



**Dear Finding Forever Family,**

Thank you for considering Finding Forever LLC for your private adoption home study. I have enclosed the service contract, application, family questionnaire, financial inventory sheet, medical clearance form, background check authorization, child abuse registry check form, and a form submission checklist. All forms will need to be returned to me prior to scheduling our home visit. If you are requesting a full or updated home study, please provide the medical reference form to your physician first. Next complete the service contract, DCYF child abuse/neglect records request, and background check forms and return them to me as soon as possible so that I may submit them before our home visit. These background checks require processing by outside agencies that can sometimes have slow turnaround times. I like to get a head start on the background checks so that I can make the home study process as quick and easy as possible for you.

After submitting the aforementioned forms to me, please complete all additional forms in their entirety and return them to me as soon as possible so we can schedule your home visit. If you are not on a quick timeline, you can submit the background checks with the rest of your paperwork. You should plan on spending at least two hours on the day of our visit discussing the information on the enclosed forms. All household members must be present during the home visit.

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 Finding Forever 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. If you are submitting background checks prior to the rest of the application paperwork there will be a small fee to process the background checks. The cost of this fee will be reduced from the total cost of your home study. The balance remainder is required prior to my submission of the home study report, unless other arrangements have been made.

Please call me if you have any questions regarding the forms, this agreement, or the home study process.

Sincerely,

*Amanda Plumb-Campbell, MSW*

**Amanda Plumb-Campbell, MSW | 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 LLC offers pre-and post-placement home study reports and resources to prospective adoptive parents. Upon receipt of the application and required documents, Finding Forever LLC will set up a home visit schedule with you. During the home visit a Finding Forever social worker will meet with all household members, discuss the circumstances for your home study request, and then prepare an adoption pre-placement and/or post-placement home study report.

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)
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 or Finding Forever) report less than 24 months old	579
Updated (WA State or Finding Forever) 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 stepparent adoption post-placement report is \$329. The contract fee for a pre-placement report is \$979. The contract fee for a post-placement report is \$329 per report. 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 of if the need for the report changes.** The cost of an Updated WA State or Finding Forever pre-placement report less than 24 months old is \$579, and an updated pre-placement report over 24 months old is \$779. The WA State home study report must be provided to Finding Forever in order 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 a previously denied home study report. The previously denied report must be provided to Finding Forever for review prior to the home study.

***Mileage outside of Spokane County will be charged to and from at the rate of .56 cents per mile 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.) Finding Forever will retain a 30% non-***

***refundable service fee from the original contract fee payment if the report(s) cannot be approved for any reason.***

Finding Forever does not discriminate on the basis of 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](http://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: \_\_\_\_\_

## **APPLICATION FOR PRE-ANDPOST-PLACEMENT SERVICES**

Family (last name): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Mailing Address (if different than above): \_\_\_\_\_  
 First Parent Phone: \_\_\_\_\_ Second Parent Phone: \_\_\_\_\_  
 Home Study Correspondence Email(s): \_\_\_\_\_  
 Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_  
 Attorney/Firm Name: \_\_\_\_\_ Attorney Phone: \_\_\_\_\_

Type of service(s) requested:

☐ Pre-Placement (Home study) Services   
 ☐ Post-Placement Services   
 ☐ Home Study Update

### **FIRST PARENT INFORMATION:**

Legal name: \_\_\_\_\_ Prior Name(s): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Race/Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
 SS#: \_\_\_\_\_ Number of years living in WA: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Education (Institution/ Degree): \_\_\_\_\_  
 Name of employer: \_\_\_\_\_ Length of employment: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Annual income: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Prior marriage(s)-list marriage date(s), ex-spouse(s) name, & divorce date(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Mother's Full Name: \_\_\_\_\_ Father's Full Name: \_\_\_\_\_

**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 INFORMATION:**

Legal name: \_\_\_\_\_ Prior Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_ Birthplace: \_\_\_\_\_

SS#: \_\_\_\_\_ Number of years living in WA: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Education (Institution/ Degree): \_\_\_\_\_

Name of employer: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual income: \_\_\_\_\_ Work phone: \_\_\_\_\_

Prior marriage(s)-list marriage date(s), ex-spouse(s) name, & divorce date(s): \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Father's Full Name: \_\_\_\_\_

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

## **OTHER CHILDREN/HOUSEHOLD MEMBERS:**

**(list all children, including those not currently living with you. Explain why child is not living at home—example: college student, adult child, lives with other parent, etc.)**

<b><u>Name</u></b>	<b><u>DOB</u></b>	<b><u>Age</u></b>	<b><u>B/A/F/LTFP/R/O</u></b> <small>*B=Birth child, A=Adopted, F=Foster child, LTFP=Long term foster placement, R=Roommate/Renter, O=Other</small>
			<b>B <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> LTFP <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/></b>
			<b>B <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> LTFP <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/></b>
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			<b>B <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> LTFP <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/></b>

## **ADDITIONAL INFORMATION:**

**(If you answer “yes” to any of the questions below please use an additional sheet of paper to provide all applicable information-include the person, timeframe, and reason)**

Has anyone in your home ever been arrested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has anyone in your home ever been fingerprinted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has anyone in your home ever received psychological/psychiatric treatment and/or counseling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has anyone in your home ever received marriage/family counseling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has anyone in your home ever received treatment for alcohol or drug abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has anyone in your home ever received treatment for a major medical issue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has anyone in your home ever had an unfavorable home study or ever been previously not approved for adoption?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there others living in your home other than those previously listed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is anyone living in the home Native American? If yes list Person & Tribe if known (no additional other information required) Name: _____ Tribe: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Please list all previous addresses for the past ten (10) years for any member of the household age 18 years or older (use additional sheets as necessary)**

