

HOPE FOR FAMILIES

New Born Adoption Services

How did you hear about Hope for Families Adoption, Inc.?

Personal or Agency referral, name _____

Internet

Please complete this application accurately and honestly. Please submit it to Hope for Families Adoptions, Inc. (HFF) with the signed New Born Adoption Services contract, and a non-refundable first installment fee of \$7,500.00, which will be applied towards the total HFF adoption agency fees of \$22,500 as per the New Born Adoption Fees List. Upon receipt, HFF will immediately begin assisting you in finding an available suitable birth mother in Florida so you can adopt the new born child of your dreams.

Adopting Parents

Last Name: _____ First Name(s): _____

Last Name: _____ First Name(s): _____

Address: _____

Home Telephone: _____ E-Mail Address: _____

Wife's/Single Applicant's Work Phone: _____ Husband's Work Phone: _____

Wife's/Single Applicant's Cell Phone: _____ Husband's Cell Phone: _____

Please list all persons who reside in your home and indicate adult or child, and if adopted, finalization date and country of birth.

Name _____ Birth date/country _____ Relationship _____

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Name _____ Birth date/country _____ Relationship _____

Law Enforcement History: **Wife or Single Applicant** **Husband**

Have you ever been convicted
Or charged with a crime? _____

If so, explain on an attached page:

The Child You Desire

Please state your preference: Female_____Male_____Age range
desired:_____

Would you consider twins? Yes_____No_____

Would you consider a child with a correctable physical handicap?
Yes_____No_____

Would you consider a child with a permanent physical handicap?
Yes_____No_____

Circle desired race of the child you prefer to adopt: 1. Caucasian, 2. Afro-American, 3.
Native American, 4. Hispanic, 5 Asian. or bi-racial 6.Caucasian/Afro-American, 7.
Caucasian/Asian, 8. Caucasian/Native American, 9. Caucasian/Hispanic ethnicity

Social Information:

Wife or Single Applicant

Husband

Legal Name: _____

Social Security: _____

Date of Birth: _____

Height/Weight: _____

Eye/Hair Color: _____

Highest Education: _____

Length of Marriage: _____

Marriage Date: _____ Wife's maiden name _____

Prior Divorce

Health:

Wife or Single Applicant

Husband

Physician Name: _____

Address: _____

Telephone: _____

Current Medication: _____

Reason for Medication: _____

Illnesses/Accidents: _____

Disabilities/Limits: _____

Employment: **Wife or Single Applicant** **Husband**

Employer: _____

Position: _____

Date of Hire: _____

Annual Gross Income: _____

Emergency Contacts:

In the event we cannot reach you or in the case of an emergency, please indicate two people whom we may contact.

Names	Address	Telephone#	Relationship
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Current Status:

Has HFF completed your Home Study? Yes___No___

If you live in Florida, would you like for HFF to conduct your Home Study? Yes___No___

If HFF has not completed your Home Study, we must update your home study under our license. All families must meet Florida’s post-placement requirements of the adoptive child(ren)’s before the adoption can be finalized (currently, three post-placement visits from HFF are required by Florida but it could be more if the adoption is challenged. Are you willing to meet these requirements in the event you adopt (a) child(ren)?

Yes___No___

Consent:

I/we give our consent to Hope for Families Adoptions, Inc. to obtain, release and receive information from my/our Home Study agency or use the home study we completed with HFF and/or any referral source which is pertinent to the service(s) requested, until such time that my/our HFF record has been closed. I/we agree that the information provided is true and accurate to the best of our knowledge. A non-refundable application and contract fee of \$7,500 accompanies this signed application and signed New Born Adoption Services contract.

Date:_____Signature:_____

Date:_____Signature:_____

Hope for Families Adoptions, Inc.

130 South Indian River Dr., Suite 301, Fort Pierce, Florida 34950

PHONE: 772-429-3334 • FAX: 772-429-3336