



APPLICATION FOR ADOPTION HOME STUDY

Integrity Home Studies (IHS) is an adoption home study agency licensed by the State of Oregon. All information received by IHS will be held in confidence. No information will be distributed, except as required by the adoption process.

Applicant(s) Checklist

- All information is provided for *each* applicant
- Applicant(s) photo clipped to this application
- Make payments at integrityhomestudies.org/payments or by attached check. Checks made payable to Integrity Home Studies. There may be additional charges for home visit travel expenses.
- Return completed application to rachelle@integrityhomestudies.org or mailed to:
Integrity Home Studies, PO Box 777 Newberg, OR 97132

IHS will begin work on your behalf when application and payment are received.

APPLICANT(S) PURPOSE

I/we are applying for a home study by Integrity Homes Studies for the purpose of:

- International adoption
- State domestic adoption
- Private domestic adoption
- Step-parent adoption
- Relative adoption
- Second-parent adoption
- Court reports
- Post placement reports
- Other: _____

PERSONAL INFORMATION

Applicant 1

Full Legal Name: _____

All other names you have used (i.e. previous marriage, maiden name, nicknames):

Your current address (address, city, county, state, zip): _____

Primary Phone Number: _____

Primary Email: _____

Applicant 2

Full Legal Name: _____

All other names you have used (i.e. previous marriage, maiden name, nicknames):

Your current address (address, city, county, state, zip): _____

Primary Phone Number: _____

Primary Email: _____

Country of Citizenship: _____

Date of Birth: _____

Place of Birth: _____

Pronouns: _____

Legal Gender Marker (circle): [M] Male [F] Female
[X] Other Gender Identity

Are you of Hispanic, Latinx, or Spanish origin?:

Yes. Origin(s):

No

Race (check all that apply):

American Indian/ Alaskan Native

Asian

Native Hawaiian/ Pacific Islander

Black or African American

Latinx

White

Other:

Religion: _____

Education Level/Degrees: _____

School Names/Graduation Dates: _____

Current clubs or organizations you participate in: _____

All previous addresses in the last 10 years, besides
your current home address (address, city, state,
zip): _____

Country of Citizenship: _____

Date of Birth: _____

Place of Birth: _____

Pronouns: _____

Legal Gender Marker (circle): [M] Male [F] Female
[X] Other Gender Identity

Are you of Hispanic, Latinx, or Spanish origin?:

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No

Race (check all that apply):

American Indian/ Alaskan Native

Asian

Native Hawaiian/ Pacific Islander

Black or African American

Latinx

White

Other:

Religion: _____

Education Level/Degrees: _____

School Names/Graduation Dates: _____

Current clubs or organizations you participate in: _____

All previous addresses in the last 10 years, besides
your current home address (address, city, state,
zip): _____

FAMILY INFORMATION

If married, date of marriage: _____

Length of Marriage: _____

Applicant #1 previous divorces: _____

Applicant #2 previous divorces: _____

Child/Children Information [*Complete if adopted]

Child Name	Pronouns	Age	Date of Birth	Lives with you?	Country of Birth*	Immigration Number*

Other Household Member(s)

Name	Pronouns	Legal Gender Marker	Age	Date of Birth	Permanent/Temporary?	Relationship

FINANCIAL INFORMATION

Applicant #1	Applicant #2
Employer: _____	Employer: _____
Employer's address (address, city, state, zip): _____	Employer's address (address, city, state, zip): _____
Position: _____	Position: _____
Length of Employment: _____	Length of Employment: _____

Annual Net Taxable Income (located on your 1040 Form)

Applicant #1: \$ _____

Applicant #2: \$ _____

Combined Annual Taxable Income: \$ _____

Net Monthly Income (amount you bring home after taxes)

Applicant #1: \$ _____

Applicant #2: \$ _____

Combined Net Monthly Income: \$ _____

Monthly Expenses

All utilities: \$ _____

Credit card bills: \$ _____

Groceries: \$ _____

Gas: \$ _____

Student loans: \$ _____

Home mortgage/Rent: \$ _____

Car payments: \$ _____

Insurance: \$ _____

Healthcare: \$ _____

Tuition: \$ _____

Miscellaneous: \$ _____

Savings/Retirement: \$ _____

Total of above amounts: \$ _____

- net income (after taxes) = \$ _____
(monthly surplus or deficit after income less expenses)

Assets

Value of Home: \$ _____

Savings Accounts: \$ _____

Retirements: \$ _____

Investments: \$ _____

REFERENCES

List four people, unrelated to you, who are able to discuss your current ability to parent. These references must know both applicants.

