



Dear Adoptive Applicant (s),

Thank you so much for your interest in adopting a child or youth in the Northwest Territories. Adopting a child is a serious commitment that can forever change the life of a child as well as the life of the adoptive parent(s) and their families. It is not just a privilege but a duty and an obligation put towards loving and caring for a child while giving them the tools to be successful in life.

Here in the Northwest Territories, there are many children looking for their forever homes. The application process is meticulous but necessary to ensure that the adoptive parent(s) have the ability to care for each child's specific needs. The process includes:

- Completing the Application to Adopt
- Completing an Adoption Questionnaire
- Acknowledgement of Legal Advice
- Completing a Medical Examination
- Providing 3 personal reference letters from non-relatives
- Completing a Criminal Records check including a Vulnerable Sector Search
*all other adults living in the home must complete as well.
- Completing a Child Protection Records Check
- Providing Birth Certificates of the Applicant or each joint Applicant
- Providing a Marriage Certificate (where the Applicants are married)
- Providing a Divorce Certificate where the Applicant or joint Applicant is divorced
- Providing a Death Certificate where the Applicant or joint Applicant is a surviving spouse
- Providing proof of NWT Residency (Driver's License)
- Participating in an Adoption Pre Placement Report (Home Study)

The first step is to contact an Adoption Worker from your region or community and review the Adoption application package. The Adoption Worker's role includes supporting and answering all of your questions related to the application process. Once the application package is completed and submitted, an Adoption Worker will schedule an appointment with you to complete your home study which is also called Pre Placement Report. This process consists of a minimum of **6 in-home** visits and interviews. Every member of your household must participate in this assessment such as all other adults, children and youth living in the home. Children living outside of the home must also be interviewed. This will help your Adoption Worker to fully assess your family's suitability to adopt and make their final recommendation to the Director of Adoptions. If your family is approved as suitable to adopt in the Northwest Territories, your home will be open for the adoption matching process (if applicable) and/or an adoption to be legally finalized. Any training opportunities can also be explored with your Adoption Worker.

Thank you again for your interest in adoption. The difference you can make in a child and youth's life is immeasurable and can be life-lasting. If you have any questions in regards of the adoption application process, please contact your local or regional Health and Social Services office and ask to speak with an Adoption Worker.

Sincerely,

Isabelle Caron Hebert

Adoptions Practice Specialist and Deputy Registrar

Application Components

Form 5.1a Adoption Application
Form 5.1c Adoption Questionnaire
Form 5.1d Statutory Declaration (for common law relationships)
Form 5.2a Medical Examination for Applicants
Form 5.2b Consent to Release Information to Adoption Worker
Form 5.3a Acknowledgement Regarding Legal Advice
Form 5.4a Child Protection Records Check
Form 5.4b Consent to Conduct Child Protection Records Check
Form 5.6a Letter of Reference (for joint caregivers)
Form 5.6b Letter of Reference (for single applicants)

ADOPTION APPLICATION

Application for: (please check one)

- Departmental Adoption
 Private Adoption
 Inter-country Adoption

The personal information requested on this form is collected under the authority of the Adoption Act and will be used for the sole purposes of your application to Adopt. This information is protected by the confidentiality provisions of the Adoption Act. If you have any questions about the collection or use of the information, please contact the Director of Adoptions, Department of Health and Social Services.

Applicant

Last Name		Given Names	
Also Known As (Including Maiden Name If Applicable)		Length of time resident of the NWT:	
Street Address:		City/Town/Community	
Territory/Province	Postal Code	Home Phone Number	
Mailing Address (If Different From Above)			
Birth Date	Birth Place	Education	
Present Employment	Work Phone Number	Email Address	
Racial/Ethnic Origin:	Aboriginal Ancestry:	Religion:	
Briefly state your reasons for submitting this application:			
Have You Adopted A Child Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, When and Where?	

