

TO: Mary Ann Scherer
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Suite 102
Fort Lauderdale, Florida 33306
Telephone (954) 564-6900

Date _____ Referred by _____

ADOPTION PLACEMENT APPLICATION

Husband

Wife

Name _____
last middle first last middle first maiden

Address: _____
street city state (county) zip code

How long at above address: _____

Type of dwelling: _____ own ___ rent ___ phone# _____

Husband's Occupation: _____ Wife's Occupation: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

E-mail address: _____ E-mail address: _____

Phone: _____ How Long: _____ Phone: _____ How Long: _____

Annual salary: _____ Annual salary: _____

Husband work # _____ Wife work # _____

Husband cell # _____ Wife cell # _____

Education enter highest level achieved for husband and wife

Degree: _____ Degree: _____

Major: _____ Major: _____

College: _____ College: _____

Personal

Husband

Wife

How long Florida resident:_____ How long Florida resident:_____

S.S.#:_____ S.S.#:_____

Age:_____ weight:_____ Age:_____ weight:_____

Birthdate:_____ Birthdate:_____

Birthplace:_____ Birthplace:_____

Citizen of _____ Citizen of:_____

Ancestry:_____ Ancestry:_____

Religion:_____ Religion:_____

Hair:_____ eyes _____ height:_____ Hair:_____ eyes _____ height _____

Complexion:_____ Complexion:_____

Health:_____ Health:_____

Health Ins. Co:_____ Health Ins.Co:_____

Does health insurance cover _____ does health insurance cover _____

adoptive child:_____ adoptive child:_____

Date and place of marriage:_____

Children

#. Of Children:_____

#. Of Children:_____

Biological/Adopted:_____

Biological/Adopted:_____

Ages Of Children:_____

Ages Of Children:_____

Where Children Reside:_____

Where Children Reside:_____

Prior Marriages

Name Of Ex-Spouse:_____ Name Of Ex-Spouse:_____

When & Where Terminated:_____ When & Where Terminated:_____

NOTES:

Financial Summary

Savings: _____ Real Estate Market Value: _____
Other Investments: _____ Rental Income: _____
Equity In Real Estate: _____ Other Income: _____

NOTES:

Florida Statutes Chapter 63.042(3) states that *“no person eligible to adopt under this statute may adopt if that person is a homosexual.”*

I am a homosexual (Husband/Man) Yes _____ No _____

I am bisexual (Husband/Man) Yes _____ No _____

I am a homosexual (Wife/Woman) Yes _____ No _____

I am a bisexual (Wife/Woman) Yes _____ No _____

Have you had a Home study completed in the last year? _____

If so, by whom? (Please attach copy) _____

Have you had a Psychological Evaluation completed in the last year? _____ (If yes, please attach copy to this form)

If so, by whom: _____

Reason: _____

Do you have any physical, emotional, or mental problems that may affect your suitability as an adoptive parent? ____ If yes, explain:

If you are of two different religions, upon receiving a child, in what religion will the child be reared? _____

If Wife is employed, will a leave of absence be taken or will employment be terminated?

How long of a leave will be taken? _____

Who will be taking care of the child the first two years if both Parents work?

Do you have animals in the home? ____ If so, what kind(s)? _____

Do either of you smoke? _____ If yes, how much? _____

Do either of you drink alcohol? ____ If yes, how much? _____

Have you ever participated in Counseling? _____

If yes, for what reason? _____

Have you ever been turned down for a Home Study or for the adoption of a child? _____

If yes, explain: _____

Have you ever filed for Divorce, Separation, or Annulment of this marriage? _____

If yes, explain _____

Are you past due on any Court Ordered Child Support? _____

Have either of you: Filed Bankruptcy? _____ Been Arrested? _____

Have you ever been arrested? _____

If yes, explain _____

We authorize the release of our picture and confidential biological information for placement in the Adoption Entity adoption portfolio YES _____ NO _____.

We authorize the release of confidential biological information to other agencies in reference to placement with an agency. YES _____ NO _____.

We will meet with Birth Parents YES _____ NO _____.

We will provide pictures and information about the child to the Birth Parents YES _____ NO _____.

How long will you provide pictures and information to the Birth Parents? _____.

International: Complete if an international adoption is being considered

Have you completed a Dossier?: _____

Have you filed your I-600A with INS?: _____

Is so, for what country? _____

Please return this form with recent snapshots, preferably in color of both of you and your children and an Anonymous Letter (unsigned) to the birth parents expressing your Reasons For Desiring Adoption: (Use both sides of page if needed)

By signing this application, I (we) am / are stating that all information contained herein is true and correct.

Adoptive Father

Adoptive Mother

Date: _____

Date: _____