

LA FAMILIA, INC.
ADOPTION SERVICES
PREPLACEMENT STUDY WORKSHEETS

FILL THIS OUT TOGETHER AS A FAMILY:

Name

YOUR HOME AND COMMUNITY

1. How would you describe your neighborhood? (For example: young families, retired persons, single family homes, mixture):

2. Do you own a car? Yes ___ No ___
If you have a problems in getting to school, church, stores, etc. what do you do?

3. If your family has pets, what are they and what are their names?

4. Are your pets friendly to children? Yes ___ No ___ What role do pets have in your family?

5. Please describe the room in which the child in care will sleep. Would this child be sharing a room? If so, with whom?

6. If you have a pool (Jacuzzi, hot tub) what provisions have you made to protect children in your home from harm?

7. Do you own firearms? Yes ___ No ___

8. If you own firearms, where are they kept? In your home ___ In your car ___

9. What safety precautions have you taken to protect children from your firearms?

TYPE OF CHILD

1. Describe the type of child you would most like to parent. How old is this child, what does he/she look like, what adjectives would you use to describe his/her personality?

2. Describe the type of child you would least like to parent. How old is this child, what does he/she look like, what adjectives would you use to describe his/her personality?

3. What could a child do that would make you feel like a bad parent?

4. What basic rules do you have or will you have in your home for a child?

ADOPTIVE FACTORS

1. At what age and how will you discuss adoption with your child?

2. What information will you provide to your child about his/her birth parents?

3. If your child experienced abuse and neglect as well as separation from the birth parents, how will you explain the circumstances to the child?

4. How will you handle possible future contact with foster parents or biological relatives (possibly brothers and/or sisters)?

5. If you adopt a child how would you feel about :

A. Meeting the birth parents at the time of placement:_____

B. Continuing contacts with the birth parents after placement:_____

C. If applicable, what types of contacts would you be comfortable with?

Number of children requested: _____

Sex of children requested: _____

Age (or age range) of children requested: _____

If able to consider a sibling group, indicate: _____

Number of child _____

Youngest age in group _____

Oldest age in group _____

Indicate the ethnicity of the child(ren) you are interested in parenting:

Hispanic _____

Native American _____

Black _____

Asian _____

White _____

Bi-racial (please indicate) _____

ADOPTION HOME SAFETY Check

- 1. All medications, poisonous chemicals, and cleaning materials must be in a place that is inaccessible to children.**
- 2. Alcoholic beverages must be stored out of reach of all children.**
- 3. If the adoptive parents own a gun, the ammunition and unloaded firearm must be kept separately in locked cabinets.**
- 4. Adoptive parents should keep first-aid supplies in an easily accessible place and are encouraged to take CPR and first-aid courses.**
- 5. Pets in the adoptive home must be vaccinated and their vaccinations must be current.**
- 6. Adoptive parents must have a method to restrict children's access to potentially dangerous animals.**
- 7. The home must be safe from fire hazards, and must not be heated by unvented gas.**
- 8. All combustible items must be stored away from sources of heat.**
- 9. All fireplaces, space heaters, and hot surfaces must be shielded against accidental contact.**
- 10. Homes should be equipped with the following:**
 - A. Operation smoke alarm in each sleeping area.**
 - B. Portable chemical fire extinguisher in the kitchen.**