



ADOPTIVE HOME APPLICATION

Date: _____, 2003

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

I, _____
Wife's First Name Middle Name Last Name

Residing at: _____
Street Address City State Zip Code
In: _____ County

Have read and understand the following:

IMPORTANT NOTICE: 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



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.
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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

C.	Name of Others in Home	Date of Birth	Relationship

D.	Man's Religious Affiliation	Woman's Religious Affiliation
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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		

H. FINANCIAL STATUS - ASSETS:

		Husband's (Man's)	Wife's (Woman's)
I N C O M E	Gross Yearly Salary		
	Interest or Dividends		
	Rental Income		
	Other		
C A P I T A L	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)
I N S U R A N C E	Life		
	Accident		
	Hospital- ization		
	Other (specify)		

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

	Exclude home mortgage.	Exclude home mortgage.
Debts Totalled		
Other		

Obligations		
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II. LIFE HISTORY

A.	Husband's (Man's) Birthdate:		Husband's (Man's) Birthplace:	
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	Wife's (Woman's) Birthdate:		Wife's (Woman's) Birthplace:	
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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
		1.			
	Husband (Man)	2.			
		3.			
		1.			
	Wife (Woman)	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):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Civil Rights Restored?	Husband (Man):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wife (Woman):	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Wife (Woman):	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	I am	a homosexual.	Yes	No		I am bisexual.	Yes	No
	this statute may adopt if that		Husband (Man)				Husband (Man)		
	person is a homosexual.”		Wife (Woman)				Wife (Woman)		

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, handicapped, etc.)?

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

Husband's (Man's) Signature		Wife's (Woman's) Signature		Date Signed
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Notarized: State of _____, County of _____

_____ (husband/man) and _____ (wife/woman), Being duly sworn, say that they are the person named in the foregoing statements, and that everything contained therein is true to the best of their knowledge and belief. Subscribed and sworn to before me this _____ day of _____, 20____.

Signature: _____ Notary Public in and for State of Florida, residing in _____ County. My Commission expires _____.