

Preliminary Application Form – Domestic Adoptions

Male Applicant: _____
(Surname) *(Given Names)*

Female Applicant: _____
(Surname) *(Given Names)*

Address: _____

(Town or City) *(Postal Code)*

Phone (Male Applicant): _____
(Home) *(Work)* *(Cell)*

Phone (Female Applicant): _____
(Home) *(Work)* *(Cell)*

Email (Male Applicant): _____

Email (Female Applicant): _____

Date of Marriage: _____ Place of Marriage: _____

Have either of you been previously married? Yes No. Explain: _____

Have you ever applied to another agency? Yes No. Explain: _____

Have you ever been refused by another adoption agency? Yes No. Explain: _____

Names and ages (with birth dates) of children (Please state whether biological or adopted):

Reason for infertility, if known: _____

Do either of you have a criminal record? Yes No. Explain: _____

Has there been an Intervention investigation on your family through Alberta Children and Youth Services?

Please Note: If you have a Criminal record or an Intervention by Alberta Children and Youth Services you may not be approved to adopt. It is suggested you make an appointment to talk to a Social Worker if you want to proceed.

PERSONAL INFORMATION
Male Applicant

Demographic Data

Full name: _____
(Surname) *(All Given Names)*

Any other names used: _____

Place of Birth: _____ Date of Birth: _____

Racial Origin: _____ Ethnic Origin: _____

Registered Indian Métis Canadian Citizen Landed Immigrant. Status: _____

Physical Description: Height: _____ Eye Colour: _____

Weight: _____ Hair Colour: _____

Religion: _____

Languages Spoken: _____

Describe your Personality:

Health

Do you have any medical problems? Infertility?

Is there a history in your family of any medical, psychiatric or emotional problems?

Education

Please indicate the level you attained, institution, and dates

High School:

University or Other:

Technical School:

Bible College:

Employment

Current Employer:

Date Employed: _____ Position Held: _____

Previous Employment:

Hobbies and Interests

PERSONAL INFORMATION
Female Applicant

Demographic Data

Full name: _____
(Surname) *(All Given Names)*

Any other names used/maiden name: _____

Place of Birth: _____ Date of Birth: _____

Racial Origin: _____ Ethnic Origin: _____

Registered Indian Métis Canadian Citizen Landed Immigrant. Status: _____

Physical Description: Height: _____ Eye Colour: _____

Weight: _____ Hair Colour: _____

Religion: _____

Languages Spoken:

Describe your Personality:

Health

Do you have any medical problems? Infertility?

Is there a history in your family of any medical, psychiatric or emotional problems?

Education

Please indicate the level you attained, institution, and dates

High School:

University or Other:

Technical School:

Bible College:

Employment

Current Employer:

Date Employed: _____ Position Held: _____

Previous Employment:

Hobbies and Interests

RELIGIOUS INFORMATION
Both Applicants

Church Affiliation:

Your involvement in the life of the Church:

Testimony - Male Applicant:

Testimony - Female Applicant:

FINANCIAL INFORMATION Both Applicants

All information is strictly confidential and used only as supporting information in preparation of your file should you become approved applicants with our agency. Please provide a copy of your T4s or Notice of Assessments from last year. We are required to verify your income.

Male Applicant: _____
(Surname) *(Given Names)*

Female Applicant: _____
(Surname) *(Given Names)*

Annual Employment Income

	This Year	Last Year
Male Applicant	\$	\$
Female Applicant	\$	\$

<i>Other Annual Income</i>	This Year	Last Year
Male Applicant	\$	\$
Female Applicant	\$	\$

Total Annual Income	\$	\$
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Monthly Net Income (After Taxes/Deductions)

	Amount
Male Applicant	\$
Female Applicant	\$

<i>Other Monthly Income</i>	Amount
Male Applicant	\$
Female Applicant	\$

Total Monthly Net Income	\$
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Monthly Expenses

	Amount Spent
Mortgage/Rent	\$
Household Bills (e.g., heat, electricity, telephone, insurance)	\$
Transportation (e.g., gas, maintenance, insurance, bus)	\$
Loan Payments (e.g., bank or personal loans, credit card payments)	\$
Car Payments:	\$
Food:	\$
Clothing:	\$
Other Expenses. Specify:	\$
Other Expenses. Specify:	\$
Total Monthly Expenses	\$

Assets

	Value
Real Estate: Home	\$
Real Estate: Other	\$
Vehicles	\$
Savings: RRSP's, RESP, GIC's	\$
Investments (e.g., Stocks, Mutual Funds)	\$
Bank Accounts	\$
Other Assets. Specify:	\$
Other Assets. Specify:	\$
Total Assets	\$

Liabilities

	Total Amount Owed
Mortgage	\$
Bank Loans (e.g., car loans)	\$
Personal Loans	\$
Credit Cards	\$
Other Debts or Liabilities (e.g., orthodontia)	\$
Total Liabilities	\$

Insurance

Homeowner's/Tenants' Insurance Policy: Yes No Value: \$ _____

Auto Insurance Coverage (per vehicle): _____

Life Insurance Policies: Male Applicant: Yes No Female Applicant: Yes No

Alberta Health Care: Male Applicant: Yes No Female Applicant: Yes No

Supplemental Health Care Insurance (e.g., Blue Cross, employee benefits):
 Male Applicant: Yes No Female Applicant: Yes No

Other pertinent information

I/We confirm that the information given on this financial statement is accurate and complete to the best of my/our knowledge.

Signature of Male Applicant: _____ Date: _____

Signature of Female Applicant: _____ Date: _____

REFERENCES

We require four references in support of your application: a relative (not parents), a friend, a business acquaintance, and your pastor. References should have known the applicants for at least five years.

Reference 1 Name: _____
Address: _____
Phone: _____
Relationship: _____
Length of time he/she has known applicants: _____

Reference 2 Name: _____
Address: _____
Phone: _____
Relationship: _____
Length of time he/she has known applicants: _____

Reference 3 Name: _____
Address: _____
Phone: _____
Relationship: _____
Length of time he/she has known applicants: _____

Reference 4 Name: _____
Address: _____
Phone: _____
Relationship: _____
Length of time he/she has known applicants: _____

References need to be returned *directly* to the agency by mail or fax.
References may be contacted by phone in addition to providing the written reference letter.

DECLARATION

We understand Christian Adoption Services will do everything they can do to make an adoption placement in our home, but cannot guarantee a placement will be made.

We understand that all of the information provided in this application is treated as confidential by Christian Adoption Services. We give our permission to the staff of Christian Adoption Services to use their discretion in sharing information about us with the birthmothers they are counselling for the purpose of matching us for an adoption placement.

Please include a photo of yourselves with this application or send one by email to info@christianadoption.ab.ca.

Thank you.

Signature: _____ Date: _____
Adoptive Male Applicant

Signature: _____ Date: _____
Adoptive Female Applicant

Please return this preliminary application with the \$400.00 Cdn application fee to:

CHRISTIAN ADOPTION SERVICES

Suite 201B, 9705 Horton Road SW
Calgary, Alberta T2W 1G8

Phone: 403-256-3224 • Fax: 403-256-8367
Toll-free: 1-877-256-3224

Christian Adoption Services will contact all applicants for an interview prior to accepting their application into the agency.

Every family needs to complete a Home Assessment Self Report to provide the Social Worker before the Home Assessment begins.

OFFICE USE ONLY

Group Meeting: _____

Interview: _____

Date of Approval: _____