



Application for Adoption and/or Home Study Services

Please note: This application is an opportunity for you to share information about your family. There is a non-refundable application fee of \$240.00, which is due upon submission of the application and covers the processing of the application and the preparation for the referral.

Prospective Father Information:

Full Name: _____

Date of Birth: _____ Age: _____ Social Security Number: ____ - ____ - _____ Race: _____

Citizenship: _____ Place Of Birth: _____

Education: (Highest Level) _____ Date of Degree: _____

Employer: _____

Title: _____ Date of employment: _____ Annual Income: _____

Date of Present Marriage: _____ City/State: _____

Number of Previous Marriages, please include spouses, dates of marriage, reason for termination:

Prospective Mother Information:

Full Name: _____ Maiden Name: _____

Date of Birth: _____ Age: _____ Social Security Number: ____ - ____ - _____ Race: _____

Citizenship: _____ Place Of Birth: _____

Education: (Highest Level) _____ Date of Degree: _____

Employer: _____

Title: _____ Date of employment: _____ Annual Income: _____

Date of Present Marriage: _____ City/State: _____

Number of Previous Marriages, please include spouses, dates of marriage, reason for termination:

Contact Information:

Home Address: _____ City _____ State: _____ Zip: _____

Home Phone: _____ Fathers Work: _____ Mothers Work: _____

Fathers Cell/Pager: _____ Mothers cell/Pager: _____ Fax: _____

Fathers E-mail: _____ Mothers E-mail: _____

Family Information:

Please list all other people residing in your home, including children, relatives, roommates, and boarders.

Name	Date of Birth	Relationship	School Grade/Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Children not residing in the Home:

Name	Date of Birth	Relationship	School Grade/Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General Health:

If you answer yes to any of the questions in General Health or Legal, please attach a letter of explanation to the application

	Husband	Wife
Have either of you been diagnosed with a significant illness?	_____	_____
Have either of you had major surgeries?	_____	_____
Have either of you been treated by a Mental Health Professional?	_____	_____
Have either of you been treated for substance abuse/alcoholism?	_____	_____
Are either of you on any current medication?	_____	_____
If so for what condition:	_____	_____
Have either of you been on any medication for depression or any other psychiatric diagnosis?	_____	_____
If so what was/is the medication?	_____	_____
Specifically what is it prescribed for?	_____	_____

Legal History:

	Husband	Wife
Have you ever been arrested:	_____	_____
If yes list dates and arrest:	_____	_____
Have you been convicted of a Felony:	_____	_____
If yes list dates and convictions:	_____	_____
Have you been convicted of a misdemeanor:	_____	_____
If yes list dates and convictions:	_____	_____
Have you ever applied for adoption:	_____	_____
If yes, with whom and why are you seeking another adoption agency: _____		

Do you have a completed Home Study: Yes: _____ No: _____ if yes, date completed and by whom (please include address and phone number):

Any previously rejected Home Study: Yes: _____ No: _____ if yes, please explain and by whom (please include address and phone number):

Desired Characteristic of a child you wish to adopt: (Home Study Applicants, please do not fill out this section)

Adoption Preference:

Age range: Minimum to Maximum: _____ Sex: Boy: _____ Girl: _____ Siblings: _____

Domestic Adoption:

Caucasian: _____

Hispanic: _____

African-American: _____

Asian: _____

Native American: _____

Bi-Racial: _____

Would you accept a domestic child with medical Problems or minor abnormalities i.e. birth marks?

International Adoption:

Country: Please rate the country in order of preference:

Bulgaria: _____ Panama: _____ Guatemala: _____ Ukraine: _____ Russia: _____ China: _____

Would you accept an International child with medical Problems or minor abnormalities i.e. birth marks?

Additional Comments:

Other Information:

Have you filed an I-600A form with INS? _____ If yes, when? _____

How did you here about us? Internet _____ Website Link: _____ Adoption magazine: _____

Yellow Pages: _____ Friend: _____ Adoptive Parent: _____ Other: _____

Section 63.042(3),F.S., states that “no person eligible to adopt under this statute may adopt if that person is a homosexual.”

I am a Homosexual

I am Bisexual

Prospective Father Yes ___ No ___

Prospective Father Yes ___ No ___

Prospective Mother Yes ___ No ___

Prospective Mother Yes ___ No ___

I/We affirm that the information provided is true and correct to the best of my/our knowledge. I/We further understand that failure to provide true and correct information may result in the rejection of my/our application.

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____