongoing while form I-800A/I-600A is pending, after form I-800A/I-600A is approved, and while any form I-800/I-600 is pending until there is a final decision admitting the child to the U.S. on a visa. In response to a direct questions, I affirm that I have disclosed any history of physical, mental or emotional health problems to the home study preparer.

Alliance for Children has informed me of the duty to provide true and complete information and the consequences of not disclosing this information. I am aware that a single incident of sexual abuse, child abuse, or domestic violence constitutes a “history” of abuse/violence.

I have been asked and have answered the following questions:

- | | | |
|----------|-----------|--|
| _____ No | _____ Yes | Have you ever been arrested, even if the record was sealed, pardoned, or expunged, whether in the United States or abroad? |
| _____ No | _____ Yes | Do you have a history of child abuse, sexual abuse, or domestic violence, whether in the United States or abroad? |
| _____ No | _____ Yes | Have you ever abused alcohol? |
| _____ No | _____ Yes | Have you abused illegal controlled substances or prescription drugs? |
| _____ No | _____ Yes | Have you ever been denied as a prospective adoptive parent or been the subject of an unfavorable home study? |
| _____ No | _____ Yes | Have you ever begun a home study process in relation to an adoption or any form of foster or other custodial care of a child that was not completed? |
| _____ No | _____ Yes | Have you ever lost or relinquished custody of a child? |
| _____ No | _____ Yes | Have you ever transferred or received permanent custody of a child outside of the state/local authorities or state/local process? |
| _____ No | _____ Yes | Have you ever been denied visa clearance by USCIS? |

If you answered “yes” to any of these questions, please explain and provide additional required documentation:

Name, Printed

Signature and Date



DUTY TO DISCLOSE AND REQUIRED HOME STUDY QUESTIONS APPLICANT 2

Note: Every adult residing in the home must review, sign and date this form for each home study process and each home study renewal update process.

I, _____, have been informed and understand that under penalty of perjury it is my duty to disclose all information under 8 CFR 204.311(d). I am aware that I must notify Alliance for Children and USCIS within 30 days of any new event or information that might warrant submission of an amended or updated home study and that the duty to disclose is ongoing while form I-800A/I-600A is pending, after form I-800A/I-600A is approved, and while any form I-800/I-600 is pending until there is a final decision admitting the child to the U.S. on a visa. In response to a direct questions, I affirm that I have disclosed any history of physical, mental or emotional health problems to the home study preparer.

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_____ No	_____ Yes	Do you have a history of child abuse, sexual abuse, or domestic violence, whether in the United States or abroad?
_____ No	_____ Yes	Have you ever abused alcohol?
_____ No	_____ Yes	Have you abused illegal controlled substances or prescription drugs?
_____ No	_____ Yes	Have you ever been denied as a prospective adoptive parent or been the subject of an unfavorable home study?
_____ No	_____ Yes	Have you ever begun a home study process in relation to an adoption or any form of foster or other custodial care of a child that was not completed?
_____ No	_____ Yes	Have you ever lost or relinquished custody of a child?
_____ No	_____ Yes	Have you ever transferred or received permanent custody of a child outside of the state/local authorities or state/local process?
_____ No	_____ Yes	Have you ever been denied visa clearance by USCIS?

If you answered “yes” to any of these questions, please explain and provide additional required documentation:

Name, Printed

Signature and Date



SAMPLE EMPLOYMENT LETTER
(MUST BE ON COMPANY LETTERHEAD)

Date: _____

To Whom It May Concern:

This is to certify that _____ is currently employed by
(Your Name)

_____.
(Name of Employer)

Job Title:

Date of Hire:

Salary:

At this point in time, it is expected that this person will remain in our employ.
Sincerely,

Name

Job Title

Name of Company

Note: If you are self-employed, use a letter from your accountant instead.

