

**Dear Finding Forever Family,**

Thank you for considering Finding Forever LLC. for your private adoption home study. I am excited for the opportunity to come alongside of you during this very special journey.

I have enclosed the application packet and questionnaire needed to begin your home study. All forms, including the application checklist, and supporting documentation will need to be returned to me prior to scheduling our home visit. If you or someone in your household has lived outside of the State of Washington in the past five years, please get in contact with me before submitting your application as there will be further clearances required from that state.

On the day of your home visit please plan on spending at least two hours together so we may discuss the information on the enclosed forms, go over the adoption process, answer any further questions, and talk about the adoption process. I will also need to be toured through your home to do a safety check of your facilities. All household members must be present during the home visit. During a portion of the home visit, I will interview parents separate from children to protect the children from being exposed to any potentially sensitive information. With your consent, I would also like the opportunity to interview your children separately.

It is important to note the information needed to complete an adoption home study can sometimes feel personal or invasive in nature. There is no perfect parent and thus we do not require perfection for our recommendation. Our goal is to ensure your adoptive child(ren) will be safe and well cared for after adoption. We want to get to know your family, imperfections and all, so that we can thoroughly assess your strengths and provide resources to help mitigate weaknesses.

When your home study is complete, Finding Forever LLC. will provide your agency/attorney with a notarized copy of your home study report. A positive home study recommendation will enable you and your attorney to proceed with the legal adoption process.

I have enclosed a service contract which provides a full description of my services and fees. A minimum 30% deposit is required by the day of the home study visit. The balance remainder is required prior to my submission of the home study report, unless other arrangements have been made.

Feel free to call, text, or email me if you have any questions regarding the forms, this agreement, or the home study process. I am here to help.

Sincerely,



**Adoption Social Worker | Owner Finding Forever LLC.**

* Call or Text: (509) 723-5862
* findingforeverhomestudies@gmail.com

FINDINGFOREVERLLC.COM

* PO BOX 1908 Spokane Valley, WA 99037



**Home Study Service Contract**

Finding Forever offers pre-and post-placement home study reports and resources to prospective adoptive parents. Upon receipt of the application and required documents, a Finding Forever provider will schedule a home visit with you. During the home visit your provider will need to meet with all household members, discuss the circumstances for your home study request, and be toured through your home. After the home visit is completed the home study provider will generate a report with the homestudy recommendation.

Upon receipt of the contract fee, and completion of the report(s), Finding Forever will provide the following:

1. A review of the pre-and/or post-placement report recommendation
2. A notarized copy of the report(s) for your agency and/or attorney
3. A copy of the home study report to the prospective adoptive parents

|  |  |  |
| --- | --- | --- |
| **Type of Home Study** | **Price** (in U.S. dollars) | **Check all Applicable** |
| Full Home Study (including pre & post-placement report with $129 discount if paying upfront) | 1179 | [ ]  |
| Pre-Placement Report only  | 979 | [ ]  |
| Post-Placement Report only  | 329 | [ ]  |
| Stepparent Adoption post-placement report (only report needed) | 329 | [ ]  |
| Updated (WA State, Finding Forever, or Growing Families) report less than 24 months old | 579 | [ ]  |
| Updated (WA State, Finding Forever, or Growing Families) report more than 24 months old | 779 | [ ]  |
| **Special Circumstances** | **Additional Fees** |  |
| Mileage (outside of Spokane County-round trip calculated) | .56 per mile | [ ]  |
| Additional children (more than 2 at the time of home study) | 50  | [ ]  |
| Previously denied Home Study | 119 | [ ]  |

The contract fee for a post-placement report is $329. The contract fee for a pre-placement report is $979. The contract fee for a full home study paid up front is $1179. There is a $129 discount for the full home study post-placement report when paying for the post-placement report upfront with the pre-placement report. **The discounted post-placement report fee is non-refundable regardless if the need for report changes.** The cost of an updated previously approved Washington State, Finding Forever, or Growing Families pre-placement report less than 24 months old is $579, and an updated report over 24 months old is $779. The prior Washington State or Growing Families home study report must be provided to Finding Forever with the application paperwork to qualify for “updated report” pricing.

There is an additional fee of $50 when the report is for more than two children at the time of the home study process. This fee does not apply to post-placement reports.

There is an additional fee of $119 for families with a prior denied home study who are seeking a second opinion home study assessment. The previously denied home study report must be provided to Finding Forever for review prior to being accepted for a Finding Forever home study assessment and report.

