

ADOPTIVE APPLICANT: REGISTRATION FORM

To be eligible for registration you must be considered ‘ADOPT READY’ and have your homestudy and P.R.I.D.E Training completed prior to contacting our agency.

Complete the following and send in all completed documents to: 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** - the 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 Documents** - please send copies of all supporting documents listed in your homestudy including (***Broad Record Checks, Child Welfare Checks, Medicals, Doctor/Medical Letters & References***)
Note: Please connect with your practitioner to request that any supporting documents you do not currently have, i.e: references or child welfare checks, be sent directly to the info account listed above.

	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This form is merely a statement of intention and may be withdrawn by the applicant at any time prior to the placement of a child in the home.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:

***** Please note that our \$200.00 registration fee 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’ with the first and last names stated on your application

E-transfer:

- Create interac e-transfer from your account to bfspayments@beginnings.ca
- Message Box: please note ‘AP Registration’ with the first and last names stated on your application

ACCEPTANCE OF RISK FACTORS

Applicants: _____

Age Range of Child(ren) You are Open To: _____

NO: No ability to meet this particular need/ risk and would choose not to parent a child with this risk in their social and medical history.

MAYBE: Some ability to meet this particular need /risk and would be open to parent a child with this issue in the social and medical history 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 issue within the social and medical history.

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	NOTES OF CLARIFICATION
Incest				
Sexual Assault				
Unknown Birth Father				
RISKS IDENTIFIED AT BIRTH:	NO	MAYBE	YES	NOTES OF CLARIFICATION
Birth Mother Hepatitis C Positive				
Birth Mother Hepatitis B Positive				
Birth Mother HIV Positive				
Low Birth Weight (For gestational age)				
Lack of Prenatal Care				
Premature Birth – Between 32-37 weeks				
Premature Birth – Less than 32 weeks				
PRE-NATAL DRUG AND ALCOHOL EXPOSURE:	NO	MAYBE	YES	NOTES OF CLARIFICATION
Alcohol Exposure – Limited (i.e. 1 drink per week)				
Alcohol Exposure – Moderate (i.e. 5 drinks per week)				
Alcohol Exposure – Prolonged/high risk of FASD				
Drug Exposure – Cocaine				
Drug Exposure – (opioids) Heroin/Methadone//Fentanyl				
Drug Exposure-Heroin IV Use				
Drug Exposure – Prescription				
Drug Exposure – Marijuana				
Drug Exposure – Other (ex. Ecstasy,				

acid, etc.)				
Exposure – Tobacco/Cigarettes				
Exposure – Vape / E-cigarette				
HEALTH RISKS IDENTIFIED IN BIRTH FAMILY:	NO	MAYBE	YES	NOTES OF CLARIFICATION
Allergies				
Asthma				
Autism Spectrum Disorder				
Cancer				
Cardiac Disease				
Developmental Delays – Mild/Moderate				
Developmental Delays – Moderate/Severe				
Diabetes				
Epilepsy/Seizures				
Genetic/ Medical Condition (Cystic Fibrosis, Huntington's, Muscular Dystrophy, etc.)				
SOCIAL RISKS IDENTIFIED IN BIRTH FAMILY:	NO	MAYBE	YES	NOTES OF CLARIFICATION
Aggressive Behaviour				
History of Criminal Behaviours				
History of Child Welfare Involvement				
MENTAL HEALTH RISKS:	NO	MAYBE	YES	NOTES OF CLARIFICATION
Anxiety/Depression				
ADHD				
History of Trauma/PTSD				
Mood Disorders-Clinical Depression/Dysthymia/Bipolar				
Personality Disorders-Antisocial/Borderline Personality Disorder				
Schizophrenia				
Undiagnosed Mental Health (Either genetic or result of trauma)				
KNOWN DIAGNOSES IN CHILD:	NO	MAYBE	YES	NOTES OF CLARIFICATION
Physical Disability				
Down Syndrome				
A child who may require surgery/medical intervention				
A child who may require support into adulthood				
Chromosomal Syndromes (Fragile X)				

GENERAL:	NO	MAYBE	YES	NOTES OF CLARIFICATION
A child of another race/ethnicity different than your own				
A child with Indigenous heritage/ Indigenous Status				
A sibling group (2+ children of different ages)				
Twins				

If you respond **YES** to different race/ethnicity 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 list any specific races/cultural identities you feel particularly well equipped to support and why:

Please include any additional information you feel is important to know about the risks/characteristics to which you responded to with **MAYBE**:

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, please contact info@beginnings.ca or adoption@jfjhopecentre.ca to request a new form. All updates will require a signature from your practitioner prior to submission. Please note that this checklist is used as a guideline only and specific information regarding each situation will be presented to prospective adoptive families for consideration before your profile will be shown.

Applicant Signature: _____

Applicant Signature: _____

Practitioner Printed Name: _____

Practitioner Signature: _____

Date Completed: _____