

A CHOSEN CHILD, INC. APPLICATION

Please fill out the information below and return the Application and your non-refundable application fee of \$500 to cover the processing of your application. Upon receipt of your completed Application and application fee of \$500, you may be considered by A Chosen Child, Inc. (ACC) for placement of a child. Answer questions on additional sheets of paper if there is not enough room and attach hereto. If any significant personal information has been withheld or misrepresented, and we should learn of it at a subsequent date, ACC reserves the right to discontinue processing your application and/or home study and/or revoke approval thereof, if applicable. If your application is revoked, all fees paid as of the date of written revocation are non-refundable. You should discuss any unusual information with us at the earliest opportunity, so that we can determine if the information will in any way interfere with your family goals.

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

GENERAL INFORMATION:

DATE: _____

Address & Telephone Nos: _____

Home: _____ Street _____ City _____ State _____ Zip _____
Work (Prospective Father): _____ Cell (Prospective Father): _____
Work (Prospective Mother): _____ Cell (Prospective Mother): _____
Fax: _____ Pager: _____ Other: _____
Email Address(es): Prospective Father: _____ Prospective Mother: _____
Blog/Facebook/Twitter address(s): _____

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

Name: _____ Relationship: _____ Telephone Nos.: _____

Prospective Adoptive 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 Adoptive 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

(Over)

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

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

Would you be willing to travel to another state to receive a child? Yes No

Gender of Child: _____ Age(s) of Child(ren): _____

Would you be interested in twins? If other, please state preference or circumstances: _____

Do you wish hospital circumcision? Please indicate any special medical, mental health issues, drug/alcohol/tobacco abuse-related, or educational needs, if any, you are willing to accept (leave blank if none): _____

In what religion do you intend to raise the child(ren)? _____

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Hispanic/Caucasian | <input type="checkbox"/> African American/Caucasian | <input type="checkbox"/> African American/Hispanic |
| <input type="checkbox"/> Asian/Caucasian | <input type="checkbox"/> African American/Asian | <input type="checkbox"/> 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: _____ If you are out-of-state, how much will your post-placement visits cost? \$ _____

OTHER INFORMATION

If you answer Yes to any of the following three 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. _____

Are you working with any other agencies/attorneys: Yes No If Yes, which one(s)? _____

Would you be interested in having your profile available on line? Yes No

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.

FLORIDA STATUTE 63.042 LISTS THE PERSONS WHO MAY ADOPT AND SPECIFICALLY PROHIBITS ADOPTION BY A PERSON WHO IS A HOMOSEXUAL. ALTHOUGH SOME COURT DECISIONS CHALLENGED THE CONSTITUTIONALITY OF THE STATUTE, THIS STATUTE HAS NOT BEEN REPEALED. YOUR SIGNATURE BELOW INDICATES THAT YOU ARE ELIGIBLE UNDER THIS STATUTE TO ADOPT.

I/WE ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Prospective Adoptive Father's Signature

Prospective Adoptive Mother's Signature

(Rev 12/02/10)