



Adoption practice has changed significantly over the years as professionals have developed a greater understanding about the impact that adoption has on the adopting family, the child, and the birth family. The secrecy that used to surround adoption has been replaced by a growing openness among adoptive parents, birth parents, and adopted children - an openness that honours and respects the unique kinship that exists between birth families and adoptive families.

Over the years, the professionals at Adoption By Choice have had the opportunity to work with a wide range of people in building child centered open adoption plans. What we have come to understand is that everyone's needs are unique, and that each one of you will have a different idea about the kind of adoption plan that will work for you. We believe that maintaining a connection with birth families helps children grow up feeling more secure about their adoptions and about who they are. The degree of openness in your plan will be up to you and the birth parents to decide, but we are here to help guide you.

We believe that adopting families need support, guidance and knowledge in order to feel secure in their decision to choose open adoption. At ABC we have a wealth of information available for adoptive families. We also have support groups, evening seminars and get-togethers, and newsletters. Adoption is a lifelong process for everyone - adoptees, adoptive parents and birth parents. For adopting parents, it is the process of accepting the lifelong responsibility of raising a child who will make sense of who he is in relation to his birth parents and his adoptive parents.

Birth parents also benefit from the professional counselling that is available here at Adoption By Choice - before, during, and after the placement of their child. We help them work through some of the emotional issues that choosing adoption will bring for them. The grief and loss that they experience is very real - both in their hearts and in their heads. Help is available for them from professionals as well as peers.

Adoption By Choice has two offices - one in Calgary, and one in Edmonton. Sheila Feehan, MSW, RSW, is the Social Worker at our Edmonton office, so if you are closer to Edmonton please feel free to give her a call at (780) 448-1159. The office is located at 355 Burton Road, Edmonton, Alberta. You can also reach her by email at edmonton@adoptionbychoice.ca.

Adoption By Choice also has satellite services available in Grande Prairie, Fort McMurray, Lethbridge, Medicine Hat, Vermilion, Lloydminster, Red Deer, Canmore and Banff. We welcome the opportunity to work with Albertans across the province, and can make arrangements for services to be provided, even in those towns where we do not currently have a contract social worker.

The vast majority of children we place through Adoption By Choice are newborn infants, however, we also place toddlers and older children into the homes of waiting families. We have between 45 and 55 approved adoptive families on our active waiting list at any given time. Families are generally waiting 6 - 30 months for the placement of a child. The more flexible you are about the racial heritage of the child, the age of the child, the circumstances around the pregnancy, the health and lifestyle choices of the birth parents, the more likely the placement will happen sooner.

WHAT IS THE PROCESS IF I WANT TO ADOPT A CHILD THROUGH ADOPTION BY CHOICE?

FIRST, YOU MUST BECOME AN APPROVED APPLICANT.

In order to have a child placed in your care the Child, Youth and Family Enhancement Act requires that you become an Approved Applicant through a licensed agency. There are three steps in becoming an approved Applicant at ABC:

1. You must register with Adoption By Choice.
2. You must attend an 11-hour pre-placement workshop.
3. You must have a home study completed by a social worker at ABC.

STEP ONE: REGISTERING WITH ADOPTION BY CHOICE

Attached is the application package, which you need to complete to register with ABC. It includes:

- a) A Three Part Information Form.
 - Part 1 - Demographic Information about the Applicants
 - Part 2 - Information about each Applicant
 - Part 3 - Child Desired
- b) Family Budget Analysis
- c) Letter of Understand and Consent
- d) A Request for Intervention Record Check.
 - Please fill in Parts 1, 2, & 3, have it witnessed and return to us.
- e) A Request for a Criminal Record Check. See "Request for Criminal Record Check" letter.
- f) Medical Report on each Prospective Adopting Parent
- g) SAFE (Structured Analysis Family Evaluation) Questionnaire 1 (sent to you upon receipt of your application)

We have also included for your information

- A Fee Schedule
- A Seminar Schedule

Along with the completed forms please send the application fee of \$682.50. We will also need copies of your birth certificates and a notarized or original marriage certificate issued by the Department of Vital Statistics.

Once we have received the results of your Application for Adoption Placement, your Request for Intervention Record Check, your Criminal Record Check, and your completed medicals we will notify you in writing if we agree to accept your application. If we agree to accept your application then the next steps are to attend a workshop and have a home study done to become an approved applicant.

STEP TWO: THE WORKSHOP

This eleven (11) hour seminar, usually held on a Friday evening and all day Saturday, offers an opportunity for you to consider some of the special challenges of building your family through adoption. The workshop location usually alternates between Edmonton and Calgary and is held six times a year. The workshop explores the inherent differences in building your family through

adoption, infertility loss, the legal process of adoption, working with Adoption By Choice, adoption from a birth parent's perspective, losses for children, writing a birth parent letter, meeting birth parents and adoption over the years. A panel of birth parents and adoptive parents join us to talk about their experience with open adoption and ABC. The cost for the workshop is \$787.50 and is payable at the time you register for the workshop.

STEP THREE: THE HOME STUDY

The purpose of the home study is to ensure that it is in a child's best interest to be placed in your care. There will be two to three interviews completed for the home study and we will interview the references you have identified in your application. The kind of things you can expect to discuss during the home study process include: demographic data and your personal history, your health, family dynamics and community relationships, your home, your financial situation, your understanding of adoption and reasons for adopting as well as the kind of adoption plan you want to build.

