

APPLICATION FOR COLOMBIA ADOPTION

Family Last Name: _____
(If different or hyphenated last name, list both: Wife/Husband)

- ♥ Please print clearly, initial & sign in ink
- ♥ Use additional paper if necessary
- ♥ Please do not leave any fields blank
- ♥ Use N/A or None as applicable

The information you provide in this application is very important in determining your qualifications as an adoptive family. All information provided will remain confidential and will be used only by CCAI personnel and your social worker to assist you in the adoption process. This application will not go to Colombia. Please do not omit items (i.e. number of divorces, arrest records, medical information and therapeutic issues). Failure to provide accurate and complete information may prevent CCAI from processing your application and may result in the closure of your file. CCAI reserves the right to perform its own confidential investigation pertaining to the information provided by you should CCAI deem it necessary.

CCAI ♥ 6920 S. Holly Circle ♥ Centennial, CO 80112-1018 ♥ USA

♥ Phone: 303-850-9998 ♥ Fax: 303-850-9997 ♥ Email: colombia@ccaifamily.org ♥ Website: www.ccaifamily.org ♥

CCAI is a division of Chinese Children Charities

GENERAL INFORMATION

(Please do not leave any blanks)

WIFE/SELF

HUSBAND/SELF

FULL LEGAL NAME	_____	_____
NAME YOU GO BY	_____	_____
SOCIAL SECURITY NUMBER	_____	_____
BIRTHPLACE (City/State/Country)	_____	_____
DATE OF BIRTH/AGE	DOB _____ AGE _____	DOB _____ AGE _____
COUNTRY OF CITIZENSHIP*	_____	_____
ETHNICITY	_____	_____
EDUCATION	_____	_____
OCCUPATION	_____	_____
PRIMARY EMPLOYER	_____	_____
HOBBIES/TALENTS	_____	_____
RELIGION	_____	_____

*Non-US citizens must submit a copy of their valid green card and current passport. Naturalized citizens must submit a copy of their Certificate of Citizenship or Certificate of Naturalization.

HOME ADDRESS: _____
STREET ADDRESS CITY COUNTY STATE ZIP CODE

MAILING ADDRESS: _____

(_____) _____
PRIMARY PHONE WIFE E-MAIL HUSBAND E-MAIL (Please star PRIMARY Email)

(_____) _____ (_____) _____ (_____) _____ (_____) _____
WIFE CELL WIFE WORK HUSBAND CELL HUSBAND WORK

Do we have your permission to contact you at work? Wife: **Yes / No** Husband: **Yes / No**

DATE OF CURRENT MARRIAGE: _____ **CITY/STATE/COUNTRY:** _____

If current date of marriage is less than 3 years, # of years lived together prior to marriage _____ **WIFE'S MAIDEN NAME:** _____

HAVE EITHER OF YOU BEEN PREVIOUSLY MARRIED? Wife: **Yes / No** Husband: **Yes / No**

If previously married, please list how the marriage ended (i.e. annulment, divorce, death), date and previous spouse's name(s).

	How Ended	Date	Previous Spouse's Name
Wife/Self	_____	_____	_____
Husband/Self	_____	_____	_____

CHILDREN: Please list all children – born to or adopted by applicants. (If you do not have any children, please put "N/A")

Name	Age	Gender	Date of Birth	Birth/Adopted*	Ethnicity	Current Location/Custody
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Please note group number for families who have previously adopted through CCAI.

OTHERS IN HOUSEHOLD (incl. anyone living in home, living on property, OR working in the home on a regular basis) Yes _____ No _____

Name	Gender	Date of Birth / Age	Relationship
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

ARREST HISTORY

HAVE YOU ***EVER*** BEEN ARRESTED FOR ANY REASON AT ANY AGE? (Even if it was expunged, dismissed, dropped, charged in another state or as a minor.) Please be aware that failure to disclose ANY arrest history, even if acquitted, not convicted, or not fingerprinted, will result in immediate closure of your adoption file.

WIFE/SELF: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ Clearance Attached

HUSBAND/SELF: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ Clearance Attached

If **YES**, please include the following with your application: 1) a detailed explanation of the arrest, written by you and 2) (if available) a copy of the disposition report obtained from the court in the jurisdiction **in which your arrest occurred**.

HEALTH INFORMATION

	Height	Weight	Eye Color	Hair Color
Wife/Self	_____	_____	_____	_____
Husband/Self	_____	_____	_____	_____

HAVE YOU EVER HAD (W=Wife, H=Husband):

	NO	YES	DATE/EXPLAIN		NO	YES	DATE/EXPLAIN
Tuberculosis	_____	_____	_____	Cancer/Tumor	_____	_____	_____
Heart Disease	_____	_____	_____	Liver Disease	_____	_____	_____
Sexual Disease	_____	_____	_____	Kidney Disease	_____	_____	_____
Mental Illness	_____	_____	_____	Nervous Disorder	_____	_____	_____
Lupus	_____	_____	_____	Seizure Disorder/Epilepsy	_____	_____	_____
Procedures (1)	_____	_____	_____	Genetic Disease	_____	_____	_____
Operations (1)	_____	_____	_____	Counseling or Therapy	_____	_____	_____
Illness/ Injury Requiring Hospitalization	_____	_____	_____	Alcohol Abuse	_____	_____	_____
				Drug Use/Experimentation	_____	_____	_____
				Any Physical Impairment (e.g. blindness, deafness, paralysis, missing limbs, etc)	_____	_____	_____

