Home Study Certification of Adoptive Parent Preparation

As a requirement of completing a home study prepared for international adoption, CHI wants to be assured that each prospective adoptive family has satisfactorily covered adoptive issues and inter-country adoption concerns.

1. The adoptive applicant(s) are knowledgeable about the effects of abandonment, separation and loss issues for a child, as they relate to adoption, during initial adjustment and at future stages in the child’s development.
2. The adoptive applicant(s) have discussed and understand the various ways children grieve when they are separated from all that is familiar in their world, and how they may experience that loss, initially and long-term. They understand that grieving has no time line and may occur at any stage, or at numerous stages, of development, and that it may have an impact on the child’s attachment.
3. The adoptive applicant(s) are knowledgeable about possible ways to ease the anxiety that a child may feel when separating from their adoptive parents.
4. The adoptive applicant(s) understand the child may have experienced physical, sexual, and/or emotional abuse prior to adoption and may exhibit dysfunctional behaviors in their new home. Applicants are willing to provide counseling or other resources to help their child deal with these experiences.
5. The adoptive applicant(s) know the process of how bonding and attachment occur, and they know of ways to facilitate bonding. The parents are aware that the possibility exists that the child placed with them may unknowingly be attachment-resistant or attachment-disordered, and that there is a continuum of severity with attachment-resistant and attachment-disordered children. They are aware that infants also may have attachment difficulties.
6. The adoptive applicant(s) accept that there are no “perfect” children, just as there are no “perfect” parents and that no one can fully predict the outcome of an adoption. When problems come up that feel overwhelming, the adoptive applicant(s) are willing to seek help and be open to changing their own perceptions as they learn and grow with their adopted child.
7. The adoptive applicant(s) understand that they may parent as they were parented. If there is any history of emotional, physical, substance or sexual abuse in the background of the adoptive parent/s, have they been able to adequately address these issues and in what way has this been professionally evaluated?
8. The adoptive applicant(s) have been helped to assess how they cope with crisis, and each of the adoptive applicants has been assessed for their ability to handle with stress.
9. The adoptive applicant(s) have been helped to assess their personal level of self-esteem and their ability to handle rejection, so that they can handle rejection, if that is an aspect of the child/ren’s behavior during the attachment process.
10. The difficulties and delays often associated with international adoption have been discussed with the adoptive applicant(s). They understand the possibility that they may feel out of control and often in the dark, and yet have to trust the people they have chosen to handle their adoption process for them.
11. The adoptive applicant(s) are aware of how developmental delays may affect the child’s physical, emotional, and psychological development, for both the short and long term.
12. The adoptive applicant(s) understand the possible effects of prenatal alcohol use including FAS and FAE. They realize that the effects of prenatal alcohol usage may not be identifiable before a child joins his/her adoptive family. They are also aware of the impact of the child’s genetic endowment on their temperament, personality and motivation.
13. The adoptive applicant(s) understand the child may have experienced physical, sexual or emotional abuse prior to adoption and may exhibit sexualized behaviors in their new home. Applicants are willing to provide counseling or other resources to help their child deal with these experiences.
14. The adoptive applicant(s) are aware of the possibility that a child may have learning disabilities, known and unknown.
15. The adoptive applicant(s) have discussed their definition of “special needs” and what they would feel comfortable being placed with.
16. The adoptive applicant(s) are aware that social/medical information may be scarce, inaccurate, and may not correlate with understood U.S. terms.
17. The adoptive applicant(s) know about a Life Book for a child and are ready to prepare one for their child(ren).
18. The importance of a positive attitude regarding the child’s culture and heritage has been acknowledged by the adoptive-applicant(s). They have a plan to help their family develop knowledge of and an appreciation for their child’s cultural heritage that will help him/her develop a positive self-identity.

19. The adoptive applicant(s) understand that they are unable to specify skin tone or color.

20. The adoptive applicant(s) understand that adoption is a lifelong process and have become acquainted with how this may affect the child’s adjustment to the family.

21. The adoptive applicant(s) have been counseled about the significance of a will for minor children and the family has appointed or considered guardianship for the child(ren).

22. CHI has the following policy on gender selection in the international adoption process: Our clients are first and foremost the children waiting for families. Therefore we advocate for families to consider adopting a child from either gender into their family. Many times there are more boys waiting for families than girls. The family and the social worker have discussed this and understand that in most cases the wait for a girl will be longer. Therefore CHI recommends that the home study be approved for either gender with the adoptive parents preference indicated.

23. CHI has the following policy on the recommendation of the age of an infant: We recommend the approval to state- up to two years of age. However the Social Worker and adoptive parents must discuss and agree on this recommendation.

I __________________________________________ hereby affirm that ____________________________ and __________________________ have received counseling/education on each of the above adoptive issues and have been advised of the risks and adjustment issues relating to post institutionalized children. Further I/We have made a copy of this and will retain this in our personal file.

____________________________________
Social Worker who prepared the Home Study
Date

We/I, hereby affirm that we have received counseling/education of the outlined adoptive issues and have been advised of the risks and adjustment issues for post institutionalized children.

____________________________________  ______________________________________
Adoptive parent  Adoptive parent
Date

cc:  Adoptive parents
Home Study file