



KEMP COUNSELING AND CONSULTING SERVICES

Shawna Kemp, M.S.W., L.C.S.W.

Licensed Psychotherapist

**HOME STUDY EVALUATION
APPLICATION**

Adoptive Parent Name(s): _____

Street Address: _____ Country: _____

City, State, Zip: _____ Home Phone: _____

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

Shawna Kemp, M.S.W., L.C.S.W.

Licensed Psychotherapist

Education:

Adoptive Father

Adoptive Mother

High School:

College:

Higher Education:

Education- Other:

Relative's Names & Ages:

Adoptive Father

Adoptive Mother

Father:

Mother:

Sibling(s):

Birth Order:

Brief Work History:

Adoptive Father

Adoptive Mother

Employer:

Employer Telephone:

Job Title:

Dates of Employment:

Location- City & State:

Salary:

Employer:

Employer Telephone:

Job Title:

Dates of Employment:

Location- City & State:

Salary:



KEMP COUNSELING AND CONSULTING SERVICES

Shawna Kemp, M.S.W., L.C.S.W.

Licensed Psychotherapist

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

Shawna Kemp, M.S.W., L.C.S.W.

Licensed Psychotherapist

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

Shawna Kemp, M.S.W., L.C.S.W.

Licensed Psychotherapist

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”

	Adoptive Father	Adoptive Mother
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

Shawna Kemp, M.S.W., L.C.S.W.

Licensed Psychotherapist

References:

*Requires 3 references- 1 family, 2 non-family members.

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: _____



KEMP COUNSELING AND CONSULTING SERVICES

Shawna Kemp, M.S.W., L.C.S.W.

Licensed Psychotherapist

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) 493-6116

OR

Pay via our website: www.kempcounseling.com