Also Note: This is simply an example of an employer's letter. It is fine to have a different format, as long as these elements are included



FINANCIAL INFORMATION

Applicant 1: _____ Annual Salary: \$ _____
 Applicant 2: _____ Annual Salary: \$ _____
 Other Income Source: _____ Amount: \$ _____
 TOTAL ANNUAL INCOME: \$ _____
 TOTAL MONTHLY INCOME: \$ _____

Assets:

Personal Property (Vehicles and Other) Value: \$ _____
 Real Estate, Primary Residence Value: \$ _____
 Real Estate, Other Value: \$ _____
 Stocks and Bonds Value: \$ _____
 Checking Value: \$ _____
 Savings Value: \$ _____
 Retirement Funds Value: \$ _____
 Other Investments Value: \$ _____
 TOTAL ASSETS: \$ _____

Applicant 1, Life Insurance Value: \$ _____
 Applicant 2, Life Insurance Value: \$ _____

Liabilities – Total Amount owed on:

Credit Cards: \$ _____ Car Loans: \$ _____ Mortgage: \$ _____
 Home Equity Loans: \$ _____ Student Loans: \$ _____
 Other \$ _____
 TOTAL LIABILITIES: \$ _____

NET WORTH (ASSETS minus LIABILITIES) \$ _____

Monthly Expenses:

Rent/Mortgage (Circle):	\$ _____	Car Loans:	\$ _____
Utilities:	\$ _____	Home Equity Loans:	\$ _____
Food:	\$ _____	Health Care/Medical:	\$ _____
Clothing:	\$ _____	Auto Maintenance/Gas:	\$ _____
Entertainment:	\$ _____	Insurance(Auto/Home):	\$ _____
Student Loans:	\$ _____	Credit Cards:	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

Bankruptcy filings: Has either applicant ever filed for bankruptcy? Yes [] No []
 Liens: Are there any liens against property owned by either applicant? Yes [] No []
 Are wage garnisheed against either applicant? Yes [] No []
 If the answer is “yes” to any of the above questions, please attach a letter of explanation to this form.

I/We attest that the above information is an accurate summary of my/our financial status.

 Name, Printed

 Name, Printed

 Signature and Date

 Signature and Date



FIREARM SAFETY AFFIDAVIT

Check at least one (REQUIRED)

- ☐ We/I do not have a firearm
- ☐ We/I have the following firearm(s):

Please list all firearms:

If we/I have at least one firearm, check all that apply

- ☐ All firearms are locked in a locked storage cabinet.
- ☐ Ammunition is locked and stored separately from the firearm.
- ☐ We/I have a license to carry and have a gun on my person. Here is my/our safety plan for when I/we are asleep, are in the shower, and/or take the gun off:

If we/I own a firearm:

- ☐ We/I understand that firearms pose a significant danger if a child gets access to it. We/I will be responsible gun owners and take every precaution to protect my/our child.

Name, Printed

Signature and Date

Name, Printed

Signature and Date



GUARDIANSHIP STATEMENT

I/We have chosen the following as standby guardian(s):

Name(s): _____

Address: _____

Age(s): _____ Number/Ages of Children: _____

Length of Marriage, if Applicable: _____

Relationship to standby guardian (s): _____

Reason for choosing this person/couple: _____

_____.

How often standby guardian(s) will see my/our child: _____

I/We attest to the following:

- The standby guardian(s) have been asked and have agreed to do be named in this capacity.
- The standby guardian(s) are financially stable and have the financial resources to raise my/our child, if needed.
- The standby guardian(s) are in good health and have the ability to raise my/our child, if needed.
- The standby guardian(s) housing situation is sufficient to raise my/our child and the area is located near good schools, parks, medical and recreational facilities
- The standby guardian(s) understand the serious commitment in agreeing to serve as standby guardian for an adopted child.

Name, Printed

Name, Printed

Signature and Date

Signature and Date



MEDICAL REPORT- ADOPTIVE APPLICANT

Patient Name: _____ Date of Examination (Required): _____

Date of Birth: _____ Date of this Report: _____

Medical History	Yes	No	Comments
Heart Disease			
Liver Disease			
Mental Illness/Mental Health Issues			
Genetic Condition			
Infectious Disease, including TB)			
Alcoholism or Substance Abuse			
Sexually transmitted disease, AIDS or is HIV positive			
Chronic and/or degenerative disabling condition			
Significant Disease/Condition (e.g. cancer or other)			
Surgical Procedures			

Examination	Results	Comments
Height		
Weight		
Blood Pressure		
Eyes		
Ears		
Heart		
Liver		
Lungs		
Lymph		
Thyroid		
Nervous System		
Urinalysis		
Serology (CBC panel)		

Have there been any hospitalizations? Why?

