

Application to foster or adopt a child or youth



socialsupportsnb.ca/foster | socialsupportsnb.ca/adopt

Apply Online 

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Last updated : January 17, 2024

Your Information

Are you single or applying as a couple? Please choose Single Couple
 couple if you have a partner and you live together.

Important information for couples: Both you and your partner must agree to foster or adopt together. We can't accept applications from only one person in a partnership. Please choose one of you to be the 'primary applicant' and the other person will be the 'secondary applicant'. **The primary applicant answers for themselves AND the household. Questions for the secondary applicant begin on page 8.**

First name	Middle name	Preferred name	Last name
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Previous name(s)	Information about any previous names that you may have had helps us: <ul style="list-style-type: none"> • verify your identity, • maintain/review accurate records, and • reach out to references or individuals who might know you by different names.
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Email	Phone number	Alternate phone number	Date of birth (YYYY-MM-DD)
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Place of birth (town/city/province)

HOUSEHOLD ADDRESS

Street number / street	Apartment #	City/Town/Village	Province	Postal code
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HOUSEHOLD MAILING ADDRESS

Mailing address is the same as above.

Street number / street	Apartment #	City/Town/Village	Province	Postal code
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Have you lived in any provinces or territories outside of New Brunswick in the last 5 years? Please select all that apply:	<input type="checkbox"/> Prince Edward Island	<input type="checkbox"/> Ontario	<input type="checkbox"/> British Columbia
	<input type="checkbox"/> Nova Scotia	<input type="checkbox"/> Manitoba	<input type="checkbox"/> Yukon
	<input type="checkbox"/> Quebec	<input type="checkbox"/> Saskatchewan	<input type="checkbox"/> Nunavut
	<input type="checkbox"/> Newfoundland and Labrador	<input type="checkbox"/> Alberta	<input type="checkbox"/> Northwest Territories

Have you lived outside of Canada in the last 5 years? Yes No

If yes, please explain:

How would you prefer to communicate with Social Development?

- Phone Email Other, please explain:

What is your preferred language for speaking?

- English French

What is your preferred language for writing?

- English French

Do you have communication needs we should be aware of? (ex: translator, hearing impaired, communication devices, ASL, etc.)

- Yes No

If yes, please explain:

Children and youth who need a safe home environment come from different cultures, religions, and communities. We are committed to helping children and youth maintain connections to their cultures and practices. The next two questions are **optional**. Whether or not you choose to answer, will have no impact on the approval process.

Which race category best describes you? Please select all that apply: (optional)

- | | |
|---|---|
| <input type="checkbox"/> Black: African, Afro-Caribbean, African Canadian descent | <input type="checkbox"/> South Asian: South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean) |
| <input type="checkbox"/> East Asian: Chinese, Korean, Japanese, | <input type="checkbox"/> Southeast Asian: Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent |
| <input type="checkbox"/> Indigenous: First Nations, Métis, Inuk/Inuit descent | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Latino: Latin American, Hispanic descent | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Middle Eastern: Arab, Persian, West Asian descent (e.g, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish) | <input type="checkbox"/> Another race category, please explain: |
| <input type="checkbox"/> White: European descent, American | |

If you feel it can help us in getting to know you and/or matching you with a child or youth, please select your religion. (optional)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Traditional (North American Indigenous) |
| <input type="checkbox"/> Christian | <input type="checkbox"/> No religion and secular perspectives |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Another religion or spiritual traditions; please explain: |
| <input type="checkbox"/> Muslim | |
| <input type="checkbox"/> Sikh | |

Do you smoke/vape tobacco and/or cannabis?

Yes

No

Smoking/vaping is not allowed inside the house or in any enclosed space when a child or youth is in your care.

Do you have a primary health care provider (doctor or nurse practitioner)?

Yes

No

If you do NOT have a health care provider, you can register to be matched with a New Brunswick family doctor or nurse practitioner. Visit GNB.ca and search '[Accessing healthcare](#)'.

Your Household Interests

How did you become aware of our need for foster/adoption families?

Social media

Social Worker

Friend

Community event

Family member

Advertisement

Someone at Social Development

Healthcare provider

Other adoptive or foster families

Other

Please let us know why you are interested in opening your home to a child or youth.

Which of the following supports are you interested or willing to provide to children and youth?
Please select all that apply:

- Short term and immediate home (for example, the same night a child is removed from a dangerous situation)
- Respite or relief for other foster parents
- Fostering
- Adoption
- Fulltime support of a child or youth with complex needs (Professional Care Home)

Which of the following children and/or youth do you feel able to support in your home? Please select all that apply:

- No preference
- Infants (0-2 years old)
- Children under 12 years old
- Children and youth over the age of 12
- Sibling groups
- Male
- Female
- Specific culture, race, and religious preferences or considerations, please explain:
- Children or youth from another province
- Non-binary - *Non-binary means a person doesn't identify as strictly male or female. They may see themselves as a mix of both genders, somewhere in between, or completely different.*
- Children or youth who maintain contact with member(s) of their birth family.
- Children or youth with special needs (mental or physical disability)

Could you support, or be willing to learn how to support, a child or youth with the following experiences?
Please select all that apply:

- Medical condition (ex. diabetes, epilepsy, allergies)
- Physical disability (ex. blind, deaf, wheelchair, Cerebral Palsy)
- Developmental disability
- Fetal Alcohol Spectrum
- Intellectual Disability
- Autism Spectrum
- Mental Health struggles (ex. depression, suicide attempts)
- Substance abuse
- Behavioural struggles (e.x, stealing, withdrawn, meltdowns)
- Limited information about the child or youth.