The report will be made available to you as soon as it is complete and it will either recommend that you be approved as applicants or identify reasons why you should not be approved. If you are not approved, you have the right to appeal that decision to an Appeal Panel.

The cost for the home study is \$1,995.00, and is fully payable at the time the report is started. This home study must be updated every 12 months until you are placed with a child. The update report brings everyone up to date on changes that you may have experienced since being approved, and it is not generally a lengthy process. The cost for the update is \$236.25.

At the time you are approved by Adoption By Choice, you will receive a "Certificate of Approval".

MATCHING AND PLACEMENT

Once you are an approved applicant, we ask you to submit a "birth parent letter" and a cheque for \$2,415.00 to move onto the active list. The fees cover the costs of all birth parent counselling provided at ABC and additional pre-adoption counselling and support for you while you wait.

Every applicant on the active list at Adoption By Choice supports all birth parent counselling at the agency. We are a counselling agency and our mandate is to provide counselling services to all who come to us in order to assist them in making plans for their unintended pregnancy. Preadoption counselling and support for you takes a wide range of forms and can include phone calls, office visits, evening seminars & get togethers, our lending library, newsletters, and support groups.

We ask that you let us know if you are pregnant or if you have been placed with a child through other avenues, as you will be required to withdraw from ABC. As well, if you move from the Province of Alberta while you are on the active list, then you must also withdraw as you must be a resident of Alberta to remain approved and on the active list with Adoption By Choice. If you withdraw or transfer from Adoption By Choice, there will be no refund of money to you.

While on our active list your file becomes available for birth parents to consider in making an adoption plan. Letters and photographs are shown to the birth parents, and it is usually from these that the birth parents go on to receive more information to help them choose a family for their child. We will call you when your file has been selected and after you have been given information about the birth parents and their histories, you can decide if you would like to meet them and build an adoption plan with them.

Again, the degree of direct contact depends on you and the birth parents.

If you decide to build an adoption plan with the birth parents you meet, Adoption By Choice will ask you for \$3,305.00 which will be placed in trust until the adoption consent is signed. Money will be drawn from the trust as the services are provided to you and the birth parents. You and Alberta Children's Services will receive an itemized statement of your account within 30 days of the Adoption Order being granted.

We ask families to wait 8 months after an initial placement with Adoption By Choice before applying for a subsequent placement. The regulations prevent us from placing another child in your care in less than 12 months from an initial placement - unless the children are related.

We look forward to working with you, and would be pleased to hear from you with any questions or concerns you might have. Feel free to contact Ramone Kindrat, Program Director, in our Calgary office at (403) 245-8854 if you would like to arrange an opportunity to meet to discuss this information further. Or, you may contact Ramone by e-mail at calgary@adoptionbychoice.ca . Alternately feel free to contact Sheila Feehan in our Edmonton office at (780) 448-1159 or e-mail her at edmonton@adoptionbychoice.ca .

Yours sincerely,

Ramone Kindrat, BSW, RSW
Program Director

RMK/psa
October 2008

APPLICATION: Required Paperwork

- ABC's Application, Parts 1, 2 & 3
- SAFE Questionnaire 1 (Structured Analysis Family Evaluation)
 - This will be sent to you upon receipt of your application
- Copy of Birth Certificate(s)
 - Must be the certificate issued by Vital Statistics or appropriate Government Office from country of origin, church records, baptismal certificates, etc. can not be accepted
- Original or Notarized Copy of Marriage Certificate and/or Divorce Decree(s) if applicable
 - Marriage Certificate must be the certificate issued by Vital Statistics or appropriate Government Office from country of origin, church records, baptismal certificates, etc. can not be accepted. Divorce Decree must be the Decree from the Court.
- Intervention Record Check(s)*
- Criminal Record Check(s)*
- Medical Reference(s)
 - Completed by your family physician.
- Family Budget Analysis
- Letter of Understanding
- Application Fee

* An Intervention Record Check and Criminal Record Check must be completed for everyone in your home over the age of 18 years.



AGENCY FEE SCHEDULE

(EFFECTIVE October 1, 2008)

Application Fee	\$ 682.50
Pre Adoption Seminar *	\$ 787.50
Home Assessment Report **	\$ 1,995.00
Pre Adoption counselling & support for adoptive applicants ***	\$ 787.50
Pre Placement counselling for birth parents	\$ 1,627.50
Preparation of medical social & family history	\$ 340.00
Post placement counselling for birth parents	\$ 315.00
Post placement services to adoptive parents	\$ 420.00
Preparation and filing of documents	\$ 1,680.00
Retainer ****	<u>\$ 550.00</u>
Total	\$ 9,185.00 (Includes GST \$412.00)

* First time applicants to ABC, must attend this weekend workshop.

** Update to original home study is required every 12 months & will cost \$236.25. Applicants returning to ABC for a subsequent adoption will require a repeat home study at a cost of \$1,390.00.

*** Counselling & support for adoptive parents are offered in a number of ways, including phone calls, office visits, match meetings, meetings at placement, through our newsletters, evening seminars, lending library and support group.

