

CHRISTIAN ADOPTION SERVICES

Preliminary Application Form – Domestic Adoption



First Applicant: _____
(Surname) (All Given Names)

Second Applicant: _____
(Surname) (All Given Names)

Address: _____

(Town or City) (Postal Code) (Home phone)

Phone (First Applicant): _____
(Work) (Cell)

Phone (Second Applicant): _____
(Work) (Cell)

Email: First Applicant: _____ Second Applicant: _____

Date of Marriage: _____ Place of Marriage: _____

Have either of you been previously married? Yes No. Divorce Date: _____

Have you ever applied to another agency? Yes No. Explain: _____

How did you hear about our agency? _____

Have you ever been refused by another adoption agency? Yes No.

Names and ages (with birth dates) of children (Please state whether biological or adopted):

Other people living in the home: _____

Does either applicant have a criminal record? Yes No. Explain: _____

Has there ever been an Intervention (Child Welfare) investigation on your family through Child and Family Services?

Yes No. Explain: _____

Please Note: If you have a Criminal record or an Intervention by Child and Family Services you may not be approved to adopt.

It is suggested you make an appointment to talk to a Social Worker if you want to proceed.

PERSONAL INFORMATION

First Applicant

Demographic Data

Full Name: _____
(Surname) *(All Given Names)*

Other Names Used/Maiden Name: _____

Date of Birth: _____ Place of Birth: _____

Racial Origin: _____ Ethnic Origin: _____

Registered Indian: Yes No. If yes, Band Name and Number: _____

Métis: Yes No. If yes, Settlement Name or Community: _____

Canadian Citizenship: Yes No. If no, Landed Immigration Status: _____

Physical Description: Height: _____ Eye Colour: _____

Weight: _____ Hair Colour: _____

Languages spoken: _____

Describe your personality: _____

Health

Do you, or have you previously had, any medical concerns? Do you struggle with infertility? Please explain.

Is there a history in your family of any medical, psychiatric, or emotional challenges? Please explain.

Education

Please indicate level attained, institution, and dates attended.

High School: _____

Technical School/College: _____

University or Other: _____

Bible College: _____

Employment

Current Employer: _____

Date Employed: _____ Position Held _____

Previous Employment: _____

Hobbies and Interests

Motivation

Why are you considering adoption?

PERSONAL INFORMATION

Second Applicant

Demographic Data

Full Name: _____
(Surname) (All Given Names)

Other Names Used: _____

Date of Birth: _____ Place of Birth: _____

Racial Origin: _____ Ethnic Origin: _____

Registered Indian: Yes No. If yes, Band Name and Number: _____

Métis: Yes No. If yes, Settlement Name or Community: _____

Canadian Citizenship: Yes No. If no, Landed Immigration Status: _____

Physical Description: Height: _____ Eye Colour: _____

Weight: _____ Hair Colour: _____

Languages spoken: _____

Describe your personality: _____

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Date Employed: _____ Position Held _____

Previous Employment: _____

Hobbies and Interests

Motivation

Why are you considering adoption?

RELIGION
Both Applicants

*Many of the birth parents that come to our agency are interested in the faith journeys of the applicants.
For this reason, please complete the following.*

Church Affiliation:

Your Involvement, if any, in your church:

Testimony — First Applicant

Testimony — Second Applicant

FINANCIAL INFORMATION

All information is strictly confidential and used only as supporting information in preparation of your file. There is not a specific minimum amount that you need to make in order to be eligible, however we need to ensure that you have the means to provide for an additional child(ren). Please provide a copy of your T4s or Notice of Assessments from last year. We need to be able to verify your income.

First Applicant: _____
(Surname) *(All Given Names)*

Second Applicant: _____
(Surname) *(All Given Names)*

Annual Employment Income

	This Year	Last Year
First Applicant	\$	\$
Second Applicant	\$	\$

<i>Other Annual Income</i>	This Year	Last Year
First Applicant	\$	\$
Second Applicant	\$	\$

Total Annual Income \$ _____

Monthly Net Income (After Taxes/Deductions)

	Amount
First Applicant	\$
Second Applicant	\$

<i>Other Monthly Income</i>	Amount
First Applicant	\$
Second Applicant	\$

Total Monthly Net Income \$ _____

Monthly Expenses

	Amount Spent
Mortgage & Property Taxes/Rent	\$
Household Bills (e.g., heat, electricity, telephone, insurance)	\$
Transportation (e.g., bus, gas, vehicle insurance)	\$
Other Insurance Premiums	\$
Grocery	\$
Clothing	\$
Loan Payments (e.g., bank, personal, credit card payments)	\$
Car Payments	\$
Other Expenses – Specify:	\$
Other Expenses – Specify:	\$

Total Monthly Expenses \$ _____

Assets

	Value
Real Estate: Home	\$
Real Estate: Other	\$
Vehicles	\$
Savings (e.g., RRSPs, RESP, GICs)	\$
Investments (e.g., Stocks, Mutual Funds)	\$
Bank Accounts	\$
Other Assets – Specify:	\$
Other Assets – Specify:	\$

