

Preliminary Application Form

INTERNATIONAL 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: _____

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Date Employed: _____ Position Held _____

Previous Employment: _____

Hobbies and Interests

Motivation

Why are you considering adoption?

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:

_____	_____
<i>(First Applicant)</i>	<i>(Date)</i>
_____	_____
<i>(Second Applicant)</i>	<i>(Date)</i>

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 them 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 – International Adoption

Country: _____

Why did you choose this country?

Are you willing to be involved with, and maintain the child's culture? yes no

Age range (remember when specifying age, that it may take a year for the child to arrive in Canada): _____

Gender: male female either

Number of children: single child sibling group Size of sibling group: _____

Race: Any First Nations Asian Black Caucasian East Indian
 Mixed – Specify: _____ Other – Specify: _____

Please indicate which the following conditions you are willing to consider:

Remember that, just as with biological children, there are no guarantees that adopted children will not develop medical or developmental challenges as they get older. Please also note that this information may not be available for many internationally adopted children.

child who has been institutionalized (raised in an orphanage)

child with no family or medical history

parental alcohol use

parental drug use

parental learning disability

child conceived as the result of rape

child conceived as the result of incest

child with developmental delays. Specify: _____

child with a mental disability. Specify: _____

child with a physical disability. Specify: _____

If you are willing to consider adopting a child with a particular medical, mental, or physical condition, have you researched that condition to learn the challenges of parenting such a child? yes no

Any other considerations:

DECLARATION

I/We understand that all of the information provided in this application is treated as confidential by Christian Adoption Services. I/We give our permission to the staff of Christian Adoption Services to share information with Alberta Human Services (Adoption Services) and with the Country Coordinator we chose.

I/We understand that final approval of our family as prospective adoptive applicants is provided by Adoption Services. I/We understand that a recommendation for placement by Christian Adoption Services, or approval for placement by Adoption Services, does not guarantee an international adoption placement will be made.

Signatures: First Applicant: _____ Date: _____

Second Applicant: _____ Date: _____

Please return this Preliminary Application with the \$400.00 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.

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

International Workshop attended: _____

Home Study Assigned: _____

Date of Recommendation: _____