

**HEARTFELT ADOPTIONS AND SURROGACY SERVICES**  
**ADOPTIVE PARENT APPLICATION**  
(Please type or print clearly as we rely on this information for court documents.)

Date: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County State Zip

Home Phone: \_\_\_\_\_

*Please list your name how it appears on your passport/driver's license.*

PARENT 1

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

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

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

\_\_\_\_\_

Position: \_\_\_\_\_

How Long: \_\_\_\_\_

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

Resided in Florida \_\_\_\_\_ Years

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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

U.S. Citizen?  Yes  No

If No, Where: \_\_\_\_\_

Race: \_\_\_\_\_

Ancestry: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Complexion: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Has either spouse/partner filed for

separation, divorce, or annulment during this  
marriage?  Yes  No

Religious Affiliation: \_\_\_\_\_

PARENT 2

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

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

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

\_\_\_\_\_

Position: \_\_\_\_\_

How Long: \_\_\_\_\_

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

Resided in Florida \_\_\_\_\_ Years

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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

U.S. Citizen?  Yes  No

If No, Where: \_\_\_\_\_

Race: \_\_\_\_\_

Ancestry: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Complexion: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_

If wife is employed, will she take a leave of  
absence?  Yes  No

If so, how long? \_\_\_\_\_

Who will care for child after placement?  
\_\_\_\_\_

\_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

## EDUCATION

### PARENT 1

Graduated from high school?  Yes  No

Graduated from college?  Yes  No

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

### PARENT 2

Graduated from high school?  Yes  No

Graduated from college?  Yes  No

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

## PRIOR MARRIAGES

### PARENT 1

Name of spouse: \_\_\_\_\_

How terminated: \_\_\_\_\_

When/where terminated: \_\_\_\_\_

Number of children: \_\_\_\_\_

Where/with whom do they reside: \_\_\_\_\_

\_\_\_\_\_

*List other marriages on separate sheet.*

*Attach copies of all divorce decrees.*

### PARENT 2

Name of spouse: \_\_\_\_\_

How terminated: \_\_\_\_\_

When/where terminated: \_\_\_\_\_

Number of children: \_\_\_\_\_

Where/with whom do they reside: \_\_\_\_\_

\_\_\_\_\_

*List other marriages on separate sheet.*

*Attach copies of all divorce decrees.*

## CHILDREN OF THIS MARRIAGE

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Adopted: \_\_\_\_\_ Biological: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Adopted: \_\_\_\_\_ Biological: \_\_\_\_\_

If adopted, when and where: \_\_\_\_\_

Private Adoption Agency \_\_\_\_\_ Attorney \_\_\_\_\_ State Agency \_\_\_\_\_

## FINANCIAL SUMMARY

Savings \$ \_\_\_\_\_ Renting (Monthly Rent) \$ \_\_\_\_\_

Savings & Investments \$ \_\_\_\_\_ You budget range for adoption: \$ \_\_\_\_\_

Home Market Value (Equity) \$ \_\_\_\_\_ How will you finance adoption? \_\_\_\_\_

Monthly Payments \$ \_\_\_\_\_ \_\_\_\_\_

Mortgage Balance \$ \_\_\_\_\_ \_\_\_\_\_

## CHILD DESIRED

***Review each question carefully as the answers you provide determine which birth parents view your family profile. The more restrictive your answers are, the fewer opportunities birth parents have to view your profile, which correlates to a longer wait.***

### ETHNICITY OF CHILD

Caucasian \_\_\_\_\_

Hispanic \_\_\_\_\_

African American \_\_\_\_\_

Caucasian/Hispanic \_\_\_\_\_

African American/Caucasian \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

Desired Gender:  Male  Female  Either (*If you are gender specific, waiting time may double*)

### AGE OF CHILD

Newborn to Six Months \_\_\_\_\_

Six Months to One Year \_\_\_\_\_

One Year to Three Years \_\_\_\_\_

Three Years to \_\_\_\_\_ Years \_\_\_\_\_

Siblings \_\_\_\_\_

## DRUG & ALCHOL USE BY THE BIRTH MOTHER

Please mark an “X” on what you are willing to accept regarding the birth mothers drug and alcohol usage. If, for example, you do not check alcohol during pregnancy we will not send your information to a birth mother that indicated they had one drink of alcohol. Think very carefully for each response. It should be noted that all medical and health history questions are answered by the birth parents and verifying the validity of each response is sometimes difficult or impossible. It is highly recommended that adoptive families research the effects of substance usage through a qualified medical professional.