Co-Applicant

Last Name		Given Names	
Also Known As (Including Maiden Name If Applicable)		Length of time resident of the NWT:	
Street Address:		City/Town/Community	
Territory/Province	Postal Code	Home Phone Number	
Mailing Address (If Different From Above)			
Birth Date	Birth Place	Education	
Present Employment	Work Phone Number	Email Address	
Racial/Ethnic Origin:	Aboriginal Ancestry:	Religion:	
Briefly state your reasons for submitting this application:			
Have You Adopted A Child Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, When and Where?	

Child Desired

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either	Age Range: From to
Sibling group: <input type="checkbox"/> Yes <input type="checkbox"/> No	Age Range: From to
Racial origin: <input type="checkbox"/> Caucasian <input type="checkbox"/> Aboriginal <input type="checkbox"/> Other (specify)	Indicate Number of Children:
Are you applying for (a) specific child (ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, complete the following: Child's Name: 1. 2. 3.	
If this placement does not proceed would you be interested in fostering or adopting other children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to maintain contact with: <input type="checkbox"/> siblings <input type="checkbox"/> birth mother <input type="checkbox"/> birth father <input type="checkbox"/> extended family <input type="checkbox"/> band members	

Relationship Information

<input type="checkbox"/> Married Couple <input type="checkbox"/> Common Law Partners <input type="checkbox"/> Single <input type="checkbox"/> Other			
Date Common Law Relationship/Marriage Began		Place Of Marriage	
Have You Been Married Before?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Been Divorced?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Children From A Previous Relationship?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	

Children Living In the Home

Last Name	Given Names	Gender	Birth Date	Relationship To Applicants

Other Persons Currently Living in the Home

Last Name	Given Names	Birth Date	Relationship To Applicant

Financial Information

Monthly Income	\$
Savings	\$
Other Investments (Real Estate, Face Amount Of Life Insurance)	\$
Total Monthly Payments (Including Mortgage And Rent)	\$
Total Debt	\$

References

Please give the name and addresses of three persons who are **not** relatives, in order that we may contact them to obtain a letter of reference. These persons **MUST** have known you for the past **three** years.

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

I/We declare that the information provided on this application is accurate to the best of my/our knowledge and I/we have not omitted any information requested. I/We will inform the Department of Health and Social Services of any significant changes to the information provided. By signing this document, I/we acknowledge that I/we are consenting to the disclosure of all information to appropriate officials within the Department of Health and Social Services, Government of the Northwest Territories.

Applicant

Date

Co-Applicant

Date

NOTE TO ADOPTIVE PARENTS

For all types of Adoption, the *Application to Adopt* form **must** include, or have attached to it, all documentation in support of the application, and the prescribed fee (if applicable) **before** an Adoption Worker can begin the *Adoptive Family Assessment* and *Pre-placement Report* process.

For Departmental Adoption applications **only**, also include the *Adoption Questionnaire* and *Acknowledgement Regarding Legal Advice*.

ADOPTION QUESTIONNAIRE

The personal information requested on this form is collected under the authority of the Adoption Act and will be used for the sole purposes of your application to Adopt. This information is protected by the confidentiality provisions of the Adoption Act. If you have any questions about the collection or use of the information, please contact the Director of Adoptions, Department of Health & Social Services.

This Form Must Accompany the Application to Adopt

Children available for adoption may have problems, which could affect their future development. It is important to the adoption process to indicate whether or not you would be willing to parent a child with special needs. This questionnaire is designed to help you identify the background factors and special needs that you feel you are able to accept in the child you wish to adopt. Complete this form and return it to your social worker.