Reference #1

Full Name: _____

Current Home Address (Street, City, State, Zip): _____

Email: _____

Phone: _____

Reference #2

Full Name: _____

Current Home Address (Street, City, State, Zip): _____

Email: _____

Phone: _____

Reference #3

Full Name: _____

Current Home Address (Street, City, State, Zip): _____

Email: _____

Phone: _____

Reference #4

Full Name: _____

Current Home Address (Street, City, State, Zip): _____

Email: _____

Phone: _____

ADOPTIVE CHILD INFORMATION

Main Information

Applicant(s) are interested in adopting (please be as candid as possible): _____

of children: _____

Preferred gender: _____

Age range: _____

Siblings: _____

Country of origin (list in order of preference): _____

Additional comments: _____

We are interested in adopting a child that is*:

- As healthy as possible
- Has minor/correctable issues (e.g. cleft palate, orthopedic problems)
- Has major/permanent issues (eg. polio, drug and alcohol affected, ADDH - Attention Deficit Disorder & Hyperactivity)

*Please note, although medically checked by professional medical personnel in the child's native county, there are no guarantees, stated or implied, as to the medical condition of the adoptive child(ren).

Motivation to Adopt

Please briefly describe your motivation to adopt: _____

PLACING AGENCY INFORMATION

Placing Agency Name: _____

Date Contracted: _____

Main Contact Person: _____

Agency Address (address, city, state, zip): _____

Agency Phone Number: _____

Have any of the applicants been denied or had a placement or home study previously revoked?

No

Yes. Please explain the circumstances: _____

APPLICANT(S) SIGNATURE(S)

By signing this application, applicant(s) acknowledge that a thorough background check will be conducted on every household member over the age of 18, as well as any member of the household under 18, who may pose a risk to an adopted child. Out of state/county criminal checks will be required for any applicant or household member who has lived out of state/country for more than 60 days, within the last 5 years.

I/we hereby acknowledge that the information I/we have provided is complete and true. I/we wish to enter into a working agreement with Integrity Home Studies for the completion of home study services as outlined on page 1 of this application.

Applicant #1

Printed Name: _____

Signature: _____

Today's Date: _____

Applicant #2

Printed Name: _____

Signature: _____

Today's Date: _____

ADOPTIVE HOME STUDY CONTRACT

Integrity Home Studies, an adoption agency licensed in the State of Oregon, and the prospective adoptive parent(s) _____,
living at _____,
agree to the following terms:

Integrity Home Study staff will work with the family to complete an adoption home study evaluation and assessment. This home study provides an evaluation and recommendation as to the acceptability of the prospective parties, to be certified as adoptive parents in the state of Oregon, intending to adopt minor children.

The State of Oregon considers the home study report to be a pre-adoption screening tool. Therefore, acceptance of application and fees for a home study by IHS does not ensure a positive home study report or recommendation. Nor does it ensure that the home study recommendation will align with the adoptive applicants' desires, relating to the total number of children, or the adoptive child(ren)'s gender or age range.

A. Agency staff will be responsible for:

1. Agency staff social worker will conduct personal interviews with the prospective adoptive family.

Such interviews shall:

- Occur on at least one to three occasions, to include at least one visit in the family home.
- Comprise an extensive face-to-face contact.
- Include at least one individual interview with each member of the adoptive family's household, who is age five or older.
- Include at least one joint interview with both parents, if the adoptive family is a couple. !
Include phone interviews to be determined by the social worker.

2. Upon completion of the evaluation, the social worker will prepare a home study report in compliance with Oregon law. This report will include an evaluation of the applicants, as to their suitability to become adoptive parents, and an approval to adopt.

3. Upon completion of the report draft, applicants will review and approve the study for state and agency compliance.

4. Upon approval, Integrity Home Studies shall provide the adoptive family with as many notarized home study reports as needed for personal use, USCIS, the placing agency, and/or foreign government.

5. If the social worker determines that approval to adopt should not be granted, IHS staff will send the applicant written notice of the unfavorable recommendation and an explanation of the steps needed to secure future approval, if possible.

