

## REGISTRATION OF ADOPTIVE APPLICANT(S)

(For Office Only)  
Date of Initial Contact:

**to be initialed by social worker**

### SECTION A

	ADOPTIVE APPLICANT #1	ADOPTIVE APPLICANT #2
SURNAME		
GIVEN NAME (S)		
MAIDEN NAME		
DATE OF BIRTH		
PLACE OF BIRTH		
LANGUAGES SPOKEN		
RACE		
RELIGION		
HOME ADDRESS		
TELEPHONE (HOME)	(506)	(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**

ADOPTIVE APPLICANT #1	ADOPTIVE 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"/>
<b>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</b>	
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 Family and Community Services 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 Family and Community Services with respect to adoption before? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please specify nature of involvement:	Please specify nature of involvement:
<b>Note:</b> 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"/>	<b>Substance Abuse - Soft Drugs</b>	<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"/>	<b>Hard Drugs</b>	<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"/>	<b>Mental Illness</b>	<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

Contact your adoption worker if you would like to have specific information on an international adoption.

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

\_\_\_\_\_  
Signature of Adoptive Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adoptive Applicant #2

\_\_\_\_\_  
Date