List all medication the patient is taking and state the purpose for each medication:

In your opinion, is the patient in good, stable mental and physical health and capable of assuming the responsibilities of parenting an adopted child? Yes _____ No _____ If no, please explain: _____

I attest that this patient is free from communicable diseases and is medically suitable to adopt a child.

Name of Physician (Print): _____

Signature: _____

Address: _____

License #: _____



MEDICAL REPORT- ADOPTIVE APPLICANT

Patient Name: _____ Date of Examination (Required): _____

Date of Birth: _____ Date of this Report: _____

Medical History	Yes	No	Comments
Heart Disease			
Liver Disease			
Mental Illness/Mental Health Issues			
Genetic Condition			
Infectious Disease, including TB)			
Alcoholism or Substance Abuse			
Sexually transmitted disease, AIDS or is HIV positive			
Chronic and/or degenerative disabling condition			
Significant Disease/Condition (e.g. cancer or other)			
Surgical Procedures			

Examination	Results	Comments
Height		
Weight		
Blood Pressure		
Eyes		
Ears		
Heart		
Liver		
Lungs		
Lymph		
Thyroid		
Nervous System		
Urinalysis		
Serology (CBC panel)		

Have there been any hospitalizations? When? Why?

List all medication the patient is taking and state the purpose for each medication:

In your opinion, is the patient in good, stable mental and physical health and capable of assuming the responsibilities of parenting an adopted child? Yes _____ No _____ If no, please explain: _____

I attest that this patient is free from communicable diseases and is medically suitable to adopt a child.

Name of Physician (Print): _____

Signature: _____

Address: _____

License #: _____



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Date of Birth: _____ Date of this Report: _____

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Liver Disease			
Mental Illness/Mental Health Issues			
Genetic Condition			
Infectious Disease, including TB)			
Alcoholism or Substance Abuse			
Sexually transmitted disease, AIDS or is HIV positive			
Chronic and/or degenerative disabling condition			
Significant Disease/Condition (e.g. cancer or other)			
Surgical Procedures			

Examination	Results	Comments
Height		
Weight		
Blood Pressure		
Eyes		
Ears		
Heart		
Liver		
Lungs		
Lymph		
Thyroid		
Nervous System		
Urinalysis		
Serology (CBC panel)		

Have there been any hospitalizations? When? Why?

List all medication the patient is taking and state the purpose for each medication:

In your opinion, is the patient in good, stable mental and physical health and capable of assuming the responsibilities of parenting an adopted child? Yes _____ No _____ If no, please explain: _____

I attest that this patient is free from communicable diseases and is medically suitable to adopt a child.

Name of Physician (Print): _____

Signature: _____

Address: _____

License #: _____



MEDICAL REPORT- ADULT HOUSEHOLD MEMBER

Date of Examination: _____

Date of Report: _____

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Medical Issues: (Include diagnosis, treatment, and medications): _____

Medical Assessment:

Is this person free from communicable diseases? _____ If no, please explain:

On the basis of this person's condition, do you anticipate that he or she will have any issues if an adopted child joins the family? _____ If yes, please explain:

On the basis of this person's condition, do you anticipate that an adopted child will have any issues residing in a household with this person? _____ If yes, please explain:

Additional comments:

Physician's Name (Please Print)

Address: _____ Phone: _____

Physician's Signature _____



MEDICAL REPORT- CHILD

Date of Examination: _____

Date of Report: _____

Child's Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Immunizations:

_____ up to date

_____ not up to date. If they are not up to date, please explain

Medical Issues: (Include diagnosis, treatment, and medications):

Medical Assessment:

Are there any indications of physical or verbal abuses? If so, please explain: _____

Is this child free from communicable diseases? If no, please explain:

On the basis of this child's condition and the care he/she is receiving, do you anticipate any difficulties regarding the parent(s) adding another child to the family? If yes, please explain:

Additional comments: _____

Physician's Name (Printed) _____

Address: _____ Phone: _____

Physician's Signature _____



MEDICAL REPORT- CHILD

Date of Examination: _____

Date of Report: _____

Child's Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Immunizations:

_____ up to date

_____ not up to date. If they are not up to date, please explain

Medical Issues: (Include diagnosis, treatment, and medications):

