



ADOPTION APPLICATION FORM

Please complete and return to CHOICES
 Include appropriate fee as per current fee schedule

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 Director, Information, Privacy and Records Services Branch, (250) 387-0820, PO Box 9702, Stn Prov, Govt, Victoria, BC V8W 9S1

Personal Information

Applicant A

Applicant B

Surname			Given Name			Middle Name			Surname			Given Name			Middle Name								
Address						Postal Code						Home Phone Number											
Birth Date			Birth Place			Cultural / Racial Heritage			Birth Date			Birth Place			Cultural / Racial Heritage								
Height		Hair Colour		Eye Colour		Complexion		Height		Hair Colour		Eye Colour		Complexion									
Education						Education																	
Occupation						Work Phone Number						Occupation						Work Phone Number					
E-mail Address						Fax Number						E-mail Address						Fax Number					

PLEASE PROVIDE HOME ADDRESSES FOR THE PAST 10 YEARS - USING ADDITIONAL PAGES

Note: We will be sending confidential information (such as your Statement of Account) to you at the above stated email address. Please ensure that other people do not have access to this email address, unless you agree with them seeing the information.

Marital Status

Date of Marriage / Common-Law		Place (City, Province)	
Has either applicant been previously married?		Date of Divorce	
Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Children in the family (use back of page if more space is required)

Name	Date & Birth Place	If adopted, date of placement
Name	Date & Birth Place	If adopted, date of placement

Other members of household (e.g., boarders, relatives)

Full Name	Birth Date	Relationship to Applicant
Full Name	Birth Date	Relationship to Applicant

Religion / Spiritual Values

Applicant A

Applicant B

Denomination or Group	Active	Denomination or Group	Active
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CHOICES: Futures & Families Society of British Columbia

Suite 100-850 Blanshard Street Victoria, BC V8W 2H2

Phone (250) 479.9811 Fax (250) 479.9850 Toll Free 1.888.479.9811 Email choices@choicesadoption.ca Web www.choicesadoption.ca

Interests / Hobbies**Applicant A****Applicant B**

Employment History (past five years)**Applicant A****Applicant B**

Employer _____ Dates _____	Employer _____ Dates _____
Employer _____ Dates _____	Employer _____ Dates _____
Employer _____ Dates _____	Employer _____ Dates _____

Family Finances

Gross Monthly Income \$ _____	Total Monthly Payments (incl. mortgage/rent) \$ _____
Savings \$ _____	Total Debts \$ _____
Valued Assets (real estate, etc) \$ _____	Amount of Life Insurance \$ _____

Relatives (use back of page if required)**Applicant A****Applicant B**

Mother _____ Age _____ Occupation _____ Health _____ Marital Status _____	Mother _____ Age _____ Occupation _____ Health _____ Marital Status _____
Father _____ Age _____ Occupation _____ Health _____ Marital Status _____	Father _____ Age _____ Occupation _____ Health _____ Marital Status _____
Sibling _____ Age _____ Occupation _____ Health _____ Marital status _____	Sibling _____ Age _____ Occupation _____ Health _____ Marital status _____
Sibling _____ Age _____ Occupation _____ Health _____ Marital status _____	Sibling _____ Age _____ Occupation _____ Health _____ Marital status _____
Sibling _____ Age _____ Occupation _____ Health _____ Marital status _____	Sibling _____ Age _____ Occupation _____ Health _____ Marital status _____

References (4) will receive form to provide written reference (two may be relatives; non-relatives must have known you at least 2 yrs)

Name _____	Friend <input type="checkbox"/>	Relative <input type="checkbox"/>	Known how long _____	Phone Number _____
Mailing Address _____				Postal Code _____
Name _____	Friend <input type="checkbox"/>	Relative <input type="checkbox"/>	Known how long _____	Phone Number _____
Mailing Address _____				Postal Code _____
Name _____	Friend <input type="checkbox"/>	Relative <input type="checkbox"/>	Known how long _____	Phone Number _____
Mailing Address _____				Postal Code _____
Name _____	Friend <input type="checkbox"/>	Relative <input type="checkbox"/>	Known how long _____	Phone Number _____
Mailing Address _____				Postal Code _____

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What are you interested in?

Local Adoption

Inter-country Adoption

Local & Inter-country Adoption

Inter-country Relative Adoption

If you are considering Inter-country Adoption please indicate which country or countries you are interested in.

Is this an application for a first home study?

Yes

No

or

Is this an application for a subsequent home study?

Yes

No

or

Is this a registration for an existing home study completed by another agency?

Yes

No

How did you hear about CHOICES? _____

As part of your background check for the home study, you will require the following:

- satisfactory criminal record check
- satisfactory report regarding any prior contact with the Ministry of Children & Family Development
- four favourable personal references
- favourable medical report for each applicant

Do you have a criminal Record?

Yes

No

Have you ever been arrested?

Yes

No

Have you ever had a child in your care that was found to be in need of protection under the child welfare laws of any jurisdiction?

Yes

No

Have you applied to adopt previously?

Yes

No

If Yes, please provide details: _____

Are you registered with another agency?

Yes

No

Are you registered with the Ministry of Children and Family Development?

Yes

No

If Yes, please provide name of agency or MCFD office and date of registration:

We hereby authorize the adoption agency _____

to release information contained about me/us in their records regarding adoption to CHOICES.

How would you like to pay your Application Fee to CHOICES?

Cheque Cash Bank Draft

Mastercard Visa _____

Expires: _____

PLEASE READ CAREFULLY BEFORE SIGNING

Applicants should be aware that acceptance of this application does not constitute approval for adoption.

Please be aware that in accepting this application, or by approving applicants for adoption, CHOICES cannot guarantee the placement of a child with the applicants.

The information given above is accurate to the best of my knowledge & I have not omitted any information requested.

I will advise CHOICES of any significant changes to the information provided.

I agree that if I withdraw my application after commencement of the home study or if we are not approved for adoption, CHOICES may notify other licensed adoption agencies and/or the Ministry of Children and Family Development.

Signature of Applicant

Signature of Applicant

Print Name

Print Name

Date

Date

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