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 study 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 Aboriginal background? ☐ Yes ☐ No

Would you accept a child with Treaty Status? ☐ Yes ☐ No

Gender: ☐ Either ☐ Prefer Boy ☐ Prefer Girl

Would you accept twins? ☐ Yes ☐ No

Would you accept siblings? ☐ Yes ☐ No How many? _____ Maximum Age: _____

Comments_____

_____

_____

Would you accept a child conceived by sexual assult? ☐ Yes ☐ No By Incest? ☐ Yes ☐ No

Comments_____

_____

_____

_____

BIRTH PARENTS' HISTORY

Please check those items you **WOULD BE ACCEPTING** of 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/would you have difficulty accepting 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 conditions, please check Please check those items you **WOULD BE ACCEPTING** of and comment.

		COMMENTS
Cleft lip and/or palate	☐	_____
Club Foot	☐	_____
Minor correctable defects	☐	_____
Heart Murmur	☐	_____
Down Syndrome	☐	_____
Spina Bifida	☐	_____
Fetal Alcohol Spectrum Disorder	☐	_____
Fetal Drugs Effect	☐	_____
Aids	☐	_____
Other (specify)	☐	_____