Your Household

Who lives in your household? Please also include people who live in your household some of the time (ex: custody arrangement). No other household members

Additional household member 1 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

Additional household member 2 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

Additional household member 3 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

Additional household member 4 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

Additional household member 5 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

Additional household member 6 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

Do you have any children who do not live in your household? (ex: young adults who have moved out on their own, children that may live with another parent from a previous relationship, etc.)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child who does not live in your household 1 (if applicable)				
First name		Last name		Date of birth (YYYY-MM-DD)
Child who does not live in your household 2 (if applicable)				
First name		Last name		Date of birth (YYYY-MM-DD)
Child who does not live in your household 3 (if applicable)				
First name		Last name		Date of birth (YYYY-MM-DD)
Child who does not live in your household 4 (if applicable)				
First name		Last name		Date of birth (YYYY-MM-DD)

To complete the application process, all adults in your household need to be aware of and consent to participating.

Are all household members aware that you are applying to become a foster family and/or to adopt a child or youth?

Yes, I confirm that I have notified all members of the household that I am applying to become a foster family and/or adopt a child or youth.

No

Do you have any pets? None Cats Dogs Other

Please provide details on your pets (ex: how many you have, comfort level around children, etc.):

Your education and financial information

What is the highest level of education you have completed?

High School Diploma/GED
 Post-Secondary
 Other

<p>Do you have any training, education, or volunteer experience related to human services (ex: legal advocate/attorney, teaching/education, early childhood development, social work, addictions, speech therapy, nursing, healthcare, counselling, therapy, psychology, etc.).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>What is your household's <u>annual income before taxes</u>? Please note, you may be required to provide additional financial information later in the application process.</p>	\$	
<p>Considering expenses such as mortgage, rent, groceries, power, heat, internet, clothing, insurances, car payments, loan, and debt payments, what are your average monthly household expenses? An estimate is acceptable, however, you may be required to provide additional financial information later in the review process.</p>	\$	

Declaration – Primary Applicant

Please check the boxes below to indicate that you have read and agree with the following statements.

- I agree that the information provided is accurate and complete. I authorize Social Development to verify any information I have provided.
- I understand that providing false or inaccurate information may affect my/our ability to be approved as a foster family and/or to adopt a child/youth.
- I understand that I am required to notify the Department of Social Development of any major changes to my situation (ex: divorce, death, move, etc.) during the application process.
- I understand that my personal information will be used to assess my suitability as a foster or adoptive parent.
- I also understand that the Department of Social Development has taken necessary precautions to protect my personal information from unauthorized use or disclosure in accordance with the privacy legislation referenced above.

<p>Date (YYYY-MM-DD)</p>	<p><u>Primary Applicant's Signature</u></p>
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Secondary Applicant Information *(to be answered by the secondary applicant – if applicable)*

First name	Middle name <i>(optional)</i>	Preferred name	Last name
Previous name(s)	Information about any previous names that you may have had helps us: <ul style="list-style-type: none"> • verify your identity, • maintain/review accurate records, and • reach out to references or individuals who might know you by different names. 		
Email	Phone number (###) ### - ####	Alternate phone number	Date of birth (YYYY-MM-DD)
Place of birth (town/city/province)			
Have you lived in any provinces or territories outside of New Brunswick in the last 5 years? Please select all that apply:	<input type="checkbox"/> Prince Edward Island <input type="checkbox"/> Nova Scotia <input type="checkbox"/> Quebec <input type="checkbox"/> Newfoundland and Labrador	<input type="checkbox"/> Ontario <input type="checkbox"/> Manitoba <input type="checkbox"/> Saskatchewan <input type="checkbox"/> Alberta	<input type="checkbox"/> British Columbia <input type="checkbox"/> Yukon <input type="checkbox"/> Northwest Territories <input type="checkbox"/> Nunavut
Have you lived outside of Canada in the last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
How would you prefer to communicate with Social Development?			
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other, please explain:			
What is your preferred language for <u>speaking</u> ?		<input type="checkbox"/> English <input type="checkbox"/> French	
What is your preferred language for <u>writing</u> ?		<input type="checkbox"/> English <input type="checkbox"/> French	
Do you have communication needs we should be aware of? (ex: translator, hearing impaired, communication devices, ASL, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
Do you smoke/vape tobacco and/or cannabis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Smoking/vaping is not allowed inside the house or in any enclosed space when a child or youth is in your care.</i>			
Do you have a primary health care provider (doctor or nurse practitioner)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you do NOT have a health care provider, you can register to be matched with a New Brunswick family doctor or nurse practitioner. Visit GNB.ca and search 'Accessing healthcare'.</i>			

Children and youth who need a safe home environment come from different cultures, religions, and communities. We are committed to helping children and youth maintain connections to their cultures and practices. The next two questions are **optional**. Whether or not you choose to answer, will have no impact on the approval process.

