



Instructions & Documentation needed for Adoption Homestudy Evaluation:

Dear Client,

The court has requested that I work with you toward preparing an adoption evaluation (preplacement, post-placement, or combined) regarding your family. This letter is provided to outline the initial steps in that process. Please have all adults in the home complete the enclosed Advisement, Personal History Questionnaire, and Acknowledgement of Notice of Privacy Practices forms, and return them to us as soon as possible. You will need to make additional copies for each person involved.

Information about fees for the evaluation is detailed on the enclosed Advisement Form. In an effort to maintain an impartial role during the process fees are due in advance. I will schedule our first appointment together after I receive your completed forms and criminal background checks. Please mail them to me as soon as possible so there is no delay in scheduling your interviews.

Also, please have the following information sent directly to me at the address above. It does not have to be received prior to our first interview, but if it is not received promptly (within the two weeks of completing interviews) the adoption evaluation may be incomplete when submitted to the court. Incomplete reports may cause us to be unable to make recommendations or cause other delays in completing the process of adoption.

The payment for the adoption home study is due when I arrive at the home. This fee is paid by the person the home study evaluation is being done for, NOT by the attorney. The fees are included in the advisement form.

Please read the instructions below. If you have any questions, please contact me. I know it seems like a lot but, these are all requirements for adoptions in our state!

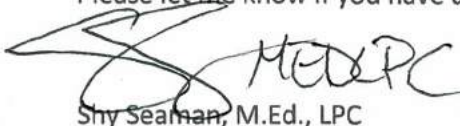
Please have the following documentation gathered before the date of the home visit:

- 6 references names and phone numbers for each adoptive parent (3 relatives, 3 friends) – there is a form attached
- Signed releases of confidentiality to contact physicians, relatives, teachers, employers, daycare or school of children
- Financial Documentation Worksheet Filled out (I have included a worksheet)

- Copies of Proof of income for last 3 years which can be W-2, paystubs or income tax statements
- If married, a copy of your marriage license or declaration of marriage record.
- Letter/Questionnaire for each child completed by teachers if of school age or by the daycare if the child attends a daycare
- Copies of school age children's most recent report cards.
- Letter/Questionnaire for each employer from the last 3 years documenting employment history
- Criminal Report for each adoptive parent and any adults over the age of 14 years old living in the prospective home. To obtain you may call 1-888-467-2080 to schedule or use the website at www.identogo.com to order a full criminal report (I do not need fingerprinting) ** YOU WILL NEED THE TEXAS DPS AND THE FBI CRIMINAL REPORT BEFORE YOU MAKE THE APPOINTMENT** MOST judges are requiring both background reports now.
- Copies of results from your Central Registry checks regarding anyone age 14 or older living in the home.
- Letter from child's physician stating child is current on immunizations and under their care as well as their opinion of the child's current health.
- Letter from physician stating adoptive parent/parents under his/her medical care and the medical conditions or concerns of the adoptive parent, as well as any prescribed medications if any and the date of last well exam or physical.
- A basic sketch of the floor plan of your home showing dimensions and purposes of all rooms in the home, along with photographs of the outside areas of the grounds used by the child. (This is a requirement under TAC §745.9065. We don't need architectural plans, or extreme detail, but please make it something legible that the court could easily review.)

Please note that I cannot answer the phone when I am in a session with a client. You may leave a voicemail or email me. Most days, I do not return calls until late in the evenings when I am finished seeing clients for the day.

I look forward to meeting with your family soon. Thank you for your prompt cooperation in this matter. Please let me know if you have any questions!

 MEd LPC
Shy Seaman, M.Ed., LPC

Licensed Professional Counselor

409-210-7210

shy.seaman@moreheartandsoulcounseling.com

ADOPTION EVALUATION PERSONAL HISTORY QUESTIONNAIRE

Please answer all questions completely. Use additional 8 ½ X 11 paper as needed.

