



Information/Application Package for the International Adoption Program

RETURNING APPLICANTS

GETTING STARTED

1

READ THROUGH THE APPLICATION: Please read through the entire application package. This will help you to learn about the process of International Adoption within Alberta, know what is required of you as the applicants, and understand Adoption Options' role in your adoption process. It is up to you, the applicants, to research which country you plan to adopt from and to ensure that you also meet your sending country's eligibility requirements for adoptive applicants. A coordinating agency may also assist you with this.

2

INTERNATIONAL ADOPTION APPLICATION FORM: Complete the **Adoption and Permanency Services International Adoption Application Form**. The instructions are found on page 8 of this application package and the form is on page 9. When completed and authorized by Adoption and Permanency Services, this allows Adoption Options to complete a homestudy report. Receiving this authorization should be one of your first steps in the application process.

3

REGISTER FOR SEMINAR: Please register for the International Educational Seminar by calling or e-mailing one of the Adoption Options' offices:

- **Calgary** (403) 270-8228 / aocal@adoptionoptions.com
- **Edmonton** (780) 433-5656 / aoedm@adoptionoptions.com

The seminar fee of \$550 is due at time of registration. Payments may be made by e-transfer to aoedm@adoptionoptions.com by Visa or MasterCard via phone. When sending payments by e-transfer, please put in the description your names and what the payment is for.

4

COMPLETING YOUR APPLICATION: This application package explains all of the necessary documents required to submit to Adoption Options. We have created a checklist on page 5 to help you through the application process. Once we have received all of your application documents, we will request the home study fee and send your application to our Director for review and homestudy assignment if approved.

5

HOMESTUDY REPORT: You will be assigned a social worker to complete your homestudy report. The homestudy process can take up to 90 days to complete. Once the report has been reviewed and signed by our International Program Director, the social worker, and the adoptive applicants, we will submit your report to Adoption and Permanency Services for their review. Their review may take up to 12 to 13 weeks.

More steps follow the homestudy process. Please continue reading the application for additional information about what comes after the homestudy. We also recommend that you connect with your coordinating agency about any steps that are required for your sending country.

THE ADOPTION PROCESS

Alberta Legislation requires that families who are wishing to adopt a child from another country use the services of a licensed adoption agency. International adoptions involve several levels of government and in Alberta, in addition to a licensed adoption agency, you may need an out of province international adoption coordinator or an adoption agency in the United States (if adopting from the United States).

APPLICATION: The package that follows is made up of the paperwork we will need from you. It includes the Adoption and Permanency Services International Adoption Application form which when completed authorizes us to complete a homestudy report. The application fee is due when you begin to submit this paperwork to us. Please submit original and/or hard copies of your application, we do not accept applications by E-mail.

EDUCATION: Alberta Legislation requires that you attend an International Educational Seminar, which you would have already attended.

RESEARCH: In addition to attending the seminar you are encouraged to do reading and research on your own. Meeting others who have already adopted will be invaluable to you.

REQUIREMENTS/PROCEDURES: You can find up-to-date information, requirements and procedures at: <https://www.alberta.ca/international-adoption> When you have decided on the country of your choice, you need to find out what that country requires of you and that you also meet the eligibility requirements as potential adoptive parents from that country.

COORDINATOR: Due to Alberta legislation only allowing licensed agencies to do the work you need done here in Alberta, you may be required to use an adoption coordinator who will be your link to the sending country (i.e., the country you hope to adopt from). We can provide you with a list of coordinators working with different countries. They ensure that your documents are in order, organize your trip, and communicate with officials in the other country on your behalf. For a private international adoption, you will have to do this for yourself.

DOSSIER PREPARATION: We can help you with preparing your dossier. Dossier preparation can be complicated as it involves copying, translating, notarizing, etc.

HOMESTUDY: We will begin your homestudy as soon as you have attended our International Educational Seminar and completed the necessary application paperwork. Once the homestudy has been completed, it is sent to you for review and then sent by Adoption Options to Adoption and Permanency Services in Edmonton for their review and approval.

DUAL TRACKING: This refers to those who wish to apply to our International adoption program and our Domestic adoption program. As two homestudies are required specific to each program, one of the homestudies will be charged at a reduced fee and the other at full price (see fee schedule page). All other fees and policies apply.

SPECIAL CIRCUMSTANCES: Very occasionally, Adoption Options is unable to approve applicants as adoptive parents. In these cases, additional fees will be required if the applicant(s) would like to proceed after following through with recommendations/guidelines made to the applicant(s) at the time of non-approval. These fees are determined on a case-by-case basis.

UPDATE/ADDENDUM: Your approved homestudy is valid for one year from the date of being signed off by Adoption and Permanency Services. If you have not received a match proposal of a child within that time, an update to the homestudy is required. If there are no major changes, the applicants can self-report the update; please contact either the Calgary or Edmonton office for this form. If there are major changes to report, (pregnancy, poor health, adoption marital status, or adult interdependent relationships), or if 24 months pass without the presentation of a match proposal, an addendum to the homestudy is required. New medicals, criminal record checks, fingerprints, intervention checks and copies of your T4s or Notices of Assessment will be required at the time of completion of the addendum. Applicants will need to contact Adoption Options to arrange for the completion of an addendum.

PLEASE NOTE: The Potential Adoptive Parents are responsible to ensure their files are kept current with all required documents such as, medical records, criminal record checks, fingerprints, intervention record checks, T4s and/or NOAs.

IMMIGRATION: You will need to apply to Immigration, Refugees and Citizenship Canada (IRCC) as part of the process to sponsor your child and to obtain the appropriate documents that will allow you to bring your child into Canada. Even though we and Adoption and Permanency Services may approve your adoption homestudy, there is no guarantee that IRCC will grant the necessary documents to allow your child entry into Canada.

ONGOING ASSISTANCE WITH YOUR FILE: Once you have registered with Adoption Options, we will be your direct link to Adoption and Permanency Services, any questions regarding progress on your file should be made through us.

CHILD MATCH PROPOSAL: Working closely with Adoption and Permanency Services we will provide you with your child/match proposal in a timely fashion when it arrives from your sending country. We will contact you and present the proposal of the child to you.

POST PLACEMENT SUPPORT: We hope that you will see Adoption Options' social workers as a source of support. You are invited to attend our adoptive parent support groups, or any additional specialized training Adoption Options provides.

POST PLACEMENT REPORTS: Most countries require that post placement interviews and reports be done after the placement of a child(ren). We can provide that service for you. It is your responsibility to contact Adoption Options to arrange for post placement interviews. The sending country decides how many post placement reports are required.

FINALIZATION: Most adoptions are finalized in the sending country but a few countries (namely the Philippines, and possibly others) require you to finalize the adoption once the child is in Canada. This is a service that we can provide, when needed.

SOMETHING TO CONSIDER: International applicants often have a sense of urgency. They know that somewhere out there, a child is waiting for them. Adoption Options, your coordinator, Adoption and Permanency Services, and everyone you will deal with recognizes your concerns. We know that you understand that processing your application is an in-depth process. We would like you to also know, that we will do our very best to process your case in a timely fashion.

