

INTERVIEW QUESTIONNAIRE FOR ADOPTION EVALUATION

My name is Robin Case. I am a licensed clinical social worker supervisor and a licensed marriage and family therapist. You may call me at (817) 845-6365 or email me at: robincounseling@aol.com if you have questions about this questionnaire or any other document in my Interview Packet. However, the best way to reach me is via email for faster response. I look forward to working with you on this adoption. Let's get started.

The purpose of this Interview Questionnaire is to ask questions and gather information about the *applicant seeking to adopt*. Applicants are usually a step parent, guardian, or a grandparent(s). Please keep in mind when answering my questions that I do not know you or anything about you or your family, and this is why I need to ask a lot of questions so that I can get an idea of who you are and learn a little about your family background. My questions are broadly worded to apply to a broad range of people seeking to adopt (e.g., step parent adoptions, guardian adoptions, grandparent adoptions). If a question is not applicable to your circumstances, please write N/A and briefly explain why an answer to the question is not applicable. Please answer each question thoroughly and as detailed as possible. This will save time and allow me to complete the evaluation in a timely manner. Please avoid one line answers to my questions because this will not provide me enough detail to work from. Clear, detailed, verifiable answers are requested.

I need for *each* applicant who is seeking to adopt to complete this Interview Questionnaire in its entirety. The purpose is to gather information about the applicant's current lifestyle and routines, their motivation or reasons for wanting to adopt, their family history, and their parenting plans to rear this child(ren) to adulthood. For example, in a step parent adoption, the focus of the evaluation, as it pertains to the best interest of the child, will be on the step parent. The step parent will complete the Interview Questionnaire. **I also request** the biological parent to complete a portion of the Interview Questionnaire as well; specifically, please complete the section titled Social History, Your Childhood and Family of Origin, Education, and current Employment.

Case History

Please provide Court documents showing the biological parent or parents (whichever is applicable to your case) has voluntarily relinquished their parental rights, or other court related documents on this matter. You may need to obtain these records from your attorney or have your attorney send them directly to me.

Personal Information

Your Legal Name: _____ Include First, Middle, and Last Name. Include Maiden Name, if applicable to you _____

Date of Birth _____ Age _____ Social Security Number _____

Street Address _____ City _____ Zip Code _____

Cell Phone _____ or best way to contact you.

Email Address _____

Contact Information

Your Attorney's Name _____

Your Attorney's Office Address _____

Your Attorney's Cell Phone _____

Your Attorney's Email Address _____

SOCIAL HISTORY

I request that you complete the Social History using separate pieces of paper to list the questions as I have submitted them to you and provide answers to each question as they appear here. Do this all the way through each section of the Interview Questionnaire. **Upon completion, please arrange your paperwork and**

requested documents in an organized format. Place the paperwork and documents (that verify or support your answers to my questions) in a 3-ring binder and organize the paperwork in the same format as the Interview Questionnaire. NOTE: please wait until you have collected and compiled all documents in the 3-ring binder before sending the binder to me. DO NOT send piecemeal documents and records please.

Your Childhood and Family of Origin

Where were you born? Where did you grow up? Who raised you?

What did your parents do for a living? Tell me about your family and siblings. How would you describe your upbringing?

What did your family do for fun? Did you go on vacations?

What is your current relationship like with your father? Describe your relationship with your father when you were a child / teenager.

What is your current relationship like with your mother? Describe your relationship with your mother when you were a child / teenager.

How did your parents discipline you as a child? Did you think their discipline methods were reasonable and fair, or were their methods harsh? Why do you think this? Did you have chores as a youth?

What were your parents expectations of you and your siblings? Did your parents have high expectations or were they laid back? Briefly explain what you mean !

Was there any history of illegal drug abuse, prescription drug abuse, or alcohol abuse in your home? Please explain.

Did you experience any history of abuse in your home (physical, sexual, mental, verbal, or emotional abuse) as a child?

How did your parents communicate with you as a child? How about with each other? Would you say your parents bickered, argued, and fought often or did they have a civil, harmonious relationship with demonstrated love and respect for one another?

Please list your biological parents, adoptive parents, step parents, foster parents, or legal guardians (whichever is applicable) and their ages. List all siblings, half-siblings, or step siblings and their ages or approximate ages. Include your family member's addresses and phone numbers. Tell me which sibling you are closest to.

