

MUST BE ON AGENCY LETTERHEAD

**SUMMARY OF HOME STUDY**

**DATE:**

**ADOPTIVE PARENTS:**

**Husband**

**Wife**

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

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

**Birth Date:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Monthly Income:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**Nationality/Race:** \_\_\_\_\_

**Passport Numbers:** \_\_\_\_\_

**REAL ESTATE:**

House: Own \_\_\_\_\_ Rent \_\_\_\_\_

Real Estate Value: \_\_\_\_\_

Other Assets: \_\_\_\_\_

**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 Africa or 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. Ex: “(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 and mentally stable and will provide a loving home for any child placed in this family. Please add statement there is no alcohol or substance dependence.*

**PERSONALITY/CHARACTER:**

*Describe personality, beliefs, & values*

**HEALTH INSURANCE:**

*Paragraph should 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. For example: “This Family (easily) meets or exceeds the eligibility criteria for adoptive families as set forth under State law...(law name and article number) of the State of (insert State)”. Mr. and Mrs. (Name) are approved to adopt a child of either gender, age 0-12 months at time of child referral, age 0-36 months at time of travel, from Korea. The family is approved for a child as healthy as possible and with normal neonatal conditions including, but not limited to: Prematurity, low birth weight, jaundice, minor alcohol and, or tobacco exposure, a minor heart murmur likely to self correct, and some developmental delays. It is my pleasure to recommend that Korea place such a child with the (Name) family of (City, State).”*

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*Social Worker Name, Degree  
Title*

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*Date*

Notarization