Identifying Information: Adult

Your Name: _____
Last First Middle Maiden/Other names by which you are known
Present Address: _____
Street Apt. # City State Zip Code
Telephone Numbers: _____
Home Work Cel Fax
Age: _____ Date of Birth: _____ Citizenship: _____ Drivers License: _____
Number/State

Relationship to the child(ren) in question: ☐ Biological parent ☐ Stepparent ☐ Other

If "other" please explain: _____

Residence Information

Type of Residence: ☐ House ☐ Apartment ☐ Mobile Home Do you: ☐ Own ☐ Rent

of Bedrooms _____ # of Bathrooms _____ Monthly payment _____ Current value _____

How long at present address? _____ # of times have you moved in the last ten years? _____

Please attach a list of all previous addresses in last 10 years, including dates at each.

Marital/Relationship History

List, in chronological order, all marriages, cohabitation or long term relationships, or any relationships resulting in children, including your current relationship.

Name of Spouse/Partner	Date of marriage, cohabitation, etc.	Date and how ended	Names of children, if any

Are you presently contemplating marriage? ☐ Yes ☐ No

If yes, name and address of prospective spouse: _____

Have you ever been evaluated to be a foster or adoptive placement previously? ☐ Yes ☐ No

Have there been any previous foster or adoptive placements for the children in this case? ☐ Yes ☐ No

Military Service and Status

Branch _____ Dates of active duty _____ Discharge Status _____

Your Education

School Name	City/State	Last grade completed/Year	Degree/Diploma

Employment History List all jobs held in the last five years

Employer Name	Address and Telephone	Supervisor	Dates	Reason for Leaving

Monthly Income**Gross****Net**

From employment/self-employment

\$ _____ \$ _____

Spouse Income

\$ _____ \$ _____

Other sources (child support, public assistance, etc.)

\$ _____ \$ _____

Health History

If any adult involved in the case has any physical disability, chronic medical condition, or has received psychiatric, psychological, or other behavioral health treatment, evaluation, or counseling please complete the following information (use additional pages as needed):

Person	Doctor's Name and Address	Telephone	Dates of Treatment

List any prescription medications you currently take: _____

Does anyone involved in the case have a history of, or been treated for drug or alcohol abuse? ☐ Yes ☐ No

If yes, please explain: _____

Criminal History

Has any person involved in the case been arrested, convicted of a felony or misdemeanor, or do they have a police or criminal action pending? ☐ Yes ☐ No

If yes, please explain: _____

Is any person involved in the case on probation or parole? ☐ Yes ☐ No

If yes, explain and provide the name, address and telephone number of the probation or parole officer:

Has a protective order been issued against any person involved in the case? ☐ Yes ☐ No

If yes, please explain: _____

Identifying Information: Children – *List the child or children involved in the court action.*

Name	Date of birth	School & Grade/daycare name	School/daycare address

List all other children living in either party's home who are not involved in this case:

Name	Date of birth	Lives with	School & Grade/daycare name	School/daycare address

Name, address, and telephone number of the children's primary physician:

Have any of the children in question been treated for a current or chronic health problem? ☐ Yes ☐ No

If yes for what condition and by who? _____

Have any of the children received any psychiatric or psychological counseling or treatment? ☐ Yes ☐ No

If yes for what condition and by who? _____

Do any individuals stay or live in your home, on full time or part time basis, that are not listed in the marital or children sections of this form? ☐ Yes ☐ No

If yes, give their names and ages: _____

Family Violence

Has there been violence in your relationship? ☐ Yes ☐ No

If yes how often and over what period of time? _____

Has there been violence or neglect involving the children? ☐ Yes ☐ No

If yes how often and over what period of time? _____

Has anyone involved in this case ever been involved with Child Protective Services? ☐ Yes ☐ No

If so, when and in what county? _____

Biological parents of the child(ren) being adopted – please complete as fully as possible

Mother: _____ Date of Birth: _____
Last First Middle Other names by which they are known

Address: _____ Telephone: _____
Street/Apt. # City State Zip Code

Father: _____ Date of Birth: _____
Last First Middle Other names by which they are known

Address: _____ Telephone: _____
Street/Apt. # City State Zip Code

Please answer the following questions on 8 1/2 x 11-inch, letter size, paper and return with this form. Please write on only one side of the paper. Brief, concise answers are the most helpful in understanding your case. If the question does not apply to your situation you may mark N/A.

