

**THE NAVAJO NATION  
DIVISION OF SOCIAL SERVICES  
NAVAJO CHILDREN AND FAMILY SERVICES  
HOME STUDY APPLICATION**

ATTACH PHOTO HERE  
(OPTIONAL)

**PLEASE COMPLETE ENTIRE FORM & SIGN  
(If needed, attach separate sheet(s) of paper to answer questions thoroughly)**

**I. IDENTIFYING INFORMATION:**

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_ (Applicant 1)  
Cell Phone: \_\_\_\_\_ (Applicant 2)  
Email Address: \_\_\_\_\_ (Applicant 1) \_\_\_\_\_ (Applicant 2)

Present Mailing Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Directions to Home: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

**APPLICANT 1:**

Full Legal Name: \_\_\_\_\_ Other Name(s) Used: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_  
Tribe: \_\_\_\_\_ Tribal Enrollment #: \_\_\_\_\_  
Maternal Clan: \_\_\_\_\_ Paternal Clan: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Currently serving or had served in the Armed Services?  Yes  No

If yes, which branch: \_\_\_\_\_

Active: \_\_\_\_\_ Discharge: \_\_\_\_\_ Reserve: \_\_\_\_\_

Have you ever applied with another agency to become an adoptive parent and/or foster parent?

Yes  No If yes, state date(s), agency name and outcome: \_\_\_\_\_

Have you ever been licensed as an adoptive and/or foster parent and has your license ever been suspended or revoked?  Yes  No If yes, state date(s), agency name and reason: \_\_\_\_\_

**APPLICANT 2:**

Full Legal Name: \_\_\_\_\_ Other Name(s) Used: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_  
Tribe : \_\_\_\_\_ Enrollment #: \_\_\_\_\_  
Maternal Clan: \_\_\_\_\_ Paternal Clan: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Currently serving or had served in the Armed Services?  Yes  No

If yes, which branch: \_\_\_\_\_  
 Active: \_\_\_\_\_ Discharge: \_\_\_\_\_ Reserve: \_\_\_\_\_  
 Have you ever applied with another agency to become an adoptive parent and/or foster parent?  
 Yes  No If yes, state date(s), agency name and outcome: \_\_\_\_\_

Have you ever been licensed as an adoptive and/or foster parent and has your license ever been suspended or revoked?  Yes  No If yes, state date(s), agency name and reason: \_\_\_\_\_

**II. MOTIVATION FOR ADOPTION:**

Our family became interested in adoption when.....and we feel our family would make a good adoptive family because....

**III. PERSONAL HISTORY:**

**APPLICANT 1 PREVIOUS SPOUSE: (Marital History)**

Name of Spouse: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
 Place of Marriage: \_\_\_\_\_ Date of Divorce/Death: \_\_\_\_\_

**APPLICANT 2 PREVIOUS SPOUSE: (Marital History)**

Name of Spouse: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
 Place of Marriage: \_\_\_\_\_ Date of Divorce/Death: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS: (Any other Persons Living in the Household)**

Name	Relationship	DOB / Age	Gender	Census #	Occupation	Grade (School)

**APPLICANT 1 - RELATIVES (List Parents, Siblings and Significant Others):**

Name	Related to Applicant 1	Age	Address


**APPLICANT 2 - RELATIVES** (List Parents, Siblings and Significant Others):

Name	Related to Applicant 2	Age	Address

**CHILDREN OUT OF HOME:**

Name	DOB	Census #	Occupation	Current Resident	Marital Status

**CRIMINAL RECORD:**

Have you or any member of your household been arrested or convicted of a criminal action?  Yes  No  
 Are you on probation or parole?  Yes  No

Have you or any member of your household been arrested or convicted of illegal substance use?  
 Yes  No

Have you or any member of your household been investigated for child physical abuse, sexual abuse, or neglect?  Yes  No

Anybody in the household a registered sex offender?  Yes  No

If you answered **Yes** to any of the questions above, please explain.

Date	Charge	Agency	Location	Disposition (outcome)

**EDUCATIONAL HISTORY:** (Circle highest grade completed)

**APPLICANT 1:**

**APPLICANT 2:**



Treatment/Medication and Results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment/Medication and Results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL AND TOBACCO USE:**

1. Do you or any household member(s) consume alcohol? If so, how often. \_\_\_\_\_
2. Do you or any household member(s) smoke cigarettes/cigars? If so, how often. \_\_\_\_\_  
How do you prevent second hand smoke exposure? \_\_\_\_\_
3. Do you or any household member(s) chew tobacco? If so, how often. \_\_\_\_\_

