



Adoption Council of Canada
#210 – 211 Bronson Avenue
Ottawa, Ontario K1R 6H5

FAMILY INFORMATION FORM

FORM NO.

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The Canada's Waiting Children Program is a national child specific recruitment program created by the Adoption Council of Canada to recruit families for the more than 22,000 children in Canada who are waiting for a permanent family. All the children featured in the Canada's Waiting Children portfolio and on the web site are currently in the care of the public child welfare agencies.

Registered families will receive profiles and updated information about the children referred to the program on a quarterly basis. The web site is updated as soon as new information is received. There is a fee of \$25.00 to register with the program for one year and a \$15.00 annual renewal fee thereafter.

APPLICANT(S) INFORMATION

APPLICANT 1		APPLICANT 2	
FAMILY NAME		FAMILY NAME	
GIVEN NAME	INITIAL(S)	GIVEN NAME	INITIAL(S)
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH (DD/MM/YYYY)		DATE OF BIRTH (DD/MM/YYYY)	
LANGUAGE(S) SPOKEN (PLEASE CHECK ALL THAT APPLY) <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER(S) (PLEASE SPECIFY)		LANGUAGE(S) SPOKEN (PLEASE CHECK ALL THAT APPLY) <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER(S) (PLEASE SPECIFY)	
STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> HUSBAND AND WIFE <input type="checkbox"/> COMMON LAW PARTNERS <input type="checkbox"/> SAME GENDER PARTNERS <input type="checkbox"/> OTHER (PLEASE SPECIFY)		STATUS <input type="checkbox"/> HUSBAND AND WIFE <input type="checkbox"/> COMMON LAW PARTNERS <input type="checkbox"/> SAME GENDER PARTNERS <input type="checkbox"/> OTHER (PLEASE SPECIFY)	
RELIGION (PLEASE LIST ONLY ONE DENOMINATION OR RELIGION)		RELIGION (PLEASE LIST ONLY ONE DENOMINATION OR RELIGION)	

HOME MAILING ADDRESS

CONTACT INFORMATION

STREET ADDRESS		HOME PHONE	
CITY/TOWN		WORK PHONE (APPLICANT 1)	WORK PHONE (APPLICANT 2)
PROVINCE		E-MAIL ADDRESS (APPLICANT 1)	
POSTAL CODE		E-MAIL ADDRESS (APPLICANT 2)	

APPLICANT(S) INFORMATION (CON'T)

APPLICANT 1	APPLICANT 2		
ABORIGINAL GROUP (IF APPLICABLE, WHICH OF THE FOLLOWING BEST DESCRIBES YOU?) <input type="checkbox"/> FIRST NATION <input type="checkbox"/> MÉTIS <input type="checkbox"/> INUIT <input type="checkbox"/> WITH STATUS	ABORIGINAL GROUP (IF APPLICABLE, WHICH OF THE FOLLOWING BEST DESCRIBES YOU?) <input type="checkbox"/> FIRST NATION <input type="checkbox"/> MÉTIS <input type="checkbox"/> INUIT <input type="checkbox"/> WITH STATUS		
MEMBER OF INDIAN BAND/FIRST NATION (IF YOU ARE A MEMBER OF AN INDIAN BAND/FIRST NATION, PLEASE PROVIDE THE NAME OF THE BAND/FIRST NATION)	<table border="1" style="width: 100%; height: 30px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>		
ETHNIC AND CULTURAL IDENTITY (PLEASE INDICATE THE HERITAGE GROUP(S) WITH WHICH YOU MOST IDENTIFY. FOR EXAMPLE: CANADIAN, FRENCH CANADIAN, CHINESE, EAST INDIAN, KOREAN, JAMAICAN, UKRAINIAN, DUTCH, GERMAN, ETC.)	<table border="1" style="width: 100%; height: 30px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>		

OTHER MEMBERS OF THE HOUSEHOLD

PLEASE PROVIDE INFORMATION ON ALL MEMBERS IN THE HOUSEHOLD. IF A CHILD IS ADOPTED, PLEASE SPECIFY. IF THERE ARE "ADULT" CHILDREN LIVING OUTSIDE OF THE FAMILY HOME, PLEASE INDICATE.

FULL NAME	DATE OF BIRTH (DD/MM/YY)	ETHNIC/ RACIAL GROUP	RELATIONSHIP TO APPLICANTS

REGISTRATION INFORMATION

REGISTRATION FEE \$25.00

RENEWAL FEE \$15.00

PLEASE MAKE ALL CHEQUES PAYABLE TO THE **ADOPTION COUNCIL OF CANADA** AND RETURN COMPLETED FORM TO:

ADOPTION COUNCIL OF CANADA
 #210 - 211 BRONSON AVENUE
 OTTAWA, ON K1R 6H5

CHEQUE
 MONEY ORDER
 VISA
 AMEX
 MASTERCARD

NAME ON CARD

CREDIT CARD NUMBER

EXPIRY DATE (MM/YY)