1. How are the current adoption proceedings in the best interest of the children?
2. What do you feel are the children's needs, strengths and weaknesses?
3. Describe the involvement of your current spouse, prospective spouse or cohabitant with the children.
4. What activities do you enjoy with your children?
5. Describe yourself as a parent, focusing on your strengths.
6. Briefly describe your childhood, including who raised you and how. Include what resource or support your extended family is to you and the children.

References:

Attached to this form is a personal reference questionnaire. Please make copies and give the questionnaire to at least one extended family member and two unrelated individuals (3 references total) who know you and your child(ren) and ask them to complete them. They may use additional paper as needed, but please ask them to use **only 8 1/2 x 11 inch paper** and **write on only one side**. Please inform them that the information will not be confidential and a copy will be provided to the Court and each attorney of record. Please submit no more than three references.



409-210-7210 P.O.Box 8202, Lumberton, Texas 77657
Shy.Seaman@moreheartandsoulcounseling.com

ADOPTION EVALUATION ADVISEMENT FORM

Cause Number: _____ Children's Names: _____

I, the undersigned, understand that the court has appointed one of the personnel of M.O.R.E. Heart & Soul Counseling & Consulting, PLLC to conduct an adoption evaluation regarding the above-named child or children. Shy Seaman, M.Ed., L.P.C. is who will be conducting the adoption evaluation. Mrs. Seaman will be referred to in this document as "the evaluator" for simplicity. I understand the primary evaluator for this case has either been directly designated by the court/agreement of the parties or has been designated as the first evaluator available to begin a new case.

I further understand that meetings and interviews with the evaluator are for the purpose of assisting the court and the parties involved in making decisions in the best interest of the child or children involved. I acknowledge that the evaluation is intended to be thorough, objective, independent, and in conformity with recognized best practices at the time this evaluation is conducted as appropriate to the specific situations of this case.

I understand that the evaluator will attempt to obtain all relevant information from all sources needed to address the issues before the court. I understand and acknowledge that the evaluator will use their professional discretion in making any and all decisions regarding who must be contacted, how extensive those contacts will be, and what information should be obtained and reviewed. I recognize this includes review of any previous evaluations or home studies if such reports exist.

I understand that that although I may be providing payment to the evaluator they are working for the court, under court appointment, and the outcome of the evaluation may or may not favor my position or be something that I am in agreement with. I recognize that I may refuse to participate although the nature and extent of the consequences of refusal should be discussed with legal counsel.

Initial: _____



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Fees: I understand that a completed adoption evaluation (pre-placement, post-placement, or combined) is billed at a flat base rate. This base rate covers interviews of up to two adults and/or children involved in the case. There is an additional charge of \$75.00 for each additional adult or child to be interviewed beyond the first two.

Standard rate/flat fee for a stepparent or other relative adoption evaluation is \$475.00, Non-relative adoption evaluations are \$550.00.

The base rate also covers collection of standard collateral information, review of basic documentation, and completion of a report to the court. It does not cover review of depositions over one hour in length, review of Child Protective Services records, or other substantial records review. Such additional work is billed based on a standard hourly rate of \$75.00 an hour.

Retainer: I understand that a retainer for the full fee of the evaluation is due at the time of the adoption evaluation home visit. At least half of the retainer must be paid prior to scheduling the first interview and the remainder paid at or before the first interview. Payment may be made by cash or money order payable to Shy Seaman, M.Ed., LPC.

Other costs: I understand that each of the parties will be responsible for any fees for production of third party records or other information related to this evaluation. I acknowledge that time in administrative tasks is billed at the standard hourly fee. Additionally, I understand cancellation of any appointment with less than 24 hours' notice will incur a one-hour service fee.

