



## Application

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Own or Rent? \_\_\_\_\_

How long at current address? \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please check correct box:  Domestic Home Study  International Home Study

	Applicant 1	Applicant 2
First Name / Middle Name		
Last Name		
Date of Birth		
Place of Birth –City, State		
Nationality/Heritage		
US Citizen? Yes or No		
Social Security Number		
Drivers License Number		
Email Address		
Currently on disability?		
Employer		
Occupation		
Yearly Salary		
Length of Employment		
Education – High School		
Education – College/Degree		
Height/Weight		
Eye/Hair Color		
Religion		
Place of Worship		
Biological Children		
Adopted Children		

<b>Present Marriage</b>	Date	City	State	County
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**Wife**

Previous Marriage	Date	City	State	County
Terminated	Date	City	State	County

**Husband**

Previous Marriage	Date	City	State	County
Terminated	Date	City	State	County

**Children in the home**

Name	DOB	Male/Female	Adopted or Biological

**Others in the home**

Name	DOB	Male/Female	Relationship

How did you find Connecting Hearts? \_\_\_\_\_

\*\*\*If you have **NOT** been a Florida resident for 5 years, please attach a list of every address, city and state you have lived in since the age of 18. Please provide the approximate dates of residence at each address.

I/We have completed this client information sheet accurately to the best of my/our knowledge. I/We agree to inform Connecting Hearts Adoption Services of any changes that occur with any of this information during the home study process. I/We understand that failure to disclose information may delay or terminate the home study process.

\_\_\_\_\_  
Applicant 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant 2

\_\_\_\_\_  
Date

Please mail this application along with the fee schedule, child abuse and neglect history search and sex offender registry search information and your \$100 application fee to:

**Connecting Hearts Adoption Services  
6213 River Fruit Court  
Windermere, FL 34786**



## Fee Schedule

***Clients are billed at the time the service is rendered therefore, there are no refunds.***

***Cash and Checks are accepted. We do not accept credit cards.***

Application Fee	\$100 – due prior to home visit
Domestic Home Study Report	\$1,000 – due at home visit
International Home Study Report	\$1,500 – due at first home visit
Expedited Home Study (5-10 days)	\$400 in addition to the home study fee due at home visit
Home Study Update <small>(No application fee required provided Connecting Hearts completed your initial home study)</small>	\$500 – due at home visit
Post Placement Supervision	\$175 per visit (domestic) \$275 per visit (international)

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date



### Child Abuse and Neglect History Search

Your home study requires a current search of Florida's Central Abuse Hotline. Please complete the top portion of page 1 and page 2.

Complete the form and mail this with your application and we will process this form for you. Our address is:

**Connecting Hearts Adoption Services  
6213 River Fruit Court  
Windermere, FL 34786**

Should there be any reported hotline history it will be necessary for you to obtain any and all reports as well as provide a written explanation as to the circumstance involving the Department of Children and Families.

Please sign below confirming you understand this is a requirement for the home study process.

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Applicant's Signature

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Date

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Applicant's Signature

---

Date



# Central Abuse Hotline Record Search

**Mail to:** Department of Children & Families, Abuse Hotline, Attn: Headquarters Background Screening Coordinator, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700; OR, **fax to** 850-488-1319

I/we, \_\_\_\_\_ and \_\_\_\_\_  
*(please print – first, middle, last name)* *(please print – spouse first, middle, last name, if applicable)*

as an applicant for adoption, an applicant for licensing/registration, or a DCF employee, authorize a search for reports of abuse, neglect or abandonment investigated pursuant to Chapter 39, Florida Statutes in which my name appears and there were “verified indicators” of maltreatment of a child(ren). I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of developmentally disabled persons and children, including family child care homes and facilities, or for DCF employment. This consent is valid solely for the requesting agency/facility listed below on this form.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE:** This form must be submitted by one of the agencies identified at the bottom of this page. The applicant/spouse may NOT SUBMIT THIS FORM DIRECTLY to the Department of Children & Families.

Applicant: SSN: _____	DOB: _____	Race: _____	Sex: _____			
Spouse: SSN: _____	DOB: _____	Race: _____	Sex: _____	Prior Name(s): _____		
Current Address:	<i>Address</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>	<i>Dates at Address</i>
_____						
Previous Address:	<i>Address</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>	<i>Dates at Address</i>
_____						
Previous Address:	<i>Address</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>	<i>Dates at Address</i>
_____						

Reason for Record Search:  Adoption Applicant (Chapter 63)  DCF Employee (Chapter 39)  
 Licensing/Registration Applicant (Chapters 39, 415, 402 or 409)

(NOTE: Searches of the Central Abuse Hotline may **not** be used for any employee except those working for DCF.)

Family child care, foster/shelter/group home or adoption applicants must list all child and adult household members on page two of this form. **Do not include any foster care children.**

**TO BE COMPLETED BY REQUESTING AGENCY**

Child Care Center  Family Child Care Home  Foster/Shelter/Small Group Home  Adoption  
 Child-Caring Agency  Child-Placing Agency  DD Foster/Small Group Home

**OCA and/or Facility ID:** \_\_\_\_\_

Facility/Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City Zip Code

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

\_\_\_\_\_  
**Printed Name and Signature** of Requesting Facility/Agency Representative Date





**Sex Offender Registry Search**

I hereby authorize Connecting Hearts Adoption Services at 6213 River Fruit Court, Windermere, Florida, 34786 to check Florida's Sexual Offenders Registry so the results can be incorporated into my adoption home study document.

**Applicant's Name:**

\_\_\_\_\_

**Last** **First** **Middle**

**Applicant's Name:**

\_\_\_\_\_

**Last** **First** **Middle**

**Address:**

\_\_\_\_\_

**Street** **Apt. No.**

\_\_\_\_\_

**City** **County** **State** **Zip Code**

\_\_\_\_\_

**Applicant's Signature** **Date**

\_\_\_\_\_

**Applicant's Signature** **Date**

**Others in the home over 18 years of age:**

\_\_\_\_\_

**Last** **First** **Middle**

\_\_\_\_\_

**Signature** **Date**