Office of Program Policy and Oversight
Division of Out Of Home Care, Direct Services/Adoption
South Carolina Department of Social Services

Certified Investigator Program

Background
Act 464 of 1986 of the South Carolina General Assembly required that persons who prepare pre-placement and post-placement investigations for the Family Court in adoption proceedings be certified. It is further required that all persons, except lawyers and judges, who take relinquishments and consents from birth parents planning adoption for their child be certified.

On June 8, 1987, the Governor signed a joint resolution (R215-S787) to approve regulations of the Department of Social Services designated as regulation Document Number 838, pursuant to the provisions of Article 1, Chapter 23, Title 1 of the 1976 CODE.

Who Must Be Certified?
All persons who prepare investigations in adoption matters and all persons, except lawyers and judges, who take relinquishments and consents from birth parents planning adoption for their children. Once the application is approved and the Certification Number is issued, that number should appear on all reports prepared by the certified person.

What Are The Requirements?
Persons who seek certifications as an Adoption Investigator must:
(1) Document twenty-five (25) hours of adoption related training - Examples of some adoption related training are: Family Systems; Child Health Care; Child Development; Foster Care/Foster Parent Training; Child/Family Assessment Training; Child Abuse & Neglect Training,
(2) Have a Bachelor's Master's or Doctoral degree from an accredited college or university,
(3) Have two years experience preparing home studies or investigations or similar child/family oriented reports for a court, school or social/health agency, or be employed by a licensed adoption agency or professional association and be supervised by a person employed by that entity who has the required experience and is a certified adoption investigator, and
(4) Be of good reputation in the community as attested to by professional and personal references.

Persons who seek certification for taking relinquishments and consents must meet requirements 1, 2, and 4 and must have two years experience counseling with parents about relinquishing their rights and placing their children for adoption.
In addition, all applicants must undergo both an annual SLED criminal check and a Child Protective Services Central Registry check.

How Does One Apply For Certification?

A. GENERAL INSTRUCTIONS

1. Type or print clearly only the requested information
2. Return completed application and fee to:

   Direct Services/Adoption
   South Carolina Department of Social Services
   P.O. Box 1520
   Columbia, SC 29202-1520

3. Application fee must be paid by check or money order made payable to South Carolina Department of Social Services and is non-refundable. South Carolina Department of Social Services employees are exempt if the employee is not also and independent practitioner.
4. The applicant is responsible for retaining a copy of the application and all supporting documents.
5. Allow four weeks for response.

B. SPECIFIC INSTRUCTIONS

Personal Information
   Self-explanatory.

Application for Certification
Check the box indicating whether you are applying for certification to do adoption investigations or to take relinquishments and consents. If you are applying to do both, check both boxes.

Education
Self-explanatory. You must attach a copy of your diploma.

Experience
Be very specific about the type of experience you have had. If this section is not complete and specific, it will delay processing of your application.

If you do not meet the experience requirements, you may be certified if you are employed by DSS or a licensed child placing agency or professional association and if you are supervised by a person who is a certified investigator. If you are applying under this provision, provide the name of the person who will supervise your work.
South Carolina Children's Code, SECTION 20-7-1750. Certification of persons who conduct investigation or obtain consent or relinquishment for the purpose of adoption; directory; fees.

With the exception of the persons provided for in Section 20-7-1705(A)(1), (2), and (4), any person obtaining a consent or relinquishment for the purpose of adoption must be certified by the State Department of Social Services. Any person conducting an investigation for the adoption of a child pursuant to Section 20-7-1740 also must be certified by the department. However, where the adoption petitioner or prospective adoption petitioner is a nonresident of this State, a South Carolina family court may authorize a qualified nonresident to conduct any investigations required under Section 20-7-1740.

The department shall promulgate regulations to provide for the following: certification of investigators; issuance, monitoring, and revocation of certificates; and sanctioning of noncompliance with regulations. Any person certified by the department may charge a fee which may not exceed the reasonable costs of the services rendered. The fee must be approved by the department during the certification process. The department shall develop, revise, and publish quarterly a directory of persons certified pursuant to this section. A reasonable fee may be charged by the department for copies of this directory.


A. Definitions

(1) Person—an individual, self-employed or employed by an agency, corporation or professional association.

(2) Department — the South Carolina Department of Social Services.

(3) Child placing agency or agency — the State Department of Social Services and any person or entity as defined in Section 20-7-1650 (e).

