



**Department of Human Services
Division of Children and Family Services**

- ICPC ADOPTIVE HOME STUDY CHECK LIST -

EACH ADOPTIVE HOME STUDY MUST CONTAIN THE FOLLOWING ITEMS

* In a two parent home, the husband and wife shall be joint applicants and shall each actively participate in the approval process.
NOTE: Provide verification the couple has been married at least two years. * See Foster Home Study Checklist

<input type="checkbox"/>	The agency caseworker shall have at least two visits with the prospective adoptive family during the approval process. One of the visits shall be in the home of the adoptive applicant.
<input type="checkbox"/>	The worker shall have a separate, face-to-face interview with each prospective adoptive parent.
<input type="checkbox"/>	The caseworker shall interview each age appropriate member of the household in person
<input type="checkbox"/>	Each member of the adoptive household shall have a physical exam within six months prior to approval for placement and annually thereafter until final placement. A copy of the Physical Exam or Physician's Statement is required.
<input type="checkbox"/>	Statement regarding the physical health of all household members.
<input type="checkbox"/>	The family's motivation for adoption and the desired characteristics of the child or children to be adopted.
<input type="checkbox"/>	Each family member's attitude toward adoption.
<input type="checkbox"/>	Attitudes of the applicant's toward the birth parents, including parent search issues.
<input type="checkbox"/>	Resolution of any infertility issues.
<input type="checkbox"/>	The mental health, emotional stability and maturity of the applicants.
<input type="checkbox"/>	The financial status and stability of the family, including verification of income and employment.
<input type="checkbox"/>	At least three confidential, personal references on the family (copies of the reference letters to be included with the home study.)
<input type="checkbox"/>	The family's ability to cope with stress, loss and crisis.
<input type="checkbox"/>	The family's child-caring skills and willingness to acquire additional skills.
<input type="checkbox"/>	The family's discipline practices.
<input type="checkbox"/>	Religious affiliation.
<input type="checkbox"/>	A description of the home, its location and its environment.
<input type="checkbox"/>	An assessment of the safety of the home including water hazards, firearm safety and dangerous pets. All firearms shall be maintained in a secure, locked location.
<input type="checkbox"/>	A statement from the adoptive parents that they have or have not been denied approval as an adoptive home in the past, and if so, why.
<input type="checkbox"/>	A statement regarding the results from criminal record checks and child maltreatment central registry checks. NOTE: Each record check in the home study packet must be within the last twelve months.
<input type="checkbox"/>	Central Registry Checks are required for all household members age ten and over. The check may not be older than twelve months from date of ICPC approval. NOTE: If a proposed placement resource and their family has resided or worked in Arkansas for less than five years, a check for child abuse and neglect will be conducted in those other states of residency or work during that five year period.
<input type="checkbox"/>	State Criminal Record Checks are required for all household members age eighteen and over. The check may not be older than twelve months from date of ICPC approval.
<input type="checkbox"/>	Department of Motor Vehicle Record Checks for all adults of the household
<input type="checkbox"/>	FBI fingerprint check is required on all residents of a household over the age of eighteen NOTE: Send the results to the requesting agency (Arkansas DHS/DCFS)
<input type="checkbox"/>	The stability of the adoptive family and their marriage, if applicable, shall be discussed and determined to be appropriate. Any divorce must have been final for at least one year.
<input type="checkbox"/>	A recommendation regarding adoption, including the age, sex, characteristics, and special needs of children best served by this family.
<input type="checkbox"/>	CPR certificate – Current or updated to current
<input type="checkbox"/>	First Aid Certification
<input type="checkbox"/>	Foster / Adopt Pride Certificate – Current or updated to current

DISTRIBUTION: Submit the original and two copies of the completed home study to your local liaison, county supervisor or adoption supervisor as appropriate.

WORKER SIGNATURE _____ DATE _____

ICPC LIAISON SIGNATURE _____ DATE _____