ADOPTION SUPPORT SERVICES of Florida
1036 Manigan Ave, Oviedo, Florida 32765
Office: (407) 366-6436
www.adoptionsupportservices.com

CLIENT INFORMATION

Please type or print clearly

FAMILY NAME:_____ HOME PHONE: (___)_____

ADDRESS:_____
Number Street City County State Postal Code

Gated Community? _____ **Gate Code:** _____

	Parent #1	**Parent #2**
CELLULAR PHONE:	(___)_____	(___)_____
WORK PHONE:	(___)_____	(___)_____
*E-MAIL ADDRESS:	_____	_____

A. BACKGROUND

	Parent #1	**Parent #2**
Name:	_____ First Middle Last	_____ First Middle Last
Date of Birth (Month Day Year):	_____	_____
Birthplace (**County** and State):	_____	_____
Are you a U.S. citizen?	_____	_____
Passport Number	_____	_____
If Naturalized:	_____ Place, Date, certificate number	_____ Place, Date, Certificate number
Ethnic Origin	_____	_____
Height & weight:	_____	_____
Eye & hair color:	_____	_____
High school and year graduated:	_____	_____
College: Degree: Year graduated:	_____	_____

A. BACKGROUND (continued)

	Parent #1	Parent #2
Military experience:	_____ Branch, rank & dates	_____ Branch, rank & dates
Hobbies/Interests	_____	_____
	_____	_____
	_____	_____
Community Activities:	_____	_____
	_____	_____

Please Circle Your Responses:

	Parent #1		Parent #2	
Have you been treated for any mental health conditions that required hospitalization?	Yes	No	Yes	No
Have you been treated for any physical health conditions that required hospitalization?	Yes	No	Yes	No
Have you ever been arrested? If "yes" please include an explanation of the arrest on a separate page.	Yes	No	Yes	No
Have you ever filed bankruptcy?	Yes	No	Yes	No

B. Supplemental Home Study Questionnaire

Please Circle Your Responses:

	Parent #1		Parent #2	
1. Have you ever been:				
a. arrested	Yes	No	Yes	No
b. charged with a crime?	Yes	No	Yes	No
c. convicted of a crime?	Yes	No	Yes	No

C. Supplemental Home Study Questionnaire (continued)

	Parent #1		Parent #2	
2. Have you ever been:				
a. rejected as an adoptive parent?	Yes	No	Yes	No
b. the subject of an unfavorable home study?	Yes	No	Yes	No

	Parent #1		Parent #2	
3. Do you have a history of:				
a. alcohol abuse?	Yes	No	Yes	No
b. drug abuse?	Yes	No	Yes	No
c. child abuse or neglect?	Yes	No	Yes	No
d. sexual abuse?	Yes	No	Yes	No
e. domestic violence?	Yes	No	Yes	No

D. MARRIAGE

Date of Current Marriage:_____Location (County/State):_____

Former marriages:	Parent #1	Parent#2
# of former marriages (If you have more than one prior marriage – please list the required information on an additional page)	_____	_____
Status:	__divorced __widowed	__divorced __widowed
Former Spouse (Names)	_____	_____
Dates (Month/Day/Year):	From:_____To:_____	From:_____To: _____
Number of children from previous marriage(s)	_____	_____
Do children live with you	yes/no full time/part time	yes/no full time/part time

C. RELIGION

How often do you attend a religious service? __never __rarely __occasionally __weekly

Church Name and your denomination:_____

D. HOME

Have you lived in Florida for at least five years? Yes No

If no, list previous state and dates of residency: _____

List all persons living in your home other than yourself (include children, relatives, boarders, etc.)
If children reside in your home, are they biological or adopted? (please give adoption date)

Name	Date of Birth	Relationship

E. CHILDREN LIVING OUTSIDE THE HOME:

Name	Date of Birth	Name	Date of Birth

F. CURRENT EMPLOYMENT

	Parent #1	**Parent #2**
Social Security #		
Company Name:		
Position/Title:		
Date of Hire:		
Company Address:		

G. WORK HISTORY (FOR THE LAST TEN YEARS OR LAST THREE EMPLOYERS)

1. Parent #1 Employer Position/Title Dates of Employment

_____

_____

_____

G. WORK HISTORY (continued)

2. Parent #2 Employer Position/Title Dates of Employment

By signing below, you acknowledge that the information is correct, complete, and true upon your personal knowledge and that you understand all the above information is subject to verification. Giving false information or failing to disclose information including an arrest history that has been expunged or sealed can lead to the Home Study not being approved and/or a mandated Home Study update with additional fees incurred. I/We agree to inform Adoption Support Services of Florida of all changes that occur with any of this information during the home study process. I/We understand that failure to disclose information may delay or terminate the home study process and could result in additional costs.

_____ _____
Parent #1 Signature Date

_____ _____
Parent #2 Signature Date

Please include the following documents with this completed form:

- ☐ **Recent family photo (not extended family)**
- ☐ **Birth certificate (a copy of original, certified copies not needed)**
- ☐ **Marriage License (copy of original)**
- ☐ **Divorce Decree (if applicable)**
- ☐ **Recent Federal Income Tax Return (first two pages of 1040 form)**
- ☐ **Floor plan of house (hand drawn floor plan is acceptable)**
- ☐ **Copy of Health Insurance Card**
- ☐ **Naturalization Document (if applicable)**
- ☐ **Final Disposition of Arrest (if applicable)**