



# Florida Adoption Home Studies

## Home Study Application

Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Preferred Pronouns: ☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs

☐ Other \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Previous Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Place: \_\_\_\_\_

What is your current gender identity? ☐ Male ☐ Female ☐ Transgender Male

☐ Transgender Female ☐ Non-binary/Genderqueer/Gender Non-conforming

☐ Other \_\_\_\_\_

What was your sex assigned at birth, meaning on your original birth certificate?

☐ Male ☐ Female ☐ Other \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Religion: \_\_\_\_\_

Education: \_\_\_\_\_

Language(s): \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer (Name/Address/Phone): \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_

Sources of Additional Income: \_\_\_\_\_

Mailing Address/Physical Residence of Applicant (Address/City/State/Zip): \_\_\_\_\_

#### Applicant Children

Child #1 Name: \_\_\_\_\_

Child #1 Date of Birth: \_\_\_\_\_

Child #1 Gender: ☐ Male ☐ Female ☐ Other \_\_\_\_\_

Child #1 Current Location: ☐ With Applicants ☐ Relative Caregiver ☐ Foster Care

☐ Birth Parent Other Than Applicant ☐ Adopted/Group Home

Child #2 Name: \_\_\_\_\_

Child #2 Date of Birth: \_\_\_\_\_

Child #2 Gender: ☐ Male ☐ Female ☐ Other \_\_\_\_\_

Child #2 Current Location: ☐ With Applicants ☐ Relative Caregiver ☐ Foster Care

☐ Birth Parent Other Than Applicant ☐ Adopted/Group Home

Additional Children Residing in the Applicant's Home: Please include their Name, Date of Birth, Gender, and Current Location

Other Adult(s) Living in the Applicant's Home: Please include their Name, Gender, Age, and Relationship to you:

Has \_\_\_\_\_ had any Previous Marriage(s)/Domestic Partner(s)? \_\_\_\_\_  
(Applicant 1 Name) Yes/No

If Yes, please include the Name of Partner, Date Begun, and Date Ended for each previous marriage/domestic partner

Has \_\_\_\_\_ had any Previous Marriage(s)/Domestic Partner(s)? \_\_\_\_\_  
(Applicant 2 Name) Yes/No

If Yes, please include the Name of Partner, Date Begun, and Date Ended for each previous marriage/domestic partner

I Am Interested In:(Select All That Apply): ☐ Adoption ☐ Becoming a Relative Care Provider ☐ Foster Care ☐ Adopting or Providing Foster Care for Specific Child(ren)

If Seeking Adoption/Foster of Specific Child: Name/Gender/Date of Birth/Relationship

Preferred Age of Child for Consideration (Select All That Apply): ☐ 0-3 Years Old

☐ 3-7 Years Old ☐ 7-10 Years Old ☐ 10-18 Years Old

Preferred Gender of Child for Consideration (Select All That Apply): ☐ Male ☐ Female

☐ Transgender Male ☐ Transgender Female ☐ Non-binary/Genderqueer/Gender

Non-conforming ☐ Other \_\_\_\_\_

Are you open to/considering adopting siblings? ☐ Yes ☐ No

Have you previously applied for adoption, either as an individual, a couple, or in a previous relationship? ☐ Yes ☐ No

Have you started or completed an adoption education program? ☐ Yes ☐ No

Have you previously started or completed an adoption home study? ☐ Yes ☐ No

I, the undersigned, submit this application with the following acknowledgements:

I give full permission to the adoption practitioner to communicate and exchange information about me, in written or verbal form, with other child welfare agencies, private and international adoption agencies, physicians, mental health professionals, referees, other adoption licensees and practitioners, government agencies/departments, and other sources, as necessary, in order to further my application.

I understand that any false statement, or omitted information in this application, may jeopardize my application

☐ Yes ☐ No

I confirm that the information given on this initial application is accurate and complete to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_