

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
SELF-ASSESSMENT
ADOPTION ONLY

The purpose of this form is for applicant(s) and their families to consider the impact that becoming adoptive parents would have on their lives.

Instructions:

Applicant(s): Applicant(s), together with other household members, including applicable children, should complete this form. Additional sheets of paper can be used if needed.

Home finders/agency workers: This form must be provided to applicant(s) to complete. Home finders/agency workers should review the questions below with the applicant(s) and other household members together, at least once prior to application. However, it is recommended that these considerations be assessed throughout the process. The completed form must be maintained in the applicant's file.

NAME OF APPLICANT(S):	
1. What influenced you to pursue adopting at this time?	
2. What does adoption mean to you?	
3. What is your understanding of children in foster care awaiting adoption?	
4. To what extent were your family and other household members, including children, part of the decision to become an adoptive family?	
5. What type of supports do you think a child may need who is separated from their family? 5 a. Describe how you would provide support?	
6. How will you work with this agency to help the child(ren) transition to adoption?	
7. What is your understanding of open adoption? 7 a. What are your feelings about open adoption?	
8. What is your comfort level with frequent visits/communication with agency workers?	

9. How do you feel about sharing personal information about your life throughout this process?	
10. What do you think will be the most positive and challenging impacts of adoption on you and your family?	
11. How would you support maintaining the child’s connections if not of the same religious, ethnic, racial, and/or cultural background as your family?	
12. How do you foresee changing your schedule to accommodate the needs of the child(ren)? 12 a. How would your work schedule be affected?	
13. Would your physical space need to be modified to accommodate the child(ren)?	
14. What are your thoughts about including the child(ren) in your daily activities, community events, family events, etc.?	
15. Do you have pets? 15 a. If yes, what type and how many? 15 b. How well do they respond to children and/or other strangers in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Training is required as part of the home study process, and ongoing training is also required. Both applicants need to participate in the initial training averaging 30 hours over a 10-week period plus annual trainings. What changes would you need to make to participate in required and ongoing training?	
WHAT’S NEXT?	
Would you like to take the next step in the process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is your interest at this time? <i>(Check all that apply)</i>	<input type="checkbox"/> Public Adoption <input type="checkbox"/> Private Adoption <input type="checkbox"/> International Adoption
If yes, do you currently have preferences regarding the number, age ranges, and/or characteristics of the child(ren) for whom you want to adopt?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Initial Assessment of Family Readiness: To be completed by the home finder/agency worker and reviewed with the applicant(s) <i>(Choose one and explain)</i>	Date: / /

FOR FILING PURPOSES NAME OF APPLICANT(S): AGENCY NAME:

Early Stages:	
Minimal Supports Needed:	
Acceptable:	
APPLICANT'S SIGNATURE: X	DATE: / /
APPLICANT'S SIGNATURE: X	DATE: / /
HOME FINDER'S/AGENCY WORKER'S SIGNATURE: X	DATE: / /
SUPERVISOR'S SIGNATURE (IF REQUIRED BY AGENCY): X	DATE: / /
Reassessment of Family Readiness: To be completed by the home finder/agency worker and reviewed with the applicant(s) <i>(Choose one and explain)</i>	Date: / /
Early Stages:	
Minimal Supports Needed:	
Acceptable:	
APPLICANT'S SIGNATURE: X	DATE: / /
APPLICANT'S SIGNATURE: X	DATE: / /
HOME FINDER'S/AGENCY WORKER'S SIGNATURE: X	DATE: / /
SUPERVISOR'S SIGNATURE (IF REQUIRED BY AGENCY): X	DATE: / /