



Canada's Waiting Children Child Referral Form

Canada's Waiting Children is a national child-specific recruitment program, developed and maintained by the Adoption Council of Canada. It is the only national photolisting program in Canada. This program helps adoption workers find permanent homes for children currently in the care of the public child welfare system. Referrals are welcome from all adoption workers across Canada.

Please complete this form with as much information about the child as possible. If you are referring a sibling group, please use a separate form for each child. Completed forms should be mailed to the ACC office at the address below. If possible, please send a copy of the child's profile and photo via email.

REFERRING AGENCY		
NAME		
MAILING ADDRESS		
CITY/TOWN	PROVINCE	POSTAL CODE
REFERRING WORKER (please attach business card if possible)		
FIRST NAME	LAST NAME	
TITLE		
PHONE NUMBER ()	EXTENSION	
EMAIL ADDRESS		
PHOTOLISTING		
MAY THIS CHILD BE PHOTOLISTED:		
<ul style="list-style-type: none"> ◆ ON A PASSWORD-PROTECTED WEB SITE? <input type="checkbox"/> YES* <input type="checkbox"/> NO ◆ IN PRINTED MATERIAL RESERVED FOR REGISTERED FAMILIES? <input type="checkbox"/> YES* <input type="checkbox"/> NO 		
*IF YES, PLEASE SEND A RECENT PHOTO OF THE CHILD VIA EMAIL		
IF THE CHILD'S PHOTO CANNOT APPEAR ONLINE OR IN PRINTED MATERIAL, MAY THE CHILD'S PROFILE BE INCLUDED WITH THE CAPTION <i>PHOTO UNAVAILABLE</i> ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CAN THE CHILD'S ADOPTION PLACEMENT BE ANYWHERE IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO*		
*IF NO, PLEASE SPECIFY IN WHICH PROVINCE/TERRITORY THE CHILD CAN BE PLACED: _____		
IS A COPY OF THE CHILD'S PROFILE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF POSSIBLE, PLEASE ALSO SEND THE CHILD'S PROFILE VIA EMAIL. FOR TIPS ON WRITING A CHILD'S PROFILE, PLEASE CONSULT THE "SOCIAL WORKERS' CORNER" ON THE CANADA'S WAITING KIDS WEBSITE: http://www.canadaswaitingkids.ca/social.html		

ADOPTION COUNCIL OF CANADA
 210 - 211 BRONSON AVENUE, OTTAWA, ON K1R 6H5
 (613) 235-0344 OR 1-888-542-3678

CHILD INFORMATION	
FIRST NAME AT BIRTH	
PSEUDONYM TO USE IN PROFILE	
DATE OF BIRTH	
ADOPTION ELIGIBILITY DATE	
PROVINCE OF ORIGIN	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FIRST LANGUAGE	SECOND LANGUAGE
RELIGION	RACE
ETHNIC/CULTURAL IDENTITY	
GENERAL QUESTIONS	
WILL YOU CONSIDER SINGLE APPLICANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THIS CHILD HAVE SIBLINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY? _____	
IS THE PLAN TO PLACE THE CHILD WITH HIS/HER SIBLINGS? <input type="checkbox"/> YES* <input type="checkbox"/> NO *IF YES, PLEASE COMPLETE AND ATTACH REFERRAL FORMS FOR ALL SIBLINGS	
IS A SUBSIDY AVAILABLE FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WILL YOU CONSIDER FAMILIES WHO DO NOT HAVE A COMPLETED HOMESTUDY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE CHILD NEED TO BE THE YOUNGEST IN THE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WOULD THE CHILD BENEFIT FROM OTHER CHILDREN IN THE FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WILL RELIGION BE A FACTOR FOR THE CHILD'S PLACEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOCIAL HISTORY	
HAS THE CHILD EVER BEEN ADOPTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAS THE CHILD EVER BEEN PLACED IN A STAFF-OPERATED GROUP HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAS THE CHILD EVER BEEN PLACED IN A CHILDREN'S MENTAL HEALTH CENTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW MANY FOSTER HOME PLACEMENTS HAS THE CHILD EXPERIENCED? _____	
IS THE CHILD DEVELOPMENTALLY CHALLENGED? <input type="checkbox"/> YES* <input type="checkbox"/> NO *IF YES, PLEASE DESCRIBE IN WHAT WAY: _____ _____ _____ _____	