Total Assets \$

Liabilities

	Value
Mortgage	\$
Vehicle Loans	\$
Bank Loans	\$
Personal Loans	\$
Credit Cards (balance carried forward)	\$
Other Debts/Liabilities – Specify:	\$
Other Debts/Liabilities – Specify:	\$

Total Amount Owed \$

Insurance

Homeowner’s/Tenants’ Insurance Policy: Yes No Auto Insurance: Yes No

Life Insurance: First Applicant: Yes No Second Applicant: Yes No

Alberta Health Care: First Applicant: Yes No Second Applicant: Yes No

Supplemental Health Care Insurance (e.g., Blue Cross, Employee Benefits):

First Applicant: Yes No Second Applicant: Yes No

Other Pertinent Financial Information

I/We confirm that the information given on this financial statement is accurate and complete to the best of my/our knowledge.

Signatures:

(First Applicant)

(Date)

(Second Applicant)

(Date)

REFERENCES

*We require four references in support of this application; one should be a relative (not parents).
References must have known the applicants for a minimum of five (5) years. Please have references return the form to us directly. (Please see included reference forms for completion or download from our website)*

Reference 1 Name: _____
Address: _____
Phone: _____ Email: _____
Relationship: _____
Length of time they have known applicants: _____

Reference 2 Name: _____
Address: _____
Phone: _____ Email: _____
Relationship: _____
Length of time they have known applicants: _____

Reference 3 Name: _____
Address: _____
Phone: _____ Email: _____
Relationship: _____
Length of time they have known applicants: _____

Reference 4 Name: _____
Address: _____
Phone: _____ Email: _____
Relationship: _____
Length of time they have known applicants: _____

References need to be returned *directly* to the agency by mail, fax, or email.
References may be contacted later by phone in addition to providing the written reference letter.

CHILD DESIRED

Please indicate your preferences. Remember that, just as with biological children, adopted children may develop medical or physical concerns as they get older.

Age: Newborn Older child. To what age? _____

Twins Sibling group. To what age? _____

Race: Any Aboriginal Asian Black Caucasian East Indian

Mixed – Specify: _____ Other – Specify: _____

Child conceived as the result of rape Child conceived as the result of incest

Unknown birth father Legal risk

Please indicate which of the following you are willing to consider. *During the home study process we will ask what you know about parenting a child affected by these circumstances:*

Parental alcohol use. Specify: Minimal alcohol use before birthmother knew she was pregnant

Minor Occasional Serious

Parental drug use. Specify: Minimal drug use before birthmother knew she was pregnant

Minor Occasional Serious

Birth parent with a cognitive disability. Explain: _____

Birth parent with physical disability. Explain: _____

Birth parent with psychiatric condition. Explain: _____

Child with a cognitive disability. Explain: _____

Child with a physical disability. Explain: _____

Child with a medical condition (e.g. Cystic Fibrosis, Hepatitis C, Muscular Dystrophy, Cerebral Palsy, Spina Bifida, HIV positive)

Specify: _____

Other Considerations: _____

Openness

Most birth parents expect 3 to 4 visits a year, usually more frequently in the first year following a placement. They would like letters and pictures at 3 months, 6 months, 9 months, 1 year and once a year after that. Are you able to commit to this?

What degree of openness are you comfortable with? _____

First Applicant: Yes No Signature: _____ Date: _____

Second Applicant: Yes No Signature: _____ Date: _____

DECLARATION

We understand Christian Adoption Services will do everything they can do to make an adoption placement in our home, but cannot guarantee a placement will be made.

We understand that all of the information provided in this application is treated as confidential by Christian Adoption Services. We give our permission to the staff of Christian Adoption Services to use their discretion in sharing information about us with the birthmothers they are counselling for the purpose of matching us for an adoption placement.

Date of Application: _____

Signatures: First Applicant: _____ Date: _____

Second Applicant: _____ Date: _____

Attendance at two training days is required **and** a minimum of six hours of online training including: *Open Adoption 101* and *Let's Talk Adoption* available through Adoption Learning Partners
<http://www.adoptionlearningpartners.org/adopting/domestic-adoption.cfm>

Please return this Preliminary Application with the \$600.00 Cdn non-refundable application fee to:

CHRISTIAN ADOPTION SERVICES

201B, 9705 Horton Road SW
Calgary, Alberta T2V 2X5

Phone: 403-256-3224 Fax: 403-256-8367
Toll-Free: 1-877-256-3224

Please also include a photo of yourselves or email one to info@christianadoption.ab.ca.

Thank you.

Christian Adoption Services will contact all applicants for an interview prior to accepting their application into the agency.

Every family needs to complete a Home Study Self Report to provide to the Social Worker before the Home Study begins. This form may be obtained from the main office or downloaded from the form section of our website www.christianadoption.ab.ca

FOR OFFICE USE ONLY

Group Meeting: _____

Interview: _____

Date of Approval: _____