Please Check the Appropriate Boxes

a) Type of Application

Departmental Inter-country

b) Gender of Child

Male Female Either

c) Number of Children

Single Twins 2 Siblings 3 or more Siblings

d) Age of Child/Children (specify years or months)

Youngest _____ Oldest _____

Please Describe the Background Factors and Special Needs You Would Accept By Checking the Appropriate Boxes

e) Birth Family Information Not Available

- Mother's Social Information Not Available
- Father's Social Information Not Available
- Mother's Medical Information Not Available
- Father's Medical Information Not Available

f) Child Conceived as a result of:

Incest

g) Child Was Born Prematurely:

- Low Risk High Risk

h) Genetic Factors/Risks

- Allergies Mental Disability
 Asthma Schizophrenia
 Diabetes Mood Disorder
 Epilepsy Personality Disorders

i) Prenatal Drug/Alcohol History/Diagnosis

- Drug Exposure known
 Alcohol Exposure
 Fetal Alcohol Spectrum Disorder

j) Cognitive Disabilities

- Mental Developmental Delay
 Mental Disability
 Down's Syndrome

k) Physical Disabilities

- Developmental Delay
 Spina Bifida
 Cerebral Palsy
 Orthopaedic Irregularities
 Facial Irregularities

l) Medical Diagnosis

- Allergies Hydrocephalus
 Asthma Failure to Thrive
 Juvenile Diabetes Short Life Expectancy
 Epilepsy/Seizures HIV Positive
 Heart Defect Feeding/Special Diet
 Attention Deficit Disorder

m) Sensory Loss

- Hearing Impaired
 Vision Impaired

n) Experiences of the Child

- Sexual Abuse Neglect
 Physical Abuse Detrimental Parenting
 Emotional Abuse Multiple Caregivers/Attachment Issues

o) Learning Disabilities

- Reading/Writing
- Oral Language/Speech Impairment

p) Emotional/Behavioural Characteristics which a Child May Exhibit:

- | | |
|--|---|
| <input type="checkbox"/> Lying | <input type="checkbox"/> Bed Wetting/Soiling |
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Self Harming Behaviour |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Profound Dependency |
| <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Inappropriate Sexual Behaviour |
| <input type="checkbox"/> Destructiveness | <input type="checkbox"/> Nightmares |

q) Knowledge and/or Experience with Special Needs:

If you have direct knowledge and/or experience with significant medical, physical or psychological special needs and would parent a child with those special needs, please describe:

r) Do you have a preference with regards to the racial/ethnic origin or Aboriginal ancestry of the child? No Yes. If yes, please specify:

STATUTORY DECLARATION

CANADA)	IN THE MATTER OF:
NORTHWEST TERRITORIES)	Adoption Application
TO WIT)	

I, _____ of *(City, Community)*, Northwest Territories, **DO**

SOLEMNLY DECLARE THAT:

1. I have been in a common-law relationship and residing with _____
 _____ since _____.

**And I make this solemn Declaration conscientiously believing it to be true
 and knowing that it is of the same force and effect as if made under oath,
 and by virtue of the *CANADA EVIDENCE ACT*.**

SWORN BEFORE ME in the)	
<i>(City, Town, Community)</i> of)	
_____ in the Northwest)	
Territories, this ____ day of)	
_____ 20__.)	_____
_____)	
_____)	(DECLARANT)

A Commissioner of Oaths or Notary
 Public in and for the Northwest
 Territories.

My Commission Expires:

MEDICAL EXAMINATION REPORT

(To be completed by a Primary Health Care Provider)

Last Name	First Name	Date of Birth
Address		

Health History

No	Yes		No	Yes	
		Cardio Vascular Disease (Angina, Infarction, Heart Failure Arrhythmia Stroke, et)			Gastro-Intestinal Disease
		Respiratory Disease (Asthma, Chronic Bronchitis, Emphysema, etc)			Metabolic Disease (Diabetes, Thyroid Disease, etc)
		Neurological Disease (Epilepsy, Parkinson Disease, Multiple Sclerosis, etc)			Psychiatric Illness
		Medication Being Taken (If Yes, specify details)			Addictions (Alcohol, Sedatives, Tranquilizers, Narcotics, etc)
		Special Sense Disease (Hearing Loss Vertigo Visual Defects, Etc)			Skeletal Disease
		Other Diseases (If yes, specify details)			

