

APPLICATION FOR TAIWAN 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 Taiwan. 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: taiwan@ccaifamily.org ♥ Website: 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 _____

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 5 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 | | | |
| | | | |
| Husband | | | |
| | | | |

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: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ ☐ Clearance Attached

HUSBAND: 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 | _____ | _____ | _____ | _____ |
| Husband | _____ | _____ | _____ | _____ |

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) and (2) | _____ | _____ | _____ |

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 Taiwanese 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

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

HUSBAND

| | 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

| | |
|----------------|-------|
| Company Name | _____ |
| Supervisor | _____ |
| Street Address | _____ |
| City/State/ZIP | _____ |
| Phone | _____ |

HUSBAND

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

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. | _____ | _____ | _____ | (____) _____ |

FINANCIAL INFORMATION

Name of Employer

Employment Dates

Verifiable Gross Annual Income

WIFE (Present): _____

If less than 3 years (Previous): _____

HUSBAND (Present): _____

If less than 3 years (Previous): _____

OTHER CURRENT ANNUAL INCOME (Source): _____
(Rental / Employment / Interest / Other income)

TOTAL ANNUAL INCOME

| |
|--|
| |
|--|

PRIMARY RESIDENCE ☐ Rented ☐ Owned Date of Purchase _____ Monthly payment or rent \$ _____ # of Bedrooms _____

ASSETS

| | |
|---|-----------------|
| Primary Residence (appraised 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: | \$ _____ |
| (Obtained from home/renters insurance policy) | |
| 401K/Retirement: _____ | \$ _____ |
| Other*: _____ | \$ _____ |
| (*IRA, PERA, etc) | |
| TOTAL ASSETS: | \$ _____ |

LIABILITIES

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

NET WORTH: \$_____

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

Have you ever filed for bankruptcy? **NO / YES** (if yes, please list date(s)) _____

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

ADOPTION

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

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 Taiwan 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 _____

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 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: changes in the birth parents' plan, adoption requirements or policies promulgated by the Taiwan or United States governments, and/or changes in international relations between Taiwan and the United States.

In addition, a child may be placed with you with physical and/or emotional problems, minor or major, that have remained partially or totally undiagnosed and which were unknown to CCAI.

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 and understand the information regarding CCAI and 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.

We understand that by signing this application we agree to notify CCAI immediately upon any changes in our personal or family situation including job change, change of address, separation, arrest, divorce, pregnancy, placement of foster or adopted child(ren), 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 Taiwan adoption.

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.

Wife: _____ Date: _____
Signature

Husband: _____ Date: _____
Signature

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 credit card authorization form.

Return by mail/email to: CCAI Taiwan Adoption Program
6920 S. Holly Circle
Centennial, CO 80112
taiwan@ccaifamily.org

FOR CCAI OFFICE USE ONLY

APPLICATION RECEIVED: ____/____/____

FEE RECEIVED: ____/____/____ \$_____

REFERENCES SENT: _____/_____/_____

NUMBER: _____

☐ **Non U.S. Citizen?** **Green Card Expiration Date:** _____

☐ **Naturalized Citizen?** A # : _____

CCAI NOTES:[illegible]

APPROVAL DATE: ____/____/____

CASE #: _____

Medical Conditions Checklist--TAIWAN

Welcome! CCAI is delighted that you are interested in the Taiwan 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 Cathwel Services in Taiwan. 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.

Adoptive Family Name(s):

Husband: _____

Wife: _____

Phone: _____

Alt Phone: _____

Email: _____

Desired gender: ☐ Female ☐ Male ☐ No Preference

Desired age (at time of match): _____ to _____ years

Please share with us which special needs your family is open to.

Checking YES does not commit you to a particular child, but a YES indicates a strong level of education and comfort with a particular special need. Before submitting your Checklist, you should have discussed any conditions marked YES with a medical specialist as well as your insurance company.

Checking MAYBE indicates that you have researched a particular condition and would be prepared to review the file of a child with this condition.

Yes No Maybe

FACIAL

- ☐ ☐ ☐ Cleft lip AND palate (Children with cleft lip only are NOT typically available) May be unilateral or bilateral, first to third degree
- ☐ ☐ ☐ Facial malformation (Including hemifacial microsomia)

HEART

- ☐ ☐ ☐ Congenital heart disease – minor (typically includes VSD, ASD, PFO, PDA, etc)
- ☐ ☐ ☐ Congenital heart disease – major (typically includes TOF, multiple or structural pathologies)

BLOOD

- ☐ ☐ ☐ Hepatitis B
- ☐ ☐ ☐ Thalassemia

SKELETAL

- ☐ ☐ ☐ Arthrogryposis/Joint disorders
- ☐ ☐ ☐ Club foot/feet
- ☐ ☐ ☐ Missing/malformed fingers/toes
- ☐ ☐ ☐ Missing/malformed hands/arms
- ☐ ☐ ☐ Missing/malformed feet/legs
 - ☐ One affected limb only and/or ☐ Multiple affected limbs
- ☐ ☐ ☐ Scoliosis
- ☐ ☐ ☐ Short stature/Dwarfism
- ☐ ☐ ☐ Spina bifida (meningocele/myelomeningocele)

VISION/HEARING

- ☐ ☐ ☐ Ear malformation (microtia/atresia, may be unilateral/bilateral)
- ☐ ☐ ☐ Hearing loss (partial/moderate)
- ☐ ☐ ☐ Hearing loss (significant/deaf)
- ☐ ☐ ☐ Eye - nystagmus/strabismus/ptosis
- ☐ ☐ ☐ Eye - cataracts/glaucoma
- ☐ ☐ ☐ Vision loss (in one eye, partial/moderate)
- ☐ ☐ ☐ Vision loss (significant/blind)

