



ADOPTIVE HOME APPLICATION

(All information herein is strictly confidential.)

| | |
|----------------------------------|--|
| Man's Name (first, middle, last) | |
| Woman's Name (first and maiden) | |

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: _____ Attach 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

C. Name of Others in Home

Date of Birth

Relationship

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) |
|--------------------------------|--|--|--|
| Gross Yearly Salary | | | |
| Interest or Dividends | | | |
| Rental Income | | | |
| Other | | | |
| 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) | (list on separate sheet and attach to this application) |
| 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 | | |

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)
 Wife (Woman)

I am bisexual. Yes No
 Husband (Man)
 Wife (Woman)

III. REFERENCES (two must be non-relatives)

| Name | Address | Telephone Number |
|----------------------------|---------|------------------|
| Husband's (Man'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