



SAFE HOME STUDY

Home study was completed by:

Amanda Bache
CAIRS Solutions FL
123 Anywhere St Suite 107
Seminole, Florida - 33772

Name of Family: Samantha Musgrave

Address:
City: **State:** Alabama

ZIP Code:
Home Phone: 410-919-8501

Email Address:
samanthamusgrave@hotmail.com_Test

Home Cell Phone:
Work Phone:
Email Address:
samanthamusgrave@hotmail.com_Test

Work Cell Phone:

APPLICANT DISPOSITION

Application received on:
Home study approved on:
Future Placement

The Applicant(s) have applied for adoption approval for placement of one between the ages of Age and Age The family is applying to adopt a child of race or ethnicity. They prefer that the child be basically healthy; however, they are accepting of unknown or undetected health concerns. The Applicant(s) open to placement of with the oldest child not being more than Age. If open to a sibling group or unrelated children, the number of children is limited to Number.

Child Specific Placement

The Applicant(s) applied to become an adoptive family for Name(s), birthdate(s).

APPLICANT INFORMATION

First Name: Samantha

First Name:
Last Name: Musgrave

Last Name:
Maiden Name (if applicable):
Maiden Name (if applicable):
Date of Birth:
Date of Birth:
Birthplace:
Birthplace:
Gender:
Gender:
Religion:
Religion:
Education:
Education:
Language(s):
Language(s):
Occupation:
Occupation:
Employer:
Employer:
Annual Gross Income: 0.00

Annual Gross Income: 0.00

Tribal Affiliation:
Tribal Affiliation:

MARITAL INFORMATION

Date of Current Marriage:
Location:
Past Marriage

MARITAL INFORMATION

First Name: Samantha

Date Begun:

Date Ended:

Location:

Date Begun:

Date Ended:

Location:

First Name:

Date Begun:

Date Ended:

Location:

Date Begun:

Date Ended:

Location:

DATES OF HOME STUDY FACE-TO-FACE CONTACTS

Date

Person(s) Interviewed

Location

SONS AND DAUGHTERS OF APPLICANT(S)

First Name

Age

Occupation or School Situation

Location and Living Situation
(Date of death if deceased)**EXTENDED FAMILY MEMBERS: Samantha***Include Applicant's birth parents, adoptive parents, step parents, siblings and other prominent extended family members (living or deceased)*

First Name

Age

Relationship

Occupation

Location and Living Situation
(Date of death if deceased)**EXTENDED FAMILY MEMBERS:***Include Applicant's birth parents, adoptive parents, step parents, siblings and other prominent extended family members (living or deceased)*

First Name

Age

Relationship

Occupation

Location and Living Situation
(Date of death if deceased)**OTHERS RESIDING OR FREQUENTLY IN THE HOME**

First Name

Age

Relationship

Occupation

Current Situation

REFERENCES

First Name

Relationship to Applicant(s)

Date Received

MEDICAL/SCHOOL REPORTS

Name

Repost type

Medical Reports

From name

Data

Name

Repost type

School Reports

From name

Data

APPLICANT'S/OTHER'S CRIMINAL/CPS RECORDS CHECK*The required criminal records and background checks were completed for each Applicant and any other adults in the home. Any negative findings will be elaborated on the Psychosocial Evaluation History section of this report.*

Name

Clearance type

Findings

Date

MOTIVATION

[--Indicate the Applicants' stated reasons for wanting to become an adoptive parent and their attitude toward adoption.--]

[--Indicate any specifics about Child Desired (drug/alcohol/mental health).--]

[--Indicate whether or not the Applicants have any experience with adoption, providing child or adult foster care; child day care or kin care. Also indicate the response of each adult member of the household as to whether he/she has ever been rejected or deferred as a prospective adoptive parent, foster parent or kin care provider or been the subject of an unfavorable home study. If none, state this. Also discuss home study denials or children removed from the home if applicable.--]

If this is a Child Specific home study complete the following:

[--Provide the Name(s), DOB, gender, family circumstances and legal situation of the child(ren) being considered.--]

[--Describe each child's background, emotional/physical development and medical history.--]

[--Describe the strengths, personality and interests of each child or youth being considered.