INTERNATIONAL ADOPTION PROGRAM REQUIREMENTS

WHO CAN APPLY:

- Applicants
- Residents of Alberta (Canadian citizenship is not required)
- Over 18 years of age
- Single applicants
- Couples (married or common law) please note: most countries only accept couples who are married. The U.S. accepts common law or same-sex couples who have lived together for at least two years.
- The sending country may have additional requirements, however, these are Adoption Options' minimum requirements.

WHAT YOU NEED TO PROVIDE TO US:

Please provide original documents unless otherwise indicated below.

- International Adoption Application (The original, sealed copy is required)
This form shows you have received authorization from Adoption and Permanency Services for an international homestudy.
- Application Fee
Payment can be made by e-Transfer, Visa or MasterCard.
- Support, Guidance and Counselling Fee
Payment can be made by e-Transfer, Visa or MasterCard.
- Adoption Options Contract
- Financial Statement
- Photocopies of previous year's T4 Slips or Notice of Assessments for each applicant*
- Reference List
One reference must be a relative, yet, only one relative can be used as a reference
- Application Part I
- Application Part II
Only for those applying to the United States
- Safe Questionnaire I
- Intervention Record Check*
Signed by Children and Family Services, Government of Alberta. A separate form is required for each adult living in the home. Instructions and forms can be found in this application package
- Police Security Clearances for all adults living in your home*
(Local police checks and Fingerprints) Valid for 12 months
- Medical Reports*
Valid for 12 months
- Photocopies of Marriage and Birth Certificates
Passports or Canadian Citizenship Cards, if no birth certificate is available

* Please note that time sensitive documents (i.e. medical reports, T4/NOAs, and checks) are only valid for **one year** from the day that they are dated. It is up to the applicants to ensure that their documents remain valid.

RE-ENTRY FEE SCHEDULE

As Adoption Options is a non-profit organization with charitable status, we are not required to charge applicants GST.

Payment is due prior to the service being provided.

Application Fee <i>We are here to assist you throughout the whole adoption process, and are able to provide guidance, direction and counseling pre and post adoption of your child.</i>	\$1000	To accompany initial application To accompany initial application
Homestudy Report <i>There will be additional fees required when significant translation assistance is needed. This will be on a case-by-case basis and will be charged at \$150 per hour.</i>	\$2100	Due prior to assignment of homestudy
Total	\$3100	

OTHER POSSIBLE COSTS

Match Proposal	\$400 for non-relative matches/\$200 for relatives
Post Placement Report(s)	\$500/report
Administrative Fees	\$150
Notary Services <i>for adoption related documents are available by appointment. Please contact us for more details or to schedule an appointment.</i>	\$10/document
Travel Expenses <i>for home visits</i>	\$0.60 per kilometre
Travel Time <i>for home visits</i>	\$40.00 per hour
Addendum <i>if needed</i>	\$600
Comprehensive Addendum	\$750
Dossier Preparation <i>We can assist you as needed with preparing your dossier</i>	\$1000
India Dossier:	
Creating registration and uploading to CARINGS	\$600
Revalidation of India Dossier <i>every 3 years</i>	\$350
Finalization <i>Including preparation, filing, and process serving. This is charged ONLY for adoptions finalized in Canada. The majority of international adoptions are finalized in the child's country of origin.</i>	\$2475

Payment can be made via e-transfer to aoedm@adoptionoptions.com, MasterCard or Visa. The application fee is non-refundable.

Receipts for income tax purposes will be issued upon request at time of adoption finalization. Adoption expenses can be claimed for the tax year in which the adoption was **finalized**. No other receipts are issued except on request. **Please note that your invoice is also your receipt.**

Dual Tracking or Second Country is for applicants who choose to participate in both domestic and international programs through Adoption Options, or choose to apply to two countries internationally, will be required to pay an additional \$2500 to cover the costs of an additional homestudy.

Families are responsible for Travel Expenses at \$0.60/km and Travel Time at \$40.00/hour for all reports where there is a home visit.

NOTE: Fees shown are effective as of February 15, 2025. Fees are reviewed annually and are subject to change without notice, however, will not be applied retroactively.

WHAT WE PROVIDE TO YOU

- Telephone and in-person assistance as needed
 - A comprehensive training session (International Educational Seminar)
 - A completed homestudy report
 - Proposal of child (if applicable)
 - Post placement reports as required by the country of origin
 - Assistance in finalizing your adoption (depending on country of origin)
 - An open invitation to attend our Adoptive Parent Support and Information Groups in Edmonton and Calgary. These groups are offered free of charge.
 - The opportunity to meet families who are adopting from the same country or have already adopted from the country you have chosen
 - The opportunity to attend Adoption Options' Annual Picnic
-

Documents may be returned to:

Adoption Options Edmonton
Unit 6, 9363 – 50 Street
Edmonton, Alberta
T6B 2L5

Adoption Options Calgary
Unit 207, 5940 Macleod Trail South
Calgary, Alberta
T2H 2G4

INTERNATIONAL ADOPTION APPLICATION TO PROCEED

The International Adoption Application to Proceed is one of the most important parts of your application. This form is sent to Adoption and Permanency Services and authorizes Adoption Options to complete a homestudy report. Please send this form to Adoption and Permanency Services for their authorization.

- 1) Complete the International Adoption Application Form (see the next page)
- 2) Send to Adoption and Permanency Services for their authorization

Please fill in the attached form and send via E-mail

to: CFS.adoptionsservices@gov.ab.ca

or via mail to:

Adoption and Permanency
Services 10th Floor Sterling Place
9940, 106 Street
Edmonton, Alberta T5K 2N2
780-422-0178

- 3) Include the International Adoption Application Form that has been authorized by Adoption and Permanency Services in your application Package for Adoption Options. We require the original, sealed copy that will be sent to you from Adoption and Permanency Services.

International Adoption Application

The information you provide on this form is collected under the authority of the Child, Youth and Family Enhancement Act and will be used to initiate an international adoption. We will not release this information for any other purpose. If you have any questions about the collection of this information, you may contact Adoptions Services at 780-422-0178. To be connected toll-free, dial 310-0000.

Visit our web site at <http://www.child.alberta.ca>

1	Applicant Information (please PRINT)				
Applicant:	_____		_____		<input type="checkbox"/> Male <input type="checkbox"/> Female
	Surname	Given names			
Applicant:	_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Telephone (residence)	Telephone (business)	Fax	Email address	
Address in full:	_____				
	Apartment number, street number				
	_____			_____	
	City, province			Postal code	
We are using a Coordinator to assist us with preparation of our adoption documentation <input type="checkbox"/> Yes <input type="checkbox"/> No					
if yes _____					
	_____			_____	
	Coordinator's name / organization			Coordinator's telephone number	

