

**KEMP COUNSELING AND CONSULTING SERVICES**

*Northeast Florida Adoption Support*

*Dr. Shawna Kemp Haley, Ed.D, L.C.S.W.*

*Carissa Heck, MSW, LCSW*

**HOME STUDY EVALUATION  
APPLICATION**

Adoptive Parent Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Country: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Adoption Agency Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

**Adoptive Father**

**Adoptive Mother**

First, Middle & Last: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Driver's License Number: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

U.S. Citizen? Yes or No. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Ethnicity: \_\_\_\_\_

\_\_\_\_\_

Religion: \_\_\_\_\_

\_\_\_\_\_

Present Marriage: Date/County \_\_\_\_\_

Date/County \_\_\_\_\_

Previous Marriage(s): Date/County \_\_\_\_\_

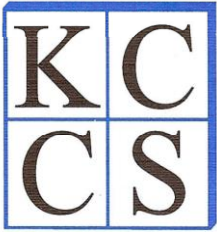
Date/County \_\_\_\_\_

Date/County \_\_\_\_\_

Date/County \_\_\_\_\_

Date/County \_\_\_\_\_

Date/County \_\_\_\_\_



**KEMP COUNSELING AND CONSULTING SERVICES**  
*Northeast Florida Adoption Support*  
**Dr. Shawna Kemp Haley, Ed.D, L.C.S.W.**  
**Carissa Heck, MSW, LCSW**

**Education:**

**Adoptive Father**

**Adoptive Mother**

High School:

\_\_\_\_\_

\_\_\_\_\_

College:

\_\_\_\_\_

\_\_\_\_\_

Higher Education:

\_\_\_\_\_

\_\_\_\_\_

Education- Other:

\_\_\_\_\_

\_\_\_\_\_

**Family of Origin History (Names & Ages):**

**Adoptive Father**

**Adoptive Mother**

Father:

\_\_\_\_\_

\_\_\_\_\_

Mother:

\_\_\_\_\_

\_\_\_\_\_

Primarily reared by:

\_\_\_\_\_

\_\_\_\_\_

Where you grew up:

\_\_\_\_\_

\_\_\_\_\_

Sibling(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Birth Order:

\_\_\_\_\_

\_\_\_\_\_

**Brief Work History:**

**Adoptive Father**

**Adoptive Mother**

Employer:

\_\_\_\_\_

\_\_\_\_\_

Employer Telephone:

\_\_\_\_\_

\_\_\_\_\_

Job Title:

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment:

\_\_\_\_\_

\_\_\_\_\_

Location- City & State:

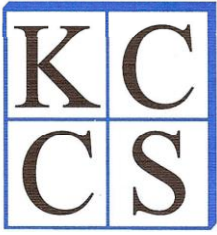
\_\_\_\_\_

\_\_\_\_\_

Salary:

\_\_\_\_\_

\_\_\_\_\_



**KEMP COUNSELING AND CONSULTING SERVICES**  
*Northeast Florida Adoption Support*  
*Dr. Shawna Kemp Haley, Ed.D, L.C.S.W.*  
*Carissa Heck, MSW, LCSW*

**Children and/or other adults residing in the home:**

**Full Legal Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

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

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

School: \_\_\_\_\_

**Full Legal Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

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

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

School: \_\_\_\_\_

**Full Legal Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

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

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

School: \_\_\_\_\_

**Full Legal Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

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

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

School: \_\_\_\_\_

***Guardianship Plan:***

List who you have named as guardian(s) of your adopted child(ren) if you were to pass away or become unable to parent:

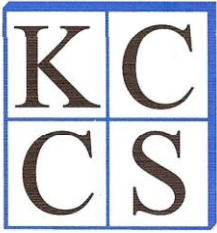
Name(s) and age(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_



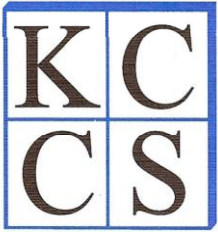
**KEMP COUNSELING AND CONSULTING SERVICES**  
*Northeast Florida Adoption Support*  
**Dr. Shawna Kemp Haley, Ed.D, L.C.S.W.**  
**Carissa Heck, MSW, LCSW**