[--For each child/youth currently in the home, discuss their adjustment since placement. If not currently placed with the Applicants, discuss the nature and character of the Applicants' relationship(s) with the child(ren) or youth(s).--]

HOME AND COMMUNITY

[--Describe the type of residence (house, apartment, condominium, etc), square footage, floor plan, number of bedrooms and bathrooms, yard space and indicate if there is a pool, pond or fountain.

[--Describe the sleeping arrangements and the way in which the family deals with privacy and nudity in the home as it relates to children.--]

[--Describe general characteristics of the Applicant's home, neighborhood and community including access to schools, community centers, places of worship, medical facilities, etc.--]

The home, property, neighborhood, schools and community are adequate for the purposes of adoption.

APPLICANT PROFILE

[--Describe how the Applicant presents himself/herself and their physical appearance. Briefly describe any special skills, interests, hobbies, expertise or talents the Applicant possesses. Include a sentence about how the spouse describes the Applicant. What are the Applicant's goals and aspirations in life? Be concise and factual.--]

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FAMILY LIFESTYLE

[--What are the basic household rules, roles and expectations? Who does what in terms of chores, cooking, bill paying, home maintenance, transportation, etc.? Also describe any pets in the home, status of vaccinations, and indicate who is responsible for their care.--]

[Describe current beliefs and attitudes about child rearing and relevant experiences with children.]

[--Describe current and proposed childcare arrangements and work and non-work day routines and rituals.--]

[--What kind of recreational, social and religious activities does the family engage in? Does the family celebrate holidays; which ones and how are they spent?--]

LEGAL/FINANCIAL NOTIFICATIONS AND ADVISEMENTS

The Applicants have been provided with the information and orientation required in accordance with the Licensing Rules for Child Placing Agencies established by the State of Michigan Department of Human Services through the Bureau of Children and Adult Licensing. The applicants acknowledged having received and reviewed the adoption orientation materials, including the fee schedule, program statement and grievance procedure of Adoption Associates, Inc. The applicants signed a Statement of Orientation and Understanding of Risks document affirming this, which is dated [insert date] and is in the family file.

PSYCHOSOCIAL EVALUATION REPORT - HISTORY

HISTORICAL INFORMATION

[--Provide a concise factual description (preferably one paragraph) of the Applicant's history that includes childhood family constellation, where raised, schools attended, religion, work experience, marriage to current spouse, etc.--]

[--Report all previous marriages. Indicate name(s) and length of time of previous marriages. Include how relationships were terminated, e.g., death, divorce, annulment. Identify any children born of these unions and describe their current situation.--]

EVALUATION

[--**Final Desk Guide Ratings of 1:** Provide full narration for each factor in this section that received a Final Desk Guide Rating of 1 that explains the basis for this exceptionally positive evaluation.--]

[--**Final Desk Guide Ratings of 2:** Provide a brief summary regarding the factors in this section that received a Final Desk Guide Rating of 2 that acknowledges and substantiates these positive qualities.--]

[--**Final Desk Guide Ratings of 3, 4 or 5:** Provide full narration for each factor in this section that received a Final Desk Guide Rating of 3, 4 or 5. Cite the specific Desk Guide criteria the rating was based on, discuss how the issue was addressed and provide the basis for your Mitigation rating. When multiple issues of concern are identified within the section, speak to whether or not they are related in any way.--]

PERSONAL CHARACTERISTICS

[--**Special Narration Instructions for B-5, Health and Physical Stamina:** Place special emphasis on this factor by addressing each of the Desk Guide criteria that applies even if the Final Desk Guide Rating is 2. Is the Applicant in good health or are there some current health problems. How physically active is the Applicant and what is the level of their physical stamina? If there are some health problems, how significant are they and what treatment interventions and medications are being used? How well does the Applicant follow through with treatment when needed? Does the Applicant take appropriate prevention/early detection steps when indicated?--]

There is no known condition which would affect the care of the adopted child.