**MENTAL HEALTH HISTORY:**

1. Are you or any household members currently receiving or have received mental health services?  
 Yes  No If so, check all that apply.  
 Substance Abuse Counseling  Anger Management  Depression  
 Marriage Counseling  Domestic Violence Counseling  Gambling Addiction
2. Have you or anyone in your household ever been hospitalized for psychiatric related issue (voluntarily/involuntarily)? If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Have you or anyone in your household ever had a psychological evaluation? If yes, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Are you or anyone in your household currently taking or have taken any psychotropic medication for mental illness? If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Have you or anyone in your household had suicidal ideation or attempts? If yes, please explain. \_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IV. FINANCIAL HISTORY:**

EMPLOYMENT HISTORY: (List last three (3) employments)

**APPLICANT 1:**

Occupation	Employer Name/Address	Dates (Mo/Yr)	Annual Salary	Reason for Leaving

**APPLICANT 2:**

Occupation	Employer Name/Address	Dates (Mo/Yr)	Annual Salary	Reason for Leaving

**HOUSEHOLD INCOME:**

**MONTHLY AMOUNT:**

\$ \_\_\_\_\_ APPLICANT 1 Net Pay  
 \$ \_\_\_\_\_ APPLICANT 2 Net Pay  
 Other Income (Child Support, Adoption Subsidy, and/or Other Source: SSI)  
 \$ \_\_\_\_\_ for \_\_\_\_\_  
 \$ \_\_\_\_\_ for \_\_\_\_\_  
 \$ \_\_\_\_\_ TOTAL MONTHLY HOUSEHOLD INCOME

Have you ever file for bankruptcy? Yes  No

(If yes, complete the following):

Date Filed: \_\_\_\_\_

Date Closed: \_\_\_\_\_

Place Filed: \_\_\_\_\_

Results: \_\_\_\_\_

**HOUSEHOLD EXPENSES:**

**List Monthly Expenses:**

\$ \_\_\_\_\_ Mortgage/Rent Payment  
 \$ \_\_\_\_\_ Utilities: Gas/Electric/Water/Propane  
 \$ \_\_\_\_\_ Phone  
 \$ \_\_\_\_\_ Food  
 \$ \_\_\_\_\_ Child Support  
 \$ \_\_\_\_\_ Alimony  
 \$ \_\_\_\_\_ Recreation/Entertainment  
 \$ \_\_\_\_\_ Charitable Contributions  
 \$ \_\_\_\_\_ Automobile Fuel  
 \$ \_\_\_\_\_ Vehicle Payment(s)  
 \$ \_\_\_\_\_ Vehicle Insurance  
 \$ \_\_\_\_\_ Revolving Charge Accounts  
 \$ \_\_\_\_\_ Life Insurance  
 \$ \_\_\_\_\_ Medical/Dental Insurance  
 \$ \_\_\_\_\_ Retirement/401K  
 \$ \_\_\_\_\_ Other: \_\_\_\_\_  
 \$ \_\_\_\_\_ TOTAL MONTHLY EXPENSES

**ASSETS:**

Current Family Residence:  House  Apartment  Mobile Home  Other

Description of Home: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Automobile(s): Make	Model	Year	Date of Final Payment
Boat/RV:			
Motorcycle/ATV			

Bank Accounts:      Checking Account     Yes  No  
                                  Saving Account       Yes  No  
 Stocks/Bonds                                     Yes  No  
 Retirement Accounts (401K/Pension):     Yes  No

**INSURANCE (Life, Auto, Home, Medical, and Dental Insurance Policy):**

Name of Insured	Company	Type of Insurance	Amount	Beneficiary

**V. LIFESTYLE:**

**RELIGIOUS AFFILIATION:**

1. What is your religious preference?

**COMMUNITY/NEIGHBORHOOD:**

2. Tell us about your neighborhood. (Is your home located on or off an Indian Reservation?)
3. Tell us about community schools. (Is there public or private schools? How far are they located from the home? Where would your children be enrolled?)
4. Tell us about the local medical facilities.
5. Tell us about resources in your community, e.g., social services, law enforcement, fire department, child care or head start.

**SOCIAL / CULTURAL ACTIVITIES:**

6. What type of social/recreational activities does your family participate in? How often?
7. Does your family participate in any traditional/cultural events? If so, what type of events and how often?
8. Do you or any family members volunteer/participate in any community organization(s)? If yes, please list the organizations.



**VII. REFERENCES** (Please list 2 relatives & 1 non-relative, people not living in your household)

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Name	Address (P.O., City, State, Zip)	Phone# (Home/Work)
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Name	Address (P.O., City, State, Zip)	Phone# (Home/Work)
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Name	Address (P.O., City, State, Zip)	Phone# (Home/Work)
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**VIII. SIGNATURES (BOTH APPLICANTS):**

Information contained herein is true and correct to the best of my/our knowledge. I/We hereby authorize the Division of Social Services – NCFS to use any and all information provided to complete my/our home study. I/We understand that this application will be reviewed and a determination will be made as whether NCFS will proceed in completing the certification process with me/us.

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Applicant's 1 Signature	Date
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Applicant's 2 Signature	Date
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Revised: 9/07/18