**** Retainer - we ask you for a retainer to cover the costs of disbursements incurred on your behalf. Some of these may apply even if the placement does not occur. (ie. Travel time, medical expenses, legal fees), but unused portions will be refunded. Likewise should your expenses exceed these amounts, you will be billed for the difference.

POSSIBLE ADDITIONAL COSTS

Medical report completed by Physician:	\$00.00 - \$150.00
Transportation related to placement:	Variable
Post placement counselling requested by adoptive parents per hour:	\$99.75 (Includes \$4.75 GST)
Travel time per hour: (Includes \$2.38 GST)	\$35.00/hr plus 0.45¢ per km
Payment for process serving to birth parents:	Variable

PAYMENT SCHEDULE

We recommend the following payment schedule:

PART 1.	Approval Fees	* At time of application	\$ 682.50
		* At time of seminar	\$ 787.50
		* In advance of home study	\$ 1,995.00
PART 2.	Active list fees	(After approval)	\$ 2,415.00
PART 3.	Placement fees	(At time of match)	<u>\$ 3,305.00</u>
	TOTAL		\$ 9,185.00

DIRECT PLACEMENTS

Finalization	\$1260.00
Counseling services	\$ 99.75/hr (including GST)

Please let us know if you prefer a different payment schedule if this one presents difficulties for you. Money paid in advance will be held in trust. Money for services already provided will not be refunded if you withdraw or transfer.

Some Insurance and Employee Assistance Plans will cover the costs of some or all of these services. Be sure to check yours out carefully to see if you may be eligible.

Payments may be made by cash, cheque, VISA, or MasterCard.

GST Registration Number: #12127

ADOPTION BY CHOICE

PRE-ADOPTION WORKSHOP SCHEDULE

FOR 2010

Workshops will be offered by Adoption By Choice a minimum of six times a year, alternating between Calgary and Edmonton. Please feel free to attend the seminar in the city that best suits your availability and location. **These dates are subject to change, so please check with us before registering.**

January 15 & 16, 2010	Calgary
March 12 & 13, 2010	Edmonton
April 30 & May 1, 2010	Calgary
June 18 & 19, 2010	Edmonton
September 17 & 18, 2010	Calgary
November 19 & 20, 2010	Edmonton

Format: Friday evening: from 7:00 p.m. to 9:45 p.m.
Saturday: from 8:45 a.m. to 4:30 p.m.
Lunch provided on Saturday

Fee: \$787.50 per family

Presentation style will include lecture, small group discussions, videos and guest panels.



ADOPTION APPLICATION

PART 1

1. **Full** Legal Names of Applicants (**underline** the name you usually use).
Applicant 1: _____
Birthdate and Birthplace: _____
Applicant 2: _____
(Maiden name if applicable: _____)
Birthdate and Birthplace: _____
2. Address: _____
Postal Code: _____
3. Telephone: Home: () _____ Business Applicant 1: () _____
Business Applicant 2: () _____
E-mail address: _____
4. Date and Place of Marriage: _____
5. Referred to Adoption By Choice by: _____
6. Briefly describe your hopes for working with **ABC**.
7. Please attach **originals, notarized or certified copies** of the following documents with your completed application:
 1. Birth Certificate(s)
 2. Marriage Certificate (if applicable)
 3. Change of name certificate
 4. Final divorce documents as issued by the Court (if applicable)
 5. Death certificate as issued by the Division of Vital Statistics (if applicable)
8. Have you been involved in any adoption courses previously:
Yes _____ No _____
If yes, please indicate when and who facilitated the course:

9. References:

Please give the names, addresses, and telephone numbers of three local references who are personally acquainted with you and your home life. One of these must be a relative and the others may be friends, neighbours, religious or business acquaintances. Each will be contacted initially by email or letter and then may be visited or telephoned.

Please discuss your adoption plans with your references and let them know that we will be asking them to respond to us in writing. It is important that your references respond promptly to our request for a letter as your homestudy will not be started until all reference letters have arrived at our office.

1. Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone: (____) _____
Email Address: _____

2. Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone: (____) _____
Email Address: _____

3. Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone: (____) _____
Email Address: _____

By signing below, I give Adoption By Choice permission to contact my references by email to provide them with the reference form. I understand that once my references have completed this form, they will need to forward the original signed copy to Adoption By Choice.

Applicant 1 (Signature)

Date

Applicant 2 (Signature)

Date



Applicant #1 Name: _____

ADOPTION APPLICATION PART 2

Each spouse should complete this form separately and return with the additional documents required by **Adoption By Choice**. Point form or brief responses are just fine, as this information will be discussed further during the home assessment process.

YOURSELF

1. Describe your personality:
2. What are your best/strongest qualities?
3. If you could change anything about yourself, what would it be?
4. Outline your education, including unfinished programs as well as those not related to your career.
5. List the kinds of jobs you have done and describe your current job.
6. What are your career goals?
7. What activities do you enjoy separately from your spouse?
8. What are your thoughts about religion and what role does it play in your life?

9. What parts of your life give you the greatest satisfaction?
10. What parts of your life are most stressful, and how do you handle that stress?
11. What crises have you experienced in your life?
12. Describe the support system in your life at this time?

