

REGISTRATION OF ADOPTIVE APPLICANT

(For Office Only)
Date of Initial Contact:

to be initialed by social worker

SECTION A

	APPLICANT #1	APPLICANT #2
SURNAME		
GIVEN NAME (S)		
MAIDEN NAME		
DATE OF BIRTH		
PLACE OF BIRTH		
LANGUAGES SPOKEN		
RACE		
RELIGION		
HOME ADDRESS		
TELEPHONE (HOME)	(506) _____ Email address(optional)	(506) _____
TELEPHONE (WORK)	(506) _____	(506) _____
MARITAL STATUS	<input type="checkbox"/> Married Date of Present Marriage: _____ <input type="checkbox"/> Not Married Place of Marriage: _____	
MAILING ADDRESS <i>(if different from above)</i>		

CHILDREN OF PRESENT MARRIAGE OR RELATIONSHIP			
CHILD'S NAME	DATE OF BIRTH	GRADE IN SCHOOL	ADOPTED/WHERE/WHEN

OTHER MEMBER(S) OF HOUSEHOLD

NAME	DATE OF BIRTH	RELATIONSHIP

PERSONAL INFORMATION OF APPLICANTS

APPLICANT #1	APPLICANT #2
Have you ever been convicted of a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/>
Or ever been charged with a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Or ever been charged with a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/>
The above shall be verified with the proper authorities. Please note that the possession of a criminal record will not necessarily prevent the consideration of this application	
Has your name ever been registered with Protection Services? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has your name ever been registered with Protection Services? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been hospitalized or received treatment for a mental health problem? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates:	Have you ever been hospitalized or received treatment for a mental health problem? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates:
Have you ever received individual/family counseling? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: Where:	Have you ever received individual/family counseling? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: Where:
Have you ever been involved with another adoption agency or the Department of Social Development with respect to adoption before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been involved with another adoption agency or the Department of Social Development with respect to adoption before? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please specify nature of involvement:	Please specify nature of involvement:
Note: If you have received any of the above services, you will be required to sign the appropriate consent for release of information for. A criminal record check is required.	

SECTION B

PLACEMENT REFERENCE (Please indicate your preference by checking the appropriate boxes)

	Preferred	Could Accept	Could Not Accept
Age (0 - 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 2 years (state maximum age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex (Male / Female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racial/Ethnic Background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings (brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child who maintains access with a member(s) of the birth family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COULD YOU ACCEPT THE FOLLOWING IN A CHILD'S BACKGROUND?

	YES	NO		YES	NO
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse - Soft Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	• Marijuana	<input type="checkbox"/>	<input type="checkbox"/>
HIV Positive/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	Hard Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	• Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>
Mental Disability	<input type="checkbox"/>	<input type="checkbox"/>	• Heroin	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	• Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
Limited Information	<input type="checkbox"/>	<input type="checkbox"/>	• Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>
			• Depression	<input type="checkbox"/>	<input type="checkbox"/>
			• Suicide	<input type="checkbox"/>	<input type="checkbox"/>

COULD YOU ACCEPT THE POSSIBILITY THAT A CHILD MIGHT HAVE?