Substance	1-5 Times	Monthly	Weekly	Daily
Cigarettes				
Alcohol				
Marijuana				
Cocaine				
Methamphetamine				
Heroin				
Ecstasy				
Methadone				
Diet pills				
Tranquilizers				
Other (please specify)				

*\* Please specify if there are any other substances that you would consider disqualifying in nature.*

## BIRTH PARENT MEDICAL & FAMILY HISTORY

Mark an “X” if you are willing to accept a child whose parents have a medical or family history of such disorders. “Immediate family” means the parents of the biological parents.

Disorders	Birth Parents	Immediate Family
HIV/Aids		
Cancer		
Diabetes		
Mental Condition		
Physical Condition		
Down’s Syndrome		
Depressed		
Bi Polar		
Schizophrenia		
Sickle Cell Anemia		
Leukemia		
Cerebral Palsy		
* Other (please specify)		

*\* Please specify if there are any other conditions that you would consider disqualifying in nature.*

### CONTACT WITH BIRTH PARENTS

- Would you like to have contact with birth parent(s) before adoption? \_\_ Yes \_\_ No
- Would you like to have contact with birth parent(s) after adoption? \_\_ Yes \_\_ No
- Would you be willing to send the birth parent(s) updates (letters, pictures, etc.) after the adoption? \_\_ Yes \_\_ No  
 If so up to what age? \_\_\_\_\_
- Would you like to receive phone calls from birth parent(s)? \_\_ Yes \_\_ No
- Would you like to contact the birth parent(s) directly? \_\_ Yes \_\_ No
- Would you like contact with birth parent(s) through the agency only? \_\_ Yes \_\_ No
- Would you like to meet birth parent(s) in person? \_\_ Yes \_\_ No
- Would you like to attend any doctor visits with birth mom? \_\_ Yes \_\_ No

### ADOPTION

- Have you been turned down by an adoption agency? \_\_ Yes \_\_ No  
 If yes, please provide name of agency, date and reason: \_\_\_\_\_
- Do you have a completed home study? (If yes, please attach.) \_\_ Yes \_\_ No  
 If so, please list the cost of your home study as well as the cost of your post placements: \_\_\_\_\_
- Name, address and phone number of agency or person doing home study: \_\_\_\_\_
- Why are you seeking to adopt a child? \_\_\_\_\_
- Are you working with another child placing entity at this time? \_\_ Yes \_\_ No  
 If yes, who? \_\_\_\_\_
- How were you referred to Heartfelt Adoptions and Surrogacy Services? \_\_\_\_\_

### BACKGROUND INFORMATION

Please mark an "X" as appropriate in the table below. If you mark an "X" under "Yes" be sure to indicate if it is applicable to the husband or wife, and explain the basis and outcome of the situation.

Have you ever?	Yes	No	Husband/ Wife	Explanation
Filed Bankruptcy				
Been in a Mental Hospital				
Had Psychotherapy				
Been Arrested				
Received a Discharge from the Military				
Placed a Child for Adoption				
Been Denied Custody by a Court				
Been Past Due on Child Support				
Been Involved in an Abuse Investigation				

**MEDICAL INSURANCE POLICY COVERAGE**

Name of Medical Insurance Company: \_\_\_\_\_

At what time (birth, temporary custody, finalization) does your insurance cover medical expenses for your baby?

\_\_\_\_\_  
Group Number or Policy Number: \_\_\_\_\_

*Your medical insurance information will need to be released to the hospital after the birth of the baby to cover any medical bills. Every hospital is covered under strict confidentiality provisions and policies to protect your anonymity.*

**ATTACHMENTS**

- I/We have attached photographs of family. \_\_ Yes \_\_ No
- I/We have attached a copy of our marriage certificate. \_\_ Yes \_\_ No
- I/We have attached a copy of any/all divorce decrees. \_\_ Yes \_\_ No
- I/We have attached a copy of our home study. \_\_ Yes \_\_ No
- I/We have attached a copy of our medical insurance card (front and back). \_\_ Yes \_\_ No
- I/We have attached our family profile. \_\_ Yes \_\_ No