Mileage outside of Spokane County will be charged to and from at the rate of .56 cents per mile which will be added to the cost of the home study.

There may be additional costs associated with background checks if household member(s) have lived outside the State of Washington (these additional costs are not dictated by Finding Forever LLC.) For home studies that require additional FBI fingerprinting clearances, there will be a fee from the business providing this service that is not included in the aforementioned home study fee list as it is paid directly to the fingerprinting vendor.

Full payment is required for any additional fees at the time of the initial home visit as well as 30% of the home study report cost. The home study must be paid for in full before the receiving the homestudy report. ***If the report cannot be approved for any reason Finding Forever will retain the total sum of any additional fees as well as a 30% non-refundable service fee from the home study contract fee payment.***

Finding Forever does not discriminate based on gender, age, race, religion, sexual orientation, or handicapping conditions. It also prohibits any form of child-buying practices or any kind of involvement in such activities. Additional state adoption laws and requirements can be found at www.leg.wa.gov.

I/We understand this contract does not guarantee the approval of our pre-and/or post-placement report or the placement of a child.

I/We hereby give authorization for information contained in our pre-and/or post-placement report to be shared with agencies having custody of children for adoption and/or an attorney retained for legal adoption services.

Print Name:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:     \_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:     \_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(\*Please return both pages of this service contract\*)**



# APPLICATION FOR PRE-AND POST-PLACEMENT SERVICES

Finding Forever does not discriminate based on gender, age, race, religion, sexual orientation, or handicapping conditions, however, the agency or program you are adopting through may have such requirements. *FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION IS CAUSE FOR DENIAL.*

**SERVICE REQUESTED** (Stepparent Adoptions only require a Post-Placement Report)

[ ]  Pre-Placement Homestudy [ ]  Post-Placement Homestudy [ ]  Home Study Update

FAMILY CONTACT/INFORMATION:

Family (last name):      Date:

Street Address:       City:       State:     Zip:

Mailing Address (if different than above):

Attorney’s Name:      Attorney Email:

Primary Parent Phone:      Second Parent Phone:

Home Study Correspondence Email(s):

## Date of marriage:      Place of marriage:

**REFERENCES:** (list people who have known you at least two years and can speak about yourselves as individuals, as a married couple, and as parents)

Full Name:      Relationship:

Email Address:      Phone:

Full Name:      Relationship:

Email Address:      Phone:

Full Name:      Relationship:

Email Address:      Phone:

Full Name:      Relationship:

Email Address:      Phone:

## FIRST PARENT HISTORY

Full Legal Name:      Nickname:

List all Prior Name(s) Used:

Birthday:      Birthplace:       Race/Ethnicity:

SSN:      Number of years living in WA:       Citizenship:

Email Address:      Phone:

Military/Veteran: [ ]  Yes [ ]  No If yes Branch:      Dates Served:

**FAMILY BACKGROUND** (use additional paper for parents/siblings if necessary)

Mother’s Full Legal Name:       Birthday:

Father’s Full Legal Name:       Birthday:

Sibling’s Full Legal Name:       Birthday:

Sibling’s Full Legal Name:       Birthday:

**EDUCATION**

Year:       School/Institution:

Degree(s)/Certification(s):

Year:       School/Institution:

Degree(s)/Certification(s):

Year:       School/Institution:

Degree(s)/Certification(s):

**EMPLOYMENT**

Name of employer:      Occupation/Title:

Job Description:      Length of employment:

Annual income:      Work phone:

**MARRIAGE HISTORY** (use additional paper if necessary)

Prior Spouse’s Name:       Marriage Date:

Divorce Date:       Reason for Divorce:

Prior Spouse’s Name:       Marriage Date:

Divorce Date:       Reason for Divorce:

I have read and understand the information contained in the application packet. I have reviewed this application and the information it contains is true and correct.