Education

Where did you attend school? I am primarily interested in high school and college. List dates of attendance and highest level of education completed. Include date or year of high school graduation. If you attended college, what was your major or educational goal? Include date of graduation. If you have professional licenses or vocational skills, please list these as well. Provide documentation to verify your education (i.e., college transcripts, professional license, etc.). If you do not have this information, contact the school or college Registrar's Office to request the documents. Please note, the Court requires a "verified" document and that is one of the reasons I ask for verification of education.

Employment

List your employment history for the past 10 years. Include dates or approximate dates of employment, the name of the business you worked for (including current job), your job description, position, and salary. Tell me how you support yourself and your family. Include your Re'sume'. In addition, provide 60 days worth of check stubs, wage / earning statements or other verification of income and employment. I also need verification of Health Insurance coverage you have on your child(ren)...in particular, the child(ren) who is the subject of this evaluation. If you have Dental and Vision Insurance on the child(ren), include verification of this as well. Your employer or HR Department can provide a letter of verification of benefits. Copies of your health insurance cards are also acceptable as verification as long as the name(s) of the child(ren) are included on the insurance card.

How far of a commute is it from your home to your job?

Do you work from home? If so, how often?

Military, if applicable

List the branch of service, dates of service, job duties, rank at separation, and type of discharge. Provide copy of DD-214.

Residential History and Your Current Home or Residence

List the addresses including city and state you have resided in the past 10 years. If you do not remember the address, just list the city and state. Also, tell me how long you resided at each residence.

Current Address

Address _____ City _____ State _____ Zip _____

Do you Own _____ or Rent _____

Number of Bedrooms _____ Number of Bathrooms _____ Approx. Square Feet _____

How long have you lived in your current residence? _____ years, _____ months.

Any plans to move ? If yes, explain _____

Where does your child(ren) sleep? Does each child have their own bedroom, bed, and sufficient closet space for their clothing? Please describe the child's living / sleeping arrangements.

Include a rough drawing of your home's floor plan and label each child's bedroom, bed location, desks, clothes drawers, closet, end tables and lamps.

Please list the names and ages of each Household Occupant. What is their relationship to the child or children who are the subject of this adoption evaluation?

Household Occupants:

Name _____
Date of Birth _____
Relation to child _____

Name _____
Date of Birth _____
Relation to child _____

Name _____
Date of Birth _____
Relation to child _____

Name _____
Date of Birth _____
Relation to child _____

Safety

Are there any potential hazards or safety factors in your home (e.g., Firearms, dangerous weapons, electrical hazards, dogs-list breed, trampoline, swimming pool, hot tub)?

If you have a firearm, how is it stored in your home? Is the ammunition stored separately? Explain _____.

Where do you store your medication? Explain _____.

If your child is younger than 8 years old, do you have an approved child safety seat for your vehicle? Yes, No, or N/A.

Does your home have a “working” smoke alarm _____, carbon monoxide detector _____, and fire extinguisher _____? Place a check mark in the blank next to these if you have them and are they in working condition?

If you have a two story home or your apartment is located on a second floor, do you have a fire escape plan / procedure or escape ladder? Does your child(ren) know the escape plan?

Do you have pets in your home or premises? Yes or No? If so, is your dog or cat current on rabies vaccinations? Please provide verification.

Do you own a trampoline? Yes or No? If so, does the trampoline have a safety net? Explain _____.

Do you own a hot tub? Yes or No? If so, does the hot tub have a hard cover that locks? Explain _____.

Do you own a swimming pool? Yes or No? If “Yes”, what safety precautions do you have in place to prevent accidental drowning (e.g., Pool alarms, fence or barrier around pool, fence or barrier between backdoor of home and pool, child proof door knob safety covers, etc.)?

School and Neighborhood

What School District is your residence located in? Based upon your current residence what are the names of the Elementary, Middle School and High School your child or children attend or will attend?

What is the proximity of the child's or children's school (or daycare) to your residence?

What extra-curricular activities is your child(ren) involved in? Please explain the days / weekends / time frame your child is involved in these activities.

Who primarily takes the child(ren) to school, daycare, or extra-curricular activities? Who primarily takes the child(ren) to doctor's visits?

