

Dear Prospective Adoptive Family,

We are delighted you are interested in adopting a child through our Ukraine Program!

As a part of the application process in the state of Florida, you will need to have five reference forms submitted directly to the agency from your references. No more than one reference should be from a family member. Couples count as one reference.

Please request that your references carefully fill out the Confidential Reference Questionnaire, answering all questions fully. Please also remind them that the signature and date are crucial items. Original references must be submitted and can be mailed to:

CCAI-FL  
2651 Narnia Way Ste. 102  
Land O Lakes, FL 34638

Each Confidential Reference Questionnaire has a cover letter for you to insert the name{s} of the reference. On the form itself, please insert the reference name in the “Applicants” section, and each reference’s name in the “Reference” section.

In addition to the reference forms, we will need an Affidavit of Good Moral Character *for each adult in the home, including the applicant{s}*. We will also need an *additional* Affidavit of Good Moral Character Addendum *for each adult in the home, including the applicant{s}*.

We will be able to complete your Application review once we have received your notarized Affidavit{s} of Good Moral Character, notarized Affidavit{s} of Good Moral Character Addendum{s}, the completed Application, the Application Fee, and all five required references.

Please contact us with any questions or concerns. We can be reached at {813}949-5559 {ph}, {813} 948-9757 {fx}, or [ccaifl2@ccaifamily.org](mailto:ccaifl2@ccaifamily.org) {email}. We look forward to assisting you with your “journey of a lifetime”!

Sincerely,

*Your CCAI-Florida Staff*

Re: Reference Inquiry for Potential Adoptive Family

Date \_\_\_\_\_

Dear \_\_\_\_\_,

Your name has been given as a reference for: \_\_\_\_\_.

This family has applied to adopt a Ukrainian child. Before our agency can approve them as adoptive parents, we would appreciate your candid opinions of the applicants' character, qualifications, and suitability to care for and raise children.

The purpose of this inquiry is to safeguard children; it is an important part of our evaluation process. Your comments and opinions will remain confidential.

Please note that we will be unable to approve this family to adopt until we receive this reference from you. If you feel unable to complete this reference, please contact me so we can help this family make alternate arrangements. Should you require further information or wish to discuss this inquiry please feel free to call us at (813) 949-5559.

Thank you for your time and consideration in promptly completing and returning this reference. At your earliest convenience please mail your completed reference form to our office at the following address:

CCAI – FL  
2651 Narnia Way Ste 102  
Land O Lakes, FL 34638

Sincerely,

*Kathryn LaMons*

Director of Florida Operations  
CCAI Adoption Services



**CONFIDENTIAL REFERENCE QUESTIONNAIRE**

Applicants: \_\_\_\_\_

Reference: \_\_\_\_\_

1) How long have you known the applicants? \_\_\_\_\_

2) How would you describe your relationship with the applicants?

- A) Close friends
- B) Casual friends
- C) Casual acquaintances
- D) Business associate
- E) Other (please specify) \_\_\_\_\_

3) About the Husband

- A) What adjectives describe his personality? \_\_\_\_\_  
\_\_\_\_\_
- B) What are his stronger characteristics? \_\_\_\_\_  
\_\_\_\_\_
- C) What are his weaker characteristics? \_\_\_\_\_  
\_\_\_\_\_
- D) Describe his relationship with his wife and his children (if any). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E) How has he handled children in your presence? \_\_\_\_\_  
\_\_\_\_\_
- F) How does he show warmth and affection to others? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) About the Wife

- A) What adjectives describe her personality? \_\_\_\_\_  
\_\_\_\_\_
- B) What are her stronger characteristics? \_\_\_\_\_  
\_\_\_\_\_

C) What are her weaker characteristics? \_\_\_\_\_  
\_\_\_\_\_

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D) Describe her relationship with her husband and her children (if any). \_\_\_\_\_  
\_\_\_\_\_

E) How has she handled children in your presence? \_\_\_\_\_  
\_\_\_\_\_

F) How does she show warmth and affection to others? \_\_\_\_\_  
\_\_\_\_\_

5) Do you consider this family well adjusted? Please explain: \_\_\_\_\_  
\_\_\_\_\_

6) How would you describe their marriage? \_\_\_\_\_  
\_\_\_\_\_

7) What, if anything, do you feel could be improved in their marriage? \_\_\_\_\_  
\_\_\_\_\_

8) Do you believe they are both committed to adopting a child?  
A) Please explain: \_\_\_\_\_  
\_\_\_\_\_

9) What factors would you change in this family's home prior to their adopting a child? \_\_\_\_\_  
\_\_\_\_\_

10) Would you entrust the care of your child(ren) into this family? \_\_\_\_\_  
\_\_\_\_\_

11) CCAI welcomes any other comments you would like to make. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

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



# AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says:

(Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with \_\_\_\_\_, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section 782.04 murder
- Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section 782.071 vehicular homicide
- Section 782.09 killing an unborn quick child by injury to the mother
- Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
- Section 784.011 assault, if the victim of offense was a minor
- Section 784.03 battery, if the victim of offense was a minor
- Section 787.01 kidnapping
- Section 787.02 false imprisonment
- Section 787.025 luring or enticing a child
- Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section 790.115(2) (b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section 794.011 sexual battery
- Former Section 794.041 prohibited acts of persons in familial or custodial authority
- Section 794.05 unlawful sexual activity with certain minors
- Chapter 796 prostitution
- Section 798.02 lewd and lascivious behavior
- Chapter 800 lewdness and indecent exposure
- Section 806.01 arson
- Section 810.02 burglary
- Section 810.14 voyeurism, if the offense is a felony
- Section 810.145 video voyeurism, if the offense is a felony
- Chapter 812 theft and/or robbery and related crimes, if a felony offense
- Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
- Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
- Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
- Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
- Section 826.04 incest
- Section 827.03 child abuse, aggravated child abuse, or neglect of a child
- Section 827.04 contributing to the delinquency or dependency of a child
- Former Section 827.05 negligent treatment of children
- Section 827.071 sexual performance by a child
- Section 843.01 resisting arrest with violence

CONTINUED ON NEXT PAGE

Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

**THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS**

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. **The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:**

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

**CONTINUED ON NEXT PAGE**

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

### Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above**. I have placed a check mark by the offense(s) contained in my record. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: \_\_\_\_\_



**AFFIDAVIT OF GOOD MORAL CHARACTER**  
Required Addendum for Foster Care and Adoption Applicants

State of Florida

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_  
who, being duly sworn, deposes and says:

*I am an applicant for foster care or adoption:*

*By signing this form, I am swearing that I have not been convicted of any of the following offenses identified by the Federal Adoptions and Safe Family Act and Section 435.045, Florida Statutes, as prohibitive for persons wishing to provide foster care or adopt a child subject to a placement decision pursuant to Chapter 39, Florida Statutes. I understand this affidavit applies to the Florida Statutes or any similar statute of another jurisdiction.*

*I understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify the Department of Children and Families or the Community-Based Care Provider of any possible disqualifying offenses that may occur pending the finalization of an adoption or while licensed to provide foster care.*

*I understand that approval shall NEVER be granted when a record check reveals a felony conviction for:*

*Child abuse, abandonment or neglect, Spousal abuse, A crime against children, including child pornography, A crime involving violence, including rape, sexual assault, or homicide, BUT not including other physical assault or battery, if the Department finds that the felony was committed at ANY time.*

*I understand that approval shall NOT be granted when a record check reveals a felony conviction for:*

*Physical assault, Battery, or a Drug-related offense, if the Department finds that a court of competent jurisdiction has determined that the felony was committed within the past 5 years.*

**Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss. 837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for foster care or adoptions.**

\_\_\_\_\_  
Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.  
\_\_\_\_\_  
Signature of Affiant

MY COMMISSION EXPIRES \_\_\_\_\_ NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant's identification has been validated by

\_\_\_\_\_