Signature: Date:

## SECOND PARENT HISTORY

Full Legal Name:      Nickname:

List all Prior Name(s) Used:

Birthday:      Birthplace:       Race/Ethnicity:

SSN:      Number of years living in WA:       Citizenship:

Email Address:      Phone:

Military/Veteran: [ ]  Yes [ ]  No If yes Branch:      Dates Served:

**FAMILY BACKGROUND** (use additional paper for parents/siblings if necessary)

Mother’s Full Legal Name:       Birthday:

Father’s Full Legal Name:       Birthday:

Sibling’s Full Legal Name:       Birthday:

Sibling’s Full Legal Name:       Birthday:

**EDUCATION**

Year:       School/Institution:

Degree(s)/Certification(s):

Year:       School/Institution:

Degree(s)/Certification(s):

Year:       School/Institution:

Degree(s)/Certification(s):

**EMPLOYMENT**

Name of employer:      Occupation/Title:

Job Description:      Length of employment:

Annual income:      Work phone:

**MARRIAGE HISTORY** (use additional paper if necessary)

Prior Spouse’s Name:       Marriage Date:

Divorce Date:       Reason for Divorce:

Prior Spouse’s Name:       Marriage Date:

Divorce Date:       Reason for Divorce:

I have read and understand the information contained in the application packet. I have reviewed this application and the information it contains is true and correct.

Signature: Date:

**HOUSEHOLD MEMBERS** (List all children-whether residing in the home or not-of adoptive parents as well as any roommates or other household members)

Full Legal Name:      Nickname:

List all Prior Name(s) Used:      Age:

Birthday:      SSN:       Race/Ethnicity:

Birth Child [ ]  Adopted Child [ ]  Foster Child [ ]  Log term foster placement [ ]  Roommate [ ]  Birth/Adopted child to one parent in the home [ ]

Parents of *Child* (info not needed for roommates):

If the child lives outside of the home specify why: (adult, college, lives with another parent etc.)

Full Legal Name:      Nickname:

List all Prior Name(s) Used:      Age:

Birthday:      SSN:       Race/Ethnicity:

Birth Child [ ]  Adopted Child [ ]  Foster Child [ ]  Log term foster placement [ ]  Roommate [ ]  Birth/Adopted child to one parent in the home [ ]

Parents of *Child* (info not needed for roommates):

If the child lives outside of the home specify why: (adult, college, lives with another parent etc.)

Full Legal Name:      Nickname:

List all Prior Name(s) Used:      Age:

Birthday:      SSN:       Race/Ethnicity:

Birth Child [ ]  Adopted Child [ ]  Foster Child [ ]  Log term foster placement [ ]  Roommate [ ]  Birth/Adopted child to one parent in the home [ ]

Parents of *Child* (info not needed for roommates):

If the child lives outside of the home specify why: (adult, college, lives with another parent etc.)

Full Legal Name:      Nickname:

List all Prior Name(s) Used:      Age:

Birthday:      SSN:       Race/Ethnicity:

Birth Child [ ]  Adopted Child [ ]  Foster Child [ ]  Log term foster placement [ ]  Roommate [ ]  Birth/Adopted child to one parent in the home [ ]

Parents of *Child* (info not needed for roommates):

If the child lives outside of the home specify why: (adult, college, lives with another parent etc.)

**PRIOR RESIDENCY** (Please list all prior residences for the past ten years *for any member of the household age 18 years or older*, use additional sheets as necessary)

Resident(s) Name:      Date(s):

Street Address:       City:       State:     Zip:

Resident(s) Name:      Date(s):

Street Address:       City:       State:     Zip:

Resident(s) Name:      Date(s):

Street Address:       City:       State:     Zip:

Resident(s) Name:      Date(s):

Street Address:       City:       State:     Zip:

**ADDITIONAL INFORMATION** (If you answer “yes” to any of the questions below provide all applicable information including the person, timeframe, and reason)

Has anyone in your home ever been arrested?

 Comments:       Yes [ ]  No [ ]

Has anyone in your home ever been fingerprinted?

 Comments:       Yes [ ]  No [ ]

Has anyone in your home ever received psychological/psychiatric treatment and/or counseling? Comments:       Yes [ ]  No [ ]

Has anyone in your home ever received marriage/family counseling?

 Comments:       Yes [ ]  No [ ]

Has anyone in your home ever received treatment for alcohol or drug abuse?

Comments:       Yes [ ]  No [ ]

Has anyone in your home ever received treatment for a major medical issue?

Comments:       Yes [ ]  No [ ]

Has anyone in your home ever had an unfavorable home study or ever been previously not approved for adoption?

Comments:       Yes [ ]  No [ ]

Are there others living in your home other than those previously listed?

Comments:       Yes [ ]  No [ ]

Is anyone living in the home Native American?