How does your child or children get to and from school or daycare?

Do you have relatives that live close by in case of emergency that can assist with daycare, picking up the child or children from school? Explain.

How would you describe the safety of your neighborhood? Do you know your neighbors?

Is the child (or children) ever left unsupervised while you are at work or for any other reason? If so, please explain.

Health History

How would you describe your current health condition?

Do you have any medical conditions you are being treated for? If so, please explain.

Are you currently taking any medications? If so, what is the medication for, which doctor prescribed it, and how long have you been taking the medication?

Who is your physician? Provide the name of your doctor, his/her business address, and telephone number.

I request that you to contact your physician and have him/her send me a copy of your medical records. Specifically, I need the initial admission summary paperwork that you completed for your doctor containing your medical history / social history, a current description of your physical health; records verifying current or past history of drug and/or alcohol addiction / treatment, if applicable; and, medical records verifying your mental health condition. Your physician may prepare a brief letter addressing these topics: Physical Health, Drugs / Alcohol Abuse, Addiction, treatment, if applicable, and your Mental and Emotional Health. If your physician does not wish to prepare a letter describing these topics, he or she may send any medical records pertaining to these topics. Ask your physician to mail these records to: Robin Case, LCSW-S, P.O. Box 699, Aubrey, Texas 76227.

Please be advised, you will need to make arrangements with your physician or health care provider to pay for copying and mailing expenses for any records that are mailed to me. This applies throughout the remainder of this Interview Questionnaire and request for records (e.g., mental health treatment records, drug / alcohol treatment facility records, etc.).

Mental and Emotional Health History

Have you ever been in counseling for mental health issues? If yes, what disorder or mental health issue did your therapist or mental health professional diagnose you with. What were the goals and objectives of counseling?

Have you ever been hospitalized for or treated for depression? If so, please explain.

Are you currently taking medication for anxiety, depression, or any other mental health disorder?

Have you ever submitted to psychological testing? If so, please explain when this took place, and provide the name of the doctor who conducted the testing?

If you are seeing a therapist or mental health professional for counseling, or have been in counseling or therapy in the past five years, please provide the name of your therapist, his/her business address, and telephone number.

Is there any family history of mental health issues, mental illness, or drug / alcohol abuse ? If so, please list their relationship to you and their diagnoses.

Please provide the name, address, and telephone number of your therapist.

Substance Use History

Do you have a family history of drug or alcohol abuse?

Do you have a history of drug or alcohol abuse? When I say drug use, I am referring to both illicit drug use and / or prescription drug misuse. If yes, please explain the type of drug used, the quantity, and frequency of use.

Do you smoke tobacco products in the home?

How often do you drink alcoholic beverages?

 Never 1 x month 2-4 x month 2-4 x week more than 4x per week

How many drinks containing alcohol (12 oz beer, 5 oz wine, 1.5 oz distilled spirit) do you consume on a typical day when you are drinking?

 1 or 2. 3 or 4. 5 or 6. 7 to 9. 10 or more.

Have you ever been hospitalized for drug or alcohol addiction or have you received treatment / counseling on an out patient basis? If so, please explain when you received treatment, where you received treatment, and the name of your treating physician and therapist.

If you submitted to a urine, hair follicle, or nail drug test today would the drug test results be negative for anything other than prescribed medication?

If you are currently in treatment or have been in treatment in the past 5 years for substance abuse or addiction, I request you contact the doctor, therapist, and / or treatment facility and request that your treatment records be mailed to: Robin Case, LCSW-S, P.O. Box 699, Aubrey, Texas 76227. The treatment records should include the Admission Summary, Diagnosis, Last 3 Progress Reports, and Discharge Summary.

Marital History

Please list all marriages, common-law marriages, and non-marital relationships. If a child or children were born to the marriage or relationship list the Childs name and age.

Spouse (Current)

Name _____

Date of Birth _____

Date of Marriage _____ City / County of Marriage _____

Children: Name _____

Date of Birth _____

Name _____

Date of Birth _____

Spouse (EX)

Include the same information listed above. Also, Include Date of Divorce and City / County of Divorce.

Please provide Marriage Certificate and / or Divorce Decree for each relationship. List any Children from each marital or non-marital relationship along with their names and date of birth, and if the children are now adults, please provide their name and telephone number.