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HISTORY

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MARITAL RELATIONSHIP

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SONS/DAUGHTERS/ OTHERS RESIDING OR FREQUENTLY IN THE HOME**MINOR SON(S) OR DAUGHTER(S)**

[--For each minor son or daughter of the Applicants or either Applicant, provide the minor's name, age and gender, whether born into the family or adopted, followed by a description of their personality, interests, school and living situation.--]

EVALUATION

[--**Special Narration Instructions for D-1, Minor Son(s) or Daughter(s):** For each minor son or daughter address each of the Desk Guide criteria that pertain to the minor being evaluated even if the Final Desk Guide Rating is 2. Is the minor's behavior age-appropriate? Does the minor present any health, developmental, educational or mental health issues? How secure, well adjusted and adaptable is the minor? Are his/her needs being well met? Does the minor exhibit behaviors that pose a threat to the health, safety and well-being of self or others? Does the minor have a secure attachment to both his/her/parents? Does the minor have any alcohol or drug involvement? How prepared is the minor for the arrival of a new child into the family?--]

OTHER MINORS RESIDING OR FREQUENTLY IN THE HOME

[--Provide the name, age, gender of any other minors residing or frequently in the home. Describe the nature of the relationship of each minor to the Applicants followed by a description of their personality, interests, school and circumstances.--]

EVALUATION

[--**Special Narration Instructions for D-2, Other Minors Residing or Frequently in the Home:** For other minors residing or frequently in the home address each of the Desk Guide criteria that pertain to the minor being evaluated even if the Final Desk Guide Rating is 2. Is the minor's behavior age-appropriate? Does the minor present any health, developmental, educational or mental health issues? How secure, well adjusted and adaptable is the minor? Are his/her needs being well met? Does the minor exhibit behaviors that pose a threat to the health, safety and well-being of self or others? Does the minor have any alcohol or drug involvement? How prepared is the minor for the arrival of a new child into the family?--]

ADULT SON(S) OR DAUGHTER(S)

[--If the Applicants have adult sons or daughter, provide the name, age, gender, whether born into the family or adopted, marital status, occupation, circumstances and location of any adult son or daughter. Also indicate if they have children and the type of contact they would have with a child placed.--]

EVALUATION

[--**Special Narration Instructions for D-3, Adult Son(s)/Daughter(s):** For each adult son or daughter of the Applicants, address each of the Desk Guide criteria that pertain to the adult son or daughter being evaluated even if the Final Desk Guide Rating is 2. How positive and supportive are they about having a new child come into the family? How much and how frequently do they consume alcohol? Do they use illegal drugs or abuse prescriptive/over-the-counter drugs? How well do they accept differences? Do they exhibit responsible behavior and emotional stability? Do they exhibit any behavior that poses a threat to the health, safety and well-being of self or others? Do they have a history of criminal arrests, convictions or allegations of child sexual/physical abuse, child neglect, child exploitation or failure to protect?--]

ADULTS RESIDING OR FREQUENTLY IN THE HOME

[--If there are other adults residing or frequently in the home, provide the name, age, gender and marital status of each adult identified. Indicate each individual's occupation, circumstances, the nature of their relationship with the Applicants and the amount and type of contact they would have with a child placed in the Applicants' home.--]

EVALUATION

[--**Special Narration Instructions for D-4, Adults Residing or Frequently in the Home:** For each person identified address each of the Desk Guide criteria that pertain to the adult being evaluated even if the Final Desk Guide Rating is 2. How positive and supportive are they about having a new child come into the family? How much and how frequently do they consume alcohol? Do they use illegal drugs or abuse prescriptive/over-the-counter drugs? How well do they accept differences? Do they exhibit responsible behavior and emotional stability? Do they exhibit any behavior that poses a threat to the health, safety and well-being of self or others? Do they have a history of criminal arrests, convictions or allegations of child sexual/physical abuse, child neglect, child exploitation or failure to protect?--]

EXTENDED FAMILY RELATIONSHIPS

[-- Special Narration Instruction - Indicate current relationship with extended family members (parents and siblings), where do they live, how often do they see each other/communicate, current interaction/activity with their family, feelings about adoption.--]

[--Final Desk Guide Ratings of 1: Provide full narration for each factor in this section that received a Final Desk Guide Rating of 1 that explains the basis for this exceptionally positive evaluation.--]

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PHYSICAL/SOCIAL ENVIRONMENT

[--Special Narration Instructions for F-5 Finances: Place special emphasis on this factor after review of the Certificate of Financial Status and financial documentation to address the applicants finances as being adequate and reliable to meet family's needs.