Please explain "Yes" answers fully:

Physical Examination

Height	Weight	BP	Other Tests (Specify Test & Findings)
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Child(ren) of Applicant

Name		Date of Birth		
Physical Condition	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Explain Answer:				
Name		Date of Birth		
Physical Condition	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Explain Answer:				
Name		Date of Birth		
Physical Condition	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Explain Answer:				
Name		Date of Birth		
Physical Condition	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Explain Answer:				

Applicant

Applicant is in good health <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" explain.
Residual disabilities are present ? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," do you consider they interfere with the performance of ordinary activities of daily living?
Applicant has an average life expectancy for their age: <input type="checkbox"/> Yes <input type="checkbox"/> No
Length of time you have known the applicant?
Do you have any concerns about this person becoming an adoptive parent? Explain if "yes."

Primary Caregivers' Signature _____
Date
Primary Caregivers' Address:

Adoptive Applicant's Consent to Release of Medical Information

I consent to the release of this Medical Report to adoption professionals designated by the Director of Adoptions for the Northwest Territories for the sole purpose of approving or not approving my application to adopt.

Applicant Signature _____
Date

Witness Signature _____
Date

CONSENT TO RELEASE OF INFORMATION

I, _____ of
(print full name of person)

(address)

hereby consent to the release of the following information:

(name specific information wanted)

to: _____
(Adoption Worker name and Authority)

for the purpose of determining our eligibility to adopt a child in the Northwest Territories.

Signature

Date

Print Witness Name

Witness Signature

This consent is valid from _____, 20__ until _____, 20__.
(CANNOT EXCEED SIX MONTHS)

ACKNOWLEDGEMENT REGARDING LEGAL ADVICE

*(Required for Departmental Adoption Applications –
Section 41(2)(f) of NWT Adoption Regulations)*

I/We have been advised by an Adoption Worker of the importance of seeking legal advice in connection with our application to adopt a child through Departmental adoption and fully understand my/our right to seek independent legal advice at any stage of the adoptions process.

Dated at _____, NT, this _____ day of _____, 20 ____.

Witness

Date

Applicant # 1

Date

Applicant # 2

Date

CHILD PROTECTION RECORDS CHECK

(to be completed by Adoption Worker)

Adoptive Applicant or Adult Member of Household

Name:	Date of Birth:	Relationship to Child:
Address:		

Adoptive Co-Applicant or Adult Member of Household

Name:	Date of Birth:	Relationship to Child:
Address:		

Names of Applicants' Children, Children Living in the Home or Related to Household

Name of Child:	Name of Child:
Date of Birth:	Date of Birth:
Name of Child:	Name of Child:
Date of Birth:	Date of Birth:
Name of Child:	Name of Child:
Date of Birth:	Date of Birth:

Names of Applicants' Children Living Outside the Home

Name of Child:	Name of Child:
Date of Birth:	Date of Birth:
Name of Child:	Name of Child:
Date of Birth:	Date of Birth:

Place of Prior Residence:

From: _____ To: _____
(Place & Date) (Place & Date)

From: _____ To: _____
(Place & Date) (Place & Date)

From: _____ To: _____
(Place & Date) (Place & Date)

Name of Adoption Worker:	Signature of Adoption Worker:
Record Check was started: (dd/mm/yyyy)	Record Check was completed: (dd/mm/yyyy)
Were any protection concerns identified: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	

**CONSENT TO CONDUCT A
CHILD PROTECTION RECORDS CHECK**

I, _____ of
(print full name of person)

(address)

have resided in the following jurisdictions for the past ten (10) years

From: _____ To: _____
(Place & Date) (Place & Date)

From: _____ To: _____
(Place & Date) (Place & Date)

From: _____ To: _____
(Place & Date) (Place & Date)

From: _____ To: _____
(Place & Date) (Place & Date)

and hereby consent to an Adoption Worker conducting a Child Protection Records check to search for any and all records pertaining to:

_____ born _____
(name of person)

(relationship to individual)

I consent to the release of this information for the purpose of assessing the following Adoptive applicant(s): _____

AND FOR SO DOING, let this or any copy hereof be my good and sufficient authority.