2	To be completed and signed by Applicants			
● We want to adopt one child or a sibling group from: _____				
Country				
<input type="checkbox"/>	We are not related to	We are <input type="checkbox"/>	grandparents of <input type="checkbox"/> aunts/uncles of <input type="checkbox"/> great aunts/uncles of	
	the child we wish to adopt.	the child we wish to adopt.		
● We understand that a director may not accept an application involving a country that has been declared as being unacceptable for the purpose of international adoption.				
● We understand that a director will not support the adoption placement of more than one child within a 12-month period unless the children are siblings, or there are exceptional circumstances.				
● We understand that a director must approve our completed home study report and any addendum to our home study report before we may proceed with our international adoption.				
● We understand that we must complete International Adoption Parent Preparation Training before a director will approve our home study report.				
● We understand that if a director refuses to approve our home study report or any addendum to our home study report, we may appeal that decision to an Appeal Panel.				
● We will inform a director of any significant changes to our lives during the international adoption process (pregnancy, birth of a child, adoption, absence from Alberta, poor health, financial or marital or adult interdependent relationship changes). We understand that the adoption process may be placed "on hold" until the child's country of origin confirms that we continue to be eligible for adoption.				
● We understand that it is advisable to consult with a physician regarding the child's health before accepting placement of the child.				
● We understand that the Government of Alberta does not provide legal advice in the processing of our adoption.				
● We understand that we are responsible for all costs of our adoption.				
_____		_____		_____
Applicant's signature		Applicant's signature		Date (yyyy/mm/dd)

3	Authorization	
Authorization is given to the Applicants to obtain a Home Study Report from an Alberta Licensed Adoption Agency (list attached) for an international adoption of one child or a sibling group from:		

Child's country of origin		
_____		_____
Adoption Services designate's signature		Date (yyyy/mm/dd)

- Please note:**
- Home Study Reports and Home Study Report Updates remain in effect for one year. Home Study Reports and Addendums to the Home Study Reports are valid only when they have been approved by a director.
 - A director (Adoption Services) will provide instructions that need to be followed to process an adoption from a specific country. If the instructions provided by the director are not followed, the child may not be permitted to enter Canada.

Mail completed application to: **Adoption Services**
Alberta Human Services
11th Floor, Sterling Place, 9940-106 Street
Edmonton, Alberta T5K 2N2

CONTRACT WITH ADOPTION OPTIONS

WE UNDERSTAND IN MAKING THIS APPLICATION THAT:

THE PROCESS

- We are entering into an agreement to have Adoption Options (the agency) provide an educational session, complete a home study, provide our child proposal (depending on the country) and do post placement supervision, if required, for our international adoption.
- We understand that payment to the agency does not guarantee that we will be approved to adopt and that even if/when the agency approves us, final approval is the decision of Adoption and Permanency Services.
- We agree to pay the fees as listed in the application package as required and to pay disbursements, if any. Fees are non-refundable once the work has been done. If we or the agency stops the homestudy process after it has begun, an amount equal to \$150 x the hours spent will be due.

USE OF COLLECTED INFORMATION

- The agency will be collecting personal information from us (medicals, criminal record checks, intervention record checks, references, birth and marriage certificates, financial statement and other personal information) as required by The Regulation in order to assess our family's suitability for adoption. We will provide full and complete disclosure of all information relevant to this process and understand that the agency must have this before proceeding with our application.
- This information will be used to produce the Homestudy Report.
- The Homestudy, SAFE Questionnaires I & II and our tax information will be sent to Adoption and Permanency Services.
- The agency will only release any of the above material to another person or organization (excepting those already described above) with a written request from us consenting to such release.

Signature of Applicant One

Signature of Applicant Two

Printed Name of Applicant One

Printed Name of Applicant Two

Date

Date

FINANCIAL STATEMENT FOR ADOPTION OPTIONS

APPLICANT NAME:	Applicant One	Applicant Two
ANNUAL INCOME:	Applicant One	Applicant Two
OTHER ANNUAL INCOME:	Applicant One	Applicant Two
LIFE INSURANCE:	Applicant One	Applicant Two

ASSETS	VALUE
Vehicles	
Personal Property	
Real Estate	
Residence	
Other	
Stocks/Bonds	
Savings Account(s)	
Chequing Account(s)	
RRSP/Retirement	
Other Investments	
TOTAL ASSETS: <i>Not including income and insurance</i>	

LIABILITIES	MONTHLY PAYMENT	TOTAL OWED
Credit Cards		
Bank Loans		
Home Mortgage(s)		
Other		
TOTAL LIABILITIES:		

NET WORTH:	
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REFERENCE LIST

Applicants' Names: _____

Please give the names and contact information of three references that are personally acquainted with you and your home life. Please only list the name of one person per reference. Only ONE of these can and must be a relative and others can be friends, neighbours, a business or religious acquaintance. They will be contacted by us by letter and may also be telephoned.

REFERENCE ONE: (RELATIVE) How are they related to you? _____

Name (First and Last)

Address, City, Province, Country

Telephone

Email Address

REFERENCE TWO: (NON-RELATIVE) How do you know this reference? _____

Name (First and Last)

Address, City, Province, Country

Telephone

Email Address

REFERENCE THREE: (NON-RELATIVE) How do you know this reference? _____

Name (First and Last)

Address, City, Province, Country

Telephone

Email Address

Please discuss your plans with your references and let them know that we will be asking them to send us their original reference form in writing. It is important that your references respond promptly to our request, as your homestudy will not be started until all reference forms have arrived in our office.

DESIGNATED GUARDIAN

A designated guardian takes responsibility for children, in the event that something tragic happens to both adoptive parents.

Name: _____

Phone Number: _____

Email Address: _____

APPLICATION FOR INTERNATIONAL ADOPTION: PART ONE

Please Print

Child's Country of Origin: _____

Name(s) in Full:

Applicant One: _____ Applicant Two: _____

Maiden Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: *(We require ONE email address which will be used throughout the process to communicate with you)*

EMPLOYMENT INFORMATION

Applicant One:

Employer's Name: _____

Employment Address: _____

Number of Years Employed: _____

Work Phone: _____

Applicant Two:

Employer's Name: _____

Employment Address: _____

Number of Years Employed: _____

Work Phone: _____

PERSONAL HISTORY

Applicant One:

Previous marriages: _____

Date of Divorce/Death: _____

Applicant Two:

Previous marriages: _____

Date of Divorce/Death: _____

Are you legally married? _____ If not, how long have you been together? _____

Date of Marriage: _____ Place of Marriage: _____

ADOPTION HISTORY

Have you adopted before? _____ Have you adopted internationally? _____

If yes, when, which country and age of child at placement: _____

	Applicant One	Applicant Two
First Names only		
Pronouns (she, he, they, them)		
General Description		
Birthdate		
Birthplace		
Age		
Hair Colour & Texture		
Eye Colour & Glasses		
Height & Weight		
Racial Origin		
Ethnic Origin		
Religious Affiliation		
Church Attendance		
Education Level		
Occupation		
Languages Spoken		
Do you smoke or vape?		
Family Composition		

Do you have pets: _____ Please list: _____

Do you live in a city or town, on a farm or acreage? _____

Do you have any children: _____ Do they live with you: _____

Have you adopted before: _____ Privately: _____ Social Services: _____

List birth dates of children: _____

_____ one parent to remain home for _____ years

_____ parental leave only, for a period of _____ months

_____ day care _____ private care _____ private caregiver/nanny _____ other (please explain)

**ADOPTION APPLICATION PART I
EMOTIONAL / PSYCHOLOGICAL CARE**

APPLICANT ONE: _____ (name)

Are you currently accessing counseling services? Yes or No
(if yes, please provide the therapist's name and their company name)

Reason for counseling: _____

Anticipated outcome: _____

Have you ever accessed counseling services? Yes or No
(if yes, please provide the year/time frame)