SIGNATURE OF CARD HOLDER

CHILD INFORMATION

IN THIS SECTION, PLEASE TELL US WHAT YOU ARE LOOKING FOR IN A CHILD OR CHILDREN

PREFERRED GENDER OF CHILD	<input type="checkbox"/> NO PREF	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
PREFERRED AGE RANGE OF CHILD	YOUNGEST _____	OLDEST _____	
WOULD YOU CONSIDER A SIBLING GROUP?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	AT MOST CHILDREN
WOULD YOU CONSIDER A CHILD OF A DIFFERENT RACIAL ORIGIN THAN YOUR OWN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WOULD YOU CONSIDER A CHILD WITH LITTLE OR NO FAMILY HISTORY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WOULD YOU BE WILLING TO CONSIDER FOSTERING WITH A VIEW TO ADOPT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WOULD YOU CONSIDER TAKING A CHILD AT LEGAL RISK (WHERE PARENTAL RIGHTS HAVE NOT YET BEEN TERMINATED)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WOULD YOU BE COMFORTABLE WITH THE CHILD MAINTAINING CONTACT WITH SIGNIFICANT PEOPLE IN THEIR PAST? (SIBLINGS, GRANDPARENTS, FOSTER PARENTS, ETC.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PLEASE CHECK ALL APPLICABLE CHARACTERISTICS OF THE CHILD YOU AND YOUR FAMILY FEEL YOU COULD CARE FOR:

<input type="checkbox"/> VISUAL IMPAIRMENT <input type="checkbox"/> HEARING IMPAIRMENT <input type="checkbox"/> HEART DEFECT <input type="checkbox"/> DOWN SYNDROME <input type="checkbox"/> MOBILITY DIFFICULTIES <input type="checkbox"/> CEREBRAL PALSY <input type="checkbox"/> MENTAL ILLNESS IN THE BIRTH FAMILY <input type="checkbox"/> DEVELOPMENTALLY CHALLENGED BIRTH PARENTS <input type="checkbox"/> LIFE THREATENING ILLNESS (E.G. CYSTIC FIBROSIS) <input type="checkbox"/> DEVELOPMENTAL DELAYS (MILD) <input type="checkbox"/> DEVELOPMENTAL DELAYS (MODERATE TO SEVERE)	<input type="checkbox"/> EPILEPSY <input type="checkbox"/> PRE-BIRTH EXPOSURE TO ALCOHOL <input type="checkbox"/> PRE-BIRTH EXPOSURE TO DRUGS <input type="checkbox"/> REQUIRES SPECIAL EDUCATION <input type="checkbox"/> DELAYED SPEECH <input type="checkbox"/> AUTISTIC BEHAVIOURS <input type="checkbox"/> SPINA BIFIDA <input type="checkbox"/> ADHD <input type="checkbox"/> HIV <input type="checkbox"/> MEDICALLY CORRECTABLE DISABILITY (E.G. CLEFT PALATE) <input type="checkbox"/> HEPATITIS <input type="checkbox"/> LEARNING DISABILITY	<p>A CHILD WHO MAY DEMONSTRATE THE FOLLOWING BEHAVIOURS:</p> <input type="checkbox"/> DESTRUCTIVENESS <input type="checkbox"/> AGGRESSION <input type="checkbox"/> TRUANCY <input type="checkbox"/> RUNNING AWAY <input type="checkbox"/> EATING DISORDERS <input type="checkbox"/> SMOKING <input type="checkbox"/> STEALING <input type="checkbox"/> SEXUAL ACTIVITIES <input type="checkbox"/> TANTRUMS
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CANADA'S WAITING CHILDREN

IF YOU WISH TO EXPRESS AN INTEREST, AS A POTENTIAL FAMILY, FOR ANY OF THE CHILDREN FEATURED IN THE PORTFOLIO OR ON THE WEB SITE, PLEASE LIST THEIR NAME AND REGISTRATION NUMBER.

YOU MUST BE REGISTERED IN THE PROGRAM TO EXPRESS INTEREST.

NAME OF CHILD	REGISTRATION NUMBER	NAME OF CHILD	REGISTRATION NUMBER

HOMESTUDY AND ADOPTION APPLICATION INFORMATION

WHY ARE YOU CONSIDERING ADOPTION (IF NECESSARY, PLEASE ATTACH A SEPARATE SHEET)

HAVE YOU HAD ANY LIFE EXPERIENCES WHICH WOULD PREPARE YOU FOR ADOPTION? FOR EXAMPLE, STATE IF YOU OR ANYONE IN YOUR EXTENDED FAMILY HAS ADOPTED OR IS ADOPTED. HAVE YOU EVER BEEN A FOSTER PARENT?

WHAT QUALITIES OF YOUR HOUSEHOLD WOULD BE OF PARTICULAR SIGNIFICANCE IN RELATION TO ADOPTION?

HAVE YOU BEGUN THE PROCESS OF OBTAINING A HOMESTUDY?

(IF YES, PLEASE PROVIDE NAME, ADDRESS AND PHONE NUMBER OF THE SOCIAL WORKER AND/OR AGENCY PERFORMING THE HOMESTUDY AND DATE OF COMPLETION [OR ESTIMATED DATE] IF KNOWN)

- NO
 YES, APPLIED FOR AND AWAITING HOMESTUDY
 YES, HOMESTUDY UNDERWAY
 YES, HOMESTUDY COMPLETE — DATE (DD/MM/YY)

NAME OF SOCIAL WORKER

NAME OF AGENCY

TELEPHONE NO.

WILL YOU BE INCLUDING A COPY OF YOUR HOMESTUDY OR PROFILE?

IN MOST CASES, THIS WILL EXPEDITE THE PROCESS

- YES
 NO

AUTHORIZATION

I/WE GIVE PERMISSION TO THE ADOPTION COUNCIL OF CANADA TO FORWARD THE INFORMATION ON THIS FORM TO THE APPROPRIATE CHILD WELFARE AGENCY OF ANY CHILD OR CHILDREN FOR WHOM I/WE HAVE EXPRESSED AN INTEREST

NOTE: ALL APPLICANTS MUST SIGN

SIGNATURE OF APPLICANT 1

SIGNATURE OF APPLICANT 2 (IF APPLICABLE)

DATE (DD/MM/YYYY)

DATE (DD/MM/YY)