all	DEPARTMENT	ADO	PTIVE HOME A	PPLICATION		(All information herein is strictly confidential.)
HE CHILLO REV AND THE			1 Name (first, middle, last)			is strictly confidential.
		Prospective Parent	2 Name (first and maiden)			
			I. CURREN	IT SITUATION		
A.	RESIDENC	E: Address:				
	Telephone Number(s):		(Number and Street)	(City) E-mail:	(County)	(State) (Zip Code)
	How long at		(Work Number) (,		
	Check One:	: House		wn Monthly Paym ent Mortgage Bala		
	If less than		address, list former addre		μποο: φ <u> </u>	
В.	PRESENT	MARRIAGE: Date	e of Present Marriage:	(If applicable)	Attach copy	of marriage certificate.
	Describe br	iefly any separatio		Copy attached		
	List childrer	of Present Marria Child's Name		Child's Date of	Birth	Natural or Adopted
						···
				······		
				······		
C.	Name of Ot	hers in Home		Date of Birt	h	Relationship
				······		
				······		
D.	Prospective Religious			Prospective Parent Religious Affiliatio	:2	
CF-F	-	021 [65C-16.004, F.A	.C.]			Page 1 of 5

Community (clubs, lodges, etc.)	
Hobbies or Special Interests	

F. HEALTH: Attach completed physician's reports for both adults, if a physical is necessary.

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

	Prospective Parent 1	Prospective Parent 2
Current Employment		
Prior Employment (if applicable)		

H. FINANCIAL STATUS – ASSETS:

		Prospective Parent 1	Prospective Parent 2
Ш	Gross Yearly Salary		
	Interest or Dividends		
INCOME	Rental Income		
=	Other		
AL	Real Estate at Market Value		
CAPITAL	Savings		
S	Other Investments	(list on separate sheet and attach to this application)	(list on separate sheet and attach to this application)
щ	Life		
INSURANCE	Accident		
	Hospitalization		
Ň	Other (specify)		

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

Debts Totaled	Exclude home mortgage.	Exclude home mortgage.
Other Obligations		

					DV			
				I. LIFE HISTO	RY			
Α.	Prospective Parent 1 Birthdate:			Prospective Parent 1 Birthplace:				
	Prospective	e Parent 2 Birthdate		Prospective Pa	rent 2 Birthplad	ce:		
	RACE/ETHN Prospective F Prospective F	White Parent 1:	Black or African American		Hispanic	Asian	American Indian or Alaskan Native	Other
C.	EDUCATION	I: Last Grade Co	ompleted or Deg	ree	Spe	ecial Trainir	ng, if any	
	Prospective Parent 1							
	Prospective Parent 2							
D.	MEDICAL H	HISTORY — PHYSI	CAL and PSYC	HIATRIC — MA	JOR MEDICAL		ONS	
		Condition T	reated for	Date Treated	Outpatient		Place Treated	
		1.						
	Prospective	2.						
	Parent 1	3.						
		4.						
		5.						
		6.						
		1.						
	Prospective	2.						
	Parent 2	3.						
		4.						
		5.						
		6.						
E.	PREVIOUS	MARRIAGES: Atta	ach documentati	on of death or c	livorce.			

	Previous Spouse's Name	Date and Place Married	Date and Place Marriage Terminated	
Prospective Parent 1				
Prospective Parent 2				

Children of	hildren of Previous Marriage: Support Describe continuing contact								
	Child's Name	Age	Whereabouts	Payments	if out of home				
Prospective									
Parent 1									
Prospective									
Parent 2									

F.	ARREST RECORD: (violations of law other than minor traffic violations)								
	Prospective Parent 1:	Yes No	Civil Rights Restor	ed? Prospective Pa	rent 1: 🗌 Yes	No			
	Prospective Parent 2:	Yes No		Prospective Pa	rent 2: 🗌 Yes	No			
	If either prospective parent has an arrest record, provide details below:								
	Prospective Parent's Name	Where Arrested	Date Arrested	Date Arrested Nature of Charge Dis		ion			
					_				
_									
	Name	III. KEFEKEI	NCES (two may be Address	e relatives)	Telephone Num	ber			
Pros	spective Parent 1 Employer								
Pros	spective Parent 2 Employer								
			IV. ADOPTION						
Do	you know anyone well who	is adopted?	No If yes, who	?		Have			
γοι	ever applied to adopt a ch	ild from another sourc	e? Yes No	If yes, when?					
Wh	at source?								
Wh	Vhat 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.

Prospective Parent 1 Signature

Prospective Parent 2 Signature

Date Signed



ADOPTIVE HOME APPLICATION

(All information herein is strictly confidential.)

			Date:	
I, We	Prospective Parent 1 First Name	Middle Name	Last Name	_
	Prospective Parent 2 First Name	Middle Name	Last Name	
Residing	g 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.

Prospective Parent 1 Signature

Prospective Parent 2 Signature