Reason for counseling: _____

Outcome of counseling: _____

Have you attended any support groups? Yes or No
(if yes, what year and what was the purpose of the group)

Signature: _____ (Applicant one)

APPLICANT TWO: _____ (name)

Are you currently accessing counseling services? Yes or No
(if yes, please provide the therapist's name and their company name)

Reason for counseling: _____

Anticipated outcome: _____

Have you ever accessed counseling services? Yes or No
(if yes, please provide the year/time frame)

Reason for counseling: _____

Outcome of counseling: _____

Have you attended any support groups? Yes or No
(if yes, what year and what was the purpose of the group)

Signature: _____ (Applicant two)

REGARDING A CRIMINAL RECORD CHECK ON INTERNATIONAL ADOPTION APPLICANTS



TO THE POLICE SERVICE:

The Adoption Regulation requires us to obtain a criminal record check with Vulnerable Sector Search on each applicant and any other adults over 18 years-old living in their home. **All applicants need to apply in-person at a police station for this.**

Some countries specifically require fingerprints as part of the dossier.

If applicants have resided outside of Alberta within the last five years fingerprints are also needed.

The RCMP has provided the following information: The RCMP cannot do a Vulnerable Sector Search because a Vulnerable Sector Search only applies to a "paid or volunteer" position - as a parent or prospective adoptive parent, you cannot be terminated from that role. The RCMP still completes all the same checks, but cannot call it a Vulnerable Sector Search because of the way the Criminal Records Act 6.3 reads. Checks are being completed to ensure that a pardon has never been issued for a sexual offence as well as checking Interpol. Having fingerprints taken is the most comprehensive check that can be completed on an applicant. **It is the RCMP's policy to have fingerprints taken and submitted to the Canadian Real Time Identification Services (CCRTIS) to determine if adoptive parents have record suspensions for sex offences.**

TO THE APPLICANT(S):

We request that you proceed to the Local RCMP Detachment or the City Police Headquarters (for residents of Edmonton, Calgary, Lethbridge, and Medicine Hat only), in the Province of Alberta to have your Criminal Record Check completed. We ask that you take proper identification, preferably your birth certificate and a driver's license, to assist the officer in charge. Although it appears that you can receive a criminal record check online, it is not the correct check that is required. **All applicants need to apply in-person at a police station for this. We need a clearance for everyone over 18 years of age living in your home.**

If you live in Edmonton, you can go to the Edmonton Police Service (EPS) at #108, 14315-118 Avenue **Nexus Business Park** and ask for "fingerprint services for adoption". They will take the fingerprints and submit them to the RCMP. You will need one piece of photo ID and one piece of supplementary ID. There is a charge for this service and the above address is the only EPS location able to fulfil these requests. Appointments may be required, please call ahead or visit their website for more information: <https://www.edmontonpolice.ca/CommunityPolicing/OperationalServices/PoliceInformationCheck>

If you require fingerprints either because you are unable to have a Vulnerable Sector Search completed or your sending countries requires it, the RCMP will complete the forms for you. Please state that you require fingerprints for the purpose of international adoption.

When you receive your police clearance, please bring in or mail the originals to our office as they are needed to move forward with your application.

Sincerely,

Tara Zimmerman, BSW, RSW
Program Director, International

A physician’s report is required for the homestudy process.

I, _____, ask that you provide Adoption Options
Name of Applicant

With the following medical information which will help Adoption Options assess my ability and suitability to meet the needs of a child through adoption. I consent to the disclosure of this information and permit you to release the information to Adoption Options for the period of one year, unless revoked by me in writing. I also authorize you to discuss the content of this report with Adoption Options.

Signature of Applicant

Date

TO BE COMPLETED BY THE PHYSICIAN

A. What is the date of this examination?

B. How long have you known the applicant?

C. Height _____ Weight _____ Body Mass Index (BMI) _____

D. Please describe any health problems that would affect the applicant’s ability to provide for the physical, emotional and personal care of children, now and in the future:

E. To your knowledge has the applicant ever received or required treatment for any emotional problems? ____ Yes ____ No

If yes, please specify the nature of the problem and the type and dates of any treatment received:

F. To your knowledge has the applicant ever received or required psychiatric treatment?

____ Yes ____ No If yes, please specify the problem and the type and dates of any treatment.

Name of Applicant

G. To your knowledge has the applicant ever received or required treatment because of use of drugs and/or alcohol? ____ Yes ____ No

If yes, please specify the problem and the type of treatment received:

H. To your knowledge has the applicant ever received treatment because of domestic violence? ____ Yes ____ No If yes, please specify the problem and the type of treatment received.

I. Is there a medical reason why this person cannot or should not have a biological child? ____ Yes ____ No If yes, please explain:

J. Is this patient presently taking any form of medication? ____ Yes ____ No

If yes, what medication and dosage and for what purpose?

K. Please comment on the applicant's general health and your opinion as to whether the applicant's physical and mental health enables them to undertake and follow through with the responsibilities of parenthood:

Signature of Physician

Date

Printed Name of Physician

Street Address

City and Postal Code

A physician’s report is required for the homestudy process.

I, _____, ask that you provide Adoption Options
Name of Applicant

With the following medical information which will help Adoption Options assess my ability and suitability to meet the needs of a child through adoption. I consent to the disclosure of this information and permit you to release the information to Adoption Options for the period of one year, unless revoked by me in writing. I also authorize you to discuss the content of this report with Adoption Options.

Signature of Applicant

Date

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E. To your knowledge has the applicant ever received or required treatment for any emotional problems? ____ Yes ____ No

If yes, please specify the nature of the problem and the type and dates of any treatment received:

F. To your knowledge has the applicant ever received or required psychiatric treatment?

____ Yes ____ No If yes, please specify the problem and the type and dates of any treatment.

Name of Applicant

G. To your knowledge has the applicant ever received or required treatment because of use of drugs and/or alcohol? ____ Yes ____ No

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____ Yes ____ No If yes, please explain:

J. Is this patient presently taking any form of medication? ____ Yes ____ No

If yes, what medication and dosage and for what purpose?

K. Please comment on the applicant's general health and your opinion as to whether the applicant's physical and mental health enables them to undertake and follow through with the responsibilities of parenthood:

Signature of Physician

Date

Printed Name of Physician

Street Address

City and Postal Code

INTERVENTION RECORD CHECK

Process to Submit an Alberta Intervention Record Check

- 1) Submit your *Request for an Alberta Intervention Record* form by E-mail to Adoption and Permanency Services with of two pieces of your identification, one of which is photo identification.

E-mail the completed form and identification to Tanya Valeriano at:

Tanya.Valeriano@gov.ab.ca

- 2) Adoption and Permanency Services Office will complete the Check and return the results to you directly.
- 3) Once you receive the completed Alberta Intervention Record Check, submit the original to Adoption Options with the rest of your application documents.

Have you lived outside of Alberta in the past 5 years?

If in the past five years you have lived outside of the province of Alberta, it is your responsibility to obtain Intervention Checks from those jurisdictions, provinces and/or countries.

Who Can Get the Information?

