

## ADOPTIVE APPLICANT: REGISTRATION FORM

**To be eligible for registration you must be considered ‘adopt ready’ and have your homestudy and PRIDE training completed.**

Complete the following and send in all completed documents to: [info@beginnings.ca](mailto:info@beginnings.ca). Please note, we *do not* accept partial registrations.

- Registration Form** - please print clearly (pg.1-2)
- \$200.00 Registration Fee** - payment details (pg.2)
- Risk Acceptance Chart** - attached (pg.3-4)
- Homestudy** - final copy with signatures & date, including any applicable SAFE updates from your Practitioner **\*must be current and completed within the last 2 years with supporting documents up to date\***
- Supporting Document Copies** please send copies of all your supporting documents (***RCMP Prints, Local Police Checks, Child Welfare Checks, Medicals & References***)  
**Note:** references can be sent directly from your practitioner as these are privacy protected documents

|   | Applicant #1 | Applicant #2 |
|---|--------------|--------------|
| Legal Given Name:                                   |              |              |
| Legal Surname:                                      |              |              |
| Street Address:                                     |              |              |
| City / Province /*Postal Code:                      |              |              |
| Municipality / County:                              |              |              |
| Phone #:  |              |              |
| Email Address:                                      |              |              |
| Birth Date & Age:                                   |              |              |
| Racial Origin:                                      |              |              |
| Ethnic Origin:                                      |              |              |
| Education:  |              |              |
| Employer:   |              |              |
| Religious Affiliation (if any):                     |              |              |
| Date of Marriage/Partnership:                       |              |              |
| Name & age of children in the home (adopted/birth): |              |              |

|  |  |  |
|--|--|--|
| Agency associated with any previous adoption(s):   |  |  |
| Brief history with infertility:  |  |  |
| Homestudy Completed:   | Date:  | Practitioner:  |
| Homestudy Approval:  | <input type="checkbox"/> Domestic                                  | <input type="checkbox"/> Public <input type="checkbox"/> International |
| PRIDE Completed:   | <input type="checkbox"/> In person <input type="checkbox"/> Online | PRIDE trainer:   |
| Any additional training:   |  |  |
| Other agencies you are registered with:  |  |  |
| Additional Info / Comments:  |  |  |
| <p><i>This form is merely a statement of intention and may be withdrawn by the applicant at any time prior to the placement of a child in the home. Likewise, in accepting this registration, Beginnings Family Services does not guarantee an adoption placement. Please contact us if you have any questions or if there are any changes in the information you have provided.</i></p> |  |  |
| Signature Applicant 1:   | Signature Applicant 2:   |  |
| Date:  | Date:  |  |

**REGISTRATION FEE - PAYMENT DETAILS:**

\*\*\* \$200.00 is non-refundable \*\*\*

**Credit card:**

- Via online payment form through Beginnings website: <https://www.beginnings.ca/online-payment-form>
- Message to Beginnings: please note ‘AP Registration’

**E-transfer:**

- Create interac e-transfer from your account to [bfspayments@beginnings.ca](mailto:bfspayments@beginnings.ca)
- Message Box: please note ‘AP Registration’

**Cheque:**

Mailed to Hamilton office - Please note ‘AP Registration’ in memo line  
 Beginnings Family Services  
 1 Young St. Suite 520  
 Hamilton, ON L8T 1T8

## ACCEPTANCE OF RISK FACTORS

**Applicants:** \_\_\_\_\_

**NO:** no ability to meet this particular need/ risk and would choose not to parent a child with this behaviour or characteristic.

**MAYBE:** some ability to meet this particular need /risk and would be open to parent a child with this behaviour or characteristic on a case-by-case basis, but more preparation, research and guidance is required.

**YES:** able and willing to meet this particular need/ risk and feel confident to parent a child with this behaviour or characteristic.

Please check **one** box to best describe your degree of acceptance for the following characteristics/risk factors:

| 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  |    |       |     |
| Lack of 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.) |    |       |     |
| Drug Exposure – Tobacco                                 |    |       |     |
| Drug Exposure – Fentanyl                                |    |       |     |
| GENETIC RISKS IDENTIFIED IN BIRTH FAMILY OR CHILD:      | NO | MAYBE | YES |
| Allergies   |    |       |     |
| Asthma  |    |       |     |
| Autism Spectrum Disorder                                |    |       |     |

|   |           |              |            |
|---|-----------|--------------|------------|
| Bipolar Disorder  |           |              |            |
| Depression/Anxiety  |           |              |            |
| 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   |           |              |            |
| A child who may require surgery/medical intervention  |           |              |            |
| <b>GENERAL:</b>   | <b>NO</b> | <b>MAYBE</b> | <b>YES</b> |
| A child of another race/ethnicity different than your own   |           |              |            |
| A mixed-race child  |           |              |            |
| A child with Indigenous heritage/ Indigenous Status   |           |              |            |
| A sibling group (2+ children of different ages)   |           |              |            |
| Twins   |           |              |            |
| If you respond <b>YES</b> to different race/ethnicity, mixed-race, or Indigenous heritage/status, please explain your awareness of a transracial adoption and indicate how you would embrace the child’s heritage if it was different from your own. Also, indicate how your community would be conducive to raising a child in a transracial family: |           |              |            |
| Please include any additional information you feel is important to know about the risks/characteristics you responded with <b>NO</b> , and why you are not willing/able to accept this:   |           |              |            |

We encourage you to continue your research and education regarding risks and level of acceptance. Please visit <https://mothertobaby.org/fact-sheets> for more information on 250+ exposures and how they may impact pregnancy.

Should you wish to update your acceptance chart at any time, contact [info@beginnings.ca](mailto:info@beginnings.ca) to request a new form.