



ADOPTIVE HOME APPLICATION

(All information herein is strictly confidential.)

Man's Name (first, middle, last)	Woman's Name (first and maiden)
Man's Social Security number	Woman's Social Security Number

I. CURRENT SITUATION

A. RESIDENCE: Address: _____
(Number and Street) (City) (County) (State) (Zip Code)

Telephone Number: () _____ How long at this address: _____ Number of Rooms: _____

Check One: House Check One: Own Monthly Payment: _____

Apartment Rent Mortgage Balance: _____

If less than 3 years at above address, list former addresses for 5 years.

B. PRESENT MARRIAGE: Date of Present Marriage: _____ Attached copy of marriage certificate.

Describe briefly any separations, including dates and duration. Copy attached

List children of Present Marriage

Child's Name	Child's Date of Birth	Natural or Adopted
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C. Name of Others in Home	Date of Birth	Relationship
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D. Man's Religious Affiliation _____ Woman's Religious Affiliation _____

E. INTERESTS:		Husband's (Man's)	Wife's (Woman's)
Community (clubs, lodges, etc.)			
hobbies or special interests			

F. HEALTH: Attach completed physician's report for husband (man) and wife (woman). Report Attached

G. EMPLOYMENT: If current employment is less than 3 years, list former employment for 10 years.

		Husband's (Man's)	Wife's (Woman's)
Current Employment			
Prior Employment (if applicable)			

H. FINANCIAL STATUS – ASSETS:

		Husband's (Man's)	Wife's (Woman's)
INCOME	Gross Yearly Salary		
	Interest or Dividends		
	Rental Income		
	Other		
CAPITAL	Real Estate at Market Value		
	Savings		
	Other Investments	(list on separate sheet and attach to this application)	(list on separate sheet and attach to this application)
INSURANCE	Life		
	Accident		
	Hospitalization		
	Other (specify)		

FINANCIAL STATUS – LIABILITIES: Itemize on separate sheet and indicate payment plan. Attach sheet to this application.

Debts Totalled	Exclude home mortgage.	Exclude home mortgage.
Other Obligations		

II. LIFE HISTORY

A. Husband's (Man's) Birthdate: _____ Husband's (Man's) Birthplace: _____

Wife's (Woman's) Birthdate: _____ Wife's (Woman's) Birthplace: _____

B. RACE/ETHNICITY:

	White	Black	Spanish American	Puerto Rican	Oriental	American Indian	Other
Husband (Man):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wife (Woman):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. EDUCATION:

	Last Grade Completed or Degree	Special Training, if any
Husband (Man)		
Wife (Woman)		

D. MEDICAL HISTORY — PHYSICAL and PSYCHIATRIC — MAJOR MEDICAL CONDITIONS

	Condition Treated for	Date Treated	Inpatient or Outpatient	Place Treated
Husband (Man)	1.			
	2.			
	3.			
Wife (Woman)	1.			
	2.			
	3.			

E. PREVIOUS MARRIAGES: Attach documentation of death or divorce.

	Previous Spouse's Name	Date and Place Married	Date and Place Marriage Terminated
Husband's (Man's)			
Wife's (Woman's)			

Children of Previous Marriage:

	Child's Name	Age	Whereabouts	Support Payments	Describe continuing contact if out of home
Husband's (Man's)					
Wife's (Woman's)					

F. ARREST RECORD: (violations of law other than minor traffic violations)

Husband (Man): Yes No Civil Rights Restored? Husband (Man): Yes No

Wife (Woman): Yes No Wife (Woman): Yes No

(This section continued on next page.)

F. ARREST RECORD – Continued: If husband (man) or wife (woman) has arrest record, provide details below:

Husband (Man) or Wife (Woman)	Where Arrested	Date Arrested	Nature of Charge	Disposition

G. Section 63.042(3), F.S., states that "no person eligible to adopt under this statute may adopt if that person is a homosexual."

I am a homosexual. Yes No

Husband (Man)	<input type="checkbox"/>	<input type="checkbox"/>
Wife (Woman)	<input type="checkbox"/>	<input type="checkbox"/>

I am bisexual. Yes No

Husband (Man)	<input type="checkbox"/>	<input type="checkbox"/>
Wife (Woman)	<input type="checkbox"/>	<input type="checkbox"/>

III. REFERENCES (two must be non-relatives)

Name	Address	Telephone Number
Husband's (Man's) Employer		
Wife's (Woman's) Employer		

IV. ADOPTION

Do you know anyone well who is adopted? _____ Who? _____ Have you ever applied to adopt a child from another source? _____ When? _____ What source? _____

What children would you like us to consider for your family (age, sex, siblings, disabilities, etc.)?

What children would you not like us to consider for your family (age, sex, siblings, disabilities, etc.)?

I understand the importance of providing complete information and attest that the information provided above is accurate to the best of my knowledge. I understand, in accordance with Section 837.06, Florida Statutes, that making false statements in writing with the intent to mislead a public servant in the performance of his official duty is a misdemeanor of the second degree, punishable as provided in Sections 775.082, 775.083, or 775.084, Florida Statutes.

Husband's (Man's) Signature

Wife's (Woman's) Signature

Date Signed



ADOPTIVE HOME APPLICATION

(All information herein is strictly confidential.)

Date: _____

I, We _____
 Husband's First Name Middle Name Last Name

 Wife's First Name Middle Name Last Name

Residing at _____

County: _____

Have read and understand the following:

IMPORTANT NOTE: Pursuant to the Multi-Ethnic Placement Act of 1994 and the Small Business Job Protection Act of 1996, Section 1808, "Removal of Barriers to Interethnic Adoption," race, culture or ethnicity may not be used as the basis for any denial of placement, nor may such factors be used as a reason to delay a foster or adoptive placement. Discrimination is not to be tolerated, whether it is directed toward adults who wish to serve as foster or adoptive parents, toward children who need safe and appropriate homes, or toward communities or populations that may previously have been under-utilized as a resource for placing children.

Husband's Signature

Wife's Signature