

APPLICATION FOR HOME STUDY SERVICES Instructions

Thank you for considering Spence-Chapin as your home study agency. We look forward to reviewing your application and to getting to know your family through the home study assessment process.

There is a \$175 non-refundable fee due with submission of this application. Please complete the Method of Payment page which can be found at the end of this document. If you choose to pay online, please include your payment receipt with the submission of your application.

Before proceeding to complete any portion of the application, NYS regulations require that you complete an orientation. You may view the orientation by clicking this [link](#); please allow 1 hour to watch the orientation before completing the application forms. The final pages of this packet include a Supplemental Acknowledgment form; you will have to write the date that you watched this orientation on that supplemental acknowledgment form.

After completing the orientation, there are three elements to complete for the application process. Please be sure to complete and return all of the following elements:

1. OCFS-5200A – Self-Assessment – click [here](#)
 - a. Instructions are provided on page 2 of this packet
2. OCFS-5200B – Adoptive Parent Application – click [here](#)
 - a. Instructions are provided on pages 3-4 of this packet
3. Spence-Chapin's Acknowledgments Form, (see pages 5-8 of this packet)

Additionally, you must enclose the following supplemental documents if the following situations apply:

1. A copy of any prior home study, home study update, home study addendum, post-placement report, and post-adoption report if you have ever initiated and/or completed an adoption process outside of Spence-Chapin.
2. If you will be transporting the child you adopt via personal vehicle, include copies of:
 - a. Valid driver's license
 - b. Valid car insurance
 - c. Valid vehicle registration
 - d. Valid vehicle inspection
3. A copy of the most recent W2 or 1040 for each applicant

You may submit your application and the above-referenced supplemental documents, via mail to: Spence-Chapin, Attn: Home Study Program, 120 East 16th Street, 11th Floor, New York, NY 10003.

We do recommend submitting your application first by email to registration@spence-chapin.org so that program staff can ensure they are complete. Incomplete applications cannot be accepted. Please note that if you choose to first submit your application via email for review, once confirmed complete, you will also be asked to submit your application by mail to the address above with original ink signatures.

The following pages are instructions to help you in completing forms OCFS-5200B & OCFS-5200A. If you have any questions, please contact homestudy@spence-chapin.org

Instructions for Form OCFS-5200A – Self-Assessment

This is a New York State form, created by the Office of Children and Family Services (OCFS). We are unable to alter these forms in any way. Please type your responses; If you need more space to answer a question, please write “see attached” and then include your answer on another piece of paper.

All members of the household, including children, should complete this document together. Only one form is required per household

Question 3

- If you are completing a private infant adoption domestically, you can write “N/A”
- If you are adopting internationally from a country in which foster care may be an option for some children awaiting intercountry adoption, please respond to the question as written.
- If you are adopting internationally from a country which only uses institutional (orphanage) care, please interpret the question as, “What is your understanding of the needs of children living in institutional care awaiting adoption?”

Question 5

- If you are completing a private infant adoption domestically, please interpret the question as, “What types of supports do you think a child raised by an adoptive family may need?”
- If you are adopting internationally, please answer the question as-is.

Question 7

- If you are adopting domestically, please answer the question as-is
- If you are adopting internationally, direct contact with biological family member is not usually possible, although in some cases it may be possible. Please interpret this question as, “What is your understanding of how and at what ages to talk to your child about adoption?”

Question 16

- If you are adopting domestically, the training requirement listed is for foster care applicants and is not a requirement for Spence-Chapin. Please write “N/A – Adopting Privately”
- If you are adopting internationally, please note that federal regulations require a minimum of 10 hours of training; Spence-Chapin requires a minimum of 15 hours for families adopting a child who may be age 3 years or older at the time of homecoming. Your Primary Provider may have greater requirements which may or may not reach or exceed 30 hours total. Please answer the question as written but note that 30 hours may or may not be required.

What's Next? – If Yes, what is your interest at this time?

- If you are completing a domestic home study, check “Private Adoption.”
- If you are completing an international home study, check “International Adoption.”

Initial Assessment of Family Readiness

This section is to be completed by Spence-Chapin staff, please leave it blank. Your agency worker will make an initial assessment of ‘family readiness’ which will be reviewed with you. Please **do not** sign anywhere on this form until instructed to do so by a Spence-Chapin staff member.

Instructions for Form OCFS-5200B – Adoptive Parent Application

This is a New York State form, created by the Office of Children and Family Services (OCFS). We are unable to alter these forms in any way. Please type your responses; If you need more space to answer a question, please write “see attached” and then include your answer on another piece of paper.

If you are applying with a partner or spouse, each applicant must fill out a separate OCFS-5200B in its entirety. Please submit an application (OCFS-5200B) for each applicant.