Medical Assessment:

Are there any indications of physical or verbal abuses? If so, please explain: _____

Is this child free from communicable diseases? If no, please explain:

On the basis of this child's condition and the care he/she is receiving, do you anticipate any difficulties regarding the parent(s) adding another child to the family? If yes, please explain:

Additional comments: _____

Physician's Name (Printed) _____

Address: _____ Phone: _____

Physician's Signature _____



A POOL SAFETY AFFIDAVIT

Check one (REQUIRED)

- ☐ We/I do not have an in-ground swimming pool
- ☐ We/I have an in-ground swimming pool. It is fenced, and the fence encompasses the entire pool. The fence is at least 4 feet in height and is secured by a lockable gate.

Check one (REQUIRED)

- ☐ We/I do not have an above ground pool.
- ☐ We/I have an above ground pool. It has non-climbable sidewalls that are at least 4 feet high or a 4-foot fence that encompasses the entire pool. The fence is no closer than 36 inches away from the pool's side wall and secured with a lockable gate.

For pool owners, other safety features (strongly recommended, although not required)

- ☐ We/I have a pool cover with an alarm.
- ☐ We/I have an anti-entrapment drain cover.
- ☐ We/I have a door alarm to provide an alert if a child leaves the house unattended.

Name, Printed

Signature and Date

Name, Printed

Signature and Date



ALLIANCE FOR CHILDREN REFERENCE FORM

Reference for: _____
Name of Prospective Adoptive Parents

How long and in what capacity have you known the prospective adoptive parent(s)? How often do you see the prospective adoptive parent(s)?

Describe each prospective adoptive parent. What have you observed about each person that leads you to recommend him/her as an adoptive parent?

What do you think this adoptive family's strengths and weaknesses will be in parenting an adopted child?

What do you think will be this adoptive family's biggest challenges in parenting an adopted child?

If this reference is for a couple, please describe this couple's relationship. Do you consider it to be stable? Are both partners equally interested and ready to adopt a child?

What have you observed about the prospective adoptive parents' ties to the community, neighborhood, friends, and extended family members?



How do you think this family will deal with parenting a child of a different race or ethnicity? (if applicable)

If you were responsible for making a decision about a child's future, would you approve this family for adoption? Why or why not?

Do you have any reason to believe that there may be any difficulties with alcohol or drug use, mental health, anger management, or dealing with stress? Please describe.

Do you recommend this family for adoption? Why or why not? Please indicate any concerns.

Do you authorize AFC to release this reference letter to any agency or individual participation in the adoption process on behalf of this family?

Name, Printed

Signature

Daytime Phone:

Email Address:

Mailing Address:

Date:

In order for this reference to be valid you must send the letter with original signatures directly to:
Alliance for Children: 292 Reservoir St., Suite 101 Needham, MA 02494



ALLIANCE FOR CHILDREN REFERENCE FORM

Reference for: _____
Name of Prospective Adoptive Parents

How long and in what capacity have you known the prospective adoptive parent(s)? How often do you see the prospective adoptive parent(s)?

Describe each prospective adoptive parent. What have you observed about each person that leads you to recommend him/her as an adoptive parent?

What do you think this adoptive family's strengths and weaknesses will be in parenting an adopted child?

What do you think will be this adoptive family's biggest challenges in parenting an adopted child?

If this reference is for a couple, please describe this couple's relationship. Do you consider it to be stable? Are both partners equally interested and ready to adopt a child?

What have you observed about the prospective adoptive parents' ties to the community, neighborhood, friends, and extended family members?



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ALLIANCE FOR CHILDREN REFERENCE FORM

Reference for: _____
Name of Prospective Adoptive Parents

How long and in what capacity have you known the prospective adoptive parent(s)? How often do you see the prospective adoptive parent(s)?

Describe each prospective adoptive parent. What have you observed about each person that leads you to recommend him/her as an adoptive parent?

What do you think this adoptive family's strengths and weaknesses will be in parenting an adopted child?

What do you think will be this adoptive family's biggest challenges in parenting an adopted child?

If this reference is for a couple, please describe this couple's relationship. Do you consider it to be stable? Are both partners equally interested and ready to adopt a child?

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