MEDICAL BACKGROUND

1. What is your general state of health?
2. What childhood illnesses or other serious physical illnesses have you had?
3. Have you had any mental illness? If yes, please explain.
4. Have you ever been hospitalized? If yes, when and why?
5. Do you smoke? _____ How much? _____
6. Do you drink? _____ How much? _____
7. Do you use any prescription or street drugs?
8. Are you currently under medical treatment? If yes, please explain:

HEALTH HISTORY

Please review the following partial list of medical conditions and complete the section below, adding any other pertinent medical conditions that may apply to **you and your family**. Please add any other pertinent medical conditions that may apply in your family history. Place a check by each condition if it applies to any relative listed below.

- | | |
|---|--|
| <input type="checkbox"/> Accidental death or injury | <input type="checkbox"/> Congenital deformities |
| <input type="checkbox"/> Alcoholism | vital organs _____ |
| <input type="checkbox"/> Allergies | limbs & extremities _____ |
| eczema _____ | <input type="checkbox"/> Dental problems |
| hay fever _____ | <input type="checkbox"/> Endocrine Disorders |
| sinusitis _____ | diabetes _____ |
| <input type="checkbox"/> Blood disease | hyperthyroidism _____ |
| hemophilia _____ | hypothyroidism _____ |
| anemia _____ | <input type="checkbox"/> Eye disease |
| <input type="checkbox"/> Bone or joint disease | <input type="checkbox"/> Gastro-intestinal disorders |
| <input type="checkbox"/> Cancer (site of) | colitis _____ |
| <input type="checkbox"/> Cardio-vascular disease | diverticulitis _____ |
| aneurysm _____ | ulcers _____ |
| arteriosclerosis _____ | hiatal hernia _____ |
| high blood pressure _____ | <input type="checkbox"/> Mental illness |
| heart attack _____ | <input type="checkbox"/> Mental retardation |
| stroke _____ | <input type="checkbox"/> Physical handicaps |
| <input type="checkbox"/> Neuro-muscular disorders | <input type="checkbox"/> Respiratory disorders |
| convulsions _____ | emphysema _____ |
| tremors _____ | tuberculosis _____ |
| tics _____ | asthma _____ |
| spasms _____ | bronchitis _____ |
| migraine headaches _____ | <input type="checkbox"/> sight defects |
| multiple sclerosis _____ | <input type="checkbox"/> Speech disorders |
| muscular dystrophy _____ | <input type="checkbox"/> Urogenital disorders |
| <input type="checkbox"/> Suicide | hernia _____ |
| | kidney disease _____ |

FAMILY BACKGROUND

1. Please list the names, ages, education levels and occupations of your father, mother, brothers, and sisters. Use a separate sheet if necessary.

3. If you could change anything about him/her, what would it be?

4. What activities do you enjoy sharing with your partner?

5. What do you feel are the strong points in your relationship?

6. What produces the greatest stress in your relationship; and how do you resolve it?

7. Have you ever been separated from your partner? If yes, please explain.

8. Have you ever been married or involved in a long-term relationship before? If yes, how long did the relationship(s) last, and why did it end?

9. What goals do you work towards in your relationship?

YOUR CHILDREN

1. Have you ever had a child by birth? _____ When? _____

2. Did you parent that child/those children? _____ How long? _____

3. If the child was placed for adoption, please explain.

4. Have you ever adopted before? _____. If yes, please give details: private, government, international placement, age of the child at placement, racial background, disabilities or special circumstances.

5. Describe each child who lives with you: name, age, physical appearance, personality, grade in school, skills and interests, relationships with parents, siblings and peers, understanding of adoption and readiness to include another child in the family. Use another sheet if necessary.



Applicant # 2 Name: _____

ADOPTION APPLICATION PART 2

Each spouse should complete this form separately and return with the additional documents required by **Adoption By Choice**. Point form or brief responses are just fine, as this information will be discussed further during the home assessment process.

YOURSELF

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2. What are your best/strongest qualities?
3. If you could change anything about yourself, what would it be?
4. Outline your education, including unfinished programs as well as those not related to your career.
5. List the kinds of jobs you have done and describe your current job.
6. What are your career goals?
7. What activities do you enjoy separately from your spouse?
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9. What parts of your life give you the greatest satisfaction?
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2. What childhood illnesses or other serious physical illnesses have you had?
3. Have you had any mental illness? If yes, please explain.
4. Have you ever been hospitalized? If yes, when and why?
5. Do you smoke? _____ How much? _____
6. Do you drink? _____ How much? _____
7. Do you use any prescription or street drugs?
8. Are you currently under medical treatment? If yes, please explain:

HEALTH HISTORY

Please review the following partial list of medical conditions and complete the section below, adding any other pertinent medical conditions that may apply to **you and your family**. Please add any other pertinent medical conditions that may apply in your family history. Place a check by each condition if it applies to any relative listed below.