Religion

Name of the church, synagogue, or mosque you attend, including the address / city, if applicable.

How often do you attend church or other religious activities, if applicable?

Do you take your child(ren) to religious services or activities? Please explain _____.

Does your religious practice prohibit you or your child(ren) from receiving medical care?

Criminal History and Child Protective Service

Have you ever been arrested or convicted of a crime? **If so, you are directed to obtain** all police arrest reports, judgment / conviction orders, or dismissal records that apply to each of your arrests, misdemeanor and felony convictions, or non-adjudicated dispositions. This can be time consuming! Get started on tracking down your arrest / criminal records today, if applicable.

List all arrests, including juvenile adjudications, all adult misdemeanor and felony convictions, deferred adjudication dispositions, pretrial diversions, and citations for public intoxication.

Have you ever been arrested or convicted of sexual assault; child sexual assault or any other child abuse related offense; domestic violence; child endangerment; DWI offense where a child was a passenger in your vehicle?

Have the police ever been called to your residence for domestic violence or disturbing the peace? Have you ever been arrested for or convicted of a domestic violence crime against a family member?

If you are on pretrial release supervision, probation, parole, or community supervision, provide the name of your probation officer, his/her phone number, and the officer's address. This includes State and Federal.

In addition, if you have ever been investigated by Child Protective Services (CPS), please list the date of investigation and provide details of the investigation. If you have redacted copies of the investigation I will need to review this information.

CPS Records Background Check

If you have not already submitted this information to me, please ***Include a list of names of ALL persons (including yourself, spouse, significant other, children or other adults) age 16 or older that reside in the same household as the child(ren) who is/are the subject of this Evaluation.*** As of September 2024, you are required to obtain your own Texas Central Registry Background Check. Please note, ***each***

person that resides in the same home as the child or children who are the subject of this Evaluation are required to obtain their own Texas Department of Family and Protective Services (DFPS) background checks. This state agency maintains investigative records prepared by Child Protective Services (CPS) caseworkers.

You are directed to go to the Texas Department of Family and Protective Services website and submit a Central Registry background check request via the new (2024) Texas Central Registry Portal. You and each adult person, including the biological parent, must create an account through My DFPS Application Passport (MYDAP) External Link. Note: Each applicable person has to do this on their own, and you can't do it for them. Please read the DFPS website instructions carefully. After you receive the results of yours and other applicable adult's CPS background checks, you are directed to furnish me a copy of all the background check in your 3-ring binder.

FBI Criminal Records Check

In addition, I will need all persons age 16 or older to submit to a "fingerprint-based" criminal background check. You and adult members (age 16+) of your household are directed to go to this website: Uenroll.Identogo.com. Look for: "FBI History Check" at the bottom of the page. Next, Look For: "Schedule or Manage Appointment." Click on this and you will see "Applicant Rights" (read the privacy statement) and Next you will provide your name, date of birth, email, etc. Read the information in the Green Box and follow all other instructions. Please be advised, there are fees associated with this fingerprint submission. The FBI Customer Service @ Identogo phone number is (877) 783-4187. I suggest you obtain your criminal record inquiry within five days of receiving this Interview Questionnaire so that you receive your verified background check timely. Make sure the FBI background check is sent to you. Review over it to make sure it is accurate, keep a copy for your records, and furnish me the copy you obtained from the FBI.

Financial Condition (See Attached Form)

I request you prepare a financial statement or family budget listing verified income of each person contributing to the family household and a list of expenses. Explain how you support yourself and your children. *Provide 60 days of bank statements along with proof of monthly income that will support your financial statement. Also, furnish a copy of your most recent Income Tax Return, W-2 wage and earning statements, 1099's, etc.*

Citizenship

Are you a U.S. citizen?

List of Personal References

Provide a list of three references who have observed you and your child(ren) together as a family. I am interested in references who know you well, who can tell me about you as a parent, your personal characteristics, and your strengths and weaknesses as a parent based upon their observations and perspective. If possible, provide three non-family member references. I need their complete address, telephone number, and email address. I will be mailing a questionnaire to each reference for them to fill out and send back to me. Please let them know I will be sending this and to please return it to me within 10 days. If they prefer to receive my questionnaire via email instead of snail mail, just let me know.