(4) Consent — the informed and voluntary release in writing of all parental rights with respect to a child by a parent for the purpose of adoption, or the informed and voluntary release in writing of all custodial or guardianship rights, or both, with respect to a child by the child placing agency or person facilitating the placement of the child for adoption where the child's parent previously has executed a relinquishment to that agency or person.

(5) Relinquishment — the informed and voluntary release in writing of all parental rights with respect to a child by a parent to a child placing agency or to a person who facilitates the placement of a child for the purpose of adoption and to whom the parent has given the right to consent to the adoption of the child.

(6) Investigation and reports — Pursuant to section 20-7-1740, before the final hearing for adoption of a child, investigations and reports must be completed in accordance with the following:

(a) Before the placement of any child by any agency or by any person with a prospective adoptive parent, a preplacement investigation, a background investigation and reports of these investigations must be completed;

(b) A postplacement investigation and report of this investigation must be completed after the filing of the adoption petition.

(7) Court — any Family court in this state.

B. Certification Requirements

(1) Persons certified to complete preplacement and postplacement investigations, and reports of these investigations must meet the following requirements:

(a) Hold a Bachelor's, Master's, or Doctoral degree from an accredited college or university;
(b) Have two years experience conducting adoptive homestudies or investigations or similar family/child-oriented reports for a court, school, or social/health agencies; or be currently employed by the Department of Social Services or a licensed child placing agency or by a professional association and be supervised by a person within that agency or association who is a certified adoption investigator;

(c) Be of good reputation in the community as attested to by professional and personal references which may be verified by the Department.

(2) Persons certified to obtain Consents and Relinquishments must meet the following requirements:

(a) Hold a Bachelor's, Master's, or Doctoral degree from an accredited college or university;

(b) Have two years experience counseling with parents about relinquishing their rights and placing their children for adoption; or be currently employed by the Department of Social Services or a licensed child placing agency or by a professional association and be supervised by a person within that agency or association who is certified to accept relinquishments and consents for the purpose of adoption;

(c) Be of good reputation in the community as attested to by professional and personal references which may be verified by the Department.

(3) Adoption related continuing education, as accepted by the Department, is required for Sections (1) and (2) above.

(a) At the time of application for certification, the individual will document that twenty five hours of adoption related continuing education was completed within three years of application.

(b) Documentation of continuing professional development of a minimum of ten hours of adoption related training per year is required for recertification.

C. Process for Certification

(1) Individuals will forward complete applications including a S.L.E.D. criminal records check, a C.P.S. Central Registry check and required fees to the Division of Adoption and Birth Parent Services.

(2) Incomplete applications will not be accepted.

(3) Additional information that would clarify an item may be requested in writing, by telephone, or in a personal interview and must be returned within 10 working days of the request.

(4) When a determination has been made that the applicant meets the requirements for certification, a certificate will be issued, and the applicant's name and fees will be placed in the directory of certified persons.

(5) All applications and supporting documentation shall be considered public information.

D. Expiration and Renewal of Certificate

(1) Certificates issued under these regulations will expire one year from the date of issuance.

(2) Application for recertification must be received thirty days prior to the expiration date of the current certificate.

(3) Upon determination that the applicant continues to meet the requirements, a new certificate will be issued.
Adoptive Family Assessment Summary/Pre-Placement Investigation Instructions
(Sample guide for Non-DSS Children)

I. Family Composition
Include individuals who spend significant amounts of time in an applicant’s household. Include non-custodial children who visit and anyone who routinely spends evenings or weekends.

II. Address
Residential Address: Physical location of the home.
Mailing Address: (self explanatory)
Directions: (self explanatory)
Phone Numbers: (self explanatory)

III. Contacts During Assessment Minimum of 2 home visits (minimum of 1 family interview and 1 interview per individual). Document interviews with adult household members and children over age 6. May also interview adult children of applicant.

IV. Motivation to Foster and/or Adopt
A. Why has the family chosen to extend family through adopting?
B. How long has the family been thinking about their decision?
C. What made them decide to apply now?
D. What does the family believe they have to offer a child? Do they want to “save” the child? Do they expect the child to be appreciative of their efforts? Do their own children need a playmate? Are they lonely or want someone to take care of them?
E. What does the family believe will be the hardest and easiest thing which they will have to deal with as an adoptive parent?
F. What changes does the family believe they will be making in their family, household and schedule to accommodate a child?
G. If there is a fertility problem, what are the family’s feelings and resolution of the issues?
H. Are both parents equally motivated to adopt?
I. Describe the extended family support, especially for single parents.
J. If single parent, who will be the other sex role model?