Intervention Services records are confidential, and information must not be released except for the purposes set out in the Child, Youth and Family Enhancement Act. Any person named in a record has the right to obtain information about themselves that is in the record. The requestor may ask for copies of records about themselves under the Freedom of Information and Protection of Privacy Act (FOIP).

What if a Record is Found in Alberta?

If the Alberta Intervention Check indicates "There is an intervention Services record in Alberta." and you wish to continue to pursue adoption, you will need to contact our adoption agency. Your agency will provide you with a "Consent to Release Information" form. In signing this form, you provide your permission for Adoption and Permanency Services to release information about your record to the agency directly. If you wish to obtain further information about the findings of the Alberta Intervention Check, prior to connecting with your adoption agency, please contact the individual who completed the check.

The following form must be submitted and signed by Children and Family Services, Government of Alberta. A separate form is required for each adult living in the home.

Process to Submit an Alberta Intervention Record Check

- 1) Please complete the **Request for an Alberta Intervention Record Check** section of this form including your signature. If printing and hand filling, **do not use “whiteout” on the form; if you make an error, simply strike it out, write above or below the mistake and initial it.**
- 2) Submit a photocopy of two pieces of your identification, one of which is photo identification.
- 3) Your local Alberta Child and Family Services Office will complete the Check and return the results to you directly.
- 4) Once you receive the completed Alberta Intervention Record Check, submit it to your Private Licensed Agency.
- 5) If in the **past five years** you have lived outside of the province of Alberta, it is your responsibility to obtain Intervention Checks from those jurisdictions, provinces and/or countries.

Who Can Get the Information?

Intervention Services records are confidential, and information must not be released except for the purposes set out in the *Child, Youth and Family Enhancement Act*.

Any person named in a record has the right to obtain information about themselves that is in the record. The requestor may ask for copies of records about themselves under the *Freedom of Information and Protection of Privacy Act (FOIP)*.

What if a Record is Found in Alberta?

If the Alberta Intervention Record Check (reverse side or next page) indicates, “There is an Intervention Services record in Alberta.” and you wish to continue to pursue adoption, you will need to contact your private licensed adoption agency. Your agency will provide you with a “Consent to Release Information” form. In signing this form, you provide your permission for Children’s Services to release information about your record to the agency directly.

If you wish to obtain further information about the findings of the Alberta Intervention Check, prior to connecting with your private licensed adoption agency, please contact the individual who completed the check.

The information you provide on this form is collected under the authority of the *Child, Youth and Family Enhancement Act* and is managed in compliance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to search for an intervention record about you. Children's Services will not release this information for any other purpose. Children's Services will not release this information to anyone other than you without express written consent. If you have any questions or concerns with regard to the collection of the information provided, please contact the individual who completed this form.

1. Personal Information

My name is _____ . Date of Birth ^{yyyy} ____ - ^{mm} ____ - ^{dd} ____ .
PRINT Full Legal Name of Person Requesting Check

My address is _____ . Alberta _____ .
Full Residential Address City Province Postal Code

_____ . Alberta _____ .
Full Mailing Address (if different from above) City Province Postal Code

I am male female. My phone number is _____ or _____ .
Home Work

All other names I have used are (include Maiden and any other first and last names previously used):

Names and birthdates of all children for whom I have acted as a parent (not including foster children):
 If printing and filling in, attach a separate page to add more children or use the + sign to add more children before printing.

Name	Gender	Birthdate (yyyy-mm-dd)
	<input type="checkbox"/> M <input type="checkbox"/> F	- -
	<input type="checkbox"/> M <input type="checkbox"/> F	- -

2. Request for a Record Check

I am an Adoptive Applicant Adult Person (18 years or older) Residing with Adoptive Applicant(s).

I want to know about any record of me being involved with Intervention Services in Alberta which indicates that I **might** have caused a child to need intervention.

This check is being completed as a requirement for the adoption application submitted on behalf of:

Name of Adoptive Applicant(s)

who submitted an adoption application through the following private licensed agency:

Name of Private Licensed Agency

In the past five years I have **only** resided in Alberta.

In the past five years I have resided in Alberta and _____ .
Name of any Other Jurisdiction, Province or Country

IMPORTANT: Intervention Record Checks are required from all other jurisdictions, provinces and countries in which you have resided in the last five years. It is the responsibility of the Adoptive Applicant to obtain and provide these checks to the Private Licensed Agency.

I hereby consent to having an Alberta Intervention Record Check completed.

_____ X _____
Date Requested (yyyy-mm-dd) Signature of Person Requesting Check

3. Results of Alberta Intervention Record Check - FOR OFFICE USE ONLY

Using the names and birthdates you supplied:

- As of today, I can find No Intervention Services Record in Alberta indicating that you might have caused a child to need intervention.
- There is an Intervention Services Record in Alberta.

4. Summary of Involvement in Alberta

Name of Person Who Completed Check (PRINT)		Title	
Worksite Address	City	Alberta Province	Postal Code
Telephone Number	Date Completed (yyyy-mm-dd)	X Signature of Person Who Completed Check	

For Office Use Only

Reference: _____
Name of Person Requesting Check

_____ Date of Birth (yyyy-mm-dd)

Request for an Alberta Intervention Record Check

For Alberta Private Licensed Agency and International Placements

The information you provide on this form is collected under the authority of the *Child, Youth and Family Enhancement Act* and is managed in compliance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to search for an intervention record about you. Children's Services will not release this information for any other purpose. Children's Services will not release this information to anyone other than you without express written consent. If you have any questions or concerns with regard to the collection of the information provided, please contact the individual who completed this form.

1. Personal Information

My name is _____ . Date of Birth ^{yyyy} ____ - ^{mm} ____ - ^{dd} ____ .
PRINT Full Legal Name of Person Requesting Check

My address is _____ . Alberta _____ .
Full Residential Address City Province Postal Code

_____ . Alberta _____ .
Full Mailing Address (if different from above) City Province Postal Code

I am male female. My phone number is _____ or _____ .
Home Work

All other names I have used are (include Maiden and any other first and last names previously used):

Names and birthdates of all children for whom I have acted as a parent (not including foster children):
 If printing and filling in, attach a separate page to add more children or use the + sign to add more children before printing.

Name	Gender	Birthdate (yyyy-mm-dd)
	<input type="checkbox"/> M <input type="checkbox"/> F	- -
	<input type="checkbox"/> M <input type="checkbox"/> F	- -

2. Request for a Record Check

I am an Adoptive Applicant Adult Person (18 years or older) Residing with Adoptive Applicant(s).

I want to know about any record of me being involved with Intervention Services in Alberta which indicates that I **might** have caused a child to need intervention.

This check is being completed as a requirement for the adoption application submitted on behalf of:

Name of Adoptive Applicant(s)

who submitted an adoption application through the following private licensed agency:

Name of Private Licensed Agency

In the past five years I have **only** resided in Alberta.

In the past five years I have resided in Alberta and _____ .
Name of any Other Jurisdiction, Province or Country

IMPORTANT: Intervention Record Checks are required from all other jurisdictions, provinces and countries in which you have resided in the last five years. It is the responsibility of the Adoptive Applicant to obtain and provide these checks to the Private Licensed Agency.

I hereby consent to having an Alberta Intervention Record Check completed.

