

# APPLICATION FOR BULGARIA ADOPTION

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

- ♥ 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 to assist you in the adoption process. This application will not go to Bulgaria. Please do not omit items (e.g. number of marriages/divorces, arrest records, medical information, therapeutic issues, etc). 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 ♥ USA**  
Phone: 303-850-9998 ♥ Fax: 303-850-997 ♥ Email: [bulgaria@ccaifamily.org](mailto:bulgaria@ccaifamily.org) ♥ Website: [www.ccaifamily.org](http://www.ccaifamily.org)



[www.ccaifamily.org](http://www.ccaifamily.org)

# GENERAL INFORMATION

(Please do not leave any blanks)

WIFE

HUSBAND

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 (Race) \_\_\_\_\_

EDUCATION (Highest Level Completed\*\*) \_\_\_\_\_

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.

\*\* If High School, please state if diploma or GED received.

HOME ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY COUNTY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_ Have you resided outside of the US in the past 5 years? \_\_\_\_\_

( ) \_\_\_\_\_  
PRIMARY PHONE WIFE EMAIL HUSBANDE-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 \_\_\_

Applicants' Initials \_\_\_\_\_

**DATE OF CURRENT MARRIAGE\*:** \_\_\_\_\_ **CITY/STATE/COUNTRY:** \_\_\_\_\_

\* Date must be verifiable by a government issued document (document not required with application) **WIFE'S MAIDEN NAME:** \_\_\_\_\_

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

|         | How Ended (i.e. annulment, divorce, death) | Date Ended (month/year) | Previous Spouse's Name |
|---------|--|-------------------------|------------------------|
| Wife    | _____                                      | _____                   | _____                  |
|         | _____                                      | _____                   | _____                  |
| Husband | _____                                      | _____                   | _____                  |
|         | _____                                      | _____                   | _____                  |

**CHILDREN:** Please list all children ever born to or adopted by either applicant. (If adopted, include date of adoption!) If you do not have any children, please put "N/A".

| Name(first, middle, last) | Age   | Gender | Date of Birth | Birth/Adopted** | Ethnicity/Country | Current Location/Custody |
|---------------------------|-------|--------|---------------|-----------------|-------------------|--------------------------|
| _____                     | _____ | _____  | _____         | _____           | _____             | _____                    |
| _____                     | _____ | _____  | _____         | _____           | _____             | _____                    |
| _____                     | _____ | _____  | _____         | _____           | _____             | _____                    |
| _____                     | _____ | _____  | _____         | _____           | _____             | _____                    |
| _____                     | _____ | _____  | _____         | _____           | _____             | _____                    |

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

| Name  | Age   | Gender | Date of Birth | Relationship |
|-------|-------|--------|---------------|--------------|
| _____ | _____ | _____  | _____         | _____        |
| _____ | _____ | _____  | _____         | _____        |

**ARREST HISTORY**

HAVE YOU EVER been arrested, cited, charged, indicted, convicted, fined, imprisoned or detained for breaking or violating ANY law or ordinance, at ANY AGE? (Even if it was expunged, dismissed, dropped, sealed, or charged in another state OR as a minor.) Please be aware that failure to disclose ANY such history, even if acquitted, not convicted, sealed, not fingerprinted or not jailed, will result in immediate closure of your adoption file..

WIFE: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_ REASON: \_\_\_\_\_ OUTCOME: \_\_\_\_\_ JAIL TIME? Yes \_\_\_\_\_ No \_\_\_\_\_

HUSBAND: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_ REASON: \_\_\_\_\_ OUTCOME: \_\_\_\_\_ JAIL TIME? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\*Note: Request one certified dispositional report from the related court for each incident listed above; submit a photocopy with this application and keep the original for your USCIS filing.

