



333 South 132nd Street
Omaha, Nebraska 68154
Phone: (402) 330-2024
Fax: (402) 697-7019

ADOPTION HOME STUDY APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

County _____ Home Phone _____

E-mail address _____

Marriage Date and Place (if applicable) _____

ADOPTIVE PARENT

Birthdate _____ Birthplace _____

Nationality (Descent) _____

Education _____

Occupation _____

Place of Employment _____ Work Phone _____

How Long Employed _____ Annual Salary _____

Previous Marriage _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

ADOPTIVE PARENT

Birthdate _____ Birthplace _____

Nationality (Descent) _____

Education _____

Occupation _____

Place of Employment _____ Work Phone _____

How Long Employed _____ Annual Salary _____

Previous Marriage _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

CHILDREN OR OTHERS IN THE HOME

Name	Age	Birthdate	Relationship

FINANCES (Please include W-2 form or other proof of income)

Assets	Liabilities

REFERENCES (One reference must be your employer)

Name	Address, City, State, Zip

Have you applied elsewhere for a home study or child placement? _____

If so, name and address of agency or agencies: _____

What is the current status of the application(s)? _____

Signature of Adoptive Parent

Date

Signature of Adoptive Parent

Date

Please give directions to your home, including subdivision:



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CONFIDENTIAL MEDICAL REPORT

Section I. Individual Information (To be completed by individual applicant)

Name Birth date

Address City State Zip Code

Section II. Individual Health History (To be completed by individual applicant)

List any medications you are taking: _____

Have you ever been treated for the following:

Drug Addiction Yes No

Alcoholism Yes No

Mental Illness Yes No

If Yes, from whom have you received treatment? _____

In general, my mental and physical health is _____

Full Signature of Individual

Section III. Health Examination (To be completed by physician)

Date of Exam _____

General condition of the patient _____

Does patient's health history include any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Chemical Dependency |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Diabetes (Albumin sugar in urine) |

Blood Pressure _____

Urinalysis/Albumin _____ Sugar _____

Note to Physician: This individual will be caring for children. If individual is on a medication, has a blood pressure higher than 160/95 or other tests read "positive" or "yes", will this affect the individual's ability to care for children?

Yes No

Additional Comments: _____

I would like an opportunity to talk to the Adoption Specialist of the above-mentioned facility regarding this physical examination.

Signature of Physician

Printed Name of Physician

Address Telephone Number

Please return to: Jewish Family Service
333 South 132nd St.
Omaha NE 68154



RELEASE OF INFORMATION

(to other agencies)

I, _____, hereby authorize Jewish Family Service
(Please print your name)

to release information to _____
(Name, Company/Agency - **please print**)

(Street, City, State, Zip - **please print**)

- _____ All available medical information
- _____ All available psychological information
- _____ All available psychiatric information
- _____ All available school information, including transcripts, text results
- _____ All available social and case history
- _____ All available drug and alcohol treatment information
- _____ All available treatment history
- _____ Other

This release is valid for one (1) year and must be renewed after that time. I may also cancel this release in writing at any time.

Your Name Printed

Signature

Date

Witnessed by/Interpreted by:

Printed Name

Signature

Date



Date: _____

Attention: C.I.D.

Enclosed are copies of signed releases of information of a couple who has applied for a home study for adoption. Payment will be made through <https://www.nebraska.gov/apps-nsp-limited-criminal/>.

Please send me all available information on felonies and misdemeanor offenses in the enclosed self-addressed envelope. Thank you.

Sincerely,

Teresa Drelicharz, LIMHP
Adoption Specialist

TD
Enclosures

SUBJECT: Request for Criminal History Information

TO: Nebraska State Patrol
Identification & Record Division
Box 94907
Lincoln, NE 68509-4907

CRIMINAL HISTORY REQUESTED

(Print Last/First, M.I.)	D.O.B.	Date
Last Known Address		
City	State	Zip
SS#		

I hereby authorize the release of any and all criminal history information maintained on me to:

Name (Print Last, First, M.I.)

Signature

Signature of Requester



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Instructions for Autobiography

Each partner should write an autobiography of approximately four pages in length.

In your autobiography, please address the following areas in approximately one page each:

- I. Family Background
- II. Education and Employment
- III. Marriage and Relationships
- IV. Children

With regard to “IV. Children”, we are particularly interested in obtaining your expectations regarding children, your attitudes toward parenting and children and your experiences with children.