B. The prospective adoptive family will be responsible for:

1. The prospective adoptive family will be supplying all documents required by the agency and the State of Oregon. The home study in person evaluation cannot begin until the prospective family has provided all required documents.

2. The prospective adoptive family will comply fully with the ongoing duty of candor and will give true and complete information to the home study preparer within a one-year timeframe from date of contract.

Prospective Adoptive Parent #1

Printed Name: _____

Signature: _____

Today's Date: _____

Prospective Adoptive Parent #2

Printed Name: _____

Signature: _____

Today's Date: _____

FEE SCHEDULE HOME EVALUATION REPORTS

International Home Study

Hague compliant international home study.....\$3,000

Domestic Home Study.....\$2,800

Note: All IHS families are also required to complete an adoptive parent education program through Families Are Forever. These fees are paid directly to FAF and range between \$300-\$500, depending on individual family needs. Additional Social Worker fees may apply. Please see below.

Home Study Update (does not include first post-placement report)

Original home study conducted by IHS, update requiring face-to-face contact.....\$750

Original home study conducted by IHS, update not requiring face-to-face contact.....\$300

Original home study conducted by another agency licensed in Oregon*\$1,850

Original home study conducted by an agency outside of Oregon*\$2,000

*New clients must provide the documentation used in previous home studies, including a copy of previous home study report(s).

Applicable process/conditions and limits for home studies and updates include the following:

1. *All home study reports are considered a screening tool in the approval process under state, federal and international law and regulations. Acceptance of an application and fees for a home study update by IHS does not assure a positive home study report or recommendation on behalf of the prospective adoptive family. Nor does it ensure that the home study recommendation, if positive, will align with the prospective adoptive applicants' desires relating to a specific child or to the total number of children or the adoptive child(ren)'s gender or age range or that the U.S. or foreign governments will approve the family.*
2. The first update report conducted by IHS for new clients must be based upon in-home interviews with all family members present. Subsequent update reports conducted by IHS may be based upon telephone interviews; however, see #3 and #4 below.
3. IHS or government regulatory bodies, both domestic or foreign, may recommend and require additional documentation or that additional medical, psycho-social or financial evaluation reports be conducted by other agencies, organizations or professionals and submitted to IHS as part of the evaluation process. Costs for these additional services are not included in the fees listed in this document.
4. IHS or government regulatory bodies, both domestic or foreign, may require additional face-to-face interviews with the prospective adoptive parents and/or family members, making possible interviews conducted by telephone inadequate for reporting purposes. Costs for these additional services are not included in the fees listed in this document.

5. In all cases, IHS and its personnel are required to report any child at risk to Oregon Child Protective Services.
6. Fees are due upon submission, are subject to change and are non-refundable.

Fees for home studies and home study updates include the following IHS services:

1. State criminal and child abuse and neglect background checks.
2. At least one in-home, face-to-face set of interviews with a social worker, conducted in the same block of time at the same location.
3. Full length report with notary for use with U.S. Citizenship and Immigration Services and foreign government.
4. Issuable letters required of IHS as part of the prospective adoptive family's dossier submitted to the foreign government.

Fees are subject to change. Please ask for an updated rate sheet prior to application to IHS.

International Post-Adoption Reports

Post-adoption interviews & reports conducted by IHS, face-to-face, and in home (per unrelated child).....	\$50
PAR for each related sibling (same visit).....	\$100
Oregon court report (one).....	\$500

International & Domestic Post-placement Supervision (includes report)

Face-to-face interview (as required).....	\$500
Interview for each related sibling.....	\$100
Phone interview.....	\$250
Oregon court report (as required).....	\$450

Note: For any applicant residing 30 miles outside Newberg, OR, staff travel expenses (e.g. mileage, airfare, hotel if applicable, meals, professional travel time, etc.) are not included and will be invoiced to the applicant per industry standards.

IHS cannot accept donations that are designated for specific adoptions. This is necessary in order to preserve our 501(c)(3) status. Payments can be made on behalf of a family, but IHS will not issue donation receipts for such payments. Contact IHS for more information.

I/we acknowledge acceptance of the terms and conditions contained in both pages of this fee schedule.

Applicant #1

Printed Name: _____

Signature: _____

Today's Date: _____

Applicant #2

Printed Name: _____

Signature: _____

Today's Date: _____

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