



ADOPTION BOARD

48 DUKE STREET,
KINGSTON
JAMAICA.

Telephone: 948-2841-2

Our Ref. No:

Dear Applicant:

Thank you for your interest in the Adoption Programme. For your information we have enclosed in this package the following items:

- ◆ A brochure with information on the Adoption Programme
- ◆ A brochure outlining the steps in the Adoption Process
- ◆ A Pre-Adoption Form
- ◆ Additional information to meet your special needs maybe included

Please read the information in both brochures and should you meet the requirement you are to complete the Pre-Adoption information form. **Please keep this letter and the brochures for reference.**

How should you prepare the Pre-Adoption Form?

- ◆ Complete a Form for each child to be adopted.
- ◆ Type or print legibly in ink.
- ◆ If additional space is required please fill in on a separate blank paper and indicate the item that you are answering.
- ◆ Answer all questions fully and accurately. If an item does not apply, please write N/A in the space provided for your answer. Incomplete forms will be returned to you and processing will be delayed.
- ◆ Married applicants adopting a child jointly should provide information on both parties in the marriage. This includes married persons adopting the birth or legally adopted child of their spouse.

Completed Pre-Adoption Forms are to be returned to the Adoption Board, Child Development Agency. **We are inviting you to use our parish offices. You can contact the Regional Offices for the location of the parish office nearest to where you / the child to be adopted resides. Completed forms are valid for six months from return date.** Your completed form will assist this office in advising you correctly on how you should proceed with your adoption plan. You will receive a response in approximately four (4) weeks.

We wish you every success with your adoption plan. Please contact us for further clarification where necessary.

Adoption Board
Child Development Agency
Kingston, Jamaica
January 2009

REGIONAL OFFICES – Child Development Agency.

South East – 40 Duke Street,
Kingston. Tel: 948-2841-2

Southern – Lot 19, Caledonia
Mall, Mandeville, Manchester.
Tel. 961-8490, 962-2558

Western – 4 Kerr Cress,
Montego Bay, St. James.
Tel. 979-3446

North East – Leeing Plaza
Windsor Rd. St. Ann's Bay,
St. Ann. Tel. 972-2686-7

DETAILS OF APPLICANT (S)

	MALE APPLICANT	FEMALE APPLICANT
First Name.	-----	-----
Other Names.	-----	-----
Birth Date.	-----	-----
Age.	-----	-----
Country of Birth.	-----	-----
Country of Citizenship.	-----	-----
Occupation.	-----	-----
Place of Work	-----	-----
Income: Per Week or Per Month	----- -----	----- -----
Other	-----	-----

Please give details of your present accommodation and provision for child's accommodation

(Answer must include number of bedrooms in your home, whether or not the child share his/her bedroom and with whom will he/she share his/her bedroom)

.....

.....

.....

.....

MEDICAL HISTORY:

Name of Family Doctor:

Address:

Do you have any objections to the Adoption Board contacting your doctor regarding your health?

Yes No

Have you or any member of your family had any serious medical or mental problems requiring treatment or hospitalization? Yes No

Please explain:

.....

.....

MEMBERS OF HOUSEHOLD:

Full Name	Date of Birth Day Mth Year	Relationship To Male Applicant (e.g. birth, step child, adopted child)	Relationship to Female Applicant (e.g. birth, step child, adopted child)	Occupation/School

CHILDREN OF APPLICANT (S) OUTSIDE OF THE HOUSEHOLD:

Full Name	Date of Birth Day Mth Year	Sex	Place of Abode

CONTACT PERSONS:

Name three (3) persons who can assist us in contacting you in an emergency. **If adopting in Jamaica one contact person must live in Jamaica.**

Name	Address	Telephone No

Have you or any member of your household ever been convicted of any offence? Yes No

If yes, give details:.....
.....
.....
.....

Have you discussed your adoption plan with family members? Yes No

What were the reactions of your family regarding your decision to adopt a child?
.....
.....
.....

Please state fully your reasons for wishing to adopt a child?
.....
.....
.....

Have you adopted a child before? Yes No

What type of child would best fit into your family? (Age, sex, personality, etc)
.....
.....
.....

Is there a medical reason why you do not have children? Yes No

What are your hours of work?

Male Applicant:.....

Female Applicant:.....

What supervision arrangements will be in place for the child in your absence?

.....
.....

If this child is joining you in another country, are you aware that the child will have to adjust to a new culture? Yes No

If there are difficulties with the child you adopt are you prepared to contact the Social Services for assistance? Yes No

FOR THOSE WHO HAVE A CHILD ALREADY IN THEIR HOME OR HAVE IDENTIFIED THE CHILD THEY WISH TO ADOPT:

Please note: A photocopy of the child's birth certificate is to be provided.

Full Name of Child:.....

Child's Date of Birth:.....

Child's Place of Birth:.....

Was this child's name changed by Deed Poll? Yes No

Is the child a citizen of another country? Yes No If yes state the Country
.....

Does the child have a valid visitors or permanent visa to the UK, US, Canada? Yes No

Indicate type of visa: Visitors Yes No. Permanent visa Yes No

Name the country to which the child has a visa (if applicable):.....

When will this visa expire? Day Month Year

Does the child's parent (s) agree to his /her adoption? Yes No

MOTHER OF CHILD (if not alive, please indicate)	FATHER OF CHILD (if not alive, please indicate)
Name:	Name:
Address:	Address:
Tel. No.	Tel. No.

When was the child placed in your care? Day Month Year.....{ If applicable}.....

What were the circumstances that led to the placement of the child with you? Please provide details.

.....
.....
.....

Who placed the child in your care?

If the child is presently not living with you, with whom does he/she live?

Name	Address	Relationship	Tel . No.

Are there brothers or sisters of the child to be adopted living in the home listed above? [] Yes [] No

If yes, what are their ages?:.....

Have you lived with the child to be adopted? State when and where: Please give dates

.....
.....
.....

Is the child to be adopted related to you in any way? [] Yes [] No

How are you related?

Is the child a Government Ward? [] Yes [] No

Who supports the child?

How well do you know the child? (e.g. personality, habits, behaviour)

EXPLAIN:.....

.....
.....
.....

ADDITIONAL INFORMATON FOR PERSONS NOT LIVING WITH THE CHILD(REN) TO BE ADOPTED

Why did the parents/guardians agree that you could adopt the child(ren)? You must provide an answer

.....
.....
.....

When did you start to provide for/ assume responsibility for this child? (You must provide an answer):
Day Month Year.....

ALL APPLICANTS

AGREEMENT

I/We understand that the Children " Adoption of " Act and the regulations made thereunder authorize the Adoption Board to make or cause to be made such enquires, obtain or cause to be obtained such reports and carry out such interviews as shall be necessary or shall be prescribed for the purpose of making arrangements for the adoption of minors and for the consideration of the court.

I/We understand that the Pre-Adoption Information Form may not be considered if on examination of the above information, it fails to meet the Board's required standard.

I/We hereby declare that to the best of my/our knowledge the information which has been provided in this form is true.

Applicant(s) Signature (1).....

(2).....

Date of Submission:

FOR OFFICE USE ONLY

Assessed By: Signature:

Title: [] Children's Officer [] Team Leader [] Regional Director [] Adoption Coordinator

Date Assessed:.....

Reviewed By (If applicable): Signature:

Title: [] Team Leader [] Regional Director [] Adoption Coordinator

Date Reviewed:

**CHILD DEVELOPMENT AGENCY (Head Office)
48 DUKE STREET
KINGSTON
January 2009 (Revised)**