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| **Applicant Information** | | | | | | |
|  | **Applicant One** | | | **Applicant Two** | | |
| 1. Applicant Name: | | |  | 1. Applicant Name: | |  |
| 2. Birth Date: | | | | 2. Birth Date: | | |
| 3. Social Security Number: | | | | 3. Social Security Number: | | |
| 4. Previous names if applicable: | |  | | 4. Previous names if applicable |  | |
| 5. Religion: | | | | 5. Religion: | | |
| 6. Gender: Male Female | | | | 6. Gender: Male Female | | |
| 7. Children: Minor: Adult: | | | | 7. Children: Minor: Adult: | | |
| 8. Race: White Black Bi-racial  Asian Other | | | | 8. Race: White Black Bi-racial  Asian Other | | |
| 9. Citizenship Status: | | | | 9. Citizenship Status: | | |
| 10. Have you fostered or adopted previously? If yes, list agency and dates: | | | | 10. Have you fostered or adopted previously? If yes, list agency and dates: | | |

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| **Family Information** | | | | | | | | | | | |
| 11. Family Structure: Single Married Couple  Adults in Relationship Additional Adult in home | | | | | | 12. Date and location of Marriage: | | | | | |
| 13. Street Address: | | | 14. City/Zip Code: | | | 15. Telephone Number: | | 16. Email Address: | | | |
| 17. Length of time in present home: | | | | | | | 18. Do you own or rent? | | | | |
| 19. List all persons currently living in home: | | | | | | | | | | | |
| **Name** | | | | **Age** | **Relationship** | **Name** | | **Age** | | **Relationship** | |
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|  | Do you or your spouse have any children living away from home? If so, please list: Name: DOB: Name:  Name: DOB: Name: | | | | | |  | DOB: DOB: | |  |  |
|  | **Five Year Address History for All Adult Members** | | | | | | | | | |  |
| **Name** | | **Address** | | | | | | | **Dates** | | |
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| **Driver’s License for All Adult Members** | | | | | | | | | | | |
| **Name** | | | | | | | **DL #** | | | | |
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| **Financial Information** | | | | | | | |
| 20a. Employment Situation – Applicant One’s Employer: | | Number of Years Employed:  *If less than one year, previous Employer:* | | | | Schedule: | |
| 20b. Employment Situation – Applicant Two’s Employer: | | Number of Years Employed:  *If less than one year, previous Employer:* | | | | Schedule: | |
| 21. Total Net Income (including all sources):  Monthly $ | | | | | | 22. Rent or Mortgage Amount:  $ | |
| 23. Check all income sources to your home: | Employment | | Social Security | Retirement | Other | | Disability |
| 24. Do you currently receive any of the following: WAGES/AFDC Medicaid/Medipass Food Stamps WIC Section 8 Supplemental Security Income (SSI) | | | | | | | |
| 25. Are you or your spouse paying monthly support for any minor children not living in your home: Yes No  Monthly Amount $ Are Payments Current Yes No | | | | | | | |
| **General Information** | | | | | | | |
| 26. Have you or anyone in your household ever been involved in a domestic violence incident? Yes No If so, please explain. | | | | | | | |
| 27. Have you or anyone in your household had a driving violation related to the use of drugs or alcohol within the past 5 years?  Yes No If Yes, Date: Offense: Outcome: | | | | | | | |
| 28. Have you or anyone in your household ever been arrested? Yes No If Yes, Name at Time of Offense:  City of Arrest: Date: Offense: Outcome: | | | | | | | |
| 29. Have you or anyone in your household ever been a party in an injunction case: Yes No If yes, please explain. | | | | | | | |
| 30. Have you or anyone in your household ever been involved in an investigation forabuse orneglect in theState of Florida or any other State?  Yes No If Yes, Date: Allegation(s): Outcome: | | | | | | | |
| 31. Have you or anyone in your household ever been orare currently under theregular care of a doctor, therapist or mental health counselor?  Yes No If Yes, Diagnosis: Medication(s): Frequency of counseling or medication management (if applicable):  Provider: | | | | | | | |

Medication(s)/Dosage:

Name:

Medication(s)/Dosage:

Name:

32. Is anyone on medication: Yes No If Yes, please list

***(Please note that a release of informationhas to be signed to obtain your records from your doctor, therapist or mental healthcounselor)***

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| 33. Has any adult in the home resided outside of Florida thepast five years? | | | Name: State:  Name: State: | Years:  Years: |
| 34. Types of Children Desired:  Number: Race: | Age Range: | Gender: |  |  |
| Applicant One Signature | Date |  | Applicant Two Signature | Date |