If yes list Person/Tribe(s):       Yes [ ] No [ ]



# FAMILY QUESTIONNAIRE

**Family Last Name(s)**:      **Date:**

**More information about the child(ren) you want to adopt (check all that apply):**

**Number of Children:** 1 child [ ]  2 children [ ]  3 or more [ ]  Siblings [ ]  Teen Mom [ ]

**Age range:** Newborn [ ]  1-3 [ ]  3-8 [ ]  8-12 [ ]  12-15 [ ]  15-17 [ ]

**Gender:** Male [ ]  Female [ ]  Any combination [ ]

**Developmental/Medical Needs:** Learning/School Problems [ ]  Developmental Disabilities [ ]  Medical Problems [ ]  Mental Illness [ ]  Diabetes [ ]  Seizures [ ]  Asthma [ ]  Deaf [ ]  Blind [ ]  Drug Exposed [ ]

It is important to understand that ALL children who are available for adoption have suffered a great loss. The reason they need an adoptive family is because there have been very serious and tragic circumstances with regard to their birth families. Feelings of loss, abandonment, confusion, and possibly anger may be present to various degrees in many of these children. Adoption is a rewarding journey, but one that takes commitment, strength, patience, and the ability to seek and utilize professional and lay resources. It is also important to note that diagnostic techniques and standards of health care in many foreign countries are not the same as in the U.S.

**ADOPTIVE CHILD INFORMATION:**

*If the child you are adopting is already known to you, please complete the following section. If not, please skip to the next section regarding biological children or other children in your home.* Complete separate form for each adoptive child.

Current full legal name:      Nickname:

Full legal name as it will be after the adoption:

Birthday:      Birthplace:       Race/Ethnicity:

Current school/daycare (if applicable):       Grade:

**CHILD’S BIOLOGICAL PARENTS**

Mother’s Full Legal Name:       Birthday:

Birth Place:      Race/Ethnicity:       Religion:

Father’s Full Legal Name:       Birthday:

Birth Place:      Race/Ethnicity:       Religion:

List Marriage & Divorce Date of Parents if Applicable:

**Describe any health, development, or behavioral concerns and treatment:**

**Describe the child’s interactions, bonds, attachments with the adoptive parent, half/stepsiblings, and adoptive parents’ extended family:**

**Describe the child (interests, hobbies, achievements, personality etc.):**

**Other comments/considerations:**

**BIOLOGICAL CHILDREN:**

(Complete separate form for each non-adoptive child in the home)

Full legal name:      Nickname:

Birthday:      Birthplace:       Race/Ethnicity:

Current school/daycare (if applicable):       Grade:

**CHILD’S BIOLOGICAL PARENTS**

Mother’s Full Legal Name:       Birthday:

Father’s Full Legal Name:       Birthday:

**Describe any health, development, or behavioral concerns and treatment:**

**Describe the child (interests, hobbies, achievements, personality etc.):**

**Other comments/considerations:**

**First Parent Questions:**

Full Legal Name:      Birthday:

**Describe what you see now as the strengths and limitations of your family as you were growing up and how that prepared you for life**:

**Describe your personality, interests, goals, strengths, and limitations**:

**Describe what you would do if your child became a disruptive influence on the family (include resources/services available in your area):**

**Describe how you will share information with your child about his/her adoption, birth parents, and circumstances before adoption. Describe how you will honor your adopted child’s heritage while blending that with yours:**

**If applicable, describe how, when, and where you met your partner:**

**If applicable, describe the strengths and weaknesses of your relationship:**

**If applicable, describe how you resolve differences and what you do as a couple for fun:**

**Second Parent Questions:**

Full Legal Name:      Birthday:

**Describe what you see now as the strengths and limitations of your family as you were growing up and how that prepared you for life**:

**Describe your personality, interests, goals, strengths, and limitations**:

**Describe what you would do if your child became a disruptive influence on the family (include resources/services available in your area):**

**Describe how you will share information with your child about his/her adoption, birth parents, and circumstances before adoption. Describe how you will honor your adopted child’s heritage while blending that with yours:**

**If applicable, describe how, when, and where you met your partner:**

**If applicable, describe the strengths and weaknesses of your relationship:**

**If applicable, describe how you resolve differences and what you do as a couple for fun:**



**Financial Inventory**

Family Last Name(s):       Date:

First Applicant Name:      Gross Annual Salary:

2nd Applicant Name:       Gross Annual Salary:

Other Income (specify):      Amount:      Frequency:

Other Income (specify):      Amount:      Frequency:

**ASSETS**

|  |  |  |
| --- | --- | --- |
| **Assets:** | **Value:** | **Equity:** |
| Home |       |       |
| Other Real Estate |       |       |
| Vehicles |       |       |
| Personal Belongings |       |       |
| Savings |       |       |
| Investments |       |       |
| Retirement Accounts |       |       |
| Other |       |       |
| **Total:** |       |       |

**INSURANCE**

List any health/medical insurance policies include name, type, amount of policy:

List any life insurance policies include name, type, and amount of coverage:

List any car insurance policies include name, type, and amount of coverage:

List any other insurance include name, type, and amount of coverage:

**MONTHLY EXPENSES** (Include monthly expenses not included debt which will be listed below)

|  |  |
| --- | --- |
| **Budgeted Expense** | **Monthly Cost:** |
| Mortgage/Rent +HOA Fees |       |
| Taxes |       |
| Utilities |       |
| Medical Insurance + Medical Bills |       |
| Transportation: Insurance +Maintenance +Repairs +Fuel |       |
| Life Insurance |       |
| Other Insurance |       |
| Phone +Internet +Cable |       |
| Food |       |
| Childcare |       |
| Entertainment |       |
| Retirement  |       |
| Other (specify):       |       |
| Other (specify):       |       |

|  |  |  |
| --- | --- | --- |
|  | **Monthly Expense Total:** |       |

**DEBTS/OBLIGATIONS** (List any financial obligations including mortgages, loans, child support/alimony, credit payments, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **To Whom Owed:** | **Purpose:** | **Total Owed:** | **Monthly Payment:** |
|       |       |       |       |
|       |       |       |       |
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|  |  |  |
| --- | --- | --- |
|  | **Total Combined Debt** | **Total Monthly Debt Payments** |
| **Debt Total:** |       |       |

|  |  |
| --- | --- |
| **Total CombinedNet Monthly Income**  |       |
| Total Monthly Budgeted Expenses (subtract from monthly income) | -      |
| Total Monthly Debt Payments (subtract from monthly income) | -      |
| **EXPENDIBLE INCOME TOTAL:**  | =      |

**How would you describe your financial situation?**

**Excellent [ ]  Good [ ]  Getting By [ ]  Recovering [ ]**

First Applicant Printed Name:

Signature: Date:

Second Applicant Printed Name:

Signature: Date:

SUBMIT PROOF OF INCOME (W2, PAYSTUBS, ETC.) WITH YOUR APPLICATION



# Adoptive Applicant Confidential Medical Report

Applicant’s Name:       Phone:

Physician’s Name:      Clinic Name:

Clinic Address:

I hereby authorize my physician to release all the information necessary to complete this form to Finding Forever Home Studies and my adoption social worker, Amanda Plumb-Campbell, MSW.

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

Signature of Applicant

The above-named applicant has applied to adopt a child/ren. I need to know if this applicant has any chronic, contagious, or disabling illnesses that would interfere with the proper care of a child or children on a long-term basis. In particular, I need to know if the applicant has a history of [ ]  mental illnesses, [ ]  alcohol and/or drug usage, [ ]  sexual and/or physical abuse, or [ ]  domestic violence.

Date of Last Examination:       Height:       Weight:

Medical Diagnoses:

To the best of your knowledge, is this person free of communicable diseases including AIDS, hepatitis, tuberculosis, and syphilis? [ ]  yes [ ]  no

Are there existing problems or conditions that would, in your opinion, limit the applicant’s ability to parent? [ ]  yes [ ]  no

Overall impression:

Physician Signature: Date:

Physician Printed Name:      Phone:



# Adoptive Applicant Confidential Medical Report

Applicant’s Name:       Phone:

Physician’s Name:      Clinic Name:

Clinic Address:

I hereby authorize my physician to release all the information necessary to complete this form to Finding Forever Home Studies and my adoption social worker, Amanda Plumb-Campbell, MSW.

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

Signature of Applicant

The above-named applicant has applied to adopt a child/ren. I need to know if this applicant has any chronic, contagious, or disabling illnesses that would interfere with the proper care of a child or children on a long-term basis. In particular, I need to know if the applicant has a history of [ ]  mental illnesses, [ ]  alcohol and/or drug usage, [ ]  sexual and/or physical abuse, or [ ]  domestic violence.

