



Wishing Well Adoption & Family Services, LLC.

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(757) 739-2118

## Application for Domestic Home Study

Date \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

Purpose of Home Study \_\_\_\_\_

Composition of Family \_\_\_\_\_

Desired characteristics of child/Known Child \_\_\_\_\_

Have you ever had a Home Study? \_\_\_\_\_

If so, what were the results? \_\_\_\_\_

Are your circumstances different today? \_\_\_\_\_

Does anyone in your home have a criminal history? \_\_\_\_\_

If so, please explain \_\_\_\_\_

Has anyone in your home been investigated by Child Protective Services? \_\_\_\_\_

If so, what was the outcome? \_\_\_\_\_

Have you lived outside the state of Virginia in the past five years? \_\_\_\_\_