- | | |
|---|--|
| <input type="checkbox"/> Accidental death or injury | <input type="checkbox"/> Congenital deformities |
| <input type="checkbox"/> Alcoholism | vital organs _____ |
| <input type="checkbox"/> Allergies | limbs & extremities _____ |
| eczema _____ | <input type="checkbox"/> Dental problems |
| hay fever _____ | <input type="checkbox"/> Endocrine Disorders |
| sinusitis _____ | diabetes _____ |
| <input type="checkbox"/> Blood disease | hyperthyroidism _____ |
| hemophilia _____ | hypothyroidism _____ |
| anemia _____ | <input type="checkbox"/> Eye disease |
| <input type="checkbox"/> Bone or joint disease | <input type="checkbox"/> Gastro-intestinal disorders |
| <input type="checkbox"/> Cancer (site of) | colitis _____ |
| <input type="checkbox"/> Cardio-vascular disease | diverticulitis _____ |
| aneurysm _____ | ulcers _____ |
| arteriosclerosis _____ | hiatal hernia _____ |
| high blood pressure _____ | <input type="checkbox"/> Mental illness |
| heart attack _____ | <input type="checkbox"/> Mental retardation |
| stroke _____ | <input type="checkbox"/> Physical handicaps |
| <input type="checkbox"/> Neuro-muscular disorders | <input type="checkbox"/> Respiratory disorders |
| convulsions _____ | emphysema _____ |
| tremors _____ | tuberculosis _____ |
| tics _____ | asthma _____ |
| spasms _____ | bronchitis _____ |
| migraine headaches _____ | <input type="checkbox"/> sight defects |
| multiple sclerosis _____ | <input type="checkbox"/> Speech disorders |
| muscular dystrophy _____ | <input type="checkbox"/> Urogenital disorders |
| <input type="checkbox"/> Suicide | hernia _____ |
| | kidney disease _____ |

FAMILY BACKGROUND

1. Please list the names, ages, education levels and occupations of your father, mother, brothers, and sisters. Use a separate sheet if necessary.

3. If you could change anything about him/her, what would it be?

4. What activities do you enjoy sharing with your partner?

5. What do you feel are the strong points in your relationship?

6. What produces the greatest stress in your relationship; and how do you resolve it?

7. Have you ever been separated from your partner? If yes, please explain.

8. Have you ever been married or involved in a long-term relationship before? If yes, how long did the relationship(s) last, and why did it end?

9. What goals do you work towards in your relationship?

YOUR CHILDREN

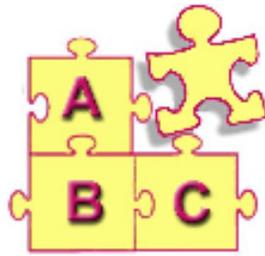
1. Have you ever had a child by birth? _____ When? _____

2. Did you parent that child/those children? _____ How long? _____

3. If the child was placed for adoption, please explain.

4. Have you ever adopted before? _____. If yes, please give details: private, government, international placement, age of the child at placement, racial background, disabilities or special circumstances.

5. Describe each child who lives with you: name, age, physical appearance, personality, grade in school, skills and interests, relationships with parents, siblings and peers, understanding of adoption and readiness to include another child in the family. Use another sheet if necessary.



ADOPTION BY CHOICE

ADOPTION APPLICATION PART 3

CHILD DESIRED

Each family should complete one of these forms and return it with the additional documents required by Adoption By Choice. This information will be discussed with you further during the home assessment process and should only be a guide for your thinking.

Age: Newborn _____ 0-6 months _____ 0-1 year _____ 0-2 years _____
Older than 2 years _____

Racial heritage: Predominantly Caucasian _____ Mixed _____ Any _____

Comments: _____

Would you accept a child with native heritage? _____

Would you accept a child with treaty status? _____

Gender: Either _____ Prefer boy _____ Prefer girl _____

Would you accept twins? _____

Would you accept siblings? _____ How many? _____ Maximum age _____

Comments: _____

Would you accept a child conceived by rape? _____ By incest? _____

Comments: _____

BIRTH PARENTS' HISTORY

Please check those items you would have **difficulty** accepting in either BIRTH PARENTS background and comment if you wish.

	Birth Mother	Birth Father	Comments
Smoking			
Drinking			
Alcoholism in Family			
Drug Use			
Prostitution			
Criminal Background			
Medical Problems			
Mental Illness			
Learning Disabilities			
Mental Retardation			
Unknown Background			

What things could you would absolutely **not accept** in a child's background?

Why? _____

CHILD'S HEALTH

Some medical conditions are detectable at birth or shortly after and others are not. Of these detectable ones, please check the ones you would have **trouble accepting**, and comment.

Cleft lip and/or palate _____

Club foot _____

Minor correctable defects _____

Heart murmur _____

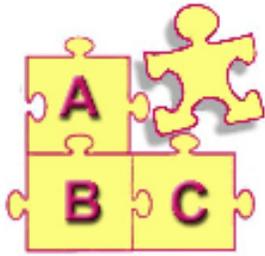
Down Syndrome _____

Spina Bifida _____

Fetal Alcohol Syndrome _____

AIDS _____

Other (please specify) _____



ADOPTION BY CHOICE

FAMILY BUDGET ANALYSIS

INCOME

- | | | |
|----|--|----------|
| 1) | Gross <u>monthly</u> income of applicant 1 | \$ _____ |
| | Gross <u>monthly</u> income of applicant 2 | \$ _____ |
| 2) | Net take home pay of applicant 1 | \$ _____ |
| | Net take home pay of applicant 2..... | \$ _____ |
| 3) | Other (Specify)..... | \$ _____ |
| | | \$ _____ |