_____ X _____
Date Requested (yyyy-mm-dd) Signature of Person Requesting Check

3. Results of Alberta Intervention Record Check - FOR OFFICE USE ONLY

Using the names and birthdates you supplied:

- As of today, I can find No Intervention Services Record in Alberta indicating that you might have caused a child to need intervention.
- There is an Intervention Services Record in Alberta.

4. Summary of Involvement in Alberta

_____ Name of Person Who Completed Check (PRINT)		_____ Title	
_____ Worksite Address	_____ City	<u>Alberta</u> Province	_____ Postal Code
_____ Telephone Number	_____ Date Completed (yyyy-mm-dd)	X	_____ Signature of Person Who Completed Check

For Office Use Only

Reference: _____
Name of Person Requesting Check

_____ Date of Birth (yyyy-mm-dd)

SAFE Questionnaire I: Couple Applicant

Name:

Date:

Pronouns:

Instructions

- Please answer the following questions as they apply to you. **Some questions may have multiple answers; please check all choices that apply.**
- You may add additional comments on the form. You will have an opportunity to discuss your responses with the home study practitioner.

Questionnaire

1. Who primarily raised you?

- | | | |
|-----------------------------------|--------------------|-----------------------|
| Mother and father | Mother and mother | Father and father |
| Father | Mother | Mother and stepparent |
| Father and stepparent | Stepparent(s) | Grandparent(s) |
| Aunt(s)/uncle(s) | Sibling(s) | Godparent(s) |
| Chosen family | Elder(s) | Neighbor(s) |
| Non-blood related relative | Adoptive parent(s) | Foster parent(s) |
| Group living situation/group care | Legal guardian(s) | |
| Other: | | |

2. Were you separated from any of your parent(s)/primary caregiver(s) or significant family member(s) during your childhood for any of the following reasons?

- | | | |
|--|----------------------|------------------|
| No separation | Separation/divorce | Military service |
| Abandonment | Jail/prison sentence | Move/relocation |
| Long-term medical hospitalization | Death | |
| Mental health and/or substance related hospitalizations or rehab | | |
| Removed from home by police or social services | | |
| Immigration/migration related reasons | | |
| Other: | | |

3. How old were you when you first moved away from your parent(s)/primary caregiver(s) home?

years of age

I currently live with my parent(s)/primary caregiver(s)

4. What were the circumstances that led you to leave home? Were there circumstances that led you to return?

SAFE Questionnaire I: Couple Applicant

5. Check the boxes that best characterize your childhood relationship with your parent(s)/primary caregiver(s):

a. Name:		Relationship:	
No relationship	Abusive	Idolized	Neglectful
Caring	Supportive	Fun	Friendly
Warm	Gentle	Smothering	Emotional
Overprotective	Respectful	Affectionate	Anxious
Consistent	Distant/uninvolved	Superficial	Strained
Close	Afraid of parent/caregiver	Unpredictable	Full of conflict
Relaxed	Loving	Other:	

b. Name:		Relationship:		NA
No relationship	Abusive	Idolized	Neglectful	
Caring	Supportive	Fun	Friendly	
Warm	Gentle	Smothering	Emotional	
Overprotective	Respectful	Affectionate	Anxious	
Consistent	Distant/uninvolved	Superficial	Strained	
Close	Afraid of parent/caregiver	Unpredictable	Full of conflict	
Relaxed	Loving	Other:		

6. Check the boxes that best describe what your childhood experience was like:

Painful	Happy	Fun	Wonderful
Exciting	Unhappy	Carefree	Stable
Confusing	Frightening	Chaotic	Lonely
Secure	Unhealthy	Traumatic	Spoiled
Enjoyable	Difficult to remember	Lively	Sad
Other:			

7. If you were raised by more than one parent/caregiver, check the boxes that best describe their relationship with each other when you were a child/youth:

No relationship	Divorced	Separated	Close
Happy	Fun and playful	Lacked trust	Cold
Loving	Violent	Fulfilling	Full of conflict
Bossy/passive	Affected by alcohol/drug abuse	Committed	Hostile
Supportive	On again/off again	Relaxed	Tense
Other:			

SAFE Questionnaire I: Couple Applicant

8. How would you rate your parents'/primary caregivers' ability to manage stress in their lives?

a. Name:

b. Name:

Relationship:

Relationship:

Very good

Poor

Very good

Poor

Good

Unknown

Good

Unknown

Fair

Fair

9. Check the boxes that best describe the personal characteristics of your parent/primary caregiver when you were a child/youth:

a. Name:

Relationship:

Loving

Perfectionist

Bossy

Isolated

Happy

Optimistic

Calm

Violent

Distracted

Substance abuser

Self-confident

Emotional

Active

Outgoing

Generous

Forceful/hostile

Shy

Pessimistic/worrier

Irresponsible

Temperamental

Understanding

Nervous/anxious

Fun/playful

Rigid

Moody

Overly critical

Hardworking

Flexible

Content

Serious

Compassionate

Friendly/social

Warm

Supportive

Dramatic

Irritable

Easy going

Kind

Self-centered

Unforgiving

Stubborn

Irrational

Controlling

Passive

Intolerant

Reassuring

Other:

b. Name:

Relationship:

NA

Loving

Perfectionist

Bossy

Isolated

Happy

Optimistic

Calm

Violent

Distracted

Substance abuser

Self-confident

Emotional

Active

Outgoing

Generous

Forceful/hostile

Shy

Pessimistic/worrier

Irresponsible

Temperamental

Understanding

Nervous/anxious

Fun/playful

Rigid

Moody

Overly critical

Hardworking

Flexible

Content

Serious

Compassionate

Friendly/social

Warm

Supportive

Dramatic

Irritable

Easy going

Kind

Self-centered

Unforgiving

Stubborn

Irrational

Controlling

Passive

Intolerant

Reassuring

Other:

SAFE Questionnaire I: Couple Applicant

10. Who disciplined you during your childhood?

Mother and father	Mother and mother	Father and father
Father	Mother	Mother and stepparent
Father and stepparent	Stepparent(s)	Grandparent(s)
Aunt(s)/uncle(s)	Sibling(s)	Godparent(s)
Chosen family	Elder(s)	Neighbor(s)
Non-blood related relative	Adoptive parent(s)	Foster parent(s)
Group living situation/group care	Legal guardian(s)	
Other:		

11. Check the boxes that best describe the way your parent(s)/primary caregiver(s) disciplined you during childhood:

a. Name:	Relationship:	
Consistently	Fairly	Strictly
Leniently	Made idle threats	Lectured
Used time outs	Reasoned with me	Spanked
Family meetings	Praised positive behavior	Shamed
Grounded	Removed privileges	Logical consequences
Withheld food or other basic needs	Sent me to my room	Ignored misbehaviors
Used physical restraints	Physically punished (other than spanking)	
Other:		

b. Name:	Relationship:	NA
Consistently	Fairly	Strictly
Leniently	Made idle threats	Lectured
Used time outs	Reasoned with me	Spanked
Family meetings	Praised positive behavior	Shamed
Grounded	Removed privileges	Logical consequences
Withheld food or other basic needs	Sent me to my room	Ignored misbehaviors
Used physical restraints	Physically punished (other than spanking)	
Other:		