The worker has reviewed the applicant's financial documents including property mortgages or rentals, banking accounts, investment accounts, and outstanding loans. After considering their income assets and liabilities, their financial net worth is [insert net worth]. In this worker's assessment, they have the ability to adequately and reliably manage their income and meet the needs of an adopted child.--]

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GENERAL PARENTING

--Special Narration Instructions for G-3, Disciplinary Methods: Place special emphasis on this factor by addressing each of the Desk Guide criteria that applies even if the Final Desk Guide Rating is 2. Have the Applicants ever used physical discipline? Do they plan to ever use physical discipline? Will discipline be administered consistently and predictably? Are their disciplinary methods well thought out and appropriate? Do they have good knowledge of appropriate and effective forms of discipline?--]

--Special Narration Instructions for G-4, Child Supervision: Place special emphasis on this factor by addressing each of the Desk Guide criteria that applies even if the Final Desk Guide Rating is 2. Is or will the child be well supervised? Is or will substitute childcare be appropriately used as needed? Is or will substitute child care individuals be chosen with caution? Indicate who has been designated as a substitute caretaker, their relationship to the Applicants, the kind of care they will provide and their readiness to assume this responsibility. What measures have been or will be taken to ensure that substitute childcare is responsible and sensitive to the needs of the child? Are or will childcare arrangements be stable? In general, around what age do the Applicants believe a child is ready to be home alone? If applicable, describe the Applicants' emergency short-term and longterm substitute childcare plan and indicate whether or not alternate childcare arrangements have been or will be formalized in a will or trust. Describe any internet safety plan or discussion of, for current or anticipated children. --]

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SPECIALIZED PARENTING

FAMILY PREPARATION AND TRAINING ACTIVITIES

Training Record

Date	Training	Attendees	Location
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Applicant(s) have completed [insert hours] of training through group meetings, online courses, books and individual conversations with their social worker. Topics covered include Adoption Preparation, Birth Parent Relationships, Adoptive Parenting, Grief and Loss, Tran racial Parenting and Resources.

--Comment on applicant's receptivity and new connections formed as a result of education.--]

EVALUATION

--Special Narration Instructions for H-9, Birth Parent Issues: Place special emphasis on this factor by addressing each of the Desk Guide criteria that applies even if the Final Desk Guide Rating is 2. How understanding are the Applicants regarding the importance of being sensitive to birth parent issues? Are the Applicants respectful toward birth parents and empathic to his/her situation? Are the Applicants able to talk comfortably to a child about their birth parents and accurately portray their strengths and limitations? Describe the type of relationship and contact the Applicants are ready, willing and able to provide to support visitation with birth family, etc. --]

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ADOPTION ISSUES

EVALUATION

[--Special Narration Instructions for I-3, Openness in Adoption: Place special emphasis on this factor by addressing each of the Desk Guide criteria that applies even if the Final Desk Guide Rating is 2. Do the Applicants believe and understand that a child needs and has a right to know about his/her/ birth family? Do they understand and accept the importance of maintaining birth family connections for a child? Are they secure in their parental role as adoptive parents and not threatened by post adoption contact? Are they ready and able to support contact with birthparents and other significant connections such as siblings, grandparents and foster parents based on the best interest of the child? Have they established any post adoption contact arrangements or agreements and if so with whom? --]

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PLACEMENT CONSIDERATIONS

UNMATCHED FAMILY PLACEMENT CONSIDERATIONS

[--Indicate the number, age range, gender, race or ethnicity and background of the children or youth that you believe are compatible with this family. Indicate whether or not the family is prepared to accept a legal risk placement. Specify any child/youth special needs, considerations, behaviors, conditions or issues the Applicants are uniquely qualified to address along with those they are not ready, willing or able to manage or consider.--]

CHILD SPECIFIC PLACEMENT CONSIDERATIONS

[--Discuss each child's or youth's goodness of fit with this family and whether or not the Applicants are ready, willing and able to address each of the child's/youth's needs, special considerations and issues as identified on the SAFE Compatibility Inventory or by another means.--]

RECOMMENDATION

It is recommended that Samantha and be Select One for adoption. In addition to the placement, Adoption Associates, Inc. is also willing to provide post placement supervision.

