



PO Box 350, Mineral Springs, North Carolina 28108 ■ (704) 258-4029 ■ info@nchomestudy.com

**APPLICATION FOR HOMESTUDY AND RELATED SERVICES**

This application requests vital information necessary to assess your suitability as an adoptive parent. Please be thorough and honest in your responses. Some of the information may seem trivial, but failure to disclose it may lead to a denial of the home study by our agency, or by the court or country from where you are adopting. **Your application cannot be processed until we receive the completed application, fee agreement and \$250 application fee.**

*All information given herein is strictly confidential. PLEASE PRINT CLEARLY and USE INK.*

Family Name: \_\_\_\_\_ Home Phone or Preferred Number: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Current Mailing Address (if different): \_\_\_\_\_

Blog or Website Address: \_\_\_\_\_

**Adoptive Parent 1:**

Full LEGAL Name: \_\_\_\_\_

Full Maiden Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

City & State of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Race and Ethnicity: \_\_\_\_\_

Religious Affiliation (if any): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

List the states and countries, and dates where you have lived there since age 18. (incl. college)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Adoptive Parent 2:**

Full LEGAL Name: \_\_\_\_\_

Full Maiden Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

City & State of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Race and Ethnicity: \_\_\_\_\_

Religious Affiliation (if any): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

List the states and countries, and dates where you have lived there since age 18. (incl. college)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Information:**

Date and Location of Marriage: \_\_\_\_\_

**Children from current marriage:**

Name:	Birth Date/Age:	Biological or Adopted?	Date of Adoption	In the Home?

**If either applicant has been previously married:**

Name of Previous Spouse:	Date of Marriage	Date of Divorce or Death	Any Children? Name, Birth Date/Age	In the Home?

Name, age and gender of any additional persons living in your home: \_\_\_\_\_

	Adoptive Parent 1	Adoptive Parent 2
Place of Employment:		
Work Address:		
Work Phone Number:		
Occupation/Title:		
Supervisor Name & Phone Number:		
Annual Income:		
Length at Current Job:		
Highest Level of Education:		
High School and Date of Graduation (or N/A):		
College, Major and Date of Graduation (or N/A):		
Graduate School and Date of Graduation (or N/A):		

**Type of Adoption you Desire:** *This can be altered with time and through consultation with your social worker.*

Country of Adoption: \_\_\_\_\_ Age of Child Desired: \_\_\_\_\_ Gender: \_\_\_\_\_

Do you wish to adopt more than one child? \_\_\_\_\_ If so, how many? \_\_\_\_\_

Race of desired child: (circle any that apply)    Caucasian    Asian    Black    Mixed    No Preference

Are you able and willing to adopt a child with special needs? If yes, please describe the general types of needs.

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Have you identified a specific child(ren) that you wish to adopt? If yes, please explain.

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Please briefly describe your motivation for adoption. \_\_\_\_\_

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Have you identified and contacted a placing agency/primary provider? If yes, please provide the contact information.

Name of Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**References:** Please provide contact information for THREE references who can attest to your character and desire to become an adoptive parent. Individuals listed should be acquainted with both applicants and should not be family members. We will ask you to obtain reference letters from each of these individuals. We will only be calling them if we have questions about the reference provided.

Name:	Complete Address:	Email Address:	Phone Number:
1.			
2.			
3.			

<b>Background Information:</b> <i>Please answer each with a "yes" or "no" response</i>	<b>Adoptive Parent 1</b>	<b>Adoptive Parent 2</b>
Have you ever been arrested? Please mark yes even if the arrest did not result in a conviction or was expunged.		
Are there any past incidences of you perpetrating physical abuse?		
Have you ever been a respondent in a domestic violence proceeding or a proceeding concerning a minor who was allegedly abused, neglected, dependent, undisciplined or delinquent, and the outcome of the proceeding or whether the individual has been found to have abused or neglected a child or has been a respondent in a juvenile court proceeding that resulted in the removal of a child or has had CPS involvement that resulted in the removal of a child?		
Have you ever been abused?		
Do you now or have you ever had a problem with drug or alcohol abuse?		
Have you ever terminated your parental rights or had them terminated for a biological or adopted child?		
Have you ever been convicted of a crime other than a minor traffic violation?		
Have you ever been treated for any mental health issue? This could be counseling, medications, in patient or outpatient treatment at any age.		
Do you have any personal history of, or have you ever been treated for a nervous or mental disorder, incl. depression, anxiety, etc.?		
Have you ever been on any medication for depression, substance abuse, mental disorder, stress or anti-anxiety agents?		
Have you ever accepted custody of a child or placed a child outside of a court or legal process?		
<b>If you answer yes to any of these questions, then please attach a separate sheet of paper with a COMPLETE explanation of the applicable circumstances and outcomes.</b>		

**Emergency Contacts:** Please give names, address and phone number of an emergency contact.  
*Individuals listed will only be contacted in case of an emergency.*

<b>Adoptive Applicant 1:</b>
<b>Adoptive Applicant 2:</b>

**Indication of Services:**

NC Homestudies, LLC is a child placing agency licensed by the State of North Carolina. We provide the following services to families seeking adoption. PLEASE INDICATE BELOW which services you are requesting from the agency at this time. We will provide you with a copy of our fee sheet and a contract that outlines the specifics of each service. The fee sheet and contract, in addition to this completed application, will be received prior to beginning services with our agency.