12. Check the boxes that represent the personal values held by your parent(s)/primary caregiver(s):

a. Name:	Relationship:	
Religious beliefs	Compassion	Strong work ethic
Being responsible	Freedom of expression	Leading a balanced life
Spiritual/cultural practice	Fairness (diversity, inclusivity)	Honesty
Family closeness	Family support	Social status
Education	Self respect	Independence
Making money	Loyalty	Healthy lifestyle
Respect of others	Community lifestyle	Other:

SAFE Questionnaire I: Couple Applicant

12. (continued) Check the boxes that represent the personal values held by your parent(s)/primary caregiver(s):
- | b. Name: | Relationship: | | NA |
|-----------------------------|-----------------------------------|-------------------------|----|
| Religious beliefs | Compassion | Strong work ethic | |
| Being responsible | Freedom of expression | Leading a balanced life | |
| Spiritual/cultural practice | Fairness (diversity, inclusivity) | Honesty | |
| Family closeness | Family support | Social status | |
| Education | Self respect | Independence | |
| Making money | Loyalty | Healthy lifestyle | |
| Respect of others | Community lifestyle | Other: | |
13. How do your own personal values compare to those of your parent(s)/primary caregiver(s)?
- | | |
|---------------------------------|----------------------------------|
| Basically share the same values | Do not share any of their values |
| Share most of their values | Don't know |
| Share some of their values | |
14. Check boxes that best describe your parent(s)/primary caregiver(s) attitudes about sexuality when you were a child/youth:
- | a. Name: | Relationship: | | |
|--|-------------------------|-------------------------|--|
| Unknown | Open about sexuality | Comfortable discussing | |
| Old fashioned | Never discussed sex | No sex before marriage | |
| Condemned LGBTQ+ relationships and sex | Knowledgeable about sex | Awkward discussing sex | |
| Believed sex was sinful | Liberal sexual attitude | Conservative attitude | |
| Sexually repressed | Sexually irresponsible | Supported sex education | |
| Other: | | | |
- | b. Name: | Relationship: | | NA |
|--|-------------------------|-------------------------|----|
| Unknown | Open about sexuality | Comfortable discussing | |
| Old fashioned | Never discussed sex | No sex before marriage | |
| Condemned LGBTQ+ relationships and sex | Knowledgeable about sex | Awkward discussing sex | |
| Believed sex was sinful | Liberal sexual attitude | Conservative attitude | |
| Sexually repressed | Sexually irresponsible | Supported sex education | |
| Other: | | | |
15. Check the boxes that best describe what you were like as a child/youth (pre-teenage years):
- | | | | |
|------------------|---------------|---------------|-----------------|
| Happy | Temperamental | Stubborn | Unhappy |
| Forceful/hostile | Fearful | Awkward | Self-confident |
| Friendly | Calm | Serious | Hyperactive |
| Responsible | Sad | Irresponsible | Anxious/nervous |
| Active | Funny | Rebellious | Disobedient |
| Outgoing | Unhealthy | Insecure | Obedient |
| Shy | Curious | Compliant | Thoughtful |
| Quiet | Other: | | |

SAFE Questionnaire I: Couple Applicant

28. (continued) Check the boxes that best describe the various roles you and your spouse/partner play in your relationship:

Roles your SPOUSE/PARTNER plays in your relationship:

Leader	Disciplinarian	Emotional one	Social planner
Initiator	Peacemaker	Comforter	Risk taker
Money manager	Homemaker	Wage earner	Decision maker
Rational one	Organizer	Compromiser	Parent/caregiver
Follower	Negotiator	Manager	
Protector	Other:		

29. How often do you and your spouse/partner argue/have conflict?

Almost daily	Once or twice a year	Rarely
Once a day	Once or twice a month	Never
Several times a day	Once or twice a week	

30. Check the boxes that best describe the areas of conflict between you and your spouse/partner:

Discipline of children/youth	Religion/spirituality	Alcohol/drugs
Emotional closeness	Family involvement	Money
Personal habits	Household chores	Work
Loyalty/cheating	Emotional separateness	Travel
Sexual compatibility	Politics	Values
Separate activities	Time apart	Personal expectations
Friends	Leisure time	Shared activities
Time together	Other:	

31. Check the boxes that best describe the way you typically react when you have a disagreement with your spouse/partner:

Change the topic	Reach agreement through mutual give and take
Agree to disagree	Take time to think things over before discussing
Sometimes yell and shout	Give in and attempt to smooth things over
Leave to cool off	Seek outside help from a person you trust
Become silent	Sometimes pound or break things
Try to outwit spouse/partner	Things get physical (pushing, shoving, hitting)
Other:	

32. How sexually compatible are you and your spouse/partner? Sexual compatibility refers to two partners having shared similar sexual beliefs, preferences, and needs.

Very compatible	Compatible	Somewhat Compatible
Not very compatible	Incompatible	

33. Have you and your spouse/partner ever gone through a difficult period that threatened your relationship?

No	Yes
----	-----

SAFE Questionnaire I: Couple Applicant

34. Have you and your spouse/partner ever separated?

No Yes

35. Check the boxes that best describe your current relationship with your parent(s)/caregiver(s):

a. Name:		Relationship:	
Deceased	No contact	Strained	Distant
Caring	Emotionally intense	Flexible	Hostile
Understanding	Argumentative	Controlling	Positive
Supportive	Dependent	Loving	Very close
Comfortable	Not involved enough	Over involved	On again/off again
Problematic	Enjoyable	Improving	Gratifying
I am their caregiver	Other:		

b. Name:		Relationship:		NA
Deceased	No contact	Strained	Distant	
Caring	Emotionally intense	Flexible	Hostile	
Understanding	Argumentative	Controlling	Positive	
Supportive	Dependent	Loving	Very close	
Comfortable	Not involved enough	Over involved	On again/off again	
Problematic	Enjoyable	Improving	Gratifying	
I am their caregiver	Other:			

36. How helpful and supportive do you feel members of your extended family are/will be to you as a parent/caregiver?

YOUR side of the family:

Not applicable	All family members are helpful and supportive
About half are helpful and supportive	Most family members are helpful and supportive
Few are helpful and supportive	No family members are helpful and supportive

SPOUSE/PARTNER'S side of the family:

Not applicable	All family members are helpful and supportive
About half are helpful and supportive	Most family members are helpful and supportive
Few are helpful and supportive	No family members are helpful and supportive

37. Different viewpoints concerning such things as lifestyle, personal values, religion/spirituality, socioeconomic status, sexual orientation, race/racism, gender identity, politics, etc., can interfere with family relationships. To what degree is that the case in your immediate and extended family?

Issues such as these do not interfere with relationships within my family

Issues such as these rarely interfere with relationships within my family

Issues such as these occasionally interfere with relationships within my family

Issues such as these frequently interfere with relationships within my family

SAFE Questionnaire I: Couple Applicant

38. How comfortable are members of your extended family when it comes to being around and relating to children/youth?

YOUR side of the family:

Not applicable

All family members are comfortable

About half are comfortable

Most family members are comfortable

Few are comfortable

No family members are comfortable

SPOUSE/PARTNER'S side of the family:

Not applicable

All family members are comfortable

About half are comfortable

Most family members are comfortable

Few are comfortable

No family members are comfortable

39. List your siblings according to how close or distant your relationship is with them:

I don't have any siblings

I am very close to:

I am somewhat close to:

I am distant from:

I am in conflict with:

40. How many members of your immediate and extended family are ready, willing, and able to fully accept a child/youth in care into the family?