I understand that if my attorney or I request a court appearance, deposition, or participation in any type of settlement conference by the evaluator there will be an additional fee of \$250.00 per hour, with a minimum charge of three hours. Such fees are due at least one week before the scheduled appearance. Please note: if an appearance request is received without a minimum of one week notice the appearance fee is due immediately and there will be an additional \$250.00 express charge. I agree that failure to provide the fee as specified constitutes release from the requested appearance. After the report is filed any updates which are ordered will be billed at the standard hourly rate with a minimum four-hour retainer due in advance.

Initial: _____



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Travel: I understand that interviews with adults will generally be conducted in the homes of the parties, and that interviews with children will generally be in the homes of the parties. There is no additional fee for evaluations conducted in Jefferson or Hardin counties. If any party lives outside of these counties an additional travel fee may be charged.

For evaluations requiring airline or overnight travel I understand that fees are charged for travel time and travel expenses. Such travel time is logged as any time spent between originating airport and hotel, and is charged as noted above. Travel expenses include the full expense of the airfare, a hotel room, and a rental vehicle with gasoline reimbursement or taxi fees. An additional travel retainer will be calculated based on expected travel time and expenses and is due before any travel arrangements will be made.

Unanticipated costs: I understand and acknowledge that unanticipated circumstances may necessitate additional hours of service outside those estimated in the retainer. These include, but are not limited to: additional interviews; extensive telephone contact time; additional document review; any and all procedures to assess fresh allegations or issues which were not included in the original retainer estimate; and other case specific factors. Should costs rise above the retainer estimate I understand that the evaluator will notify my attorney and the original retainer will be revised.

Services not provided: I understand and acknowledge that the evaluator is not providing, nor am I requesting, therapy, counseling, or any form of treatment. Should these or other service needs be indicated during the course of the evaluation appropriate recommendations will be made. I understand that the evaluator is not providing mediation. I understand should the court or the attorneys request the evaluator to participate in a settlement conference they will do so only as an evaluator and only for the purposes of clarifying, explaining, or otherwise communicating the results of the evaluation and report.

I understand that the evaluator is not an attorney and that if I have any questions regarding legal matters I should consult with an attorney. I understand that it is inappropriate for someone not trained as an attorney to respond to questions concerning legal matters recognize I cannot request the evaluator to do so. I understand I am to provide my attorney copies of any information that I provide to the evaluator so that proper discovery procedures may be complied with if necessary. I understand that the evaluator will not review any audiotapes or videotapes unless all attorneys have been provided copies and all attorneys have agreed to or the court has ordered such a review.

Professional practice statements: For the purposes of reporting violations of licensing rules or regulations the Texas State Board of Examiners of Licensed Professional Counselors or the Texas State Board of Examiners of Social Workers can be contacted by mail at Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369, and by telephone at 800-942-5540.

Initial: _____



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Shy.Seaman@moreheartandsoulcounseling.com

I understand and acknowledge that the outcome of the evaluation may or may not favor my position or be something that I am in agreement with. I understand that complaints regarding conclusions and recommendations in the evaluation must be directed to the court, as the licensing boards handle only complaints regarding violation of licensing rules and regulations.

Insurance coverage: I understand that none of the services provided to me in this case are covered by insurance as the evaluation is for legal, not medical purposes, and is not therapy.

I have been informed and I understand that any communications or statements by me or the children will NOT be privileged or confidential and that:

- The evaluator may be required to testify in open court in the course of litigation. Any information provided to the court may become public record.
- The evaluator is required to make a report to the court and the attorneys of record. A copy of the written report and the written materials provided to the court are provided to the attorneys of record and clients who represent themselves at the time the report is filed with the court.
- All information provided to the evaluator will become part of the evaluator's records and is available for review by the attorneys of record and clients who represent themselves. After the report is completed information will be released following written request from attorneys or clients who represent themselves.
- The evaluator may confer with mental health professionals, doctors of medicine, education and child care personnel, personal references, other governmental entities, attorneys of record, and such other persons as have or need information directly related to the evaluation as necessary.
- The evaluator may be required to disclose situations where clients are a danger to themselves or someone else; abuse, neglect, or exploitation of a child, elderly, or disabled person; or as otherwise required by law.



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Do not sign this form unless you have read and understood it.

Signed this _____ day of _____, 20____.

Client: _____
Signature Printed Name

Signed this _____ day of _____, 20____.

Client: _____
Signature Printed Name

PERSONAL REFERENCE QUESTIONNAIRE (for each reference)

As you answer the questions below, please keep in mind that it is the responsibility of the court to safeguard the welfare and future development of the child(ren) in this family. You can help the court in meeting this responsibility by being objective and confining your statements to what you have personally seen. Answer each question as complete as possible. Your questionnaire may be shared with the attorneys for any party to the lawsuit who might also share directly with their clients. You may be contacted personally to discuss the statement.

Because the court operates according to scheduled hearing dates, please send the questionnaire as soon as possible directly to:

Shy Seaman, M.Ed., LPC

M.O.R.E. Heart & Soul Counseling & Consulting

P.O. Box 8202

Lumberton, Texas 77657

Please answer the following on a separate sheet of paper:

1. Your name, address, and telephone number.
2. The full name of the client for whom you are completing this questionnaire.
3. Describe your relationship with this client. How long have you known the client, and how often do you have contact? Date of last contact.
4. Do you have a relationship with the children in this case? How often do you see them?
5. Have you seen the client and the children together? How often, and what can observations can you report about that relationship?

6. Describe the physical environment the children are in when they are with the client. Describe the child(ren)'s activities. Does/do the child(ren) have any special needs?

7. Describe the strengths and weaknesses of the client as a parent.

8. Do you have any concerns about either parent in the areas of emotional stability, drug and alcohol abuse, violent behavior, or other problems?

AUTHORIZATION TO RELEASE INFORMATION

To: _____,
_____,
_____,
_____,
_____,
_____.

(6 Personal References) Please include NAME/PHONE #/EMAIL OF EACH REFERENCE

I hereby request and authorize you to furnish to Shy Seaman, M.Ed., L.P.C., on behalf of myself, with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature. The information will be used for the purpose of my application for an adoption. I hereby release you from any liability which may or could result from furnishing the information requested or from any subsequent use of such information in the present adoption process.

Signature: _____

Printed Name: _____

Date: _____

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

For most forensic services there is an exception in federal law regarding access to PHI that supersedes the procedures below. See 45 CFR 164.524(a)(1)(ii) regarding exemption for "[i]nformation compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding." Additionally, 45 CFR 164.512(e) covers additional provisions for disclosures for judicial and administrative proceedings. That said, litigants who have completed a child custody evaluation (social study) or who are participating in parenting facilitation generally have the right (unless otherwise restricted by the court) to be provided copies of all information in our possession regarding their case. As these services do not generate PHI, but may collect it, we are unable to alter the information contained in the records we receive; you would need to contact the original creator of those records to make corrections. For services that are not court-connected we follow state and federal law in regard to access and changes to the PHI we create.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your

insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule. This form details multiple other circumstances where disclosures are required or permitted by law; we will comply with any lawful request or requirement to provide information.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect of vulnerable populations such as children, the elderly, or the disabled.

Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of

a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research. PHI may only be disclosed after a special approval process or with your authorization.

Fundraising. We will never use your PHI for fundraising activities.

Verbal Permission. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at P.O. Box 8202, Lumberton, Texas 77657.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set." A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

FORMAT OF DISCLOSURES

Disclosure of information may be made in any manner consistent with applicable law, including, but not limited to, verbally, in paper format or electronically. In accordance with Texas Health and Safety Code Chapter 181 if we receive a written request from a person for the person's electronic health record we will provide the requested record to the person in electronic form unless the person agrees to accept the record in another form.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at P.O. Box 8202, Lumberton, Texas 77657 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257.

We will not retaliate against you for filing a complaint.