<b><u>Name(s):</u></b>	<b><u>Appx Begin &amp; End Dates:</u></b>	<b><u>Address:</u></b>


References (who have known you at least 2 years and can speak about yourselves as individuals, as a married couple, and as parents):

	<u>Name</u>	<u>Email</u>	<u>Phone</u>
Reference #1:			
Reference #2:			
Reference #3:			
Reference #4:			

Finding Forever does not discriminate on the basis of 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.**



## FAMILY QUESTIONNAIRE

Family Last Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

**\*Skip this section if home study is for a step-parent or second-parent adoption\***

Maximum # of children acceptable: \_\_\_\_\_ Age range: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Any combination

*If the child you are adopting is already living with you, please complete the following section. If you are hoping to adopt a child from an already identified birth mother, complete the next section to the best of your ability (estimate). If not, skip the next two sections and go to the "FIRST PARENT QUESTIONS" section.*

### CHILD INFORMATION:

(If more than two children, please attach additional paper)

Current full legal name: \_\_\_\_\_ Parents married at birth?: Y/N

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 Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_

Race: \_\_\_\_\_ Religion: \_\_\_\_\_ Current Health: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_

Race: \_\_\_\_\_ Religion: \_\_\_\_\_ Current Health: \_\_\_\_\_



**Describe any health/developmental concerns:**

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**Describe the child's interactions, bonds, attachments with the family:**

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**Other comments/considerations:**

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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.

## **First Parent Questions:**

**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:**

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

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**Describe how, when, and where you met your partner:**

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**Describe the strengths and weaknesses of your relationship:**

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**Describe how you resolve differences and what you do as a couple for fun:**

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**List dates and places of all marriages and divorces, and to whom:**

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

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**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:**

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**Second Parent Questions:**

**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:**

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

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**Describe how, when, and where you met your partner:**

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**Describe the strengths and weaknesses of your relationship:**

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**Describe how you resolve differences and what you do as a couple for fun:**

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**List dates and places of all marriages and divorces, and to whom:**

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

**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:**

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



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

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.

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- ☐ 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.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date of Birth

## In-State Child Abuse and Neglect Founded Findings Request

The information provided through this service is limited to the existence of founded findings (substantiated findings) of allegations of child abuse and neglect, and complies with the Adam Walsh Child Protection and Safety Act, the Child Care and Development Block Grant Act and the Family First Prevention Services Act.

**Instructions: This form must be filled out electronically and signed. Any handwritten or incomplete forms will be returned for correction.**

1. Complete one form for each individual for whom a child abuse/neglect findings request is being requested and:

- E-mail to [CANhistorychecks@dcyf.wa.gov](mailto:CANhistorychecks@dcyf.wa.gov), or
- Fax completed requests to 206-341-7930, or
- Mail completed requests to:

Department of Children, Youth, and Families  
CA/N History Checks  
500 1<sup>st</sup> Avenue South, Suite 501  
Seattle, WA 98104

Call 206-341-7938 or e-mail [CANhistorychecks@dcyf.wa.gov](mailto:CANhistorychecks@dcyf.wa.gov) with any questions.

<b>A. Requestor Information</b>			
LAST NAME Plumb-Campbell		FIRST NAME Amanda	AGENCY NAME AND REQUESTOR'S TITLE Finding Forever Home Studies LLC.
MAILING ADDRESS PO Box 1908		CITY Spokane Valley	STATE ZIP CODE WA 99037
TELEPHONE NUMBER (WITH AREA CODE) 509-723-5862	FAX NUMBER (WITH AREA CODE)	E-MAIL ADDRESS findingforeverhomestudies@gmail.com	
<b>B. Signature of Requestor</b>			
REQUESTED BY (SIGNATURE)			DATE SIGNED
<b>C. Subject of Records Requested</b>			
LAST NAME		FIRST NAME	MIDDLE NAME
PREVIOUS NAMES USED (AKA, ALIASES OR MAIDEN)		GENDER	DATE OF BIRTH
CURRENT WASHINGTON STATE MAILING /STREET ADDRESS		CITY	STATE ZIP CODE
<b>D. Authorization</b>			
By signing below, I authorize the State of Washington Department of Children, Youth, and Families to release confidential information about the existence of any founded findings of child abuse or neglect to the requesting individual or agency identified above.			
SUBJECT'S SIGNATURE			DATE SIGNED
<b>Response by the Washington State DCYF</b>			
The result of a search of the DCYF child welfare records, pursuant to the data provided above is as follows:			
<input type="checkbox"/> Our records do not indicate that the person identified in your inquiry request has been named as a subject in a founded finding of abuse or neglect.			
<input type="checkbox"/> Our records indicate that one or more founded findings exist in which the person identified in your inquiry request was the subject.			
STAFF SIGNATURE			DATE SIGNED



## **Post-Placement Document Requirement Checklist**

(The following documents are required in order to complete your home study)

Submit first if possible (required to submit first for expedited request)

- ☐ Completed and signed **Service Contract**
  - ☐ Completed and signed **Child Abuse & Neglect Information Request Forms for each person in the household 16 years of age or older** (let FF know right away if you have lived outside of WA, additional CA/N checks may be required)
  - ☐ Completed and sign the **Release of Confidentiality/Washington State Patrol Background Check** form for each person in the household 16 years of age or older
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- ☐ Completed and signed **Application**
- ☐ Completed and signed **Family Questionnaire for Adopting Parent**
- ☐ Copy of **current marriage certificate(s)**
- ☐ Copy of any **previous divorce decrees** for either parent

**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.**