V. Family History: Answer separately for both mother and father (if applicable)
A. When and where born?
B. Describe their family composition. Birth order.
C. Describe the relationship applicant’s parents had with each other, with applicant, with other children in the home when growing up.
D. If applicant’s parents are still living, describe their current relationship with the applicant and with other siblings.
E. Describe the current relationship between the applicant, siblings and other relatives.
F. How many years were applicant’s parents married? Had either of them had a previous marriage?
G. What responsibilities and chores did applicant have around the house as a child? Did he/she ever work part time? If yes, what was it?
H. How were problems solved between parents and as a family?
I. What happened when applicant’s parents disagreed?
J. How were applicants disciplined by their parents? How does applicant feel about this type of discipline?
K. Education/work history of applicant’s parents.
L. Health history of applicant’s parents and siblings. Indicate causes of death, if applicable.
M. Did applicant’s parents and siblings have any substance abuse/mental health issues?
N. Was applicant or siblings the victim of any child abuse/neglect?

VI. Children/Parenting Experiences
A. How many children were born to each applicant? Provide names and birth dates. Any health problems or special needs?
B. What is the current situation, accomplishments of adult children?
C. What is current relationship with adult children? Are they supportive of the parent’s decision to adopt children? Any evidence of estranged relationships?
D. How many children has the applicant adopted or fostered in the past? Do these children currently live with them? How did they incorporate each child into the home? Which types of children were most easily incorporated? Which were the most challenging?
E. How did children change their marriage?
F. Does the applicant have other experiences with children that relate to parenting?
G. Were any biological children ever in foster care, adopted, or lived with relatives? If yes, describe circumstances in detail.
H. If they have a child who is not an adult not living with them, where is he/she living? Describe the reasons he/she is living elsewhere (if not an adult). Do the applicants financially support the child? Does he/she visit? How often? In the applicant’s home? Do the applicants visit the child? How often?
I. For each of the children currently in the home:
   1. What are some of their accomplishments?
   2. What grade do they attend? Overall, how are they doing in school?
   3. What age did applicant find the most satisfying? The most difficult?
   4. How does applicant describe each child’s personality?
   5. What special interests and/or talent does each child have?
   6. Describe each child’s behavior. Are there concerns about child’s behavior?
   7. What does each parent enjoy most about each child? Least?
   8. What are the applicant’s expectations of each child?
   9. What is the applicant’s involvement with each child’s educational and recreational activities?
   Do the parents (one or both) attend school conferences, ball games, etc.?
10. What is the child’s attitude about another child coming into the home to live?
J. How do the children relate to parents and interact with one another in their home? Does one dominate?
Is there sibling rivalry? How do they argue? How are disputes settled?
K. Does the family have any plans for increasing the size of their family through birth or adoption through another source including a private adoption agency? Are they licensed through a private agency?

VII. Marital History/Relationship
A. How would applicants describe their marital relationship? Any separations/trial separations? Any marital counseling? Any history of domestic violence?
B. How many years have they been married? (Obtain copy of marriage license.)
C. When and how did they meet? Length of courtship?
D. Has either been married before? If so, when and for what reasons did the marriage end? (Obtain copies of divorce petitions and divorce decrees). How is this marriage different from previous ones?
E. If applicant is a single parent, has he/she previously experienced or is he/she currently involved in a long-term relationship with a “significant other”? If yes, describe the nature of the relationship and, if ended, the reasons for its end. What role would the “significant other” play in the home? (Determine if the “significant other” should be considered a household member).
VIII. Family Relationships/Functioning/Coping Ability
   A. How are decisions made within the family?
   B. What is important to the parents as individuals and a couple?
   C. How do they resolve disagreements or problems in the home? What happens when they disagree?
   D. How are household responsibilities/duties assigned and/or divided?
   E. How do they deal with stress?
   F. What losses have parents experienced in their lifetime (e.g., loss due to the death of a parent, sibling, spouse, child, or other relative or due to divorce of parents or spouse)?
   G. Where does the family usually go on vacation? Do vacation plans include children? Will foster/adoptive children be included in these plans?
   H. Does the family have pets? If yes, what kind? Is the pet important to the whole family or to a particular member? What arrangements can be made if the pet presents a problem for the foster or adoptive child? Is pet routinely seen by a veterinarian? (Review DHEC inspection regarding rabies vaccinations).
   I. What hobbies/activities does each family member enjoy doing? What kinds of hobbies/activities are they involved in at this time? To what social groups do family members belong? What activities do they enjoy as a family? How often do these groups meet or activities occur?
   J. What does each family member identify as his/her:
      1. Strengths
      2. Limitations
      3. Successes
      4. Failures

