

Family Self-Assessment

1. Name of Applicant(s) _____

Address:

Name(s) and date(s) of birth of child(ren) to be adopted:

Other persons living in the home and their relationship to the applicant(s):

Date child(ren) began living with the applicant(s):

2. Length and description of the relationship between the child(ren) and the applicant(s), including adjustment to the home, the applicant(s) and other family members:

6. What family values do you consider important in raising your child(ren)?

7. What are your views on discipline and how is it applied in your family?

8. Describe the adoptive child(ren)'s understanding of, and wishes regarding, the proposed adoption: (Please note that for children 5 years or older, he/she must be informed who will become their adoptive parent(s) and the plan for adoption.)

9. When your adoptive child(ren) reaches the age of 19 years, he/she will have the legal right to access their original birth certificate and Adoption Order. If your child(ren) is unaware of the proposed adoption, state your views towards disclosure and specific plans for informing the child(ren) of the adoption and his/her birth parent(s):

10. Description of living accommodations of the applicant(s):

11. Describe adoptive child(ren)'s relationship with non-custodial parent(s):

12. Please provide any additional information regarding the adoption that you consider important:

I certify that the information given on this form and on all documents attached is correct and complete.

Applicant's Signature

Date

Applicant's Signature

Date