	YES	NO	POSSIBLY/COMMENTS
• Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
• Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	
• Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	
• Mental Retardation	<input type="checkbox"/>	<input type="checkbox"/>	
• Developmental Delays/Slow Learner	<input type="checkbox"/>	<input type="checkbox"/>	
• Allergies/Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
• Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	
• Paraplegia	<input type="checkbox"/>	<input type="checkbox"/>	
• Partial Deafness	<input type="checkbox"/>	<input type="checkbox"/>	
• Partial Blindness	<input type="checkbox"/>	<input type="checkbox"/>	
• Harelip/Cleft Palate/Club Feet	<input type="checkbox"/>	<input type="checkbox"/>	
• Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	
• Prematurity	<input type="checkbox"/>	<input type="checkbox"/>	
• Prematurity with Complications	<input type="checkbox"/>	<input type="checkbox"/>	
• Behaviour Problems (stealing, tantrums, aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	
• Emotional Problems (withdrawn, overactive, rejecting)	<input type="checkbox"/>	<input type="checkbox"/>	
• FAE/FAS	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	POSSIBLY
Child Exposed to abuse situations	<input type="checkbox"/>	<input type="checkbox"/>	
• Physical	<input type="checkbox"/>	<input type="checkbox"/>	
• Sexual	<input type="checkbox"/>	<input type="checkbox"/>	
• Neglect (inadequate care/abandoned)	<input type="checkbox"/>	<input type="checkbox"/>	
• Deprivation (failure to thrive)	<input type="checkbox"/>	<input type="checkbox"/>	
Child conceived as a result of:	<input type="checkbox"/>	<input type="checkbox"/>	
• Rape	<input type="checkbox"/>	<input type="checkbox"/>	
• Incest	<input type="checkbox"/>	<input type="checkbox"/>	
• Prostitution	<input type="checkbox"/>	<input type="checkbox"/>	

Note:

Many children who are available for adoption today have special needs. Adoptive parents are especially needed for the following category of children:

- a) children of all ages who have an emotional/physical/mental/medical handicap
- b) children of the same family being placed together: groups of 2, 3, 4 or more
- c) school age children with or without major problems; or
- d) non Caucasian children to be adopted by Black, native or mixed racial couples.

Adoptive homes are not always readily available for these children, within their respective areas.

Would you be willing to accept a child/ren with special needs from another region in New Brunswick?

Yes No

Would you be willing to accept a child/ren from another province? Yes No

During the waiting period prior to assessment, prospective adoptive parent (s) are required to notify the Department of Social Development of any major changes to their situation (i.e. divorce, death, move, etc)

Signature of Applicant #1

Date

Signature of Applicant #2

Date

FOR DEPARTMENT OF SOCIAL DEVELOPMENT USE ONLY:

Date of Group Meeting (s):

Department of Social Development:

Address:

EXPLANATORY NOTES TO REGISTRATION OF ADOPTIVE APPLICANTS FORM

DOWNS SYNDROME - a specific syndrome causing developmental disability in varying degrees.

PROBLEMS RESULTING FROM PREMATURE BIRTH - these may include visual, hearing and other impairments. It may also include cerebral palsy and epilepsy. Many premature infants experience developmental delays in at least the first two years of life. These children generally need to be involved in an infant stimulation program for a period of time.

UNCERTAIN PROGNOSIS - means that the physicians are unable to predict how the infant or young child will develop because of prenatal care or other factors. Intellectual, physical and/or emotional development may be effected. The child may be healthy and developing well at the time of placement but there is a risk factor that normal development may be delayed or that it may continue. Usually even the DEGREE of risk is not known.

GENETIC RISK OF SCHIZOPHRENIA - studies have shown those children born to a parent or parents with schizophrenia have a risk of developing that condition themselves at a later date. Adoption may lessen the risk but there still exists a risk factor.

DRUG ABUSE - means that a birth mother has used drugs during pregnancy, which has direct implications for the development of the child. Children born addicted are often irritable and jittery and have physical symptoms such as loose stools, sneezing and tremors. There is a ten-fold increase of risk of Sudden Infant Death Syndrome (SIDS) in babies of addicts. Future adverse effects may include: delayed language development, intense hyperactivity, neuro-muscular incoordination of forearm movements, violent outbursts of temper, short attention span and difficulty in developing social attachments.

ALCOHOL ABUSE - means that the birth mother abused alcohol during the pregnancy resulting in the possibility of Fetal Alcohol Syndrome. This condition can cause such adverse effects such as: facial irregularities, heart defects, developmental delay, poor attention span, or in extreme cases, an intellectual disability.

DEVELOPMENTAL DELAY - a physical and/or intellectual disability which delays the normal, age appropriate development of a child.

GENETIC RISK - the child may have the potential of developing a genetically determined disease or abnormality as the result of hereditary characteristics.

Applicants should obtain and read the current research in these areas. They should also discuss any medical questions with their physician.