IX. Work and Educational History (to be provided for each applicant)
   A. Are applicants currently employed outside the home? If yes, what is the current occupation? How long have they had the job? Does their employment ever take them out of town and/or require overnight trips? If so, how often? What are their working hours?
   B. What other occupation and/or employment have they had? Reasons for leaving each previous employment. Has applicant ever been fired? If so, why?
   C. What do they like most and least about working outside the home, or inside the home, if applicable?
   D. Have either ever served in the military? If yes, when? Were they honorably discharged? Date of discharge? (Obtain copy of discharge papers).
   E. What educational experiences have they had—educational level obtained, GED, attended technical school or college, or other employment training? If college graduates, what was their major? Include names of schools and colleges and courses of study. Any future educational plans?

X. Medical/Mental Health History (to be provided by/on each applicant and household member)
   A. Has applicant or household member ever had any serious illness?
   B. Has applicant or another household member ever been hospitalized? If yes, when, for what?
   C. Has applicant or another member of the household ever been treated for any emotional, mental health or addiction problems? If yes, by whom? When? Where? For what problems? Is applicant or other household member currently receiving treatment for the problem? Is medication prescribed? Review criminal records checks for any DUI offenses and a possible indicator of substance abuse. Worker will instruct applicant to complete the necessary authorization forms from their various medical/mental health providers to authorize those providers to disclose the protected health information to DSS in order to evaluate the applicant's fitness and suitability.
   D. Information received from therapist or physician regarding the applicant's ability to become a resource parent or regarding the impact of any other household member's presence in the home.
   E. Give dates and results of medicals on all household members, including height and weight. (Medical reports on file in case record).
XI. Financial
A. What is the family’s month gross income? What is the “take-home” pay? (verification requir-ed)
Financial forms will need to be completed.
B. Is family receiving TANF or Food Stamps?
C. What are the monthly expenses?
D. Do they pay child support for any children not living with them? How much? Is it current? If not, how
much arrearage?
E. Who is responsible for budgeting and managing the family’s money?
F. Does the family have savings and other assets?
G. Can the family provide for the child without being dependent on board payments or subsidies? What
financial assistance do they expect to receive for a child?
H. Has any family member ever been convicted of writing bad checks? Has any property ever been
repossessed? Ever filed for bankruptcy?
I. Will family’s medical insurance cover an adopted child? What are the family’s plans to include the
child in their will? Who will care for child in case of parent’s death? Has this been discussed within this
individual? What was their reaction? Include information obtained after contacting this person.

XII. Religious Affiliation
A. What role does religion play in the family’s life?
B. Does the family attend church? What is the religious denomination? Does the entire family attend?
C. In what church related activities do they participate? How often?
D. If a child is placed with the family and either child or birth parent requests that the child attend a
different religious denomination, how would the family handle it?
E. If an older child preferred not to attend church, how would the family handle it?

XIII. Discipline
A. What forms of discipline do they use? If corporal punishment is used, are they willing to terminate the
use of corporal punishment, and knowledgeable of and receptive to the use of other methods of discipline?
B. Do applicants fully understand the agency’s policy prohibiting the use of corporal punishment?
C. Do parents agree on how to discipline? If no, how are these issues settled?
D. Do the parents exhibit the ability to understand/recognize disruptive behaviors placed children may
display and appropriately respond to that behavior? (How would you handle---)?
E. Do discipline practices reflect realistic expectations, flexibility, and tolerance?
F. How would applicants discipline a foster or an adopted child?

XIV. Child Care Arrangements: include informal or unlicensed persons if they are providing care on a routine basis
(Central Registry and Sexual Offender checks required).
A. Child care provider used: type, name, address, and telephone number.
B. Frequency/reason used.
C. Results of interviews with any and all child care providers and full time babysitters. Results of Central
Registry and Sexual Offender checks on any non-licensed providers.
D. Baby-sitters (non-routine) used: name, address, in baby-sitter’s home or applicant’s home, frequency,
reason.

XV. Home and Community
A. Physical description of the house, yard, neighborhood and surrounding area. Describe the number of
rooms in the house.
B. Does the family own or rent their home?
C. How long have they lived at their current address? How many times has the family moved? Reasons for the moves.