Which race category best describes you?
Please select all that apply:
(optional)

- | | |
|---|---|
| <input type="checkbox"/> Black: African, Afro-Caribbean, African Canadian descent | <input type="checkbox"/> South Asian: South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean) |
| <input type="checkbox"/> East Asian: Chinese, Korean, Japanese, | <input type="checkbox"/> Southeast Asian: Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent |
| <input type="checkbox"/> Indigenous: First Nations, Métis, Inuk/Inuit descent | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Latino: Latin American, Hispanic descent | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Middle Eastern: Arab, Persian, West Asian descent (e.g, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish) | <input type="checkbox"/> Another race category, please explain: |
| <input type="checkbox"/> White: European descent, American | |

If you feel it can help us in getting to know you and/or matching you with a child or youth, please select your religion. (optional)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Traditional (North American Indigenous) |
| <input type="checkbox"/> Christian | <input type="checkbox"/> No religion and secular perspectives |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Another religion or spiritual traditions; please explain: |
| <input type="checkbox"/> Muslim | |
| <input type="checkbox"/> Sikh | |

Do you have any children who do not live in your household? (ex: young adults who have moved out on their own, children that may live with another parent from a previous relationship, etc.) Yes No

Child who does not live in your household 1 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
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Child who does not live in your household 2 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
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Child who does not live in your household 3 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
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Child who does not live in your household 4 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
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Your education (to be answered by the secondary applicant – if applicable)

What is the highest level of education you have completed?	<input type="checkbox"/> High School Diploma/GED	
	<input type="checkbox"/> Post-Secondary	
	<input type="checkbox"/> Other	
Do you have any training, education, or volunteer experience related to human services (ex: legal advocate/attorney, teaching/education, early childhood development, social work, addictions, speech therapy, nursing, healthcare, counselling, therapy, psychology, etc.),	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration – Secondary Applicant (to be answered by the secondary applicant – if applicable)

Please check the boxes below to indicate that you have read and agree with the following statements.

- I agree that the information provided is accurate and complete. I authorize Social Development to verify any information I have provided.
- I understand that providing false or inaccurate information may affect my/our ability to be approved as a foster family and/or to adopt a child/youth.
- I understand that I am required to notify the Department of Social Development of any major changes to my situation (ex: divorce, death, move, etc.) during the application process.
- I understand that my personal information will be used to assess my suitability as a foster or adoptive parent.
- I also understand that the Department of Social Development has taken necessary precautions to protect my personal information from unauthorized use or disclosure in accordance with the privacy legislation referenced above.

Date (YYYY-MM-DD)	<u>Secondary Applicant's Signature</u>
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Final Review

Before submitting your application:

- Review your application to ensure all the information is complete and accurate.
- Remember to include the following with your application:

- [Social Development record check consent form\(s\)](#) *(included in application package)*
 - Separate form required for all adults (19 years or older) living in the household.
- Criminal and Vulnerable Sector Record Check(s)** [\(letter template\)](#) *to obtain your criminal and vulnerable sector check(s) for free included in application package)*
 - Required for all adults (19 years or older) living in the household, and
 - Any immediate family members with a criminal history.
- Reference Letter Forms x3** *(included in application package)*
 - Complete and send to three non-family references.
If you are applying as a couple:
 - [Reference form – couple applicants \(English\)](#)
 - [Reference form – couple applicants \(French\)](#)
If you are applying as a single:
 - [Reference form – single applicants \(English\)](#)
 - [Reference form – single applicants \(French\)](#)
- Family Assessment** *(included in application package)*
 - Complete the following forms:
 - [Single Applicants](#) - SAFE Questionnaire I: Single Applicant, **or**
 - [Couple Applicants](#) - SAFE Questionnaire I: Couple Applicant (to be completed by both applicants)

For detailed instructions, view page 3 of your application package.

Submit Your Application

Try our online Application

FASTER | EASIER | 24/7 | SECURE | ONLINE SUPPORT

Applying online to adopt or foster a child or youth through the Community Care NB Portal (CCNB) is the quickest and easiest way to apply.

This new and secure feature allows you to apply online, safely upload documents, save your progress, and access important resources/information. If you choose to apply online, you do not need to answer the questions in this application.

| To apply online please go to:

- [Adopt a child or youth](https://socialsupportsnb.ca/adopt) – socialsupportsnb.ca/adopt
- [Foster a child or youth](https://socialsupportsnb.ca/foster) – socialsupportsnb.ca/foster

Need some help?

Get help with your online application by emailing: socialsupportsnb@gnb.ca.

If you have questions about your application, you can contact us by phone at 1 (506)-259-0232. Phone lines are open Monday-Friday between 8:15am and 4:30pm, excluding holidays.

If you wish to apply by paper:

Send your completed application forms and supporting documents by mail or in person to:

Foster/Adoption

551 King St.

Sartain MacDonald Building

PO Box 6000

Fredericton, NB

E3B 1E7