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

Yes No Maybe

SKIN

- ☐ ☐ ☐ Albinism AND low vision
- ☐ ☐ ☐ Birthmark/Nevus (moderate to significant/ facial)
- ☐ ☐ ☐ Hemangioma/Lymphangioma
- ☐ ☐ ☐ Scar/Burns (moderate to significant/ facial)
- ☐ ☐ ☐ Vitiligo

NERVOUS SYSTEM/DEVELOPMENTAL

- ☐ ☐ ☐ Cerebral anoxia/Brain damage or malformation
- ☐ ☐ ☐ Cerebral palsy
- ☐ ☐ ☐ Down Syndrome
- ☐ ☐ ☐ Hydrocephalus
- ☐ ☐ ☐ Delayed development (may be physical and/or mental, beyond typical expected institutional delays)
- ☐ ☐ ☐ ADD/ADHD

GENITAL

- ☐ ☐ ☐ Ambiguous genitalia
- ☐ ☐ ☐ Male genital malformations (including hypospadias/micropenis/undescended testicles/etc)

DIGESTIVE

- ☐ ☐ ☐ Anal atresia (imperforate anus)
- ☐ ☐ ☐ Gastroschisis

OTHER

- ☐ ☐ ☐ Epilepsy/Seizure disorder
- ☐ ☐ ☐ Paralysis
- ☐ ☐ ☐ Teratoma

HEALTHY CHILD

- ☐ ☐ ☐ Healthy older child (over 6 years)

Please indicate if your family will consider a child with multiple conditions:

☐ Yes ☐ No



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.

_____ 1st time CCAI Family Application Fee of \$300

_____ Returning CCAI Family Application Fee of \$200

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 *****

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 meet 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. References can be emailed or mailed to:

morgan@ccaifamily.org

OR

**CCAI
1015 Arthur Ave
Orlando, FL 32804**

In addition to the reference forms, we will need an Affidavit of Good Moral Character for EACH adult residing in the home. These forms require your signature as well as the signature and stamp of a notary. If you have been arrested for any crimes, please connect with our office before proceeding so we can provide guidance! Additionally, besides the line for your name at the beginning of each form, you will list "CCAI" in the remaining spaces – it is a bit confusing because the form reads as if you are applying for a job, DCF uses the same forms for employment AND adoption applicants.

We will be able to complete your application review (for FL home study approval) once we have received the

- Notarized Affidavit(s) of Good Moral Character
- Completed application
- Application fee
- 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,

CCAI-Florida Staff



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly
(Applicant's/Employer's Name)
sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant for certification 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: 39.205 | failure to report child abuse, abandonment, or neglect |
| 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: 414.39 | fraud, if the offense was a felony |
| 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 the offense was a minor |
| Section: 784.021 | aggravated assault |
| Section: 784.073 | battery, if the victim of the offense was a minor |
| Section: 784.045 | aggravated battery |
| Section: 784.075 | battery on staff or a detention or commitment facility or on a juvenile probation officer |
| 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: 787.06 | human trafficking |
| Section: 787.07 | human smuggling |
| 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 |
| Section: 794.08 | relating to female genital mutilation |
| Chapter: 796 | prostitution |
| Section: 798.02 | lewd and lascivious behavior |
| Chapter: 800 | lewdness and indecent exposure |
| Section: 806.01 | arson |

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| | |
|------------------------|--|
| 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 | relating to theft, robbery, and related crimes, if the offense was a felony |
| Section: 817.563 | fraudulent sale of controlled substances, only 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: 831.311 | unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances |
| Section: 836.10 | written or electronic threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism |
| 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: 859.01 | poisoning food or water |
| Section: 873.01 | prohibition on the purchase or sale of human organs and tissues |
| Section: 874.05 | 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 POSITIONS REQUIRED TO BE SCREENED UNDER SECTION 408.809, FLORIDA STATUTES:

In addition to the Chapter 435, F.S. listed offenses the following offenses are also applicable for any licensure or employment required in the applicable statutes.

| | |
|-------------------|--|
| | <u>Relating to:</u> |
| Chapter: 408 | felony offenses contained in Chapter 408 |
| Section: 409.920 | Medicaid provider fraud |
| Section: 409.9201 | Medicaid fraud |
| Section: 741.28 | domestic violence |
| Section: 777.04 | attempts, solicitation, and conspiracy to commit an offense listed in this subsection |
| Section: 784.03 | battery, if the victim is a vulnerable adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429 |
| Section: 817.034 | fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical 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; 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.

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: _____

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
1015 Arthur Ave.
Orlando, FL 32804

Sincerely,

Ryan Fontaine
Director of Florida Operations

CONFIDENTIAL REFERENCE QUESTIONNAIRE

Applicant(s): _____

Reference: _____

1) How long have you known the applicant(s)? _____

2) How would you describe your relationship with the applicant(s)?

A) Close friends

B) Casual friends

C) Casual acquaintances

D) Business associate

E) Other (please specify) _____

3) **Prospective Adoptive Parent #1 (Name):** _____

A) What adjectives describe their personality? _____

B) What are their stronger characteristics? _____

C) What are their weaker characteristics? _____

D) Describe their relationship with their spouse and children (if any). _____

E) How have they handled children in your presence? _____

F) How do they show warmth and affection to others? _____

4) **Prospective Adoptive Parent #2 (Name):** _____

A) What adjectives describe their personality? _____

B) What are their stronger characteristics? _____

C) What are their weaker characteristics? _____

D) Describe their relationship with their spouse and children (if any) _____

E) How have they handled children in your presence? _____

F) How do they 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: _____