Home Study Practitioner:

(Signature)

Supervisor:

This home study was prepared in accordance with the requirements that apply to a domestic adoption in the State of Michigan, I **Select One** this home study and certify that this is a true and accurate copy.

(Signature)

Name of the Home Study practitioner:

Title:

Date:

Name of supervisor:

Title:

Date:

RECEIPT OF COPY OF HOME STUDY REPORT

By signing below I acknowledge receiving a copy of this report and affirm that the factual statements in this home study are true and correct to the best of my knowledge.

(Signature)

(Signature)

Date:

Date:

PSYCHOSOCIAL INVENTORY RESULTS**Applicant #1: Samantha****Applicant #2:**

#1	#2	HISTORY
2	2	Childhood Family Adaptability
2	2	Childhood Family Cohesion
2	2	Childhood History of Deprivation/Trauma
2	2	Childhood History of Victimization
2	2	Adult History of Victimization/Trauma
2	2	History of Child Abuse/Neglect
2	2	History of Alcohol/Drug Use
2	2	Crime/Arrest/Allegations/Violence
2	2	Psychiatric History
2	2	Occupational History
2	2	Marriage/Domestic Partner History
#1	#2	PERSONAL CHARACTERISTICS
2	2	Communication
2	2	Commitment and Responsibility
2	2	Problem Solving
2	2	Interpersonal Relations
2	2	Health and Physical Stamina
2	2	Self-esteem
2	2	Acceptance of Differences
2	2	Coping Skills
2	2	Impulse Control
2	2	Mood
2	2	Anger Management and Resolution
2	2	Judgment
2	2	Adaptability
MARITAL RELATIONSHIP		
2		Conflict Resolution
2		Emotional Support
2		Attitude toward Spouse
2		Communication between Couple
2		Balance of Power
2		Stability of the Marriage
2		Sexual Compatibility
SONS/DAUGHTERS/OTHERS RESIDING OR FREQUENTLY IN THE HOME		
2		Minor Sons and Daughters
2		Minors Residing or Frequently in the Home
2		Adult Sons and Daughters
2		Adults Residing or Frequently in the Home

#1	#2	EXTENDED FAMILY RELATIONSHIPS
2	2	Extended Family Cohesion
2	2	Extended Family Adaptability
2	2	Relationship with own Extended Family
2	2	Relationship with Spouse/Partner Family
PHYSICAL/SOCIAL ENVIRONMENT		
2		Cleanliness/Orderliness/Maintenance
2		Safety
2		Furnishings
2		Play Area/Equipment/Clothing
2		Finances
2		Support System
2		Household Pets
#1	#2	GENERAL PARENTING
2	2	Child Development
2	2	Parenting Style
2	2	Disciplinary Methods
2	2	Child Supervision
2	2	Learning Experiences
2	2	Parental Role
2	2	Child Interactions
2	2	Communication with Child
2	2	Basic Care
2	2	Child's Play
#1	#2	SPECIALIZED PARENTING
2	2	Expectations
2	2	Effects of Abuse/Neglect
2	2	Effects of Sexual Abuse
2	2	Effects of Separation and Loss
2	2	Structure
2	2	Therapeutic/Educational Resources
2	2	Birth Sibling Relationships
2	2	Child Background Information
2	2	Birth Parent Issues
#1	#2	ADOPTION ISSUES
2	2	Infertility
2	2	Telling Child about Adoption
2	2	Openness in Adoption
2	2	Adoptive Parent Status

I affirm that each psychosocial factor listed above was considered and rated with due professional diligence on the SAFE Psychosocial Inventory during the course of this home study. The ratings above represent the Final Desk Guide Ratings and corresponding Mitigation Ratings for all Final Desk Guide Ratings of 3, 4 or 5.

(Signature)

(Signature)

Name of the Home Study practitioner:**Name of supervisor:****Title:****Title:****Date:****Date:**