

A CHOSEN CHILD, INC. APPLICATION

Please fill out the information below and return the Application and your application fee of \$350 to cover the processing of your application. Upon receipt of your completed Application and application fee of \$350, you may be considered by A Chosen Child, Inc. (ACC) for placement of a child. Answer questions herein on additional sheets of paper if there is not enough room and attach hereto.

Please include a photo of your family with this application so we can identify you more easily.

GENERAL INFORMATION:

DATE: _____

Address & Telephone Nos: _____

Street City State Zip

Home: _____ Work (Prospective Father): _____ Cell (Prospective Father): _____

Work (Prospective Mother): _____ Cell (Prospective Mother): _____

Fax: _____ Pager: _____ Other: _____

Email Address(es): Prospective Father: _____ Prospective Mother: _____

Emergency Contact Person & Telephone Number(s) (in the event we are unable to reach you at above numbers):

Name: _____ Relationship: _____ Telephone Nos.: _____

Prospective Father

Full Legal Name: _____ DOB: _____ SSN: _____

Race/Ethnicity: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Birth Place: _____

U.S. Citizen? YES ___ NO ___ If naturalized, give place, date and certificate number: _____

Education: (Highest level of education achieved) _____ Date of Degree or Diploma: _____

Employer: _____ Position: _____ Annual Income: _____

Date(s) of Employment: _____ Hobbies, Special Interests: _____

Present Marriage Date: _____ City/State: _____ # of Previous Marriages: _____

Previous Marriage: Former Wife's Name: _____ Date Married: _____

Date Terminated: _____ City/State/Country Terminated: _____

Please state briefly the reason for termination, i.e., divorce or death: _____

Military Service (Branch/Rank/Discharge Date): _____ Religion: _____

Prospective Mother

Full Legal Name: _____ Full Maiden Name: _____

Previous Married Name: _____ DOB: _____ SSN: _____

Race/Ethnicity: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Birth Place: _____

U.S. Citizen? YES ___ NO ___ If naturalized, give place, date and certificate number: _____

Education: (Highest level of education achieved) _____ Date of Degree or Diploma: _____

Employer: _____ Position: _____ Annual Income: _____

Date(s) of Employment: _____ Hobbies, Special Interests: _____

Present Marriage Date: _____ City/State: _____ # of Previous Marriages: _____

Previous Marriage: Former Husband's Name: _____ Date Married: _____

Date Terminated: _____ City/State/Country Terminated: _____

Please state briefly the reason for termination, i.e., divorce or death: _____

Military Service (Branch/Rank/Discharge Date): _____ Religion: _____

FAMILY (List all other persons living in your home, include children, relatives, boarders, roommates and employees.)

Name Age Sex Race/Ethnicity Relationship School Grade/Occupation Biological Adopted

Other Children (not living in the home, including adult children): Age/Relationship/Address/Biological or Adopted

(Over)

HOME

Do you own or rent your home? ___ Own ___ Rent How long? _____ If less than 3 years, please list previous addresses for past 5 years: _____

CHILD REQUESTS

Which adoption program(s) do you wish to register for? Domestic ___: In Florida ___ Interstate ___ International ___: Country of Preference: _____
Gender of Child: _____ Age(s) of Child(ren): _____ (must be completed for international adoption.)
If other, please state preference or circumstances: _____
Do you wish hospital circumcision? Yes ___ No ___ Please indicate any special medical, drug/alcohol/tobacco abuse-related, or educational needs, if any, you are willing to accept (leave blank if none): _____

Please check any of the following regarding the race/ethnicity of the child you would consider adopting:

___ Caucasian ___ African American ___ Hispanic
___ Hispanic/Caucasian ___ African American/Caucasian ___ African American/Hispanic
___ Asian/Caucasian ___ African American/Asian ___ Other: _____

HOME STUDY

Have you ever been denied an approval of a home study? Yes ___ No ___ If Yes, please attach explanation.
Do you currently have a home study or are you in the process of having your home study prepared by another Agency/Home Study Provider? ___ Yes ___ No. If you answered Yes, please complete the following.

Home Study Agency/Provider:

Name: _____
Address: _____
Phone: _____ Fax: _____ Contact name: _____
Date of Home Study: _____

OTHER INFORMATION

If you answer Yes to any of the following questions, please explain circumstances on a separate sheet of paper.

Have either of you ever been arrested? Yes ___ No ___
Has a complaint ever been filed against either of you for child abuse or neglect? Yes ___ No ___
Have either of you ever filed bankruptcy? ___ Yes ___ No If Yes, date and name of District Court. _____

Do you prefer the adoptive situation to be: ___ Closed ___ Open ___ Partially Open/Closed
Do you have a medical health insurance plan that will also include the adopted child? Yes ___ No ___
How much have you set aside for birth parent living and medical expenses? \$ _____
Do you have other financial resources to assist you with your plan to adopt? _____

We try to connect families with other people in their local area, who are currently adopting through ACC. If you wish to be connected with other ACC families in your local area, please check this box so that we will know that you are comfortable with us sharing this information.

IT IS AGAINST FLORIDA LAW TO ADOPT A CHILD IF YOU ARE HOMOSEXUAL. YOUR SIGNATURE BELOW INDICATES THAT YOU ARE ELIGIBLE UNDER FLORIDA LAW TO ADOPT.

WE ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. WE FURTHER ACKNOWLEDGE RECEIPT OF A COPY OF ACC'S FEE STRUCTURE AND DISCLOSURE REQUIRED TO PROSPECTIVE ADOPTIVE PARENTS PURSUANT TO FLORIDA STATUTE § 63.085.

Prospective Adoptive Father's Signature

Prospective Adoptive Mother's Signature