



The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Adoption Act. Under certain circumstances, the collected information may be subject to disclosure as per the Adoption Act and/or the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this information should be directed to the Social Worker requesting the information.

All infants and children may have problems which could affect their future development. It is important to the adoption process to decide whether you would be willing to parent a child with special needs. This questionnaire is designed to help you identify the background factors and special needs that you feel you are able to consider in the child you wish to adopt. Complete this form and return it to the District Office of your Adoption Worker, who can be contacted to obtain the mailing address*.

THIS FORM MUST ACCOMPANY THE APPLICATION TO ADOPT.

An Adoption Questionnaire Reference Guide has been prepared as a companion document to this questionnaire to provide some basic information about the more commonly found conditions or special needs. This guide can be obtained from your Adoption Worker. You are encouraged to learn more about the implications of adopting a child with special needs by talking with an adoption worker, doctor, and other professionals.

PLEASE CHECK THE APPROPRIATE BOX(ES):

NOTE: For Child Specific/Caregiver Adoptions only, complete only sections A, B, C, D, U and X.

Sections A, B, C, and D: Type of Application, Age of Child/Children, Gender of Child, and Number of Children.

Sections E and F: Accepted Religious Background of Child Sought and Accepted Languages of Child Sought.

Section G: Accepted Ethno-Cultural Backgrounds of Child Sought.

PLEASE DESCRIBE THE BACKGROUND FACTORS AND SPECIAL NEEDS YOU WOULD ACCEPT BY CHECKING THE APPROPRIATE BOX(ES):

Sections H, I, and J: Child Conceived as a Result of, Premature Birth, and Risks Identified at Birth.

Sections K, L, and M: Genetic Factors/Risks, Prenatal Alcohol/Drug Exposure, and Alcohol/Drug Related Diagnoses.

* For assistance in locating a worker in your region, contact Enquiry BC at 1-800-663-7867 or check the blue pages of your telephone directory for the MCFD office nearest to you.

N. Intellectual Disabilities:

1. Down's Syndrome

2. Mental Disability

P. Medical Diagnosis (physical/mental/behavioural):

1. <input type="checkbox"/> AIDS	9. <input type="checkbox"/> Autism	17. <input type="checkbox"/> Hepatitis C
2. <input type="checkbox"/> Allergies - Other	10. <input type="checkbox"/> Diabetes	18. <input type="checkbox"/> Hydrocephalus
3. <input type="checkbox"/> Allergies - Pets	11. <input type="checkbox"/> Eating Disorder	19. <input type="checkbox"/> Mood Disorder
4. <input type="checkbox"/> Allergies - Smoking	12. <input type="checkbox"/> Epilepsy/Seizures	20. <input type="checkbox"/> Personality Disorder
5. <input type="checkbox"/> Anxiety Disorder	13. <input type="checkbox"/> Failure to Thrive	21. <input type="checkbox"/> Reactive Attachment Disorder
6. <input type="checkbox"/> Asperger's Disorder	14. <input type="checkbox"/> HIV Positive	22. <input type="checkbox"/> Schizophrenia
7. <input type="checkbox"/> Asthma	15. <input type="checkbox"/> Heart Defect	23. <input type="checkbox"/> Short Life Expectancy
8. <input type="checkbox"/> Attention Deficit Hyperactive Disorder	16. <input type="checkbox"/> Hepatitis B	

O. Physical Disabilities:

1. Cerebral Palsy

2. Orthopaedic Irregularities

3. Spina Bifida

R. Other Special Needs:

1. Facial Irregularities

2. Feeding/Special Diet Administration

3. Uses Wheelchair

4. Walk with Assistance or Mobility Aid

S. Sensory Loss:

1. Hearing Impaired

2. Vision Impaired

T. Learning Disabilities:

1. Oral Language

2. Reading/Writing

U. Child has Experienced:

1. Abuse - Emotional

2. Abuse - Physical

3. Abuse - Sexual

4. Detrimental Parenting

5. Multiple Caregivers/Attachment Issues

6. Neglect

V. Child Exhibits:

1. <input type="checkbox"/> Aggression	5. <input type="checkbox"/> Hyperactivity	9. <input type="checkbox"/> Profound Dependency	13. <input type="checkbox"/> Withdrawal
2. <input type="checkbox"/> Anxiety	6. <input type="checkbox"/> Inappropriate Sexual Behaviour	10. <input type="checkbox"/> Soiling	14. <input type="checkbox"/> Child/Youth use Drugs/Alcohol
3. <input type="checkbox"/> Bed-Wetting	7. <input type="checkbox"/> Lying	11. <input type="checkbox"/> Stealing	
4. <input type="checkbox"/> Destructiveness	8. <input type="checkbox"/> Nightmares	12. <input type="checkbox"/> Temper Tantrums	

W. Knowledge and/or Experience with Special Needs:

If you have direct knowledge and/or experience with significant medical, physical or psychological special needs and would parent a child with those special needs, please describe: (e.g. Neurofibromatosis, Tourette's Syndrome)

X. Openness Requirements:

	Fully Disclosed	Semi-Open
Birth Parents	<input type="checkbox"/>	<input type="checkbox"/>
Foster Parents	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Y. Acceptance of Access:

1. Access Order

2. Defacto Access

3. No Access

Z. Accepted Birth Family Information Not Available:

1. Mother's Medical Information **Not Available**

2. Mother's Social Information **Not Available**

3. Birth Father not known

4. Father's Medical Information **Not Available**

5. Father's Social Information **Not Available**

PROSPECTIVE ADOPTIVE PARENT'S SIGNATURE

ADOPTION WORKER

CASELOAD #

PRINT NAME

ADOPTION HOME FILE ID

PROSPECTIVE ADOPTIVE PARENT'S SIGNATURE

DISTRICT OFFICE

PRINT NAME

ADDRESS

DATE (YYYY/MM/DD)

POSTAL CODE

DISTRICT OFFICE CODE

DATE (YYYY/MM/DD)