D. Is home a subsidized housing unit? If so, will an increase in family size create a problem?

E. Is residence in a high crime area? (Verified by law enforcement)

F. Describe the sleeping arrangements and storage space for the children. Describe the sleeping arrangements for the other household members. Would small children be within calling distance of the parents? Are sleeping arrangements consistent with standards of care?

G. Is there a swimming pool? Is it secured? What is the plan for supervision?

H. Are firearms locked in a storage container? If applicant has firearms and ammunition, where are they stored and secured?

I. What schools would a child attend?

J. What recreational facilities are in or near the neighborhood?

K. Accessibility of other community resources, e.g. medical, special school placements.

L. How would the children be transported to and from school and other activities/appointments? Is transportation consistent with public safety laws, e.g. care seats?

M. Would the family be able to transport the child to the school he/she attended before removal?

N. Give dates and results of both DHEC inspection (including lead inspection) and fire inspections. Document correction of any cited deficiencies or recommendations.

XVI. Other Household Members

A. Other than applicant, and applicant’s children, is there anyone else living in the household or who stays overnight in the home on a repeated basis? If yes, provide name, age, and occupation. Is any member of the household a paramour of the adoptive parent?

B. How long have they lived in applicant’s house? Is this a temporary or permanent arrangement? If temporary, how long will they be in the household?

C. What were the circumstances leading to their residing with the family?

D. Describe how they participate with applicant’s family. Do they contribute to the household income?

E. What household responsibilities does he/she assume in the home? Amount of time spent in the home.

F. What has been the individual’s involvement with children?

G. What does the individual think about the applicant’s fostering and/or adopting?

H. What changes does the individual anticipate that the addition of another child will make in the family?

I. Will the individual be involved in child care? How?

J. Education/Work history

K. Medical history, current medical status.

L. Any previous mental health or addiction history?

M. Results of background checks (SLED, SO, CR, Fingerprinting).

XVII. Training (information should be obtained from the trainers)

A. Have applicants received the required number of training hours? Did the Applicant(s) participate in group or individual training?

B. How did the applicant(s) participate in training?

C. Did they demonstrate a basic understanding of the foster care and adoption programs and its goals?

D. Did applicants exhibit in training the ability to be self analytical and make changes in their behavior and lifestyle to meet the needs of the child?

E. Was training received by any other parent figure (e.g. grandmother) that will be parenting the foster child?

XVIII. References (three non-relatives who have known applicants for last 3 years)
What were references opinions of the applicant’s ability to foster and/or adopt children? Are they aware of any personal problems the family may be experiencing?

XIX. Law Enforcement (SLED) Check/Fingerprinting/Central Registry of Child Abuse and Neglect Check/Sex Offender Registry Check (on all household members age 18 and older)

A. What were the dates/results of each inquiry for each required household member?
B. If a report reflected convictions that do not automatically bar placement under 20-7-1642, describe and give details regarding the charges, outcomes, treatments lifestyle changes, etc. along with the resulting recommendation administrative authority regarding licensure/approval.
C. For a pardon of crimes listed in Section 20-7-1642, the agency may consider all information available, including the person’s pardoned convictions or pleas and the circumstances surrounding them, to determine if the applicant is suitable.

XX. Working with the Child/Agency/Biological Family

A. What problems do they think they will have in keeping information about a child confidential? (Must inform applicant of agency’s policy regarding confidentiality and indicate in assessment that this was done.)
B. Do they think they will have any difficulty not pressuring the child or information about his/her past?
C. How do they think they will react to information voluntarily provided to them by the child about his/her past life, e.g. if the information is bizarre, graphic, violent, sexually explicit? (Must inform applicant of the need to share such information with child’s worker and indicate in assessment that this was done.)
D. How do they think they will be able to handle:
   1. Contact between the child and the agency’s worker, including required visits in the home, and unaunounced visits (if appropriate)?
   2. Contact between the child and any other professional who may be working with a child, including the GAL?
   3. Sharing the child with his/her biological siblings and other family members (when appropriate)?
E. How do they feel about:
   1. Meeting with the biological parents to obtain/share information regarding the child (if appropriate)?
   2. Jointly attending medical appointments, educational conferences, etc. with the biological parents (if appropriate)?
   3. Actively participating (if appropriate) in meetings/staffings that include agency staff, biological parents, community members, and other support systems for the purpose of providing input regarding the needs of the child/family?