Applicants' Initials \_\_\_\_\_

**HEALTH INFORMATION**

|         | <b>Height</b> | <b>Weight</b> | <b>Eye Color</b> | <b>Hair Color</b> |
|---------|---------------|---------------|------------------|-------------------|
| Wife    | _____         | _____         | _____            | _____             |
| Husband | _____         | _____         | _____            | _____             |

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

|   | <b>NO</b> | <b>YES</b> | <b>DATE/EXPLAIN</b> |   | <b>NO</b> | <b>YES</b> | <b>DATE/EXPLAIN</b> |
|---|-----------|------------|---------------------|---|-----------|------------|---------------------|
| Tuberculosis                              | _____     | _____      | _____               | Cancer/Tumor  | _____     | _____      | _____               |
| Heart Disease                             | _____     | _____      | _____               | Liver Disease   | _____     | _____      | _____               |
| Sexual Disease                            | _____     | _____      | _____               | Kidney Disease  | _____     | _____      | _____               |
| Mental Illness (1)                        | _____     | _____      | _____               | Nervous Disorder  | _____     | _____      | _____               |
| Lupus                                     | _____     | _____      | _____               | Seizure Disorder/Epilepsy   | _____     | _____      | _____               |
| Procedures (2)                            | _____     | _____      | _____               | Genetic Disease   | _____     | _____      | _____               |
| Operations (2)                            | _____     | _____      | _____               | Counseling or Therapy   | _____     | _____      | _____               |
| Illness/ Injury Requiring Hospitalization | _____     | _____      | _____               | Alcohol Abuse   | _____     | _____      | _____               |
|   |           |            |                     | Drug Use/Experimentation (3)  | _____     | _____      | _____               |
|   |           |            |                     | Any Physical Impairment (e.g. blindness, deafness, paralysis, missing limbs, etc) | _____     | _____      | _____               |

|   | <b>NO</b> | <b>YES</b> | <b>DATE/EXPLAIN</b> |
|---|-----------|------------|---------------------|
| ❖ 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 (1)?               | _____     | _____      | _____               |
| ❖ Are you currently taking any medications? (1) and (2)                       | _____     | _____      | _____               |
| If YES, list name and purpose of medications: _____                           |           |            |                     |

**If “YES” is checked in any category above**, you may be required to submit a copy of your doctor’s letter with 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.. Contact CCAI with any questions.

- (1) Applicants with active TB, HIV or other serious communicable diseases may not qualify and should contact CCAI prior to completing this application.
- (2) We **do not need** a doctor’s letter for many procedures, operations, medical issues, or their related medications including but not limited to: acid reflux, allergies, appendectomy, C-section, chicken pox, cholecystectomy, benign cyst, fertility issues, GERD, hernia repair, high cholesterol, hypo/hyperthyroidism, Lasik eye surgery, minor surgeries (such as hand, knee, foot, shoulder), rhinoplasty, and tonsillectomy.
- (3) Applicant’s with a cancer history (regardless of type, size or diagnosis) should be at least 5 years cancer-free: Please contact CCAI to discuss.

**Is infertility one of your reasons for pursuing adoption?** Yes \_\_\_\_\_ No \_\_\_\_\_      **Are you pregnant?** Yes \_\_\_\_\_ No \_\_\_\_\_

**HEALTH INSURANCE** – 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 child. All families will be asked to provide this information to their social worker during the home study process.

**HEALTH INSURANCE PROVIDER:** \_\_\_\_\_  
 Will they cover an adopted child? \_\_\_\_\_ Will they cover a child with a pre-existing condition? \_\_\_\_\_

Applicants’ Initials \_\_\_\_\_

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

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

**WIFE’S FAMILY**

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

**HUSBAND’S FAMILY**

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

**EMPLOYER :** CCAI will **only** contact your employer if we deem it necessary; however, we still need complete information on this application.

|                | <b>WIFE</b> | <b>HUSBAND</b> |
|----------------|-------------|----------------|
| Company Name   | _____       | _____          |
| Supervisor     | _____       | _____          |
| Street Address | _____       | _____          |
| City/State/ZIP | _____       | _____          |
| Phone          | _____       | _____          |

**REFERENCES: (Please print clearly): Your application cannot be approved until a minimum of three reference forms have been received.**

Please list personal references

|    | Name  | E-mail Address | Mailing Address | Phone Number |
|----|-------|----------------|-----------------|--------------|
| 1. | _____ | _____          | _____           | (____) _____ |
| 2. | _____ | _____          | _____           | (____) _____ |
| 3. | _____ | _____          | _____           | (____) _____ |
| 4. | _____ | _____          | _____           | (____) _____ |
| 5. | _____ | _____          | _____           | (____) _____ |

- **For FL applicants,** FL law requires a minimum of 5 references be provided before your application can be approved.
- **For GA applicants,** GA law requires “at least one reference must be from an extended family member not residing with the prospective adoptive family.”
- **For WY applicants,** WY law requires 3 non relative references (known applicants for at least 2 years) , and 2 relative references.

