

THOMAS N. FISCHGRUND, P.A.

Application for consideration to be an Adoptive Family

Please complete this Application and return it, along with your application processing fee of \$400.00. If you need more space to complete an answer, please use a separate sheet of paper and attach it to this Application. Upon receipt of your completed Application, application processing fee of \$400.00 and an approved Home Study, you may be considered by Thomas N. Fishgrund, P.A., for placement of a child. Please answer questions below on additional sheets of paper of there is not enough space to complete your answers and attach.

ADOPTIVE FATHER INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Cell Phone		
Date of Birth	Social Security No.		
E-mail Address			
Religious Affiliation		Ethnic Origin	
Nationality		Level of Education	
Military Service		Occupation	
Employer Name and Address			
Employer Phone		Annual Income	Length of Employment
Number of Previous Marriages			
Prior arrest convictions other than traffic violations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, provide an explanation on a separate sheet of paper.
How long have you resided in your state of residence?			
If you resided in any other states since age eighteen (18), please list states and dates:			
State:	Date:		
State:	Date:		

ADOPTIVE MOTHER INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Cell Phone		
Date of Birth	Social Security No.		
E-mail Address			
Religious Affiliation		Ethnic Origin	

Nationality		Level of Education	
Military Service		Occupation	
Employer Name and Address			
Employer Phone		Annual Income	Length of Employment
Number of Previous Marriages			
Prior arrest convictions other than traffic violations?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, provide an explanation on a separate sheet of paper.
How long have you resided in your state of residence?			
If you resided in any other states since age eighteen (18), please list states and dates:			
State:	Date:		
State:	Date:		

FAMILY INFORMATION/HISTORY			
Date of present Marriage:			
How long at present address:		OWN <input type="checkbox"/> RENT <input type="checkbox"/>	
If less than three years, please provide previous address:			
List all other persons living in your home, (please include children and relatives, etc.)			
Name:	Age:	Sex:	Race:
Relationship:	School:		Biological or Adopted:
Name:	Age:	Sex:	Race:
Relationship:	School:		Biological or Adopted:
Name:	Age:	Sex:	Race:
Relationship:	School:		Biological or Adopted:
Other children not living in the home (names, ages)			
Pets (Breed/Age)			

FAMILY MEDICAL HISTORY		
Any serious chronic illness, including but not limited to, mental or psychiatric treatment? If yes, please identify illness.		
Adoptive Father:	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please identify illness:
Adoptive Mother:	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please identify illness:
Has infertility been diagnosed? If yes, explain on sheet of paper and attach.		
Do you smoke tobacco?		
Adoptive Father:	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how often?
Adoptive Mother:	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how often?

Do you drink alcohol?		
Adoptive Father:	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how often?
Adoptive Mother:	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how often?

MEDICAL INSURANCE

Providers Name:			
Providers Address:			
Providers Phone Number:		Policy Number:	

ADOPTION HISTORY

How long have you been considering adoption?
Have you applied (now or in the past) to other adoption agencies or attorneys and, if so, to whom? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been denied approval on a home study? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, provide an explanation on a separate sheet of paper.
Why have you decided to adopt today?
How will you be paying for the adoption expenses?

CHILD REQUEST

Which adoption program do you wish to register for? DOMESTIC <input type="checkbox"/> IN FLORIDA <input type="checkbox"/> INTERSTATE <input type="checkbox"/>
Age of child desired:
Newborn to six (6) months <input type="checkbox"/> Six (6) months to one (1) year <input type="checkbox"/> One (1) year to _____ years
Twins? YES <input type="checkbox"/> NO <input type="checkbox"/>
Siblings (two (2) children? YES <input type="checkbox"/> NO <input type="checkbox"/>
Siblings (two (2) or more children? YES <input type="checkbox"/> NO <input type="checkbox"/>
On a separate sheet of paper, please indicate any special medical, drug/alcohol/tobacco abuse -related, or educational needs, if any, you are willing to accept.
Please check any of the following regarding the race/ethnicity of the child that you would consider adopting:
Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic/Caucasian <input type="checkbox"/> African American/Caucasian <input type="checkbox"/>
African American/Hispanic <input type="checkbox"/> Asian/Caucasian <input type="checkbox"/> African American/Asian <input type="checkbox"/> Other <input type="checkbox"/> _____

HOME STUDY

Do you currently have a home study or are you in the process of having your home study prepared by an Agency or Home Study Provider?
YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please complete the following:

HOME STUDY AGENCY/PROVIDER

Name:

Address:

Phone:

Fax:

Contact Person:

Date of Home Study:

OTHER INFORMATION

Has a complaint ever been filed against either of you for child abuse or neglect? YES NO

Have either of you ever filed for bankruptcy? YES NO If yes, date and name of District Court:

Do you prefer the adoption to be: Open Semi-Open Closed

BY SIGNING BELOW, WE, THE PROSPECTIVE ADOPTIVE COUPLE, ATTEST THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

Adoptive Father Signature: _____ Date: _____

Adoptive Mother Signature: _____ Date: _____

**PLEASE INCLUDE A FAMILY PHOTOGRAPH,
THE \$400.00 APPLICATION FEE AND MAIL TO:**

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