EXPENDITURES (Monthly)

- | | | |
|----|--|----------|
| 4) | Shelter: | |
| | a) 1st Mortgage (including taxes) or Rent .. | \$ _____ |
| | b) 2nd Mortgage | \$ _____ |
| | c) Maintenance and repairs to property | \$ _____ |
| | d) Insurance | \$ _____ |
| | e) Utilities | \$ _____ |
| 5) | Transportation: | |
| | a) Car license | \$ _____ |
| | b) Car insurance | \$ _____ |
| | c) Car - operating costs | \$ _____ |
| | d) Public transportation | \$ _____ |
| 6) | Living Expenses: | |
| | a) Food | \$ _____ |
| | b) Clothing | \$ _____ |
| | c) Medical and Dental | \$ _____ |
| | d) Life insurance | \$ _____ |
| | e) Entertainment, social & recreation | \$ _____ |
| | f) Other (specify) | \$ _____ |
| 7) | Monthly Payments: | |
| | a) For car | \$ _____ |
| | b) For furniture, appliances, etc. | \$ _____ |
| | c) Other (specify) | \$ _____ |
| | d) Other (specify) | \$ _____ |
| | e) For monthly savings (i.e. bonds) | \$ _____ |

- 8) TOTAL NET MONTHLY INCOME \$ _____
(add items 2 & 3)
- 9) TOTAL MONTHLY COMMITMENTS \$ _____
(add items 4,5,6 & 7)
- 10) BALANCE \$ _____
(subtract line 9 from line 8)

ASSETS

- Savings: \$ _____
- Car: \$ _____
- Furniture: \$ _____
- Real Estate: \$ _____
- Other: \$ _____
(Specify)

LIABILITIES

- Loan: \$ _____
- Loan: \$ _____
- Line of Credit \$ _____
- Mortgage \$ _____
- Vehicle(s) \$ _____
- Other: \$ _____
(Specify)



LETTER OF UNDERSTANDING AND CONSENT AGENCY PLACEMENT

I/We are applying to ADOPTION BY CHOICE for a licensed agency placement:

I/We understand and consent to the following:

A. USE OF COLLECTED INFORMATION

1. That Adoption By Choice will be collecting personal information from me/us, which will include medical assessments, criminal record checks, intervention record checks, references, birth and marriage certificates, a financial assessment and other personal information.
2. That the above information is required by the Regulations of the Child, Youth and Family Enhancement Act in order to assess our family's suitability to adopt.
3. That I/we will provide full and complete disclosure of all information relevant to this process and I/we understand that Adoption By Choice must have this information as part of our application.
4. That Adoption By Choice will use this information to produce a Home Assessment Report. Once approved, I/we will prepare a Birthmother letter and some photographs. These, along with our Home Assessment Report will be shown to prospective birth parents. I/we understand that Adoption By Choice can not guarantee that these materials will be returned to us but that Adoption By Choice will make every effort to return them to me/us.
5. The Home Assessment Report and later the Post Placement Report will become part of the package which is filed at the Court of Queen's Bench and subsequently served on the guardians of the child as well as Alberta Children's Services (ACS). That ACS will retain that information, they will microfilm it and keep it on file at the Post Adoption Registry.
6. That the Child, Youth and Family Enhancement Act prevents Adoption By Choice from retaining any documents filed at the Court House with respect to our adoption, including our Home Assessment Report. That Adoption By Choice will provide me/us with a hard copy of our Home Assessment Report and that I/we should retain it to use in the event that I/we reapply.
7. That Adoption By Choice will only release any of the above material to another person or organization (except those documents described above) with a written request from me/us consenting to such release.
8. That I/we may access our file at any time and review or update the material contained within the file, with the exception of our letters of reference which we may not read.

Initial

Initial

B. CONSENT TO CORRESPONDENCE VIA E-MAIL AND FAX

1. In the course of providing adoption services, information is exchanged between Adoption By Choice and various parties. These parties may include, without limitation, one or more of: Alberta Children's Services, the individuals contracted by Adoption By Choice to provide services such as Home Assessment Reports (the "Contractors") and other third parties, such as client references, who are providing information to Adoption By Choice. This exchange of information will be referred collectively in this consent as the "Correspondence".
2. It is Adoption By Choice's practice to make use of e-mails and fax machines from time to time for such Correspondence to facilitate the effective provision of adoption services on a timely basis.
3. Adoption By Choice makes every reasonable effort to prevent any loss, misuse, disclosure, modification or disposal of client personal information, as well as any unauthorized access to or copying of such personal information. While Adoption By Choice strives to protect all personal information, we cannot warrant the security of any information sent to us or by us via e-mail or through an unsecured fax machine. However, Adoption By Choice takes steps to mitigate the risk of unauthorized access to sensitive client personal information that is contained in such Correspondence.
4. Adoption By Choice is asking for your consent to use e-mail and fax machines for the purposes outlined in this consent. You may withdraw your consent at any time. We will respect your decision, but we may be unable to provide certain services on as timely a basis if we need to use alternate methods for the Correspondence.

