

Date: _____
(Month/Day/Year)

Section A: Applicant Information

Home Address:

Address

City

Province

Postal Code

Applicant 1

Surname: _____ Given Name: _____

Age: _____ Date of Birth: _____

Phone Number

(H) _____ (C) _____ (W) _____

Email: _____

Canadian Citizenship

Permanent Residency

Applicant 2

Surname: _____ Given Name: _____

Age: _____ Date of Birth: _____

Phone Number

(H) _____ (C) _____ (W) _____

Email: _____

Canadian Citizenship

Permanent Residency

Section B: Education

Applicant 1

High School

College/University

Diploma/Certificate/Degree: _____

Applicant 2

High School

College/University

Diploma/Certificate/Degree: _____

Section C: Occupation

Applicant 1

Do you work outside of the home? Yes

No

If yes, what is your occupation? _____

Applicant 2

Do you work outside of the home? Yes

No

If yes, what is your occupation? _____

Section D: Recreation

Please list any recreation interests you participate in (i.e. clubs, memberships, sports teams, fundraising, etc.)

Section E: Health

1. Does either applicant have any general health conditions or concerns that our agency should be aware of?

Yes

No

If you answered yes to the above question please provide details regarding history and treatment:

2. Do any of the following health issues apply to you, or anyone in your immediate family?

Cancer

Substance Abuse

Depression

Physical/Sexual Abuse

Bipolar Disorder

Anxiety Disorders

Other

N/A

If you answered yes to the above question please provide details regarding history and treatment:

3. For the South Africa program, applicants are required to have a Body Mass Index (BMI) of 32 or under. Please calculate yours and provide it below:

Applicant 1: BMI _____

Applicant 2: BMI _____

4. Does either applicant suffer from infertility?

Yes

No

If yes, please provide details:

Section F: History of Criminal Offense

1. Have you or any members of your household ever been convicted of a criminal offense or investigated by police for any reason?

Yes

No

If yes, please provide details

2. Have you been investigated by a Children's Aid Society or any child protection authority?

Yes

No

If yes, please provide details

Section G: General Questions

3. Were you referred to our agency?

Yes

No

If yes, by whom?

4. Have you **consulted** with any other licensed agencies for international adoption or for domestic adoption via Children's Aid Services?

Yes No

If yes, with whom? _____

5. Have you **registered** with another licensed agency for international or domestic adoption?

Yes No

If yes, with whom? _____

6. Have you been in contact with a licensed Adoption Practitioner to begin the home study process?

Yes No

If yes, with whom? _____

Section H: Adoption Details

1. From what country are you looking to adopt? _____

a. Have you ever travelled to, or lived in that country? _____

This Application is to Adopt (check all applicable boxes):

Children are usually over the age of 12 months at the time of intercountry adoption placement.

- | Gender | | Age |
|--|---------------------------------|---|
| <input type="checkbox"/> One Child | <input type="checkbox"/> Female | <input type="checkbox"/> 12 – 36 Months |
| <input type="checkbox"/> Twins | <input type="checkbox"/> Male | <input type="checkbox"/> 12 – 48 Months |
| <input type="checkbox"/> Sibling Group | <input type="checkbox"/> Either | <input type="checkbox"/> 12 – 72 Months |
| | | <input type="checkbox"/> 12 – 72 Months and Older |
| | | Up to Age _____ |

If you checked sibling group, please specify the size of sibling group you are willing to accept:

Is this an identified child(ren)?* Yes No

If yes, is this child(ren) related to you? Yes No

*If you answered yes to question 2, indicating that you are seeking to adopt an identified child, please request the *Identified Child Information Form* via our agency's office.

Section I: Expectations

Please express your expectations on how long you believe an adoption should take and any other expectations on procedures that you are anticipating:

IT IS IMPORTANT TO NOTE

Any inconsistencies between the information you provide in your application and the information submitted to our agency by your adoption practitioner in the home study package can negatively affect the agency's approval to facilitate your adoption.

X

Applicant 1

X

Applicant 2

Along with your application form, we require:

- A brief, written biography with recent photos of yourself and your immediate family.
- A letter detailing the reasons why you hope to adopt, why you have chosen the country you hope to adopt from and what preparations you have completed already, if any.
- \$500.00 Application Fee (non-refundable). We accept personal cheque or credit card payment (there is a 3% bank service charge on all credit card transactions)

Family by Adoption Inc. will review your application for acceptability to the specific adoption program you are applying for. We will reply to you in writing stating the decision to accept or decline your application to our agency.

Once a family receives official notice in writing that an application is accepted, we will also provide directions on how to proceed in registering with the Agency.

Please send this application back to Family by Adoption Inc. at the following address:

Family by Adoption Inc.
50 Gervais Drive, Suite 504
Toronto, Ontario
M3C 1Z3
Canada