Household Member Information

Please include the information of others residing in your household, including a second applicant, children under or over 18, and part-time household members. There is a separate place to note children under and over 18 residing full-time outside the home. There is also a separate place to note boarders and renters, please consider any roommates or other family members in the home a “household member.”

Foster/Adoptive Parenting Experience

If you have a current and unexpired home study approval from another agency or hold a current and unexpired pre-certification in court for an independent domestic adoption process, please say “yes” to the question ‘Are you currently an approved adoptive parent’ and complete the approval information underneath.

Please answer “yes” to the question “Have you previously applied to be a foster or adoptive parent in this state or another state?” if any of the following have ever occurred:

- You applied to an authorized agency’s placement program or home study program.
- You initiated a home study (whether with an agency or an independent social worker; if with an independent social worker, please put that person’s name under “Agency”).
- Please also answer “yes” if you took either of these actions in a foreign country.

Transportation

If you do not have a personal vehicle, public transportation is a perfectly appropriate answer to the question. If you do have a personal vehicle, please complete the information underneath and submit a copy of your valid driver’s license, valid car insurance, valid registration and valid inspection with your application.

Personal References

Each applicant must list three reference providers on their individual application; only one listed reference provider can be a relative. If you are adopting with a partner or spouse, you may choose to use the same references, or you may choose different people to provide your references, or you may choose to have a combination of shared reference providers and unique reference providers.

Employment Information

Please fill in your employer’s contact information as per the form. We will not use this contact information to reach out to your employer without prior consent.



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Financial Information

Please ensure that this section is completed in its entirety and that you submit your most recent W2 or 1040 tax form with your application.

Sworn Statement

If you or a member of your household have been arrested and/or convicted of a crime, you may be asked to provide follow-up documentation during the pre-home study phase.

Supplemental Acknowledgements

Printed Name of Applicant 1

Printed Name of Applicant 2 (if applicable)

Spence-Chapin provided me an orientation which I/we attended on: _____ (date)

I/we are applying for Spence-Chapin's home study program and are NOT applying to any of Spence-Chapin's adoption placement programs at this time.

I/we are seeking home study for (check the relevant box)

Domestic Adoption

- I/we understand that in New York I/we must either work with an authorized agency for placement or, if completing an independent adoption while working with an attorney that I/we must obtain certification in court before accepting placement of a child. Spence-Chapin recommends that I/we solidify what authorized agency or what adoption attorney I/we will work with BEFORE the completion of my/our home study.
 - If applicable: I/we have already chosen which authorized agency or adoption attorney I/we will work with; that provider is _____ (insert name)

International Adoption, from the country of _____

- I/we understand that Spence-Chapin CANNOT accept my/our application until I have selected a Hague-accredited/Hague-approved Primary Provider to facilitate the adoption. I/We have selected the following Primary Provider: _____
- Eligibility for international adoption requires that one adoptive applicant be a United States Citizen. I/we attest that I/we meet this requirement.

Please complete the below grid to describe characteristics of the child you hope to adopt:

What age range are you open to?	What gender(s) are you open to?	What range of special needs are you open to?	Are you considering parenting a child of another race?	Are you open to siblings, if so, how many?	Have you already taken legal guardianship or adopted the child abroad?

The following questions serve to further determine eligibility for the particular adoption pathway you are pursuing. Please respond to the following:

1. What is your residency status in the US:

	Applicant 1	Applicant 2 (if applicable)
U.S. Citizen		
U.S. Legal Permanent Resident		
Other visa type (specify)		

2. Where were you born:

a. Applicant 1: _____
 b. Applicant 2 (if applicable): _____

3. Please list all past and current medical diagnoses and medications taken:

a. Applicant 1: _____
 b. Applicant 2 (if applicable): _____

4. Do you have any prior hospitalizations for any physical health condition?

a. Applicant 1: _____
 i. If yes, please describe when and for what reason _____
 b. Applicant 2 (if applicable): _____
 i. If yes, please describe when and for what reason _____

5. Please list all mental health diagnoses

a. Applicant 1: _____
 b. Applicant 2 (if applicable): _____

6. Have you ever participated in counseling, therapy or psychiatric treatment:

a. Applicant 1: _____
 i. If yes, when and via what modality? _____
 b. Applicant 2 (if applicable): _____
 i. If yes, when and via what modality? _____

7. Do you have any prior hospitalizations for any mental health condition?

a. Applicant 1: _____
 i. If yes, please describe when and for what reason _____
 b. Applicant 2 (if applicable): _____
 i. If yes, please describe when and for what reason _____

8. Have you ever received in-patient or out-patient substance use treatment?

a. Applicant 1: _____
 i. If yes, when: _____
 b. Applicant 2 (if applicable): _____
 i. If yes, when: _____

9. Have you, or any individuals residing in your household, ever been arrested, convicted or have other adverse criminal history, whether in the United States or abroad, even if the record of the arrest, conviction or other adverse criminal history has been expunged, sealed, pardoned, or the subject of other amelioration?

