

# ***HOPE FOR FAMILIES***

## **Adoption Assistance Application**

**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 Adoption Assistance Program contract, and a non-refundable first installment fee of \$4,000.00, which will be applied towards the total HFF adoption agency fees of \$16,000 as per the Adoption Assistance Program Fees List. Upon receipt, HFF will immediately begin assisting you in preparing your personalized marketing campaign so you can begin to search through a wide variety of multimedia formats for available suitable birth mother who will choose you to place her baby with.

### **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 attached page: \_\_\_\_\_

**Child preference:** Female\_\_\_\_\_Male\_\_\_\_\_Age range desired:\_\_\_\_\_

Would you consider twins? Yes\_\_\_\_\_No\_\_\_\_\_

Would you consider a child with a correctable medical conditions? Yes\_\_\_\_\_No\_\_\_\_\_

Would you consider a child with potential developmental delays? Yes\_\_\_\_\_No\_\_\_\_\_

Would you consider a child with a 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 8. 10. Other \_\_\_\_\_

**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 your State’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 your State may have other post placement requirements. 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 \$4,000 accompanies this signed application and signed Adoption Assistance Program 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**