All family members are ready, willing, and able to fully accept

Most family members are ready, willing, and able to fully accept

About half are ready, willing, and able to fully accept

Few are ready, willing, and able to fully accept

No family member is ready, willing, and able to fully accept

41. Outside of your family, how many people in your life are ready, willing, and able to provide you support as a parent/caregiver?

There are numerous people who are ready, willing, and able to be supportive

There are several people who are ready, willing, and able to be supportive

There are a few select people who are ready, willing, and able to be supportive

There is one person who is ready, willing, and able to be supportive

There is no one who is ready, willing, and able to be supportive

42. How many people in your life cause you serious conflict and stress?

There are numerous people who cause me serious conflict and stress

There are several people who cause me serious conflict and stress

There are a few select people who cause me serious conflict and stress

There is one person who causes me serious conflict and stress

There is no one who causes me serious conflict and stress

SAFE Questionnaire I: Couple Applicant

43. Check the boxes that best describe your community involvement:

- | | |
|--|---|
| Have no friends that I socialize with | Regular involvement in social organizations |
| Have a few friends that I socialize with | Occasional involvement in social organizations |
| Have many friends that I socialize with | Rarely get involved in social organizations |
| Regularly active in politics | Regular attendance at religious/spiritual services |
| Occasionally active in politics | Occasional attendance at religious/spiritual services |
| Rarely/never active in politics | Rarely/never attend religious/spiritual services |
| Active in community organizations | Occasional involvement in community organizations |
| Cultural events | No involvement in community organizations |
| Other: | |

44. If you are employed, how many hours per week do you work?

- | | | | |
|----------------|--------------------|-------------|-------------|
| Not applicable | Less than 20 hours | 20-30 hours | 31-40 hours |
| 41-50 hours | More than 50 hours | | |

45. If you are employed, how long have you worked at your current job?

- Not applicable
- _____ years and _____ months

46. If you are employed, do you enjoy your work?

- Not applicable
- | | | | |
|----|------------------|------------------|-----------------|
| No | Some of the time | Most of the time | All of the time |
|----|------------------|------------------|-----------------|

47. Have you ever been fired?

- | | |
|----|-----|
| No | Yes |
|----|-----|

48. Do you plan any career or job changes in the near future?

- | | |
|----|-----|
| No | Yes |
|----|-----|

49. How do/will you discipline a child/youth in your care?

- | | |
|--------------------------------------|--|
| Spanking | Consistently use reasonable consequences |
| Lecturing | Discipline according to how I feel at the time |
| Rational discussion | Physical restraint |
| Ignore the child/youth's misbehavior | Make rules and consequences clear in advance |
| Take away privileges | Set limits |
| Redirection | Physical punishment other than spanking |
| Use time outs | Have my spouse/partner handle the discipline |
| Use time ins | Tell child/youth they are grounded |
| Raise my voice | Tell child/youth they should be ashamed |
| Send child/youth to their room | Threaten punishment in the future |
| Family meetings | Tell child/youth how angry they make me |
| Praise positive behaviors | Other: |

SAFE Questionnaire I: Couple Applicant

50. What is the overall condition of your health?

Excellent

Good

Fair

Poor

51. Have you ever been hospitalized or had surgery?

No

Yes

52. Are you currently taking any medication(s)?

No

Yes

53. Have you or any of the family members listed below had any of the following conditions? Indicate which family member by using the following code, placing the appropriate number(s) in front of the condition.

1 = SELF, 2 = PARENT(S), 3 = SIBLING(S), 4 = CHILD(REN)/YOUTH, 5 = SPOUSE/PARTNER

Developmental disability

Diabetes

Cancer

Attention deficit disorder (ADD)

Asthma

Ulcers

Sexually transmitted disease (STD)

Colitis

Alcoholism

High blood pressure

Depression

Schizophrenia

High cholesterol

Arthritis

Frequent headaches

Allergies

Hearing loss

Insomnia

Heart condition

Tuberculosis

Drug addiction

Intellectual disability

Bipolar disorder

Eating disorder

Anxiety/panic attacks

Seizures

Kidney disease

Infertility/sterility

Impaired sight

Sickle cell anemia

Thyroid condition

Other condition(s) not listed:

I affirm that the information given in this questionnaire is correct to the best of my ability.

Signature

Date



Dear International Adoptive Parents:

Provincial legislation requires that homestudies completed for international adoption are valid for one year from the date of approval. As such homestudies that were approved over one year ago will require an **update**.

If you have no major changes to report, then you can self-report using the attached form. Once you have completed the form, please forward the original signed copy to Adoption and Permanency Services at:

Sheeba L. Mathews-George, MSW, RSW
Manager, Adoption and Permanency Services
Delegated Central Authority under the Hague Convention on Intercountry Adoption
Children and Family Services
Government of Alberta
9940-106 Street
10th Floor Sterling Place
Edmonton, AB T5K 2N2

In addition you will need to forward a copy of the completed update form to Adoption Options for your file.

Also, if your homestudy is close to one year old and you have significant changes to report, such as a child arriving in the family, change of residence, change of employment or any other change you will be required to meet with a social worker to complete an **addendum**.

If your homestudy was approved by Adoption and Permanency Services close to two years ago and you still have not received a child match proposal, please contact Adoption Options to arrange an addendum report. Updated medicals, criminal record checks, fingerprints, intervention record checks, T4s or Notice of Assessments will be needed. If you are waiting to adopt from the United States, yearly addendums are required and you are **NOT** able to self-report.

Please feel free to call 403-270-8228 or email at Tara.Zimmerman@adoptionoptions.com if needed.

Please contact us if you are no longer proceeding and would like your file closed.

Sincerely,

Tara Zimmerman, BSW, RSW
International Director, Adoption Options
207-5940 Macleod Trail SW
Calgary, AB T2H 2G4

Self-Reported Home Study Report Update

To be completed by Adoptive Applicants in the International Adoption Program

1 Name of applicant(s): _____

Address: _____

Telephone: _____ Residence: _____ Business: _____ Business: _____
(include area code) Applicant 1 Applicant 2

2 Change in Circumstances

Describe under the following headings the circumstances of any changes that have occurred since the completion of the home study report:

Part A	Yes	No	Changes
Health	<input type="checkbox"/>	<input type="checkbox"/>	_____
Education	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sources of income	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Residence	<input type="checkbox"/>	<input type="checkbox"/>	_____
Religion	<input type="checkbox"/>	<input type="checkbox"/>	_____

Part B	Yes	No	Changes
Marital or adult interdependent relationship			
Family composition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Understanding of adoption issues			_____
Child desired	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any other significant changes <small>(including any involvement with child intervention systems or criminal legal system for all persons aged 12 years or over living in the home.)</small>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____

Part C	Yes	No	Changes
References	<input type="checkbox"/>	<input type="checkbox"/>	_____

3 Signatures

_____	_____
Date (yyyy-mm-dd)	Signature of Applicant
_____	_____
Date (yyyy-mm-dd)	Signature of Applicant