

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.

APPLICANT #1

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 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 _____

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:	<u>YES</u>	<u>NO</u>	<u>MAYBE</u>
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:

_____	_____	_____
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.*

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

Date Application Received: _____	_____
	ACF Staff Signature

Date of Consultation: _____

NOTES: _____