

APPLICATION FOR CHINA 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 China. 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 ♥ 2014 Edgewater Drive #166 ♥ Orlando, FL 32804 ♥ USA
♥ Phone: 813-949-5559 ♥ Fax: 813-948-9757 ♥ Email: ccaifl@ccaifamily.org ♥ Website: www.ccaifamily.org ♥



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. Original references must be MAILED to:

CCAI
2014 Edgewater Drive #166
Orlando, FL 32804

In addition to the reference forms, we will need an Affidavit of Good Moral Character and an Affidavit of Good Moral Character Addendum 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 once we have received the

- Notarized Affidavit(s) of Good Moral Character
- Notarized Affidavit(s) of Good Moral Character Addendum
- 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

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 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:** _____

* Date must be verifiable by a government issued document (document not required with application)

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".
 More children listed on additional page? _____

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

**Please note group number for children who have been 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	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.

HEALTH INFORMATION

Wife **Height** **Weight** **BMI ***

 Husband _____

* To calculate your BMI go to: [CDC BMI CALCULATOR](#)

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 ⁽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)	_____	_____	_____

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, 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 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. Contact CCAI with any questions.

- (1) If either applicant is currently taking medication for a diagnosis of schizophrenia, the applicant is not eligible to apply. If either applicant is currently taking medications for the diagnosis of bi-polar, or have taken medications in the past for this diagnosis, please contact CCAI.
- (2) We **do not need** a doctor’s letter for most 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) Applicants with a history of illegal drug use, including experimentation, are not eligible to apply.

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 Chinese 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? _____

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 or for post adoption) 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.

	WIFE	HUSBAND
Company Name	_____	_____
Supervisor	_____	_____
Street Address	_____	_____
City/State/ZIP	_____	_____
Phone	_____	_____

REFERENCES: Your application cannot be officially approved until all completed reference forms have been received by the CCAI FL office.

Please list five personal references

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

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 (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: \$ _____
 (Obtained from home/renters insurance policy)
 401K/Retirement: \$ _____
 Other*: \$ _____
 (*IRA, PERA, etc)

TOTAL ASSETS: \$ _____

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? _____

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

ADOPTION

Why do you wish to adopt a child from China? _____

How did you hear about CCAI? _____

If you attended a CCAI information meeting, please indicate: Date: _____ Location or Phone Conference: _____ Speaker: _____

CHILD PREFERRED FROM THE WAITING CHILD PROGRAM (Children with identified medical conditions):

_____ Female _____ Male _____ Either Age Range: _____ to _____ months / years (please circle one)

_____ We have submitted our Medical Conditions Checklist to the Waiting Child Program (via the CCAI website: <https://www.ccaifamily.org/WaitingChild/Med-Checklist/Default>)

_____ While we understand such placement is not guaranteed, we are attempting to pursue the adoption of a specific child: _____

We understand that we must submit a Medical Conditions Checklist to the Waiting Child Program as part of our initial application process.

*CCAI does not accept applications for the "Traditional Program" (children with no known medical conditions). A small percentage of children in the Waiting Child Program are older children (over the age of 10 years old) with no known physical conditions.

Initials: Wife _____ Husband _____

FAMILY ASSESSMENT

YES NO

_____ Are you presently pursuing adoption possibilities through another agency? Agency name: _____

_____ If above answer is YES: Are you matched with a child? _____ Is your dossier complete? _____ Do you have "pre-approval" or letter of acceptance? _____

_____ Have you ever had a home study completed? Date: _____ Agency name: _____

_____ Have you completed an adoption domestically or from a country other than China? 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? _____

CHINA ADOPTION(S) Through Another Agency

YES NO

_____ Have you ever completed a China adoption through another agency? Agency name: _____

_____ Have you ever applied and had your application denied for any China adoption program? Agency name: _____

_____ Have you ever refused a child, while in China (disrupted or dissolved adoption)?

_____ Have you ever relinquished an adoptive child from China?

_____ Do you currently have a complete dossier sent to China 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 China adoption(s), if any:

Date of adoption finalization in China: _____ Age of child at time of referral: _____ Health status: _____ Orphanage/Province: _____

Date of adoption finalization in China: _____ Age of child at time of referral: _____ Health status: _____ Orphanage/Province: _____

CCAI has a branch office in Florida that will provide your home study and post adoption services.

IMPORTANT ADOPTION INFORMATION

While CCAI will provide you with all information about the prospective adoptive child made available by the orphanage/CCCWA 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 Chinese or U.S. governments and changes in international relations between China and the U.S.

In addition, a child may be placed with you with physical, mental, social and/or emotional problems, minor or major, and/or a history of trauma or abuse, that have remained partially or totally undiagnosed/undisclosed 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 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 China adoption.

Initials: Wife _____ Husband _____

Wife's Signature: _____

Date: _____

Husband's Signature: _____

Date: _____

Return with a non-refundable \$250 application fee (\$150 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 Florida Office
2014 Edgewater Drive #166
Orlando, FL 32804**

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 _____ AGE RANGE PREFERRED? ___ to ___ Months/Years

MCC SUBMITTED: Yes: ___ Date: _____

Non U.S. Citizen? ___ Green Card Expiration Date: _____ Naturalized Citizen? ___ A #: _____

RISK STMT REQUIRED? _____

OLDER CHILD SUPPORT STAFF: _____ OLDER CHILD TOOLKIT SENT: ___ / ___ / ___

APPROVAL DATE: ___ / ___ / ___

Revised 6/2022



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.

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 \$ _____

_____ 1st In-Country Fee of \$ _____

_____ 2nd 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 or Deposit slip Mandatory *****



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*****