We are requesting the following services (indicated by a check mark) to be completed by NC Homestudies, LLC:

- A pre-placement assessment report for an international adoption
- A pre-placement assessment report for a domestic adoption
- A post placement report(s) for an international adoption Indicate the number requested: \_\_\_\_\_
- A post placement report(s) for a domestic adoption Indicate the number requested: \_\_\_\_\_
- A DSS -1808 Report to the Court
- Assistance with Domestic or Re-adoption (DSS-1800) Petition for Adoption

All fees are non-refundable once paid. Requests for any refunds can be made in writing to the Executive Director at the agency's mailing address.

**Release of Information:**

I/WE consent to NC Homestudies, LLC releasing and receiving information from MY/OUR primary placing agency and referral source

\_\_\_\_\_  
*Name of Agency*

\_\_\_\_\_  
*Name of Referral Source*

which are pertinent to the service(s) requested until such time that MY/OUR Adoption record has been closed.

By signing I/WE attest that the information given in the 5 pages of this application is true and accurate to the best of OUR/MY knowledge.

Adoptive Parent 1 Signature: \_\_\_\_\_

Adoptive Parent 2 Signature: \_\_\_\_\_

Date: \_\_ / \_\_ / \_\_

## NCHS Fee Agreement

NC Homestudies, LLC, (NCHS) provides a written fee schedule to potential adoptive parent (PAPs) before the commencement of services. When PAPs inquire about services, the (PAPs) is provided with a fee schedule, as part of the inquiry. If the PAPs have any questions regarding fees, NCHS staff is available to answer them. When PAPs decide to use NCHS services, the PAPs are given the fee schedule as part of the homestudy agreement. PAPs are billed for each service and are provided a receipt for each payment. If at any time the PAPs case requires work that is above and beyond what the agency normally provides and the agency's established fees, the agency will discuss this with the PAPs and inform them in writing of any additional fees before any additional services are provided.

### Schedule of Fees (Please check the services needed)

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○ Application fee for any service	\$ 250
○ Home study Domestic	\$1,450
○ Home study International	\$2,000
○ Court Report DSS-1808	\$ 300
○ Stepparent Adoption Study	\$ 300
○ Same Parent Adoption Study	\$ 300
○ Post Placement Reports (per report)	\$ 375
○ Post Placement Report (per additional child if completed simultaneously)	\$ 100
○ Home Study Update Domestic (if we did original home study)	\$ 675
○ Home Study International (if we did the original home study)	\$ 800
○ Home Study Update (if another agency did the original home study)	\$ 1,000
○ Amendment to the Home Study (if we did original home study)	\$ 300-500
○ Expedited Fee	\$ 400-500

*Please note: Home Study Update will require new supporting documentation according to licensing requirements. Home Study Amendment is a one page document to make a minor change for example, change age of child, change of type of child you are wishing to adopt. Under North Carolina requirements and the Federal requirements, a change of address will require a social worker to re-visit the home and families will be charged for that visit. An amendment does not update the study or extend the expiration date of the study.*

#### **Additional Services:**

Additional Visits (if required by foreign country or placing agency)	\$ 200
Additional Adoption Counseling or (PAPs) Counseling (per hour)	\$ 100

*Please inform your social worker if your placement agency requires any additional documentation (i.e., post placement guarantee, extra agency, license etc.) Our ability to complete documentation prior to the home study being issued will save you money. Additional fees will apply if documentation is requested after final home study is issued. Post placement fees will be due prior to us signing a post placement interagency agreement.*

#### **Additional Document Fees (to be charged after final home study is issued):**

Hourly Cost of Additional Paperwork	\$ 50
Additional Home Study Copies (four copies included in home study fee)	\$ 25
Notary Fee (per document)	\$ 5
Copy Fee (per document)	\$ 0.25
Court Testimony Preparation and Testimony	\$ 250

#### **Payment of Fees**

For your convenience, NCHS accepts the payment of fees through a variety of methods:

Mail: When making payments by mail please send them to our central finance office. Please make your checks payable to NC Homestudies, LLC. Mail the payment to NC Homestudies, LLC. PO Box 350, Mineral Springs, North Carolina 28108

Zelle: Use the following Zella ID: 717-873-8777 when asked for reason, enter your name and service

Venmo: Use the following Venmo ID: @Barbara-Lorenzo-0 When asked for service type, you can type in the word home, and then select the home icon.

Cash App: Use the following Cash App ID: \$taliengirl

\*Please add a note with your name and reason

**\*\*\*IF YOU WISH TO USE A CREDIT CARD, VENMO AND CASH APP ALLOW YOU TO USE YOUR CREDIT CARD.**

**Travel Fees:** Mileage is billed at \$0.56 per mile. There is also a \$75 round trip travel fee to pay for the social workers time when traveling over 30 miles round trip.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Applicant 2 Signature

Applicant 1

**If you have any questions, please contact Joy at the office.**