C. THE ADOPTION PROCESS

APPROVAL

1. I/we understand that I/we are entering a two step process with Adoption By Choice. Upon receipt of all the required written material, Adoption By Choice will decide whether or not to work with me/us towards approval. Should Adoption By Choice decide not to work with me/us towards approval, my/our file will be closed by Adoption By Choice.
2. I/we understand that upon completion of the Home Assessment Report, Adoption By Choice will determine whether or not to approve me/us as adoptive parents.
3. If I/we am/are approved, Adoption By Choice will provide me/us with a certificate.
4. I/we certify that I/we do not have an application for an adoption placement with any other licensed adoption agency in Alberta.

APPEAL

5. If I/we are not approved, I/we understand that I/we have the right to appeal the decision to the Appeal Panel of Alberta Children's Services.

Initial

Initial

NO GUARANTEE

6. I/we understand that there is no guarantee of ever receiving an adoption placement through Adoption By Choice. I/we realize that birth parents choose the family for their child. However I/we expect that Adoption By Choice will be showing our file to birth parents as often as they can, which I/we understand will depend on the birth parents' specifications of the family desired and my/our specifications of the child desired as described in my/our Home Assessment Report.
7. I/we understand that the Social, Medical and Family History of the birth parents is in most cases self-reported and that there are risks inherent in this.
8. I/we understand that Adoption By Choice will disclose to me/us all Social, Medical and Family History information that is available about the birth parents at the time of matching and that the decision to proceed is solely my/our responsibility.
9. I/we understand that there are certain medical conditions that are not always detectable at birth, including, but not limited to: Fetal Alcohol Spectrum Disorder, Fetal Drug Effect, mental illness and mental retardation.
10. That at the time of placement I/we will be provided with a medical assessment, completed by a physician, and that some conditions may not be recognizable a birth, even by a medical doctor.

D. FEES/REFUND POLICY

I/we understand that fees are paid in advance (though special arrangements can be made to pay over time) and will be applied as follows:

APPROVAL FEES

1. **Application Fee:** Non-refundable if application has been processed.
2. **Pre-Adoption Workshop:** Non-refundable after attending the workshop, in whole or in part.
3. **Home Assessment Report:** Non-refundable once the Report is completed, or prorated if the report is stopped part way through the process. If I/we am/are not placed with in twelve months of the Assessment Report being completed, I/we understand I/we must have an update completed at an additional cost to remain on the active list.

MATCHING FEES

4. **Pre-Adoption Counseling for Adoptive Applicants:** Flat fee covering all individual, group and telephone time spent with me/us. Non-refundable once I/we am/are approved.
5. **Birthparent Counseling:** Flat fee to cover any and all work with birthparents and is non-refundable once paid.

Initial

Initial

PLACEMENT FEES

- 6. Preparation of the Medical, Social and Family History, Post-Placement Counseling for birth parents, Post-Placement Services to adoptive parents, Preparation and Filing of documents. Paid upon being matched and non-refundable after the 10-day revocation period. (Note: Adoption By Choice is unable to file your adoption in Court until we are paid in full).

DISBURSEMENTS

- 7. I/we understand that we will be billed for additional costs such as: travel costs and the Medical Assessment completed by a physician. I/we am/are responsible for these costs, if they have been incurred, even if the match does not work out.
- 8. I/we understand I/we will be responsible for all lawyer fees incurred for the purpose of obtaining a Consent by A Guardian to Adoption from the birth parent(s), even if the Consent is revoked within the 10 day period.
- 9. I/we understand that I/we will be responsible for any fees incurred for the purposes of making a court application which must be done before the petition can be filed or which allows a petition to be served or not served to a party legally entitled to be served.
- 10. I/we understand that I/we will be responsible for any fees incurred to respond to any court challenges brought by a party legally entitled to.

FEE SCHEDULE

- 11. I/we understand that Adoption By Choice may amend the fee schedule without notice.

I/we have read and consent to the above and indicate my/our consent by initialing each page and signing in the space provided below.

Signature of Applicant One

Signature of Applicant Two

Printed Name

Printed Name

Date

Date



Request for Intervention Record Check

INSTRUCTIONS

Please read carefully and complete the form as follows

PAGE 1:

- Section 1:
 - Give your full legal name (including middle name(s) and any other names you have used.
- Section 2:
 - Please ensure to include your address
 - List any and all of your children (full legal name) and their birth dates. If there is not enough space, please include any other children on page 2.
- Section 3:
 - Each applicant must sign. You may witness each other's signatures.

PAGE 2:

Provide the required information for each person living in your home. You must give their full legal name, any other names they have used previously, and date of birth. Each person over the age of 18 must sign the form indicating their consent.

Submit the completed form with the rest of your application package to **Adoption By Choice** at:

#315, 908 – 17th Avenue S.W.
Calgary, Alberta
T2T 0A3

Adoption By Choice will then forward this form to Alberta Children's Services. Once Alberta Children's Services has reviewed your file, they will complete Section 4 and return this form to you.

Once the results are known to you, please send it back to **Adoption By Choice** at the address above. We cannot proceed with the Home Assessment Report until we receive this information.