DOES THE CHILD HAVE A DIAGNOSED LEARNING DISABILITY? YES* NO

*IF YES, PLEASE SPECIFY: _____

DOES THE CHILD EXHIBIT ANY BEHAVIOURAL PROBLEMS? YES* NO

*IF YES, PLEASE SPECIFY IN WHAT WAY: _____

DOES THE CHILD PERFORM POORLY ACADEMICALLY OR HAVE DIFFICULTY IN SCHOOL? YES NO

HAS THE CHILD BEEN PHYSICALLY NEGLECTED? YES NO

HAS THE CHILD BEEN SEXUALLY ABUSED? YES NO SUSPECTED

HAS THE CHILD BEEN PHYSICALLY ABUSED? YES NO SUSPECTED

DOES THE CHILD HAVE A DIAGNOSIS OF ADD/ADHD? YES NO

DOES THE CHILD SUFFER FROM FAE? YES NO

DOES THE CHILD SUFFER FROM FASD? YES NO

DOES THE CHILD SUFFER FROM ANY CHRONIC MEDICAL CONDITIONS? YES* NO

*IF YES, PLEASE SPECIFY: _____

IS THE CHILD PHYSICALLY CHALLENGED? YES* NO

*IF YES, PLEASE DESCRIBE IN WHAT WAY: _____

BIRTH PARENT HISTORY

IS THE BIRTH MOTHER'S MEDICAL HISTORY KNOWN? YES NO

IS THE BIRTH FATHER'S MEDICAL HISTORY KNOWN? YES NO

HAS THE BIRTH MOTHER ABUSED ALCOHOL? YES* NO

*IF YES, IS/WAS THE ABUSE: MILD SEVERE

HAS THE BIRTH FATHER ABUSED ALCOHOL? <input type="checkbox"/> YES* <input type="checkbox"/> NO *IF YES, IS/WAS THE ABUSE: <input type="checkbox"/> MILD <input type="checkbox"/> SEVERE	
HAS THE BIRTH MOTHER ABUSED DRUGS? <input type="checkbox"/> YES* <input type="checkbox"/> NO *IF YES, IS/WAS THE ABUSE: <input type="checkbox"/> MILD <input type="checkbox"/> SEVERE	
HAS THE BIRTH FATHER ABUSED DRUGS? <input type="checkbox"/> YES* <input type="checkbox"/> NO *IF YES, IS/WAS THE ABUSE: <input type="checkbox"/> MILD <input type="checkbox"/> SEVERE	
DOES THE BIRTH MOTHER HAVE A HISTORY OF MENTAL ILLNESS? <input type="checkbox"/> YES* <input type="checkbox"/> NO *IF YES, PLEASE DESCRIBE: _____ _____ _____	
DOES THE BIRTH FATHER HAVE A HISTORY OF MENTAL ILLNESS? <input type="checkbox"/> YES* <input type="checkbox"/> NO *IF YES, PLEASE DESCRIBE: _____ _____ _____	
DOES THE BIRTH MOTHER HAVE ANY DEVELOPMENTAL DELAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE BIRTH FATHER HAVE ANY DEVELOPMENTAL DELAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CHILD'S SIGNATURE (IF APPROPRIATE)	DATE
REFERRING WORKER'S SIGNATURE (OR OTHER AUTHORIZED AGENCY STAFF)	DATE

Please note that as soon as one of our registered families expresses an interest in the child, all of their family information, as well as a copy of their homestudy (if available), will be sent to you for review and consideration as a potential adoptive family. Upon your review of a family's file, please be sure to return the decision sheet to us so that we can notify the family of the decision without delay.

If at any time the child is placed in a permanent situation, please notify us at your earliest convenience so that the child's profile can be removed from the photolisting. In addition, if there are any developments in the child's profile; please notify us so that the photolisting can be updated accordingly.

Thank you for supporting this program. We look forward to helping you find permanent homes for Canada's waiting children. Please feel free to contact us if you have any questions or concerns and we will be happy to assist you.

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