



Florida Home Studies and Adoption, Inc.

5930 Palmer Blvd. Sarasota, Florida 34232
 Phone: (941) 342-8189 Fax: (941) 371-3125
 e-mail: info@flhomestudies.com

Check one or both (as applicable to your application):

Home Study Application (complete and return with \$250 non-refundable deposit which is applied toward the home study fee).

Adoption Application (complete and return with \$250 non-refundable application fee).

PLEASE NOTE: If you are using FHSA for both your home study and adoption, you will need to send in a check for \$500. Completed applications should be mailed to: Florida Home Studies and Adoption, Inc., 5930 Palmer Blvd., Sarasota, Florida 34232.

Child Request

Interested in adopting from (check one): <input type="checkbox"/> Cambodia <input type="checkbox"/> China <input type="checkbox"/> Ethiopia <input type="checkbox"/> Guatemala <input type="checkbox"/> Korea <input type="checkbox"/> Nepal <input type="checkbox"/> Taiwan <input type="checkbox"/> Ukraine <input type="checkbox"/> United States <input type="checkbox"/> Vietnam <input type="checkbox"/> Other: _____
*Gender of Child(ren): <input type="checkbox"/> Male(s) <input type="checkbox"/> Female(s) <input type="checkbox"/> No Preference
Number of Children (choose all you are open to): <input type="checkbox"/> One Child <input type="checkbox"/> Twins <input type="checkbox"/> Sibling Group
Age(s) of Child(ren):
Please indicate any special medical, mental, emotional, or educational needs or history you will consider or accept (<i>leave blank if none</i>):

* **Please note:** Gender selection is not an option in domestic adoption. In international adoption, the possibility of gender selection varies by country. As our goal is to find a home for every child, FHSA highly encourages families to be open to adopting a child of either gender.

Contact Information

Name of Applicant(s):		
Home Address:		
City:	State:	Zip Code:
Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Home Telephone:		
His Work Telephone:	Her Work Telephone:	
His Fax Number:	Her Fax Number:	
His Cell/Pager Number:	Her Cell/Pager Number:	
His E-Mail:	Her E-Mail:	

Emergency Contact Information

Name of Emergency Contact Person:		
Relationship to you:		
Address:		
City:	State:	Zip Code:
Home Telephone:		Work Telephone:
Cell/Pager Number(s):		

Family Information

	Prospective Father	Prospective Mother
Full Legal Name:		
Date of Birth/ Age:		
Height & Weight:		
Social Security Number:		
Race/Ethnicity:		
Employer:		
Title:		
Annual Income:		
Highest Level of Education Achieved		
Date of Present Marriage:		
Number of Previous Marriages:		
<i>Please list previous spouses, dates of marriage, reason ended (i.e., death/divorce):</i>		
US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you are a naturalized citizen, please complete the following information:</i>		
Date:	Place:	Certificate Number:

Please list all other persons living in your home, include children, relatives, borders, roommates and employees.

Name	Birth Date	Relationship (if "child" please note whether adopted or biological. If adopted, what year and from which country)	Any Special Needs? If so, explain.	School Grade/ Occupation

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Persons living in your home Continued...

Name	Birth Date	Relationship (if "child" please note whether adopted or biological. If adopted, what year and from which country)	Any Special Needs? If so, explain.	School Grade/ Occupation

Please list other children (not living in the home):

Name	Birth Date	Relationship (please note whether adopted or biological. If adopted, what year and from which country)	Any Special Needs? If so, explain.	School Grade/ Occupation

General Health

If you answer "yes" to any of the following questions, please attach a letter of explanation to this application. Failure to disclose history may disqualify you from adopting.

	Husband		Wife	
Have either of you been diagnosed with a significant illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have either of you had major surgeries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have either of you been treated by a mental health professional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have either of you been treated for substance abuse/alcoholism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are either of you on any current medications for depression or any other psychiatric diagnosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If so, what was/is the medication:

What was it prescribed for?

Health Insurance

Do you have health insurance that will cover the child you are adopting? Yes No

If so, what type of insurance do you have?

If not, what is your plan for providing medical care for your adopted child?

Legal History

If you answer "yes" to any of the following questions, please attach a letter of explanation to this application. Failure to disclose history may disqualify you from adopting.

	Husband		Wife	
Have you or anyone in your household EVER been arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If so, what were the charges, date of arrest and disposition?

Have you or anyone in your household EVER been the subject of an investigation for child abuse or neglect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If so, where and what was the outcome?

References

Please list three references you plan on using or have used for your home study:

Name and Relationship	Address	Telephone Number(s)

Immigration Paperwork (if adopting internationally)

Have you filed an I-600A or I-800A form with USCIS (Immigration)? Yes No

If so, when?

Other Agency (if applicable)

Will another agency be providing either your Home Study or Adoption Services for this adoption? Yes No

If so, please provide the agency's information below.

Name of Agency:

Service being provided:

Address:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

Contact Person:

E-mail Address:

Website URL:

Please Note: If you are using FHSA to complete your Adoption and you are a Florida resident, FHSA must also provide your Home Study and Post Placement services.

Are you in the process of adopting another child with a different agency? Yes No
If so, what is the name of the agency and status of the adoption?

Other

How did you hear about FHSA?

Referral: Another FHSA Family FHSA Staff Agency/Social Worker
 Family/Friend

Multi Media: Radio/TV (what station? _____)

Print: Adoptive Family Magazine FPEA Magazine/Flyer Phonebook

Internet: Adoptionforums.org Abcadoptions.com Adopting.com
 Adoption.com Adoptivefamilies.com Precious.org
 Rainbowkids.com Search direct to FHSA

Other: _____

Did you attend a Seminar? Yes No (If yes, what City? _____)

Have you ever been denied an approval of a home study? Yes No
If yes, please explain.

Have your parental rights ever been terminated or voluntarily relinquished? Yes No
If yes, please explain.

Family Photograph

Yes, at least one photograph of my/our family is enclosed for your records.

Acknowledgement and Signature

*By signing below, I/We attest that the information provided in this application is the truth to the best of my/our knowledge. I/We also understand that adoption can be an unpredictable process and **FHSA** has no control over changes in any country's proceedings, changes in time frames, or closing of a country's program. I/We also agree not to hold **FHSA** responsible for such changes, as they are out of the agency's control.*

X

Prospective Father

Date

X

Prospective Mother

Date