Applicants’ Initials \_\_\_\_\_

**FINANCIAL INFORMATION**

|                                  | Name of Employer | Employment Dates | Verifiable Gross Annual Income |
|----------------------------------|------------------|------------------|--------------------------------|
| <b>WIFE (Present):</b>           | _____            | _____            | _____                          |
| If less than 3 years (Previous): | _____            | _____            | _____                          |
| <b>HUSBAND (Present):</b>        | _____            | _____            | _____                          |
| If less than 3 years (Previous): | _____            | _____            | _____                          |

OTHER CURRENT ANNUAL INCOME (List Source): \_\_\_\_\_  
 (e.g. Rental / Employment / Interest / Other income)

TOTAL ANNUAL INCOME \_\_\_\_\_

**PRIMARY RESIDENCE** Rented \_\_\_\_\_ Owned \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Monthly payment or rent \$ \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

**ASSETS**

|   |                 |
|---|-----------------|
| Primary Residence (approx. value):  | \$ _____        |
| Real Estate (other than primary residence):   | \$ _____        |
| Vehicles: _____   | \$ _____        |
| _____   | \$ _____        |
| Savings Account(s):   | \$ _____        |
| Checking Account(s) (usual balance):  | \$ _____        |
| Bonds: _____  | \$ _____        |
| Stocks: _____   | \$ _____        |
| Contents of home based on insurance replacement value:<br>(Obtained from home/renters insurance policy) | \$ _____        |
| 401K/Retirement: _____  | \$ _____        |
| Other*: _____   | \$ _____        |
| (*IRA, PERA, etc)   |                 |
| <b>TOTAL ASSETS:</b>  | <b>\$ _____</b> |

**LIABILITIES**

|                           | Owed            | Monthly Payment |
|---------------------------|-----------------|-----------------|
| Mortgage Balance:         | \$ _____        | \$ _____        |
| Credit Cards:             |                 |                 |
| _____                     | \$ _____        | \$ _____        |
| _____                     | \$ _____        | \$ _____        |
| _____                     | \$ _____        | \$ _____        |
| Bank Loans:               |                 |                 |
| _____                     | \$ _____        | \$ _____        |
| _____                     | \$ _____        | \$ _____        |
| Other:                    |                 |                 |
| _____                     | \$ _____        | \$ _____        |
| _____                     | \$ _____        | \$ _____        |
| _____                     | \$ _____        | \$ _____        |
| <b>TOTAL LIABILITIES:</b> | <b>\$ _____</b> |                 |

**NET WORTH:** \$ \_\_\_\_\_

What significant changes do you anticipate in your financial situation, if any? \_\_\_\_\_

Please share with us how you are going to finance this adoption.

\_\_\_\_\_  
 Applicants' Initials \_\_\_\_\_

## ADOPTION

WHY DO YOU WISH TO ADOPT A CHILD FROM BULGARIA?

Why have you chosen CCAI for this adoption? \_\_\_\_\_

### CHILD or CHILDREN PREFERRED:

\_\_\_\_ Female    \_\_\_\_ Male    \_\_\_\_ Either    Age Range: \_\_\_\_\_ to \_\_\_\_\_ years

We are interested in adopting: \_\_\_\_\_ One Child    \_\_\_\_\_ More than one child    \_\_\_\_\_ Sibling Group    \_\_\_\_ Special Needs

### 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 completed an adoption domestically or from another country Date: \_\_\_\_\_ Country: \_\_\_\_\_

\_\_\_\_ 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 an adoption 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/neglect, 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?

\_\_\_\_ Have you ever relinquished an adoptive child?

\_\_\_\_ Do you currently have a complete dossier sent to Bulgaria through another agency? Agency name: \_\_\_\_\_

\_\_\_\_ Do you currently have a complete dossier sent to another country 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: \_\_\_\_\_ Orphanage/Region: \_\_\_\_\_

Date of adoption finalization: \_\_\_\_\_ Age of child at time of referral: \_\_\_\_\_ Health status: \_\_\_\_\_ Orphanage/Region: \_\_\_\_\_

Applicants' Initials \_\_\_\_\_

Your home study will be completed by a CCAI social worker who will be assigned to your family.

