

AU - FORM B

ADOPTION APPLICATION FORM – MARRIED COUPLE

Application number: _____

A. GENERAL INFORMATION OF THE APPLICANTS

a) _____
 First Name Middle Name Surname

b) _____
 First Name Middle Name Surname

1. Current Address:

2. Mailing Address (if different from current):

Female applicant

Male applicant

3a. _____
 (Maiden Name) (Alias/Nickname)

3b. _____
 (Alias/Nickname)

4a. DOB: _____
 (dd/mm/yyyy)

4b. DOB: _____
 (dd/mm/yyyy)

5a. ID/DL/PP #: _____

5b. ID/DL/PP #: _____

6a. Age: _____

6b. Age: _____

7a. Telephone Contact: _____ (h)
 _____ (c) _____ (w)

7b. Telephone Contact: _____ (h)
 _____ (c) _____ (w)

8a. Email: _____

8b. Email: _____

9a. Nationality: _____

9b. Nationality: _____

10a. Race/ethnicity:

- African Mixed (African & East Indian)
 East Indian Caucasian
 Chinese Hispanic
 Syrian Other: _____
 (please specify)

10b. Race/ethnicity

- African Mixed (African & East Indian)
 East Indian Caucasian
 Chinese Hispanic
 Syrian Other: _____
 (please specify)

11a. Occupation: _____

11b. Occupation: _____

12a. Type of employment:

- Permanent Retired
 Temporary Unemployed
 Full Time Self-Employed
 Part Time Other: _____
 (please specify)

12b. Type of employment:

- Permanent Retired
 Temporary Unemployed
 Full Time Self-Employed
 Part Time Other: _____
 (please specify)

13a. Employer's Name, Address & Contact:

13b. Employer's Name, Address & Contact:

Female applicant

Male applicant

14a. Education obtained: Tick all that applies

14b. Education obtained: Tick all that applies

- No Schooling Certificate
 Primary Diploma
 Secondary Degree: _____
 Trade Other: _____
(please specify)

- No Schooling Certificate
 Primary Diploma
 Secondary Degree: _____
 Trade Other: _____
(please specify)

15a. Religion: _____
(please specify)

15b. Religion: _____
(please specify)

16a. Primary Language: _____

16b. Primary Language: _____

17a. Secondary Language: _____

17b. Secondary Language: _____

18. Why do you wish to adopt? **(Female Applicant)**

19. Why do you wish to adopt? **(Male Applicant)**

B. MARRIAGE DETAILS

Female applicant

Male applicant

1a. Is this your first marriage? Yes No

1b. Is this your first marriage? Yes No

2a. If no, please provide details.

2b. If no, please provide details.

Female & Male Applicants

3. Date of current marriage: _____
(dd/mm/yyyy)

4. Marriage Certificate #: _____

C. CRIMINAL HISTORY OF THE FEMALE APPLICANT

I. Have you ever been arrested for an offence other than a minor traffic violation? Yes No
If yes, please provide details: _____

II. Have you ever been convicted of a crime in Trinidad and Tobago? Yes No

III. Have you ever been convicted of a crime in another country outside of Trinidad and Tobago? Yes No
Please provide the name of the country: _____

IV. As far as you know, have you ever been reported to the Children's Authority, the Police Service or any other agency for alleged, child neglect or abandonment? Yes No

V. Have you ever been deported? Yes No

D. CRIMINAL HISTORY OF THE MALE APPLICANT

I. Have you ever been arrested for an offence other than a minor traffic violation? Yes No
If yes, please provide details: _____

II. Have you ever been convicted of a crime in Trinidad and Tobago? Yes No

III. Have you ever been convicted of a crime in another country outside of Trinidad and Tobago? Yes No
Please provide the name of the country: _____

IV. As far as you know, have you ever been reported to the Children's Authority, the Police Service or any other agency for alleged, child neglect or abandonment? Yes No

V. Have you ever been deported? Yes No

E. OTHER COUNTRIES LIVED IN

(Please give details for the last five years)

Female Applicant

Male Applicant

Country	Date Arrived (dd/mm/yyyy)	Date of Departure (dd/mm/yyyy)	Length of Stay	Country	Date Arrived (dd/mm/yyyy)	Date of Departure (dd/mm/yyyy)	Length of Stay
1.				1.			
2.				2.			
3.				3.			
4.				4.			

F. FAMILY TYPE

(Please identify the type of family unit you currently live in)

- Married Couple (married couple without children)
- Nuclear Family (a married couple and their children)
- Extended Family (a family which extends beyond the nuclear family to include grandparents and other relatives)
- Blended Family (a family consisting of a couple, the children they have had together, and their children from a previous relationship)
- Other *(please specify)*: _____

G. CHILDREN OF APPLICANTS

MINOR CHILDREN OF THE APPLICANTS

Full Name	Date of Birth	Sex	Lives in Home Yes/No	Do you financially support adult child Yes/No	Address/Phone Number	Relationships (Step-child, child adoptive child)

ADULT CHILDREN OF THE APPLICANTS

Full Name	Date of Birth	Sex	Lives in Home Yes/No	Do you financially support adult child Yes/No	Address/Phone Number	Relationships (Step-child, child adoptive child)

H. OTHER PERSONS IN THE HOME

Full Name	Date of Birth dd/mm/yyyy	Relationship to the Applicants

I. FOSTER CARE/ ADOPTION HISTORY

- Have you ever been a foster parent? Yes No
If yes, check one: Children's Authority National Family Services Other: _____
- Have you previously applied to adopt a child? Yes No
- If yes, was the adoption successful (received a child into your care)? Yes No
If no, please briefly state why: _____

