

ADVOCATES FOR CHILDREN AND FAMILIES
16831 N. E. SIXTH AVENUE
NORTH MIAMI BEACH, FLORIDA 33162-2408
PHONE (305) 653-2474 * FAX (305) 653-2746
E-mail: info@adoptionflorida.org * Web Site: www.adoptionflorida.org

APPLICATION

All information herein is strictly confidential. Please read and answer all questions carefully. If you are a single applicant, please mark N/A where appropriate. Send the completed application, photo(s), and appropriate fee to ACF at 16831 N.E. Sixth Avenue, North Miami Beach, Florida 33162-2408.

Date _____

NAME (First, Middle, Last)

NAME (First, Middle, Last)

Social Security No.

Social Security No.

CURRENT ADDRESS (Number, Street, City, County, State, Zip Code, Country)

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Home Telephone Number

How Long in State of Residence?

How Long in the State of Residence?
If less than one year, list former address

How Long in the State of Residence?
If less than one year, list former address

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Mobile Telephone

Mobile Telephone

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Work Telephone

Work Telephone

E-mail Address

E-mail Address

PRESENT MARRIAGE: (Attach copy of marriage certificate)

Date of marriage _____

In what county, state

Former Name _____

were you married? _____

Have you ever filed for a divorce or been separated from this spouse? _____

CHILDREN:

Name Birthdate Biological/Adopted Living in home?

MILITARY SERVICES:

	NAME:	NAME:
Served in the military service - yes/no	_____	_____
Branch	_____	_____
Dates - From-To	_____	_____
Type of discharge	_____	_____

ARRESTS:

Ever charged and/or arrested for other than a traffic violation? yes/no (include DUI information)	_____	_____
Date	_____	_____
Where arrested	_____	_____
Nature of charge	_____	_____
Final disposition	_____	_____

HEALTH STATUS:

General state of health	_____	_____
Date of last physical	_____	_____
Current medications	_____	_____
Chronic diseases or conditions	_____	_____
Therapist/doctor administering treatment, include name, address, and phone	_____	_____
	_____	_____
	_____	_____
Infertility problems, if any	_____	_____

Answer yes/no. If yes, explain.

Any experience of problems with alcohol or chemical dependency?	_____	_____
	_____	_____
Any stay in a mental hospital?	_____	_____
	_____	_____
Had psychotherapy?	_____	_____
	_____	_____

EMPLOYMENT AND FINANCIAL INFORMATION

	<u>NAME:</u> _____	<u>NAME:</u> _____
Employer	_____	_____
Position	_____	_____
Describe the kind of work you do	_____	_____
	_____	_____
Approximate hrs. per wk.	_____	_____
Previous employment/	_____	_____
Dates	_____	_____
If both parents are employed, what is the plan for child care?	_____	_____
Annual income	_____	_____
Other income	_____	_____
Date employed	_____	_____
Health insurance		
Name of company	_____	_____
Type of coverage	_____	_____
Life insurance		
Name of company	_____	_____
Amount of policy	_____	_____
Other family income (rental, dividends, etc.) include description, amount	_____	

	<u>AMOUNT</u>	<u>PLACE</u>	<u>AMOUNT</u>	<u>PLACE</u>
Savings	_____	_____	_____	_____
Checking	_____	_____	_____	_____
Investments	_____	_____	_____	_____
Bonds	_____	_____	_____	_____

Home of Residence: Own _____ Rent _____ Other _____

House _____ Apartment _____

Mobile home _____ Condominium _____

Purchase price _____ Date of purchase _____

Mortgage balance _____ Monthly mortgage or rent payment _____

Other Real Estate:

(Give description, current market value, monthly mortgage payments)

OTHER LIABILITIES:

	<u>NAME:</u>		<u>NAME:</u>	
	<u>BALANCE</u>	<u>MONTHLY</u>	<u>BALANCE</u>	<u>MONTHLY</u>
Bank and personal loans	_____	_____	_____	_____
Other accounts	_____	_____	_____	_____
Have you ever been in bankruptcy? If yes, give Date and explain.	_____	_____	_____	_____
	_____	_____	_____	_____

Please enclose a copy of your last tax returns.

CHILD DESIRED:

Gender _____ Reason _____

Age Range (Minimum To Maximum) _____

Would You Consider:	<u>YES</u>	<u>NO</u>	<u>MAYBE</u>
Sibling Group	_____	_____	_____
If Yes, How Many In Group _____			
Twins	_____	_____	_____
Developmentally Delayed (Environmentally)	_____	_____	_____
Learning Disabled	_____	_____	_____
Low Birth Weight	_____	_____	_____
Difficult Birth	_____	_____	_____
Premature	_____	_____	_____
Birth Parents Used Drugs or Alcohol	_____	_____	_____
Birth Parents with history of mental illness	_____	_____	_____
HIV Positive	_____	_____	_____
Visually Impaired	_____	_____	_____
Hearing Impaired	_____	_____	_____
Correctable Handicap	_____	_____	_____
	<u>YES</u>	<u>NO</u>	<u>MAYBE</u>
Non-Correctable Handicap	_____	_____	_____
Physically Abused	_____	_____	_____
Sexually Abused	_____	_____	_____
Mentally Abused	_____	_____	_____

Ethnicity/Race Preference: Check as appropriate.

White _____
 White of Hispanic Origin _____
 Black _____
 Black of Hispanic Origin _____
 American Indian _____
 Asian _____

Any other ethnic/race mixture _____

Include any comments regarding other conditions and/or physical characteristics you **will** consider or **will not** consider.

	<u>YES</u>	<u>NO</u>
Have you ever placed a child for adoption?	_____	_____
Have you ever been behind on child support payments?	_____	_____
Would you consider foster care placement?	_____	_____
Would you accept a legal risk placement where the parental rights of one or both parents have not yet been terminated?	_____	_____
Have you ever applied for or adopted a child from another agency?	_____	_____
When? _____		
What Source? _____		
Was a home study completed? _____		
By whom? _____		
Have you ever had a failed adoption?		
When? _____		
Where? _____		
Have you ever been the subject of an unfavorable Home study? If yes, please explain on separate sheet.	_____	_____
Would you be willing to provide the birth parent(s) with a photo of the child?	_____	_____

Would you be willing to have present or future contact with the birth parent(s)? _____

Explain (for example, letter, phone conference, meeting, using pseudonyms, first names or full names, open adoption.)

How did you hear about ACF? _____

LETTERS OF REFERENCE (non-family members) will be provided by:

Name _____

Address _____

Phone _____ E-mail _____

Name _____

Address _____

Phone _____ E-mail _____

Name _____

Address _____

Phone _____ E-mail _____

Please Explain Below Your Reasons For Wishing To Adopt.

PLEASE ENCLOSE A FAMILY PHOTOGRAPH AND SIGN BELOW.

THIS IS TO CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME _____ Date _____

NAME _____ Date _____

Advocates for Children and Families cannot be responsible for the statements, acts or failure to act by doctors, attorneys, other adoption agencies, government agencies, public officials, or any other child placing entities.

For ACF USE ONLY

Reviewed by _____

Date _____