ADOPTION BY CHOICE

Request for Intervention Record Check

1 To: The Minister of Children's Services

Name of Applicant(s):

_____	_____
full name and all previous names	birthdate (yyyy/mm/dd)
_____	_____
full name and all previous names	birthdate (yyyy/mm/dd)

2 Regarding each applicant:

I have applied to **Adoption By Choice's Agency Adoption Program**

Check intervention records for any information about me and send the results to me at the following address:

_____	_____
Box/Street Address	Suite/Apt #
_____	_____
City	Postal Code

Check one of the following:

I have no other child

or

My other children are:

_____	_____
name	birthdate (yyyy/mm/dd)
_____	_____

3 Signatures

_____	_____	_____
Witness's Signature	date (yyyy/mm/dd)	Applicant's Signature
_____	_____	_____
Witness's Signature	date (yyyy/mm/dd)	Applicant's Signature

4 Results of Intervention Record Check

I, _____, _____,

name position

have conducted an Intervention Record Check on _____

Name(s)

and report as follows:

- I have found no record indicating that the applicants might have caused a child to be in need of intervention in Alberta.
- I have found no concern regarding the suitability of the applicants to have care and custody of a child.
- I have the following concern regarding the suitability of the applicants to have care and custody of a child:

_____	_____
Signature	date (yyyy/mm/dd)



REQUEST FOR A CRIMINAL RECORD CHECK

Pursuant to 8.1(6) of the Adoption Regulations, we require a Criminal Record Check with your application in order to become an approved applicant. All individuals older than 18 years of age living in your home must have a Criminal Record Check completed.

For Residents of Calgary: The attached Calgary Police Service - Police Information Check must be completed in ink in its entirety down to the area indicated "Calgary Police Service Area Only" for each individual applicant requiring clearance. Please attach a **photocopy** of at least two (2) pieces of personal identification to each referral form.

Required identification is: 1 piece of picture I.D. (IE: Driver's License, Passport) & 1 piece of Government issued identification (IE: Birth Certificate, Alberta Health Care card, S.I.N. card, Passport). They do not accept credit cards as proof of identification.

We ask that you:

- **fill out the Police Information Check**
- **attach photocopies (2) of required identification**
- **include a thirty dollar (\$30.00) service fee per person.** This must be received with the requests in the form of a **certified cheque or money order made payable to The Calgary Police Service.** *The applicant is responsible to pay the costs for completing this referral and may be entitled to reimbursement, so please keep your receipt.*

Once you have completed the form, please drop it off or mail it to our office, with your application, the two pieces of personal identification and payment.

For Residents of Edmonton or other cities: Proceed to an R.C.M.P. Detachment or City Police Headquarters in the Province of Alberta, to have your Criminal Record Checks completed. Please take with you, a copy of this letter and the proper identification, to assist the officer in charge.



Please have your Physician fill out and return to ABC
MEDICAL REPORT ON PROSPECTIVE ADOPTING PARENTS

I examined _____ on _____
 (Name of Applicant) (Date)

A. HISTORY OF PAST ILLNESS:

	Patient	Patient's Family
T.B.	_____	_____
Cardiac Disease	_____	_____
Cancer	_____	_____
Nervous or Mental Disorders	_____	_____
Other Illnesses:	_____	

B. PHYSICAL EXAMINATION OF PATIENT

Lungs	_____	Heart	_____
Vision	_____	Hearing	_____
Nervous System	_____	Blood Pressure	_____
General Health	_____	Major Operations	_____

C. MEDICAL TESTS

	Date	Results
Abnormalities in Urine	_____	_____
Smears, if history of discharge	_____	_____

The following are NOT essential - to be done at doctor's discretion.)

X-Ray of Chest (within previous year) _____

Wasserman (within previous year) _____

D. Is there a medical reason why this person cannot or should not have a biological child? __

If yes, please explain: _____

E. Is this patient presently taking any form of medication? _____

If YES, for what purpose? _____

To your knowledge, does this patient/or has this patient misused alcohol or drugs, including barbiturates, tranquillisers, etc.)? _____

F. How long have you known this patient? _____

Please give you opinion as to the suitability of this applicant as an adoptive parent. _____

Additional Comments: _____

Signature of M.D.

Address

Name of Physician

Date

RELEASE OF INFORMATION

I hereby authorize Dr. _____ to release the information requested on this form and any other information that may be requested by Adoption By Choice in connection with my/our application to adopt.

Applicant's Signature

Date

Witness

Date



Please have your Physician fill out and return to ABC
MEDICAL REPORT ON PROSPECTIVE ADOPTING PARENTS

I examined _____ on _____
 (Name of Applicant) (Date)

A. HISTORY OF PAST ILLNESS:

	Patient	Patient's Family
T.B.	_____	_____
Cardiac Disease	_____	_____
Cancer	_____	_____
Nervous or Mental Disorders	_____	_____
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B. PHYSICAL EXAMINATION OF PATIENT

Lungs	_____	Heart	_____
Vision	_____	Hearing	_____
Nervous System	_____	Blood Pressure	_____
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F. How long have you known this patient? _____

Please give you opinion as to the suitability of this applicant as an adoptive parent. _____

Additional Comments: _____

Signature of M.D.

Address

Name of Physician

Date

RELEASE OF INFORMATION

I hereby authorize Dr. _____ to release the information requested on this form and any other information that may be requested by Adoption By Choice in connection with my/our application to adopt.

Applicant's Signature

Date

Witness

Date