

**PRE - ADOPTION INFORMATION FORM
FOR APPLICANTS**

Surname:.....Address:.....

.....

Applicant (s) Tel. No..... (H)

Male applicant Tel. No..... (W)

Female applicant Tel. No..... (W)

How long have you lived at your present address?.....

Previous addresses during the last 5 years.....

.....

.....

If you are a Jamaican and you do not live in Jamaica, state how long you have been away from Jamaica. Please write your answer in the space provided below for male applicant and female applicant.

Male applicant:.....

Female applicant:.....

Marital Status of Applicant (s):

Married Single Separated Divorced Widow(er)

Date and Place of Marriage:.....

Wife's Maiden Name (if applicable):.....

Have either of you been married before? 1 1 Yes 1 1 No

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.

.....

.....

.....

MEDICAL HISTORY:

Name of Family Doctor:

Address:

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

1 1 Yes 1 1 No

Have you or any member of your family had any serious medical or mental problems requiring treatment or hospitalization? 1 1 Yes 1 1 No

Please explain:

.....

.....

MEMBERS OF HOUSEHOLD:

Full Name	Date of Birth			Relationship to Applicant	Occupation/School
	Day	Mth	Year		

CHILDREN OF APPLICANT (S) OUTSIDE OF THE HOUSEHOLD:

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

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? 1 1 Yes 1 1 No

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

Have you discussed your adoption plan with family members? 1 1 Yes 1 1 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 ever adopted a child before? 1 1 Yes 1 1 No

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

Is there any medical reason why you are not able to have children? 1 1 Yes 1 1 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? 1 1 Yes 1 1 No

If there are difficulties with the child you adopt are you prepared to contact the Social Services for assistance? 1 1 Yes 1 1 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? 1 1 Yes 1 1 No

Is the child a citizen of another country? 1 1 Yes 1 1 No If yes state the Country.

.....

Does the child have a valid visitors or permanent visa to the UK, US, Canada? 1 1 Yes 1 1 No

Indicate type of visa: Visitors 1 1 Yes 1 1 No. Permanent visa 1 1 Yes 1 1 No

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

Does the child's parent (s) agree to his /her adoption? 1 1 Yes 1 1 No

MOTHER OF CHILD	FATHER OF CHILD
Name:	Name:
Address:	Address:
Tel. No.	Tel. No.

When was the child placed in your care?

Day Month Year.....

What were the circumstances that led to the placement of the child with you?

.....
.....

Who placed the child?

.....
.....

If the child is presently not in your care, with whom does he/she live?

Name	Address	Relationship	Tel . No.

Are there brothers or sisters of the home listed above? 1 1 Yes 1 1 No. If yes, what are their ages?.....

Have you lived with this child? State when and where : Please give dates

.....
.....

Is the child related to you in any way? 1 1 Yes 1 1 No

How related?

Is the child a Government Ward? 1 1 Yes 1 1 No

Who supports the child?

.....

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

EXPLAIN:.....
.....
.....
.....

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

Why did the parents/guardians agree that you could adopt the child(ren)?

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.....

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

Form received:.....

Form Assigned to:.....

Form : 11 Approved

11 Rejected

11 Withdrawn

Comments:

Signed:.....

Officer

Date:.....

**ADOPTION BOARD (Ministry of Health)
2 - 4 KING STREET
KINGSTON
September 2004 (Revised)**