Teacher Questionnaire

Student's Name _____ Date: _____

1. Please describe the child's academic performance.
2. Is the child in any special classes? If so, describe.
3. Do you consider this child a disciplinary problem? If so, explain. Also, any observations as to the cause.
4. How is the child's attendance?
5. Has this child displayed any signs of physical or mental abuse? If yes, please describe.
6. Are you aware of any problems in the child's home? If so, please explain.
7. Are you aware of any medical problems with the child? If yes, please describe.
8. Are you familiar with the prospective parent? If so, please describe any opinion you may have formed as to their parenting skills. Also, have they attended school events or teacher's conferences?

Comments: _____

Your Name/School _____
Date _____

Please use the back of the form if needed. **After completing, please scan and email to Shy.seaman@moreheartandsoulcounseling.com or mail to Shy Seaman, P.O. Box 8202, Lumberton, TX 77657.**

Teacher Questionnaire
(Day Care)

Child's Name: _____ Date: _____

1. Please describe the child's behaviors and demeanor.
2. Does the child have any special needs? If so, describe.
3. Do you consider this child a disciplinary problem? If so, explain. Also, any observations as to the cause.
4. How is the child's attendance?
5. Has this child displayed any signs of physical or mental abuse? If yes, please describe.
6. Are you aware of any problems in the child's home? If so, please explain.
7. Are you aware of any medical problems with the child? If yes, please describe.
8. Are you familiar with the prospective parent? If so, please describe any opinion you may have formed as to their parenting skills. Also, have they attended school events or teacher's conferences?

Comments: _____

Your Name/Facility _____ Date _____

Please complete, scan, and email to Shy.seaman@moreheartandsoulcounseling.com or mail to:
Shy Seaman
P.O. Box 8202
Lumberton, TX 77657

SOCIAL STUDIES

Shy Seaman, M.Ed., L.P.C.
P.O. Box 8202
Lumberton, Texas 77657
(409) 210-7210

Date: _____

Ref:

Dear Dr. _____

We are conducting a Court ordered adoption study in regard to your patient, _____, DOB _____. As part of the study for the Court, I need a letter from you concerning the following:

1. Present physical condition of the child.
2. Immunization record.
3. Medical history to include any serious injuries, diseases and disorders.
4. Any past or present sign of physical/mental abuse.

Again, a letter from you concerning the requested information is all I need. This letter can be sent to me directly or given to the patient to give to me. **Do not send a copy of the patient's file unless you feel it is necessary.** If you have any questions, do not hesitate to call me at (409) 210-7210

Your help in this matter will be greatly appreciated.

Sincerely,

Shy Seaman, M.Ed., L.P.C.
Email: Shy.seaman@moreheartandsoulcounseling.com

AUTHORIZATION TO RELEASE INFORMATION

To: _____
(Home Room Teacher, School, Sitter or Day Care)

I hereby request and authorize you to furnish to Shy Seaman, M.Ed., L.P.C. with M.O.R.E. Heart and Soul Counseling & Consulting, PLLC, on behalf of myself, with any and all information they may request about the child or concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature. The information will be used for the purpose of my application for an adoption. I hereby release you and your organization from any liability which may or could result from furnishing the information requested or from any subsequent use of such information in the present adoption process.

Signature: _____

Printed name of Parent/Guardian: _____

Date: _____

Financial Information**Name:** _____**Monthly Income**

Husband's Salary _____

Wife's Salary _____

Other Income _____

Source _____

Total _____

Assets

Furniture _____

Real Estate _____

Automobiles _____

Stocks/Bonds _____

Savings Accts _____

Other _____

Total _____

Describe _____

Monthly Expenses

Rent _____

House Payment _____

Food _____

Medical/Dental _____

Life Insurance _____

Gas/Car Payment _____

Recreation _____

Child Care _____

Utilities _____

Child Support _____

Other _____

Other _____

Total _____

Liabilities

Mo.Pmt. Balance

House _____

Automobile _____

Bank Loans _____

Credit Union _____

Charge Accounts:

Visa _____

Mastercard _____

Total _____

Insurance:

Medical Yes _____ No _____

Family Members Covered Self _____ Spouse _____

Life Insurance Self _____ Spouse _____

Amount of Coverage Se.lf _____ Spouse _____

----- Monthly Premium _____

----- Children _____

----- Monthly Premium _____

----- Children _____

Shy Seaman, M.Ed., L.P.C.
409-210-7210
Shy.seaman@moreheartandsoulcounseling.com

Confidential Questionnaire
To Employers

Name of Employer: _____

Address and Phone #: _____

Name of Applicant: _____

Social Security #: _____

Name of Supervisor: _____

Employment Dates: _____

1. What is this persons primary duties? _____

2. What are his/her gross earnings per pay period? _____ per _____
3. Is this persons work satisfactory? _____
4. Is there any problem with absenteeism or excessive use of sick leave? _____

5. Did he/she ever have any personal, domestic, health or financial problem? If yes, please explain. _____

6. Please describe this person's general reputation among co-workers and supervisors. _____

7. Other Comments: _____

Your Name _____ Title _____

Telephone # _____ Date _____

After completing, please scan and email to Shy.seaman@moreheartandsoulcounseling.com
or mail to Shy Seaman, P.O. Box 8202, Lumberton, TX 77657

REQUEST FOR TEXAS CHILD ABUSE/NEGLECT CENTRAL REGISTRY

CHIEF OPERATING OFFICER – CENTRALIZED BACKGROUND CHECK UNIT (CBCU)

Purpose: An individual may use this form to request a Texas Department of Family and Protective Services Central Registry Abuse and Neglect check on him or herself.

Central Registry requests from an out-of-state protective service agency to assist an open investigation or other case open action must be faxed on your state agency's letterhead to Statewide Intake: 800-647-7410 or 512-339-5900.

Directions: The subject of the background check must read and complete Sections 1-5, then notarize and email, fax, or mail this form using the contact information below. Please type or print clearly in ink.

Incomplete or illegible forms will not be processed.

Email: TXAbuseNeglectBGC@dfps.state.tx.us
FAX: 512-339-5829

Mail: CBCU TX Abuse Neglect BGC, M/C 121-7
PO Box 149030, Austin, TX 78714-9030

If you have questions, email: TXAbuseNeglectBGC@dfps.state.tx.us

SECTION 1: CENTRAL REGISTRY INFORMATION

As required by Texas Family Code §261.002, DFPS maintains a central registry of the names of persons found by DFPS to have abused or neglected a child. The DFPS Central Registry includes information gathered during Child Protective Services (CPS), Child Care Licensing (CCL), and Adult Protective Services (APS) in-home and provider investigations of child abuse and neglect that resulted in a disposition of "reason to believe" for CPS and CCL cases or "confirmed and validated" for APS cases. (Findings of abuse, neglect, or exploitation of an adult victim are not included in the Central Registry.)

You will not clear the Central Registry check if you:

- Have the role of designated perpetrator or sustained perpetrator in an investigation included in the registry; **or**
- Are involved as an alleged perpetrator in an open child abuse or neglect investigation being conducted by DFPS. (A new Central Registry check may be requested at the conclusion of the investigation to determine if you were designated as a perpetrator of child abuse or neglect.)

SECTION 2: PURPOSE OF CENTRAL REGISTRY CHECK

Please select the reason you are requesting the background check:

- ☐ Placement of a child:
- ☐ Foster Care/Foster Parenting or Adoption (in compliance with the [Adam Walsh Child Protection Act](#))
 - ☐ Kinship
 - ☐ Adoption (step parent, private, international, etc)
 - ☐ Other: Specify reason: _____

- ☐ Child Care/Day Care/Head Start Employment (in compliance with [Child Care and Development Block Grant \(CCDBG\) Act of 2014](#)) and not regulated by Texas Childcare Licensing

- ☐ Employment/Volunteer
Name of employer/agency: _____

- ☐ Other: Specify the reason for the request for central registry check: _____

- ☒ Child Custody or Adoption Evaluation (see section 7 for definition)
(This option is not applicable to any public child welfare/child protection agency requests)

SECTION 3: SUBJECT OF THE BACKGROUND CHECK

Please indicate N/A for sections that are not applicable.