F. Does the applicant understand that a child has two sets of parents? Can they objectively discuss this with an adopted child?
G. How does the family view their role as “non-blood” parents?
H. What is their attitude toward biological parents who have voluntarily placed or released their children or who have had their children removed from their care?
I. How will medical emergencies be handled? Does the applicant understand the responsibility to inform the agency immediately of medical problems, injuries, crisis incidents?
J. Do they understand that the authority to make decisions concerning major surgery and other high risk procedures remains with the biological parents unless parental rights have been terminated or a court has given that authority to the agency? If the agency has that authority, then the agency must consent.
XXI. Family Preference in Child

A. Is family applying for a specific child and do not want to be considered for other children?

B. For how many children would the family like to be approved?

C. What age range are they interested in? Do they understand how the age of a child placed may affect the family dynamics, e.g. oldest biological child no longer the oldest, or the youngest no longer the baby, and losing that role in the family?

D. What are the handicaps, behavior, maltreatment background, family background, medical problems, emotional problems which a family can or cannot accept?

E. What is the family’s understanding and acceptance of openness between birth parents/siblings and children? Describe the type of openness which the family could accept.

F. What is the family’s understanding of children’s normal behavior? What about implications of parenting children with certain problems?

G. If parents initially expressed an interest in younger children but not want older children, explain.

H. How much notice will the family require prior to placement?

I. What is the applicant’s understanding and acceptance of legal risk?

J. Willingness to maintain contact between the adopted child and his biological family and/or siblings.

K. Understanding of the adoptive child’s need to know about their past and potential for searching out birth parents in the future.

XXII. Recommendation

A. Address family’s overall motivation and understanding of the purpose of adoptions and their ability to provide quality adoptive services. Discuss family’s willingness to share information. Identify the family’s strengths and weaknesses. Assess the family’s understanding of developmental needs and skills of children and an understanding of the dynamics of child abuse and neglect. (If family is being assessed for a specific child, analyze if this family has sufficient resources, preparation, and overall capacity to protect, nurture, and provide for the child on a daily basis, short or long term.) Describe the type of agency support that may be needed.

B. Recommend approval or denial. If making an approval, make recommendation of the type child(ren) for whom this family could provide care, and behaviors that can and cannot be accepted, number of children, sex, and age range. If they want a special needs child, what makes family suitable? (Homes should not routinely be approved for “birth-18” but for the specific age child as determined by the assessment process. If making a denial, explain reasons and how this was discussed with family and the family’s reaction.

XXIV. Signatures (self explanatory)
ADOPTIVE FAMILY ASSESSMENT
SUMMARY/PRE-PLACEMENT INVESTIGATION

I. FAMILY COMPOSITION

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Applicant</th>
<th>Date of Birth</th>
<th>Driver's License Number</th>
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II. RESIDENTIAL ADDRESS:

____________________________________

MAILING ADDRESS:

____________________________________

DIRECTIONS:

____________________________________

____________________________________

____________________________________

____________________________________

PHONE NUMBERS: HOME ___________________________________ WORK ___________________________________
CELL ___________________________________ E-MAIL ___________________________________
### III. CONTACTS DURING ASSESSMENT

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<th>Date of Contact</th>
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### IV. MOTIVATION TO ADOPT

### V. FAMILY HISTORY
   - A. Mother
   - B. Father

### VI. MARITAL HISTORY/RELATIONSHIP

### VII. FAMILY RELATIONSHIPS/FUNCTIONING/COPING ABILITY

### VIII. WORK AND EDUCATIONAL HISTORY
   - A. Mother
   - B. Father

### IX. MEDICAL/MENTAL HEALTH HISTORY

### X. FINANCIAL

### XI. RELIGIOUS AFFILIATION

### XII. DISCIPLINE

### XIII. CHILD CARE ARRANGEMENTS

### XIV. HOME AND COMMUNITY

### XV. OTHER HOUSEHOLD MEMBERS (Include whether any household member is a paramour of the adoptive parent.)
XVI. TRAINING

XVII. REFERENCES

XVIII. LAW ENFORCEMENT (SLED) CHECKS/ FINGERPRINTING/CENTRAL REGISTRY OF CHILD ABUSE AND NEGLECT CHECK/SEX OFFENDER REGISTRY CHECK

XIX. WORKING WITH THE CHILD/AGENCY/BIOLOGICAL FAMILY

XX. FAMILY PREFERENCE IN CHILD

XXI. RECOMMENDATION

XXII. SIGNATURES

Worker Certificate# ___________________________ Supervisor Certificate # ___________________________ or NA

Date: ___________________________ Date: ___________________________

06/27/2010