1 Young Street, Suite 520 Hamilton, ON L8N 1T8 www.beginnings.ca tel: 905.528.6665 fax: 905.528.6589 tf: 1.877.528.6665 info@beginnings.ca

# **ADOPTIVE APPLICANT: REGISTRATION FORM**

To be eligible for registration with Beginnings, you must be considered 'adopt ready' and have your homestudy and PRIDE training completed.

Complete the following and send to: info@beginnings.ca

- 1. Registration Form
- 2. Risk Acceptance Chart (attached)
- 3. Signed copy of your completed Homestudy, along with any applicable updates from your Practitioner
- 4. \$150.00 Registration fee payment details on next page

	Арр	licant #1		Aŗ	oplicant #2
Legal Given Name :					
Legal Surname:					
Street Address:					
City/ Province/ Postal:					
Phone #:					
Email:					
Birth Date:					
Racial Origin:					
Ethnic Origin :					
Education:					
Employer:					
Religious Affiliation :					
Date of Marriage/ Domestic Partnership:			<u>.</u>		
Name & Age of children in the home (adopted/birth):					
Agency associated with any previous adoption(s):					
Brief history with infertility:					
Homestudy completed:	Date:		Adoptio	on Practitioner:	
Homestudy approval:	☐ Domestic		☐ Publi	ic	☐ International
PRIDE completed:	☐ In person	☐ Online	PRIDE	Trainer:	

Any additional training:		
Other agencies you are registered with:		
Additional Info/ Comments:		
child in the home. Likewise, in a	accepting this registration, Be	drawn by the applicant at any time prior to the placement of a ginnings Family Services does not guarantee an adoption there are any changes in the information you have provided.
Signature of Applicant 1:		Signature of Applicant 2:
Date:		Date:

### **PAYMENT OPTIONS:**

Please note: Beginnings registration \$150.00 is non-refundable, and we do not typically provide receipts for this particular one-time fee.

#### **Credit card**

Via online payment form through Beginnings website: <a href="https://www.beginnings.ca/online-payment-form/">https://www.beginnings.ca/online-payment-form/</a>

#### E-transfer:

- Create an interact e-transfer from your account to <a href="mailto:aideen.hennessy@beginnings.ca">aideen.hennessy@beginnings.ca</a>
- In the box where you are asked to provide a message: state 'AP registration'
- Create a security question/answer which we will require to accept the payment
- After you have completed the e-transfer make sure to email your security question/answer to <a href="mailto:aideen.hennessy@beginnings.ca">aideen.hennessy@beginnings.ca</a> and <a href="mailto:info@beginnings.ca">info@beginnings.ca</a>

#### Cheque

Mailed to Hamilton head office: Please note 'AP registration' in memo line Beginnings Family Services 1 Young St. Suite 520 Hamilton, ON L8T 1T8

## **ACCEPTANCE OF RISK FACTORS**

Please complete this chart and return it with your registration form and a copy of your completed homestudy.

Applica	ants:				
	he prospective parent(s) has no ability and/or willingness to mee parent a child with this behaviour or characteristic.	t this particular	need or risk an	d would cho	oose
would	E: The prospective parent(s) has some ability and/or willingness to be open to parent a child with this behaviour or characteristic on ation, research and guidance is required.				and
	he prospective parent(s) is willing to meet this particular need or a child with this type of behaviour or characteristic.	risk and feels co	onfident they h	ave the abi	lity to
	Please check one box to best describe your degree of acce	ptance for the f	ollowing risk fa	actors:	
	Child Conceived as a Result of:	NO	MAYBE	YES	
	Incest				
	Sexual Assault				
	Unknown Birth Father				
	Risks Identified at Birth	NO	MAYBE	YES	]
	Birth Mother Positive to Hepatitis C				
	Birth Mother Positive to HIV				
	Low Birth Weight				
	No to Little Prenatal Care				
	Premature Birth – Between 32-37 weeks gestation				
	Premature Birth – Less than 32 weeks gestation				
	Pre-natal Drug and Alcohol Exposure	NO	MAYBE	YES	
	Alcohol Exposure - Limited				
	Alcohol Exposure - Prolonged				
	Drug Exposure – Cocaine				
	Drug Exposure – Heroin/Methadone				
	Drug Exposure – Non-Prescription				
	Drug Exposure – Prescription				
	Drug Exposure – Soft Drugs (i.e. Marijuana, Hash, etc.)				1
	Drug Exposure – Tobacco				1
	Drug Exposure – Fentanyl				

Genetic Risks Identified in Birth Family or Child	NO	MAYBE	YES
Allergies			
Anxiety			
Asthma			
Autism Spectrum Disorder			
Bipolar Disorder			
Depression			
Developmental Delays – Mild/Moderate			
Developmental Delays – Moderate/Severe			
Down Syndrome			
Epilepsy/Seizures			
Genetic/ Medical Condition (i.e. Cystic Fibrosis, Huntington's, Muscular Dystrophy, etc.)			
Schizophrenia			
Physical Disability			

General – Are you open to:	NO	MAYBE	YES
A child of another race/ethnicity			
A mixed-race child			
A sibling group (2+ children of different ages)			
Twins			
A child with Indigenous heritage/ Indigenous Status			
A child who may require surgery/medical intervention			

Please include any additional information you feel is important to know about any risks you are or are not willing to accept:				

Should you wish to update your acceptance chart at any time, please contact <u>info@beginnings.ca</u> to request a new form.