

**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](mailto:info@adoptionflorida.org) \* Web Site: [www.adoptionflorida.org](http://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)

How long in the state of residence? \_\_\_\_\_

How long in the state of residence? \_\_\_\_\_

\_\_\_\_\_  
 Social Security No.  
 (\*\*Social Security Number is REQUIRED for Vital Statistics Application for Amended Birth Certificate of Child\*\*)

\_\_\_\_\_  
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\_\_\_\_\_  
 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	_____	_____
Birth Place	_____	_____
Race	_____	_____
Ancestry/Ethnicity	_____	_____

Language(s) spoken \_\_\_\_\_

Religion \_\_\_\_\_

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 \_\_\_\_\_

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.

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**ARRESTS:****APPLICANT #1:****APPLICANT #2:**

Date

Where arrested

Nature of charge

Final disposition (date)

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**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:**\_\_\_\_\_  
Print Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**APPLICANT #2:**\_\_\_\_\_  
Print Name\_\_\_\_\_  
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.***

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**\*\*\*FOR ACF USE ONLY\*\*\***

Date Application Received \_\_\_\_\_ Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Consultation Date: \_\_\_\_\_ Date Assigned to EAdopt: \_\_\_\_\_

NOTES: \_\_\_\_\_