



KEMP COUNSELING AND CONSULTING SERVICES

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

Licensed Psychotherapist

HELP COMPLETING YOUR HOME STUDY DOCUMENTS

1. **Application:** Please complete the entire application and mail the application along with the **\$100 NON REFUNDABLE APPLICATION FEE** to: *Kemp Counseling and Consulting Services, P.O. Box 8904, Jacksonville, Florida 32239*. Or you may email the application to kempcounseling@yahoo.com and submit the application fee via our website at www.kempcounseling.com.
2. **Home Study Contract:** Agreement between the adoptive family and Kemp Counseling and Consulting Services. This form explains the fees for all services provided. Please sign and mail or email with completed application.
 - a) **Home Studies** - The full fee of \$1,500.00, in the form of cashier's check, money order, debit, or credit card is due at least 24-hours prior to your scheduled home visit. If paying by debit or credit card, you may do so on our website at www.kempcounseling.com.
 - b) **Two Post Placements Visits and a Final Home Study Report** - This is inclusive of your initial fee paid.
 - c) **Home Study Updates** - The fee is \$750 after the one-year expiration date of the last report.
3. **Criminal Checks:** *All members of the home age 18 and over MUST fill out these forms.* Please sign and mail with your completed application.
 - a) **Local Criminal Record Check and consent form:** The Criminal Background Check is acknowledging that background checks will be conducted for all members in the household age 18 and over.
 - b) **FBI/FDLE Request Form:** Read and complete the form. You are required by Florida Law to submit fingerprints for adoption. Fingerprinting will be conducted at: Any Lab Now, 13170 Atlantic Boulevard, Jacksonville, Florida 32218. You may walk-in or call to schedule an appointment at: (904)220-4840. Take this form with you for fingerprinting.
4. **Sexual Offender Registry Consent and Results:** Fill out the appropriate sections for Sexual Offender Registry background check form. Please sign and mail with your completed application. Kemp Counseling & Consulting Services will complete the background check. This must be completed for anyone age 18 and older residing in the home.
5. **Child Abuse and Neglect Consent and Results:** Fill out the appropriate sections for Child Abuse and Neglect Consent form. Please sign and mail with your completed application. Kemp Counseling & Consulting Services will complete the background check. This must be completed for anyone age 18 and older residing in the home.



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6. **HIPPA Form:** This form gives us permission to share information with persons who are responsible for your adoption process. This must be completed for anyone age 18 and older residing in the home. Please sign and mail with your completed application.
7. **Self Studies:** Please complete one for each adoptive parent. Please answer all questions and then sign. Mail this form to our office prior to your scheduled home visit.
8. **Employment Verification(s):** Please have your employer complete the employment verification form. It *must* be the original, no photo-copies. If you are eligible for bonus pay, this information should be included. If you are self-employed, your CPA must complete a verification letter on their letterhead by indicating the name of your company, income for the previous year, and statement that the current year's income should be the same or better.
9. **3 Reference Letters:** Three references must be submitted (1-family member and 2-non family members- friends, neighbors, etc) before your home study can be issued.
10. **Medical Reports:** One per adult member age **16** and over. This must be completed by your physician, be signed by the physician, and the physician must also **print** their name along with the date. This form must be signed by a medical doctor and not a nurse, nurse practitioner, or physician's assistant. You will also need to be tested for TB and HIV (age 16 and over) and include these test results in your home study packet. ***Please schedule this appointment as quickly as possible as completion of the Medical Report frequently delays the completion of the home study.***
11. **Financial Form:** Complete all applicable sections. Be sure to list your life insurance company and coverage amounts. Please sign.
12. **Gun Safety Statement:** Check the appropriate blank and provide an explanation if necessary. Please sign.
13. **Swimming Pool Safety Statement:** Check the appropriate blank and provide an explanation if necessary. Please sign.
14. **Infant Child CPR Training:** www.redcross.org
 www.heart.org