

ACF ADOPTIONS
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

PRELIMINARY 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.

PRIMARY APPLICANT #1

SECONDARY APPLICANT #2

NAME (First, Middle, Last)

NAME (First, Middle, Last)

Current Address (Number, Street, City, County, State, Zip Code, Country)

Home Telephone

(____) _____
Mobile Telephone

(____) _____
Mobile Telephone

(____) _____
Work Telephone

(____) _____
Work Telephone

E-Mail Address

E-Mail Address

How did you hear about ACF? _____

CHILDREN:

Name:	Birthdate:	Biological/Adopted	In home?
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL HISTORY:

APPLICANT #1:

APPLICANT #2:

Birthdate	_____	_____
Race	_____	_____
Ancestry/Ethnicity	_____	_____
Language(s) spoken	_____	_____
Citizenship	_____	_____
Highest grade/degrees	_____	_____

PRESENT MARRIAGE: (Attach copy of marriage certificate)

Date of marriage _____ County/State _____

HEALTH STATUS:

APPLICANT #1:

APPLICANT #2:

Date of last physical	_____	_____
Current medications	_____	_____
Chronic diseases/ conditions	_____	_____

EMPLOYMENT/FINANCES

APPLICANT #1:

APPLICANT #2

Current Employer	_____	_____
Position/Title	_____	_____
Date Employed	_____	_____
Annual income	_____	_____
Other income	_____	_____
Child care plan	_____	_____

CHILD DESIRED: Gender _____ Age Range _____

Ethnicity/Race Preference: Check as appropriate.

White	_____
White of Hispanic Origin	_____
Black	_____
Black of Hispanic Origin	_____
American Indian	_____
Asian	_____
Any other ethnic/race mixture	_____

Would You **Consider** the following: **YES** **NO** **MAYBE**

Birth Parents Used Drugs or Alcohol	_____	_____	_____
Birth Parents with history of mental illness	_____	_____	_____
Correctable Handicap	_____	_____	_____
Non-Correctable Handicap	_____	_____	_____
Sibling Group	_____	_____	_____
If Yes, How Many In Group _____			
Twins	_____	_____	_____
Annual Visit	_____	_____	_____

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

ARRESTS:	APPLICANT #1:	APPLICANT #2:
Date	_____	_____
Where arrested	_____	_____
Nature of charge	_____	_____
Final disposition (date)	_____	_____

Please Explain Below Your Reasons For Wishing To Adopt.

PLEASE ENCLOSE A FAMILY PHOTO FOR AGENCY RECORD & SIGN BELOW

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

APPLICANT #1:

_____ Signature _____ Date _____

APPLICANT #2:

_____ Signature _____ Date _____

ACF Adoptions 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. *Submission of an application does not guarantee acceptance into ACF adoption programs. PRIMARY APPLICANT #1 will receive confirmation email regarding eadopt.*

FOR ACF USE ONLY

Date Application Received _____ Application Complete: Yes _____ No _____

Reviewed by _____ Date _____ Date Assigned to EAdopt _____

NOTES: _____