a. Applicant 1: _____

- i. If yes, when, and what was the charge, and what was the outcome? _____
- b. Applicant 2 (if applicable): _____
 - i. If yes, when, and what was the charge, and what was the outcome? _____
- c. Other Adults in the household (if applicable): _____
 - i. If yes, when, and what was the charge, and what was the outcome? _____

10. Do you have any prior divorces?

- a. Applicant 1: _____
 - i. If yes, how many: _____
- b. Applicant 2 (if applicable): _____
 - i. If yes, how many: _____

How did you hear about Spence-Chapin? _____

By providing the name(s) of any current approving agency or prior agency to whom I have previously applied to be a foster or adoptive parent on form OCFS-5200B I understand that I am authorizing Spence-Chapin to contact that organization or individual; I understand that if I hold a current approval from or previously initiated a home study with a non-agency entity (such as an individual social worker or a governmental entity abroad) I am responsible to have disclosed on form OCFS-5200B as well and in doing so I am authorizing Spence-Chapin to contact that individual or entity.

By providing the name(s) of individuals who can serve as personal reference providers on form OCFS-5200B, I understand that I am authorizing Spence-Chapin to contact those individuals to request a written letter about my character and suitability to adopt.

I attest that I will disclose any and all violations, offenses, arrests and/or convictions to Spence-Chapin Services to Families and Children ("Spence- Chapin"). I will also provide copies of final dispositions for any arrests/convictions or copies of official court letters stating no such dispositions exist, if this is the case. I further attest that I will report any future violations, offenses, arrests and/or convictions if one should occur after the signing of this document.

I attest that I will disclose any violations, offenses, arrests and/or convictions of any member of my household, who is over the age of eighteen (18), to Spence-Chapin. The household member(s) will also provide copies of final dispositions for any arrests/convictions or copies of court letters if no such dispositions exist, if applicable. I further attest that I will report any future violations, offenses, arrests and/or convictions of any member of my household, who is over the age of eighteen (18), if one should occur after the signing of this document.

Spence-Chapin promotes equal opportunity for all clients by complying with local, state and federal laws and regulations. We do not exclude, deny applicants, or otherwise discriminate on the basis of



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age, race, ancestry, hair texture and hairstyles and other traits historically associated with race, color, creed, religion, disability, sex, sexual orientation, gender, gender identity, gender expression, marital status, partnership status, parental status, HIV status, caregiver status, military status, or other protected status under federal, state, or local law.

At no point in the adoption process is Spence-Chapin obligated to approve any applicant. All approval decisions are made in a child's best interests. If, in Spence-Chapin's sole judgement, placement would not be in a child's best interests, Spence-Chapin reserves the right to discontinue the home study process. Any documentation submitted in connection with the home study process, whether it be by the applicant(s) or by a third party, will NOT be returnable to the applicant regardless of whether or not the adoption process reaches finalization. Clients agree that corporal punishment, including hitting and shaking, as well as abusive language and ridicule, are unacceptable means of discipline. By signing this, I/we affirm that I/we am/are ready to move forward in pursuit of the home study process at this time and am/are committed to completing the required paperwork, training and interviews in a timely manner. I/we understand the expectation that I/we complete all home study documentation and training within two (2) months of receiving the packet. I/we understand that if I/we do not complete all homestudy documents within four (4) months of receiving the homestudy packet that my/our case may be closed and I/we will need to submit a new application and submit a \$200 re-start fee in order to resume the homestudy process within one (1) year of my/our case being closed.

I/we certify that the information have provided and will provide throughout this process is/will be true and accurate to the best of my/our knowledge.

Signature of Applicant 1

Date

Signature of Applicant 2 (If applicable)

Date



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METHOD OF PAYMENT

First and Last Names of Client(s): _____

I have mailed a **check** payable to Spence-Chapin in the amount of \$_____

Mail check to: Spence-Chapin
ATTN: International Department
120 East 16th Street, 11th Floor
New York, NY 10003

I have transmitted payment via **ACH Direct Deposit** on Date:_____ in the amount of \$_____.

Name of Company: Spence-Chapin Services to Families and Children
Bank Account: #425-2700004
Routing ACH: #011103093

Bank Name & Address: TD Bank, N.A.
1504 Third Avenue
New York, NY 10028
212-396-5740

Contact: Kalima Kazim
kkazim@spence-chapin.org
212-360-0221

I have transmitted payment via **Zelle Direct Deposit** on Date:_____ in the amount of \$_____.

Direct Zelle to: accounting@spence-chapin.org

I have transmitted payment by **credit/debit card** through the link below on the Spence-Chapin website on DATE: _____ in the amount of \$_____.

Online payment link: <https://spence-chapin.org/home-study-services/>

Any credit or debit card payments will be subject to a 2.9% processing fee; clients may always pay via check, \$ order, ACH or ZELLE with no processing fee