Date of Last Examination:       Height:       Weight:

Medical Diagnoses:

To the best of your knowledge, is this person free of communicable diseases including AIDS, hepatitis, tuberculosis, and syphilis? [ ]  yes [ ]  no

Are there existing problems or conditions that would, in your opinion, limit the applicant’s ability to parent? [ ]  yes [ ]  no

Overall impression:

Physician Signature: Date:

Physician Printed Name:      Phone:



**RELEASE OF CONFIDENTIALITY/WASHINGTON STATE PATROL CHECK**

\*All household members 16 years and over must complete this form\*

I,       , understand Amanda Plumb-Campbell with Finding Forever Home LLC., will be performing a criminal conviction background check through the Washington State Patrol as a requirement of completing the home study services, I have requested. By signing and dating below, I voluntarily authorize Amanda Plumb-Campbell with Finding Forever Home Studies LLC. to conduct such a search.

[ ]  I deny having any arrests or criminal activity, whether alleged, convicted or otherwise.

[ ]  I have had the following arrests or allegations; however, they were formally unfounded. **I have attached copies of supporting documents indicating circumstances and dismissal dates.**

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

[ ]  I have had the following arrests and convictions and **have attached court records indicating the dates, circumstances of the crime, and the restitution served as well as supporting documentation of completion of appropriate rehabilitation.**

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

Social Security Number:      Birthday:

Signature: Date:



**RELEASE OF CONFIDENTIALITY/WASHINGTON STATE PATROL CHECK**

\*All household members 16 years and over must complete this form\*

I,       , understand Amanda Plumb-Campbell with Finding Forever Home LLC., will be performing a criminal conviction background check through the Washington State Patrol as a requirement of completing the home study services, I have requested. By signing and dating below, I voluntarily authorize Amanda Plumb-Campbell with Finding Forever Home Studies LLC. to conduct such a search.

[ ]  I deny having any arrests or criminal activity, whether alleged, convicted or otherwise.

[ ]  I have had the following arrests or allegations; however, they were formally unfounded. **I have attached copies of supporting documents indicating circumstances and dismissal dates.**

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

[ ]  I have had the following arrests and convictions and **have attached court records indicating the dates, circumstances of the crime, and the restitution served as well as supporting documentation of completion of appropriate rehabilitation.**

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

Social Security Number:      Birthday:

Signature: Date:

|  |  |
| --- | --- |
|  | **Authorization By Subject of Records Requested** |

|  |
| --- |
| By signing below, I authorize the State of Washington Department of Children, Youth, and Families to release my confidential information about the existence of any founded findings of child abuse or neglect to the requesting individual, agency or organization identified on the **Child Abuse and Neglect Founded Findings Request.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Subject’s Signature |  | Print Name |  | Date |

|  |  |
| --- | --- |
|  | **Authorization By Subject of Records Requested** |

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| By signing below, I authorize the State of Washington Department of Children, Youth, and Families to release my confidential information about the existence of any founded findings of child abuse or neglect to the requesting individual, agency or organization identified on the **Child Abuse and Neglect Founded Findings Request.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Subject’s Signature |  | Print Name |  | Date |



# Pre-Placement Report Application Checklist

**The following documents are required in order to complete your home study review and report**:

[ ]  Completed and signed **Service Contract**

[ ]  Completed and signed **Application**

[ ]  Completed and signed **Family Questionnaire**

 **[ ]**  Completed **Financial Statement**

 [ ]  Copy of **income verification** (W2 or Tax Return)

**[ ]**  Completed **Medical Forms** **for each parent** (with Practitioner’s comments and signature)

[ ]  Copy of any **current or prior marriage certificate(s)**

[ ]  Copy of any **previous divorce decrees**

[ ]  Completed and signed **Child Abuse & Neglect Information Request form and additional signature page** for each person in the household 16 years of age or older (let your Finding Forever provider know right away if you have lived outside of WA as additional CA/N checks may be required)

[ ]  **RELEASE OF CONFIDENTIALITY/WASHINGTON STATE PATROL CHECK** form for each person in the household 16 years of age or older

 [ ]  Completed online **FBI fingerprinting** for each parent and everyone

residing in the home who is 18 years of age or older and**print a copy of each for Finding Forever when your portal becomes available.** Here is a link to schedule fingerprints: <http://fieldprintfbi.com/FBIHomePage.aspx?PostingID=540&ChannelID=264>

[ ]  This completed checklist

**All forms must be completed in their entirety and submitted back to Finding Forever prior to a home visit being scheduled. Home Study reports will not be started until all forms are received.**

