

**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)

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Social Security No.

(\*\*\*)Social Security Number is REQUIRED for Vital Statistics Application for Amended Birth Certificate of Child(\*\*\*)

\_\_\_\_\_  
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

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_  
 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.

\_\_\_\_\_  
\_\_\_\_\_

<b>ARRESTS:</b>	<b>APPLICANT #1:</b>	<b>APPLICANT #2:</b>
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:**

_____	_____	_____
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.****

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

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

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

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