First Name:	Middle Name (no initials):	Last Name:
	<input type="checkbox"/> No Middle Name	

List any other name combinations you use or have used in the past, including married and maiden names below. If you do not provide every name, you may receive inaccurate results.

Other First Names

Other Middle Names:

Other Last Names:

Current Mailing Address:	City:	State:	Zip Code:
--------------------------	-------	--------	-----------

Social Security Number:	Date of Birth:	Sex:	Telephone number:
		<input type="checkbox"/> Female <input type="checkbox"/> Male	

Ethnicity:	Race:
<input type="checkbox"/> Hispanic	<input type="checkbox"/> White
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Black
	<input type="checkbox"/> Asian
	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Native Hawaiian/Pacific Islander

List any other city in Texas where you have lived (attach separate page as needed).

SECTION 4: RELEASE OF RESULTS

As the subject of the request, you have the right to receive the results of this check and to share them with any third party. If this section is blank, DFPS will assume you do not want a copy of the results. If you would like a copy of the results sent to you, please select the appropriate box.

☒ Subject's Email (preferred method): shy.seaman@moreheartandsoulcounseling.com

☐ Mail (results will be sent to the mailing address listed in section 3).

SECTION 5: DESIGNEE

If the check results are **clear**, you, as the subject of the background check request, can list another person in the space below to whom DFPS will send the cleared results.

Exception for employment or volunteering: For request purposes related to employment or volunteering, DFPS **cannot** release the results to any person other than you. Do not list a designee below if your request is for employment or volunteering purposes. If your request is for employment or volunteering purposes, be sure you indicated how you want your results sent to you in the box above.

However, if the check results in a **match**, DFPS will **only** send the results directly to the subject of the request.

Exception for a child custody or adoption evaluation: If the only exception would be if the request is submitted for a court ordered child custody or adoption evaluation as defined by the Texas Family Code (see Section 7 for complete detail). The court ordered evaluator must enter his or her information below to receive the results. **Exception for Adam Walsh and CCDBG requests:** A designee that is a representative of another state agency required to comply with the federal law of the Adam Walsh or CCDBG may receive a copy of the results if a copy of the designee's state employment ID is included with the request.

Agency/Organization Name:	Contact Name:	Title:
MORE HEART & SOUL COUNSELING & COI	SHY SEAMAN, MED., LPC	LICENSED PROFESSIONAL COUN
Email Address:	Telephone Number:	
shy.seaman@moreheartandsoulcounseling.com	409-210-7210	

SECTION 6: SIGNATURES

This section of the form must be signed by the subject of the background check and not the designee. This form must be signed in the presence of the Notary Public.

- I am the person listed above in Section 3 of this form. The information in this document is correct. I understand that providing false information is a violation of Texas Penal Code §37.10.
- If applicable, I grant permission for the results of my cleared Child Abuse/Neglect Central Registry check to be transmitted to the designee I listed in Section 5.
- I acknowledge that DFPS cannot guarantee that information transmitted electronically is secure and accessible only to approved parties.

Subject:
X

Date Signed:

Print Name:

SUBSCRIBED AND SWORN TO before me this ____ day of _____, ____.

[Notary stamp or seal]

Notary Public

SECTION 7: CHILD CUSTODY OR ADOPTION EVALUATORS

If you are a child custody or adoption evaluator as defined in [Texas Family Code §§107.101 or 107.151](#), you may submit this form without the subject's signature and notarization **if** you include a copy of the court order. The evaluator's information must be entered in the designee section under section 5 of this form. Case workers, case managers, or other staff working with DFPS, and out of state public child welfare, child protection, or child placing agencies are **not** considered child custody or adoption evaluators for purposes of this form.

DFPS may require child custody or adoption evaluators who meet certain requirements under Texas law to provide valid picture identification and the court order identifying the evaluator as the authenticated designee before DFPS will release results.

SECTION 8: PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [privacy policy](#).
(<http://www.dfps.state.tx.us/policies/privacy.asp>)