**IMPORTANT ADOPTION INFORMATION**

There are certain risks involved in international adoption. While CCAI will attempt to provide you with all available information about the prospective adoptive child and assist you with the entire adoption process, some unpredictable problems and/or events which are beyond CCAI's control may nevertheless occur. These unpredictable problems and/or events include, but are not limited to: sudden changes in the adoption requirements or policies promulgated by the Bulgaria or U.S. governments and changes in international relations between Bulgaria and the United States.

In addition, a child may be placed with you who may have physical and/or emotional problems, minor or major, that have remained partially or totally undiagnosed and which were unknown to CCAI. Therefore, your motivation for adoption and an honest assessment of your strengths and weaknesses in parenting are extremely important.

**SIGNATURES**

**We attest that the information we have provided in this application is true, complete, and accurate to the best of our knowledge, and we understand that any and all responses are subject to verification. We have read the complete information provided by CCAI regarding this adoption program, and understand the risks involved in international adoption. We understand that the approval of our application does not guarantee the placement of a child. We understand that CCAI reserves the right to close our file at any time if we fail to disclose requested information fully and accurately.**

Initials: Wife \_\_\_\_\_ Husband \_\_\_\_\_

**We understand that by signing this application we agree to notify CCAI immediately upon any changes in our personal or family situation including but not limited to: job change, change of address, separation, divorce, arrest, pregnancy, placement of foster or adopted child(ren), change in number of or identity of person's living in our home, significant changes in physical or mental health status, significant changes in financial status, or any other significant event at any time during the adoption process. We understand that CCAI reserves the right to close our file should any of these changes disqualify us for Bulgaria adoption.**

Initials: Wife \_\_\_\_\_ Husband \_\_\_\_\_

**Any applicant who knowingly and willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly.**

Initials: Wife \_\_\_\_\_ Husband \_\_\_\_\_

Wife's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Husband's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return with a non-refundable \$300 application fee (\$200 for families who have previously adopted through CCAI). Make checks payable to CCAI or complete and return the ACH authorization form.

**Return by mail to: CCAI  
6920 S Holly Circle  
Centennial, CO 80112**

| APPLICATION CHECKLIST |  |
|-----------------------|--|
| _____                 | Application  |
| _____                 | Fee \$ _____   |
| _____                 | Applicable Attachments   |
| _____                 | Affidavit of Good Moral Character (for each adult household member)              |
| _____                 | Addendum for Affidavit of Good Moral Character (for each adult household member) |
| _____                 | Make a copy of this application for your records                                 |



**FOR CCAI OFFICE USE ONLY**

APPLICATION RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ FEE REC'D: \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_ PYMT TYPE: \_\_\_\_\_

REFERENCES SENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ NUMBER: \_\_\_\_\_

Non U.S. Citizen? \_\_\_\_\_ Green Card Expiration Date: \_\_\_\_\_ Naturalized Citizen? \_\_\_\_\_ A #: \_\_\_\_\_

OLDER CHILD SUPPORT STAFF: \_\_\_\_\_ OLDER CHILD TOOLKIT SENT: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CCAI NOTES**

RISK STMT REQUIRED? \_\_\_\_\_

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APPROVAL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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](mailto: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  
(Applicant's/Employee's Name)  
sworn, deposes and says:

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](mailto: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 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? \_\_\_\_\_  
\_\_\_\_\_



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 fees indicated below.

\_\_\_\_\_ Application Fee of \$ \_\_\_\_\_

\_\_\_\_\_ First Program Fee of \$ \_\_\_\_\_

\_\_\_\_\_ IAAME Fee of \$ \_\_\_\_\_

\_\_\_\_\_ Second Program Fee of \$ \_\_\_\_\_

\_\_\_\_\_ 1<sup>st</sup> In-Country Fee of \$ \_\_\_\_\_

\_\_\_\_\_ 2<sup>nd</sup> In-Country Fee of \$ \_\_\_\_\_

\_\_\_\_\_ Translation Fee of \$ \_\_\_\_\_

\_\_\_\_\_ Post Adoption Deposit of \$ \_\_\_\_\_

\_\_\_\_\_ Post Adoption Fee of \$ \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

**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: \_\_\_\_\_

**\*\*\* Copy of Voided Check Mandatory \*\*\***