



Adoption Application

Date: _____

Full Name: _____ DOB: _____

Status: Married Single (Date of Marriage): _____

Spouse's Full Name: _____ DOB: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Telephone: _____ Fax: _____

Your Home: (Apartment, Condo or House) _____ How long? _____ ()Rent ()Own

Prospective Adoptive Parent's Information

Employer _____ Position: _____ Work Phone _____

Annual Salary _____ Work Address: _____

Cell Phone: _____ Email Address: _____

Religion _____ Race _____ Education _____

Height: _____ Weight: _____ Nationality: _____

Previous Marriage(s): _____ Date: _____ Dissolution: _____

Prospective Adoptive Parent's Information

Employer _____ Position: _____ Work Phone _____

Annual Salary _____ Work Address: _____

Cell Phone: _____ Email Address: _____

Religion _____ Race _____ Education _____

Height: _____ Weight: _____ Nationality: _____

Previous Marriage(s): _____ Date: _____ Dissolution: _____

Children:

Name	Birth Date	By Birth or Adoption	Resides With	Nationality/Race
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please complete the following questions. Use additional paper if needed.

- How did you hear about Florida Adoption Center LLC

****Please Mail a copy of your (current) approved home study, this application, a recent photograph of your family, your profile book and the \$250 application fee.****

Note: It is your responsibility to ensure your home study complies with Florida Law.

2. Do you have an approved up to date home study? _____ When: _____
By: _____
Is your home study in compliance with Florida Law ? Y N
3. Why have you chosen to pursue adoption as a means of growing your family?

4. List/explain the Adoption Education you have received (use separate page if necessary)

5. Have you previously or are you undergoing fertility testing? Y N
Please explain. _____

6. Please discuss any medical problems or chronic illness of either spouse. Please include past or current treatment for psychiatric or chemical dependency problems _____

7. Please describe the type of child you feel would fit into your family. Include age range, race(s) and health. Adoption Preferences:
Race: Caucasian ___ Hispanic ___ African-American ___ Bi-Racial ___ Other: _____
Comments: _____
Age: Newborn ___ Older child (Age Preference _____)
Gender: Male ___ Female _____
Level of Openness: (All that apply) Closed Y N Semi-Open (pictures and updates) Y N
Semi-Open with the option of future visits Y N Fully Open Y N
Special Needs: Y N _____
Health Issues: Y N _____
Mental Illness in Child's family of origin: Y N **Comments** _____
Lack of Pre-natal care Y N **Drug Exposed:** Y N
Willing to accept: Marijuana ___ Cocaine ___ Methadone ___ Alcohol ___ Tobacco ___
Opiates ___ Methamphetamines ___ Barbiturates ___ Psychotropic ___ Benzodiazepine ___
Other _____
8. Please let us know you if you would like to be considered for twins, triplets, etc. (Note: There will be additional costs, to be worked into the budget, when adopting multiples but this will not double, triple, etc the cost of the adoption.) Y N _____
9. Please indicate your **BUDGET** for this Adoption: \$ _____

We, the adoptive family, willingly submit the \$250.00 fee with this application. We acknowledge that this waiting list fee is non-refundable. Please make your check payable to Florida Adoption Center LLC. and mail to 1840 Sarno Road Melbourne FL 32935

Signature _____ Date: _____

Signature _____ Date: _____

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