	NO	YES	DATE/EXPLAIN
❖ Have you ever been a victim of child or sexual abuse, or domestic violence?	_____	_____	_____
❖ Have you ever tested positive for HIV and/or Hepatitis B?	_____	_____	_____
❖ Are you currently taking any medications? (1)	_____	_____	_____

If “YES” is checked in any category above, please attach a copy of your doctor’s letter to this application. A separate letter is required for each applicant. Each letter should state in layman’s terms: a simple description of the medical issue, onset, treatment, outcome (recovered, “controlled with medication,” etc.) and recommendation for adoption (e.g., “This person is in good physical and mental condition necessary to provide responsible care for an adopted child”). Your current MD or DO can complete each letter. It does not need to be completed by the physician who treated the medical issue. Please see the footnotes below.

(1) We **do not need** a doctor’s letter for the following operations, medical issues, or their related medications: tonsillectomy, appendectomy, minor joint surgery, laser eye surgery, dental surgery, fertility-related issues, C-section, hyper/hypo-thyroidism, cholecystectomy, high cholesterol, cosmetic surgeries and allergies.

Is infertility one of your reasons for pursuing adoption? Yes/No **Are you pregnant or could be pregnant? Yes/No**

HEALTH INSURANCE

HEALTH INSURANCE PROVIDER: _____

Will they cover an adopted child? _____ Will they cover a child with a pre-existing condition? _____

CCAI recommends that adoptive families research their health insurance terms/limits to avoid delays in coverage. We also encourage you to begin thinking about guardianship for your adopted Colombian child. All families will be asked to provide this information during the adoption process.

EXTENDED FAMILY – Use additional paper if necessary. Please list all immediate family members (living or deceased).

If we are unable to reach you (e.g., on match day or for post adoption) do we have permission to contact members of your extended family? Please indicate “Yes” or “No” below.

WIFE/SELF

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

HUSBAND/SELF

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

EMPLOYER : CCAI will **NOT** contact your employer; however, we still need complete information in this application.

WIFE/SELF

HUSBAND/SELF

Company Name		
Supervisor		
Street Address		
City/State/ZIP		
Phone		

REFERENCES (Please print clearly)

Please list three personal references (must be non-family members)

	Name	E-mail Address	Mailing Address	Phone Number
1.	_____	_____	_____	(____) _____
2.	_____	_____	_____	(____) _____
3.	_____	_____	_____	(____) _____

ADOPTION

WHY DO YOU WISH TO ADOPT A CHILD FROM COLOMBIA? _____

Why have you chosen CCAI for this adoption? _____

CHILD or CHILDREN PREFERRED:

Female Male Either

I/We are interested in adopting:

- One child
 More than one child (a sibling group of up to _____ children)

I/We are open to the following medical conditions (if known): _____

Age Range **At the Time of Referral:** _____ to _____ years

FAMILY ASSESSMENT

YES **NO**

- Are you presently pursuing adoption possibilities through another agency? Agency name: _____
- Have you ever had a home study completed? Date: _____ Agency name: _____
- Have you ever been denied for the placement of a child?
- Do you currently (or plan to) use any form of corporal/physical punishment (including spanking) on your biological or adopted child(ren)?
- Have you ever been denied for the placement of a child?
- Have you ever disrupted/dissolved or relinquished a child?
- Has a child ever been removed from your home?
- Have you ever been investigated for and/or charged with child abuse, sexual abuse or domestic violence?

If you answered "YES" to any of the above, please provide a detailed explanation. **Letter Attached?** _____

ADOPTION(S) Through Another Agency

YES **NO**

- Have you ever completed an adoption through another agency? Agency name: _____
- Have you ever applied and had your application denied for any adoption program? Agency name: _____
- Have you ever refused a child referral?
- Do you currently have a complete dossier in Colombia through another agency? Agency name: _____

If you answered "YES" to any of the above, please provide a detailed explanation. Letter Attached

Please share with us some details about your previous adoption(s), if any:

Date of adoption finalization: _____ Age of child at time of referral: _____ Health status: _____ Domestic _____: Name of Country _____

Date of adoption finalization: _____ Age of child at time of referral: _____ Health status: _____ Domestic _____: Name of Country _____

APPLICATION CHECKLIST

Medical Conditions Checklist--COLOMBIA

Welcome! CCAI is delighted that you are interested in the Colombia Adoption Program. The Medical Conditions Checklist will help us understand your family's openness in terms of a child's age, gender, and special need(s) and will allow us to consider your family as we receive information on Waiting Children from ICBF in Colombia. Please work together with your spouse to complete the Checklist. If available, your social worker or family doctor can serve as a wonderful resource to help you.