**Please list the nearest location below and how many miles it is from your home:**

Hospital: \_\_\_\_\_ # miles from home \_\_\_\_\_  
Fire Department: \_\_\_\_\_ # miles from home \_\_\_\_\_  
Police Department: \_\_\_\_\_ # miles from home \_\_\_\_\_  
Elementary School: \_\_\_\_\_ # miles from home \_\_\_\_\_  
Middle School: \_\_\_\_\_ # miles from home \_\_\_\_\_  
High School: \_\_\_\_\_ # miles from home \_\_\_\_\_  
Place of Worship: \_\_\_\_\_ # miles from home \_\_\_\_\_  
Recreational Area: \_\_\_\_\_ # miles from home \_\_\_\_\_

**Type of Water/ Waste Disposal:**

City Water \_\_\_\_\_ City Sewage \_\_\_\_\_ Well Water \_\_\_\_\_ Septic System \_\_\_\_\_

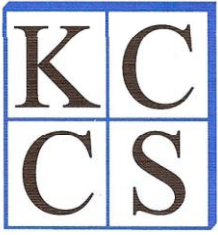


**KEMP COUNSELING AND CONSULTING SERVICES**  
*Northeast Florida Adoption Support*  
**Dr. Shawna Kemp Haley, Ed.D, L.C.S.W.**  
**Carissa Heck, MSW, LCSW**

**Legal Information:**

If the answer to any of the following questions is “Yes,” please provide a detailed explanation on a separate sheet of paper. Failure to disclose material information could make you ineligible to complete the adoption process. \*Note: Include any traffic offenses, such as “DUI” or “suspended license”

	<b>Adoptive Father</b>	<b>Adoptive Mother</b>
1. Have you ever been questioned, arrested, charged, and/or convicted of any crime including, but not limited to, shoplifting, fraud, prostitution, solicitation, DUI, DWI, domestic violence, child abuse, assault, or possession of a controlled substance?		
2. Is there any reason why you would not be approved for FBI and/or State background checks?		
3. Do you have a history of drug or alcohol abuse?		
4. Do you have a history of mental illness?		
5. Has your application to adopt or foster parent ever been rejected by another adoption or child placing agency?		
6. Have you ever been subject to an unfavorable home study?		
7. Have you ever had your parental rights terminated in a court of law?		

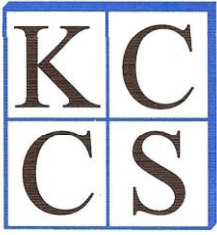


***KEMP COUNSELING AND CONSULTING SERVICES***  
***Northeast Florida Adoption Support***  
***Dr. Shawna Kemp Haley, Ed.D, L.C.S.W.***  
***Carissa Heck, MSW, LCSW***

**References:** \*Requires 5 references (2 relatives and 3 non-relatives)

Note: If you have worked or volunteered with children in any capacity in the past five years, including volunteer work, an additional reference letter must be obtained from this employer.

- 1) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
  
- 2) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
  
- 3) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
  
- 4) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
  
- 5) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_



**KEMP COUNSELING AND CONSULTING SERVICES**  
*Northeast Florida Adoption Support*  
**Dr. Shawna Kemp Haley, Ed.D, L.C.S.W.**  
**Carissa Heck, MSW, LCSW**

**Type of Adoption Desired:**

- Semi- Open       Closed
- Domestic       International \_\_\_\_\_ (country)
- Male       Female

Age Range: \_\_\_\_\_

Racial/Ethnicity Preference: \_\_\_\_\_

Who may we thank for referring you to Kemp Counseling and Consulting Services?

\_\_\_\_\_

\_\_\_\_\_  
*Adoptive Father's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Adoptive Mother's Signature*

\_\_\_\_\_  
*Date*

**\*\*Please attach directions to your home if you cannot be located by GPS\*\***

When completed, please mail this application along with the \$100 NON REFUNDABLE application fee to:

**Kemp Counseling and Consulting Services**  
**PO BOX 8904**  
**Jacksonville, FL 32239**  
**Phone: (904) 412-3484**

**OR**

**Pay via our website: [www.kempcounseling.com](http://www.kempcounseling.com)**