J. ADOPTEE PROFILE
If A CHILD HAS BEEN IDENTIFIED

Full Name	Date of Birth dd/mm/yyyy	Age	Sex	Country of Origin	Date of Placement/Date child received into care	Relationship to Applicant(s)

BIRTHPARENTS INFORMATION

Full Name	Contact Information	Date of Birth	Last known Address	Country of Origin	Relationship to Applicant(s)

IF CHILD HAS NOT BEEN IDENTIFIED, PLEASE INDICATE YOUR PREFERENCE:

Age:
Preferred age range: _____ No Preference

Sex:
 Male Only Female Only No Preference

Ethnicity:
 African descent Chinese descent Syrian
 East Indian descent Caucasian Portuguese
 Mixed (African descent & Indian descent) Indigenous No Preference
 Mixed (Other): _____ Hispanic Other: _____
(please specify) *(please specify)*

One child only **Siblings (Group of):**
 2 3
 4 5 or more

Check all conditions that you are willing to accept: A child

- | | |
|---|--|
| <input type="checkbox"/> Who has a history of physical abuse or neglect | <input type="checkbox"/> Who has a background of different religious faith |
| <input type="checkbox"/> Who has a history of sexual abuse | <input type="checkbox"/> Who has a different racial/ethnic/cultural background |
| <input type="checkbox"/> Who has a history of mental illness | <input type="checkbox"/> Who was exposed to alcohol or drugs |
| <input type="checkbox"/> Who has a history of emotional abuse | <input type="checkbox"/> Who is a product of rape |
| <input type="checkbox"/> Who has a chronic illness (diabetes, asthma, etc.) | <input type="checkbox"/> Who is developmentally delayed |
| <input type="checkbox"/> Who has a learning disorder | <input type="checkbox"/> Whose birthparents used alcohol and drugs |
| <input type="checkbox"/> Who has challenging behaviour | <input type="checkbox"/> Whose birth parents have HIV/AIDS |
| <input type="checkbox"/> Who has an adverse parent background | |

K. REFERENCES

Please list the name, address and telephone number of **three individuals** who have knowledge of your home environment, lifestyle and capability to be an adoptive parent. **Please note that, of the three names being submitted, only one can be your relative and these persons should not be related to each other. Your references must be different from your alternate carers.**

Name	Telephone Number	Mailing Address

L. ALTERNATE CARERS

Please provide the name and contact information for a person or married couple who you believe is best able to care for your adopted child in the event that any unfortunate circumstance prevents you from doing so. **Please note that this person or married couple can be related to you and would be interviewed. Your alternate carers must be different from your references.**

Name	Telephone Number	Mailing Address

Confidentiality clause: All information contained herein is considered confidential and will only be used for the processing of this application for the Adoption of a child.

I,hereby certify that the information given is true and correct. I understand that the information given will be checked by conducting home visits and background checks and do hereby authorise the Children's Authority of Trinidad and Tobago and its agents and employees to take such steps as are necessary to verify the information given. I understand that questions may be asked about my educational background, employment history, character, family and other visitors to my home. I understand that providing inaccurate and or incomplete information may result in delays in the processing of my application and or may even result in denial of my application.

Signature of the Female Applicant

Date

I,hereby certify that the information given is true and correct. I understand that the information given will be checked by conducting home visits and background checks and do hereby authorise the Children's Authority of Trinidad and Tobago and its agents and employees to take such steps as are necessary to verify the information given. I understand that questions may be asked about my educational background, employment history, character, family and other visitors to my home. I understand that providing inaccurate and or incomplete information may result in delays in the processing of my application and or may even result in denial of my application.

Signature of the Male Applicant

Date

Proceed to the next page to view a list of requisite documents and additional information.

Documents to be submitted along with the completed application form:

- Two forms of photo identification for each Applicant (Non –nationals must present their passports)
- Birth certificate of each Applicant
- Marriage Certificate of the Applicants
- Police Certificate of Character issued within (6) months of application (*for yourself and any household member over the age of 18 years*)
- One passport sized photo of each Applicant
- One full length photo of each Applicant
- A job letter for each Applicant (*if applicable*)
- Statement of savings (Bank, Credit Union, UTC, etc.) for each Applicant (*if applicable*)
- Divorce Decree Nisi or Decree absolute (*if applicable*)
- Certified copy of death registration of spouse (*if applicable*)

Documents to be submitted if a child or children have been identified:

- Birth certificate of identified child/ren
- One passport sized photo of the child/ren
- One full length photo of the child/ren
- Certified copy of death registration of birthparent (s) (*if applicable*)

Documents or information to be submitted upon the request of the Adoption Unit:

- The Authority's Prospective Adoptive Parent Medical Evaluation Form to be completed by a Registered Medical Professional.
- Results of blood tests for adults: VDRL, HIV, CBC, Urinalysis and chest X-ray report for Applicant(s) ***Thyroid Function Test (if applicable) & HbA1c (if diabetic)***
- The Authority's Paediatric Health Evaluation Medical Form to be completed by a Registered Paediatrician
- Results of blood tests for identified child/ren: Hemoglobin Electrophoresis, G6PD, VDRL, HIV and CBC
- Names of three (3) additional referees and contact information for each Applicant: ***for background check***
- Any other relevant documentation or information that the Authority may require

NB: Medical Forms will be provided by the Adoption Unit at your initial interview