Applicant #1: _____
Applicant #2: _____
Phone: _____
Alt Phone: _____
Email: _____

Desired gender: Female Male No Preference

Age: _____ to _____ years

Siblings: 2 children 3 children 4 children

Age Range of Siblings: _____ to _____ years

Would you consider a child with multiple conditions: _____

Please share with us which special needs your family is open to by circling the conditions you would consider.

FACIAL

Facial malformation (Including hemifacial microsomia)

HEART

Congenital heart disease – minor (ex. VSD, ASD, PFO, PDA, etc.)

Congenital heart disease – major (ex. TOF, multiple or structural pathologies)

BLOOD

Hepatitis B

Hepatitis B Carrier

Thalassemia

VISION/HEARING

Eye – treatable issues

Vision loss - moderate and/or significant/blind

Ear malformation/Ear atresia

Hearing loss - moderate and/or significant/deaf

FAMILY/CHILD HISTORY

Child's mother abused alcohol and/or drugs during pregnancy

History of mental illness in family

History of cognitive delay in family

Fetal alcohol syndrome

History of sexual abuse

History of physical abuse

History of trauma

Brain injury (cranio-cerebral trauma)

Chronic malnutrition

Unknown history of family

BIRTH CONDITIONS

Failure to thrive

Prematurity

Low Birth Weight

DEVELOPMENTAL/BEHAVIORAL

Cognitive delays

Growth delays

Motor delays

Speech delays

ADD/ADHD

Autism spectrum disorders

Maladaptive, aggressive behaviors

Psychiatric disorders (such as schizophrenia/bipolar)

Behavioral disorders - requiring specialized therapy

DIGESTIVE

Anal atresia (imperforate anus)

Gastroschisis

Other digestive disorders

SKIN

Albinism AND low vision

Hemangioma/Lymphangioma

Scar/Burns (moderate to significant/facial)

Vitiligo

Nevus

SKELETAL

Arthrogryposis/Joint disorders

Club foot/feet

Missing/malformed fingers/toes

Missing/malformed hands/arms or feet/legs

One affected limb only and/or Multiple affected limbs

Scoliosis

Short stature/Dwarfism

Spina bifida (meningocele/myelomeningocele)

NERVOUS SYSTEM

Cerebral anoxia/Brain damage or malformation

Cerebral palsy

Down syndrome

Hydrocephalus

Microcephalus

Meningitis

Neurofibromatosis

GENITAL/URINARY

Ambiguous genitalia

Male genital malformations

Vaginal atresia

Incontinence

Kidney disease/malfunction

OTHER

Epilepsy/Seizure disorder

Paralysis

Teratoma

Cancer

History of Leukemia

HIV

PKU

HEALTHY CHILD

Healthy older child (over 6 years)

Please indicate any other conditions, not listed here, that you may consider:

Dear Prospective Adoptive Family,

We are delighted you are interested in adopting a child through CCAI!

As a part of the approval process in the state of Florida, you will need to have five reference forms submitted directly to the agency from your references. References can be obtained from friends and family, anyone who is able to identify your suitability for parenting an adopted child. Additionally, references must follow the following guidelines:

- If you have school aged children in the home, one reference should be from a teacher.
- If you have an adult child now living on their own, one reference should be from him/her.
- No more than two references 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
2014 Edgewater Drive #166
Orlando, FL 32804

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 first section, and your name(s) in the second 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, or ccaifl@ccaifamily.org. We look forward to assisting you with your “journey of a lifetime”!

Sincerely,

Your CCAI-Florida Staff



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 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
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 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

CONTINUED ON NEXT PAGE

Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
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 SUBSTANCE USE AND MENTAL HEALTH DISORDER 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., “Service Provider Personnel” and “Peer Specialists” screened pursuant to s. 397.407, F.S.; “Recovery Residence Personnel” screened pursuant to s. 397.487, F.S., and any other substance use or mental health disorder professionals seeking certification requiring screening under s. 408.809, F.S

Relating to:

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 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photo-optical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
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
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

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

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.

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 by means of physical presence or online notarization
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 COMISSION EXPIRES _____ NOTARY PUBLIC, STATE OF FLORIDA

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

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 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 or email ccaifl@ccaifamily.org.

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
2014 Edgewater Drive #166
Orlando, FL 32804

Sincerely,

Ryan Fontaine

Director of Florida Operations

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 HusbandA) 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 WifeA) What adjectives describe her personality? _____
_____B) What are her stronger characteristics? _____
_____C) What are her weaker characteristics? _____

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: _____



CCAI ACH Authorization Form

Print Name(s) _____

US Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number(s) _____

By the signature below I/we authorize CCAI to immediately charge our account for the applicable fee indicated below.

_____ 1st time Application Fee of \$250

_____ Returning CCAI Family Application Fee of \$150

Account Holder Signature: _____ **Date:** _____

Printing in lieu of signature will be considered authorization to process the above fees.)

Account Holder Name: _____

Account Number: _____

Bank Routing Number: _____

Bank Name: _____

***** Please submit a voided check with this form*****