

**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.**

**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?
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_____	_____	_____	_____
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**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 \_\_\_\_\_

Maiden Name if applicable \_\_\_\_\_

<b>HEALTH STATUS:</b>	<b>APPLICANT #1:</b>	<b>APPLICANT #2:</b>
Date of last physical	_____	_____
Current medications	_____	_____
Chronic diseases/conditions	_____	_____

<b>EMPLOYMENT/FINANCES</b>	<b>APPLICANT #1:</b>	<b>APPLICANT #2</b>
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 <b>Consider</b> the following:	<u><b>YES</b></u>	<u><b>NO</b></u>	<u><b>MAYBE</b></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.

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

<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.***

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

Date Application Received: \_\_\_\_\_ Date Letter sent: \_\_\_\_\_

\_\_\_\_\_ Date of Consultation: \_\_\_\_\_  
ACF Staff Signature

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