DATED at:

_____, this _____ day of _____, 20____.

Witness

Signature of Applicant

LETTER OF REFERENCE - JOINT APPLICANTS

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Name of Reference:	Phone:
Address:	

(insert name) and *(insert name)* of *(community/town)* have made an application to adopt and have given your name as a reference.

Adoption is a legal process that enables adoptive parents to assume the care and custody of a child other than their own. Adopting parents require special qualities and our office is therefore requesting your assistance in providing information regarding the *(insert last name)* family. This information will be helpful to our office in determining whether adoption is the best plan for the Applicants at this time and whether it would be in the best interests of a child to be placed in the Applicants' home. Please be assured that your reference will be handled confidentially.

Please complete the following questions:

How long have you known the Applicants?
In what capacity have you known them? e.g. as friends, co-workers, family.
Describe each Applicant's personality, strengths, weaknesses and values.
Describe the Applicants' relationship with each other.

<p>In your opinion, why have the Applicants applied to adopt?</p>
<p>Describe the Applicants' ability to meet a child's emotional, social, physical and intellectual needs.</p>
<p>Do the Applicants have any experience/relationships with children? If so, please explain.</p>
<p>Describe situations where you have seen the Applicants with children.</p>
<p>Describe the community activities in which the Applicants are involved, including any talents, interests and hobbies.</p>
<p>To your knowledge, has either Applicant had any physical or emotional illness of a serious nature, criminal involvement or any history of family violence, alcohol or drug abuse?</p>
<p>Do you recommend that a child be placed in the Applicants' home? State reasons why or why not.</p>
<p>Add anything that you think could help us make the best decision.</p>

Thank you for your assistance.

Reference Signature _____

Date _____

Please Return Form To:	
Adoption Worker Name:	Phone:
Address:	

LETTER OF REFERENCE - SINGLE APPLICANT

The personal information requested on this form is collected under the authority of the Adoption Act. This information is protected by the confidentiality provisions of the Adoption Act. If you have any questions about the collection or use of the information, please contact the Director of Adoptions, Department of Health & Social Services, Government of the Northwest Territories.

Name of Reference:	Phone:
Address:	

(insert name) and *(insert name)* of *(community/town)* have made an application to adopt and have given your name as a reference.

Adoption is a legal process that enables adoptive parents to assume the care and custody of a child other than their own. Adopting parents require special qualities and our office is therefore requesting your assistance in providing information regarding the *(insert last name)* family. This information will be helpful to our office in determining whether adoption is the best plan for the Applicant at this time and whether it would be in the best interests of a child to be placed in the Applicant's home. Please be assured that your reference will be handled confidentially.

Please complete the following questions:

How long have you known the Applicant?
In what capacity have you known him/her? e.g. as friends, co-workers, family.
Describe the Applicant's personality, strengths, weaknesses and values.
In your opinion, why has the Applicant applied to adopt.
Describe the Applicant's ability to meet a child's emotional, social, physical and intellectual needs.

Does the Applicant have any experience/relationships with children? If so, please explain.
Describe situations where you have seen the Applicant with children.
Describe the community activities in which the Applicant is involved, including any talents, interests and hobbies.
To your knowledge, has the Applicant had any physical or emotional illness of a serious nature, criminal involvement or any history of family violence, alcohol or drug abuse?
Do you recommend that a child be placed in the Applicant's home? State reasons why or why not.
Add anything that you think could help us make the best decision.

Thank you for your assistance.

Reference Signature

Date

Please Return Form To:	
Adoption Worker Name:	Phone:
Address:	