



Consultation Intake Form

DATE:

APPLICANT(S) HOME ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Name & No.	City	Province	Postal Code

APPLICANT 1:

Full legal name: Pronoun preference:

Date of Birth : Current age: Email Address:

Religious/Cultural Affiliation : Languages Spoken:

Phone Number(s)

(H) (C) (W)

CITIZENSHIP: Canadian Citizenship Permanent Residency

EMPLOYMENT:

If you work outside of the home list occupation & employer:

EDUCATION: High School College/University Diploma/Degree:

APPLICANT 2:

Full legal name: Pronoun preference:

Date of Birth : Current age: Email Address:

Religious/Cultural Affiliation : Languages Spoken:

Phone Number(s)

(H) (C) (W)

CITIZENSHIP: Canadian Citizenship Permanent Residency

EMPLOYMENT:

If you work outside of the home list occupation & employer:

EDUCATION: High School College/University Diploma/Degree:

RELATIONSHIP STATUS:

- Single
- Married
- Common Law
- Divorced (if applicable)
- Separated (if applicable)



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CHILDREN:

If you have children, please provide details:

Child's Name	Age and Date of Birth	Gender	Currently Living in your Home (yes/no)	If your child is adopted, please provide country of origin and date of adoption
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HEALTH:

Do any of the following health issues apply to you (currently or previously)?

- Infertility diagnosis
 Mental health diagnosis
 Substance Abuse
 Cancer
 Other
 N/A

Details:

ADOPTION INTEREST (you may choose more than one):

- Private (infant) domestic adoption
 Public Adoption (Children's Aid Society)
 International Adoption (country if known)
 Unsure at this time

Source of Referral:

- PRIDE trainer / name:
 ACA Adoption Counselling Associates website
 Ontario Adoption website
 other _____

Do you have extended health benefits for Registered Social Workers/individual or family counselling/specific adoption expenses? Yes No Unsure

In whose name/names should the receipt for the consultation be issued?

I/We confirm that all of the information provided in this Application is accurate and current.

Applicant 1: _____ Date:

Applicant 2: _____ Date: