



SRDPS SPECIALISED ADOPTION AGENCY

In- Country Adoption Centre Certificate No.2/2014 Dated 20.06.2014

The Secretary to Government of TamilNadu,
Social Welfare and Nutritious Meal Programme (SW5) Department, Chennai -9
Letter (D)No.69/SW5/2012

SCHEDULE-6

[See paragraph 9(5)]

HOME STUDY REPORT (HSR) FOR PROSPECTIVE ADOPTIVE PARENTS (PAPs) IN INDIA

CARINGS REGISTRATION No.		
DATE OF REGISTRATION		
AADHAR CARD NO.		

NAME OF THE SOCIAL WORKER	-
DATE OF HOME VISIT	-

PART-I SELF ASSESSMENT

A. IDENTIFYING INFORMATION ABOUT THE PAPS

Particulars of Information	MALE APPLICANT	FEMALE APPLICANT
Full Name		
Date of birth		
Age		
Place of birth		
Present Address		
Permanent Address		
Email-ID		
Contact No		
Country of Origin		
Country of Citizenship		

Signature of Prospective Adoptive Father

Signature of Prospective Adoptive Mother



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Passport Number		
Religion		
Language(s)		
Date of Marriage		
Date of Earlier Marriage (if any)		
Date of divorce (if any)		
Present Educational Qualification		
Employment/ occupation		
Name & Address of the present Employer/ Business Concern		
Annual Income		
Health Status		

B. FAMILY BACKGROUND INFORMATION

- (1) Give a short description of social status and background of the PAP(s) along with the following information.

Details about Parents of the Applicants	Male Applicant		Female Applicant	
	Father	Mother	Father	Mother
Name				
Age				
Nationality/ Citizenship				
Occupation				
Previous occupation				
Presently residing with				

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(2) Please complete the following table with the names of each of your respective children (adopted and biological)

Name of the Child	Sex	Date of Birth	Educational Status

(3) Please describe how you believe the prospective adoption of a child will affect the lives of your existing children.

(4) Please indicate whether there are any other family members residing in the familial home:

- a) Yes
- b) No

(5) If yes, please complete the following table including the age, gender, occupation, and nature of the familial relationship of the other residing family members.

Name	Nature of Relationship	Age	Gender	Occupation

(6) Please describe how you believe the prospective adoption would affect these family members.

(7) Please indicate whether there are any other non-related adults/children living in the home:

- a) Yes
- b) No

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(8) Please describe how you think the prospective adoption will affect the non-related adults/children residing in the familial home.

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C. PROFESSIONAL/ EMPLOYMENT DETAILS (Professional career details for last 5 years)

Male Applicant				
Organisation	Employer Details (Name & Address)	Job Title	From	To

Female Applicant				

D. **Financial Position:** (Give a short description of your income from all sources, savings, investments, expenditures and liabilities).

Monthly Income (Both)	
House	
Savings with bank/Post office/others	
Land	
Jewels	
Vehicles	
LIC Policies/Other Policy	
Other Incomes like Rent, Pensions,	
If, any Loan	

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- 1) Please provide your most recent tax invoices, bank statements etc. and the taxable income of you and your partner.

- 2) Do you have any outstanding debts, mortgages etc.
a) If yes, please provide supporting documentation;
b) No

E. DESCRIPTION OF HOME AND NEIGHBOURHOOD

(Describe the accommodation details and neighborhood relationship)

- 1) How many rooms do you have in your home and describe the play area available for the child?

- 2) Please describe the neighborhood in which you reside, including any aspect that your believe makes it child friendly.

F. Current marital relationship and quality of marital relationship (if applicable):

- 1) Please circle the term the best describes your marital status:

a) Married; b) Single; c) Live-in; d) Widowed;
e) Other, please specify _____

- 2) Please describe the procedures you and your partner use to reach a decision.

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G. Attitude and Motivation of PAP(s) for Adoption

- 1) Please circle the term which best describe the reason why you wish to adopt, you may circle more than one option, if applicable:
 - a) Provide a companion to your other children;
 - b) Infertility;
 - c) Provide an impoverished child with a happy home;
 - d) None of the above;
 - e) Other, please specify _____

- 2) Please circle the statement which describes how you think the adoption will improve the lives of your other children, you may circle more than one, if applicable:
 - a) They will be less lonely;
 - b) They will learn to be more accommodating;
 - c) They will become more empathetic;
 - d) Not applicable as I have no other children;
 - e) Other, please specify _____

H. Attitude of grandparents/extended family members, other relatives and significant others towards the present adoption: (Give a short description about the opinion of other important persons towards adoption who would have impact in the child rearing process when the child arrives in the receiving country)

I. Anticipated Plans of the PAPs for adopted child and rearing in the Family:

- 1) Please describe how you will manage caring for the adopted child and other life commitments such as work.

- 2) Who will be responsible for caring for the child when you are at work, or absent from the familial home (domestic help, grandparents, spouse).

- 3) Please describe your disciplinary approach to parenting.

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- 4) In case the adopted child demonstrates adjustment difficulties, please describe the steps that you plan to take to ease his/her transition into the family?

- 5) Would you be prepared to utilize additional family counseling if the adopted child continues to have difficulties adjusting?

- a) Yes
b) No

- J. Preparation and Training for Adoption:** (Give details about the counseling sessions the PAP (s) have undergone on adoption, child care, handling of needs of children, etc. and their capacity, PAP(s) training and /or experiences in parenting children with their special need, if any)

K. Possible Rehabilitation Plan for the child in case of any eventuality with PAP(s)

(Give a short description about your plan for the child in case you face any short or long term eventuality. In case you are a single PAP, please give a short description about the close relative who would be giving undertaking for the security of the child)

- 1) Does your work require you to travel?

- 2) Who would care for the child in your absence? Please provide a brief description including his/her age, gender, occupation and relationship.

Sl.No	Name of the Person who in charge Of PAPs Absence	Age	Gender	Occupation	Relationship

- 3) In the event of unforeseen misfortune do you have someone who could take legal guardianship of child? If so, details thereof:

Sl.No	Legal Guardian of the child In case of any Unforeseen Misfortune	Age	Gender	Occupation	Relationship

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- 4) In case relationship does not work out would you part with custody of this children to someone else, send back to homes, consult a counselor.

L. Plans for disclosure of facts of adoption of the Child:

(1)

(2)

M. Health Status (Emotional and Physical):

(Give details of the state of emotional and physical health status of the applicant(s), if any. If a family member suffers from a particular disease, condition or syndrome, describe how the family copes with it and how this might affect any proposed adoption.)

- 1) Do you or your spouse suffer from any medical condition? If so, would you please provide details?

- 2) Are you or your spouse currently being treated by a psychologist or psychiatrist?

- 3) Are you currently taking any prescribed medication?

- 4) Are there currently any children in your house being treated for a medical condition?

- 5) Does your family have health and hospitalization insurance coverage for all family members?

PROSPECTIVE ADOPTIVE FATHER
(Signature with Date)

PROSPECTIVE ADOPTIVE MOTHER
(Signature with Date)