



Adoption Counselling Associates: Intake Form

INTAKE INFORMATION			
Today's date:			
Applicant #1 Last name:	First:	Pronoun Preference:	Marital status (circle one) Single / Mar / Div. / Sep / Co-hab
If married, date and place of marriage/co-habitation (please include previous marriage(s) and divorce:	Home and cell phone no:		Email address:
Address:	Postal Code:	Birth date: / /	Age:
Languages spoken:	Religion/Cultural Affiliation:		
Occupation:	Employer:		
Applicant #2 (if applicable) Last name:	First:	Pronoun Preference:	Marital status (circle one) Single / Mar / Div. / Sep / Co-hab
If married, date and place of marriage/co-habitation (please include previous marriage(s) and divorce:	Home and cell phone no:		Email address:
Street address: <input type="checkbox"/> same as above	Birth date: / /		Age:
Languages spoken:	Religion/Cultural Affiliation:		
Occupation:	Employer:		
Are there other children in the home? <input type="checkbox"/> yes <input type="checkbox"/> no	Names, ages and gender(s) of children:	Do you have adult children? <input type="checkbox"/> yes <input type="checkbox"/> no	Names, ages and gender of adult child(ren) as well as current place of residence:
Source of referral: <input type="checkbox"/> PRIDE trainer name: <input type="checkbox"/> Adoption Counselling Associates website <input type="checkbox"/> Ministry website <input type="checkbox"/> other (please indicate)			
Do you have any medical plans/benefits that cover fees for social work services/family counseling/an adoption homestudy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Other _____			
Interested in: (you may choose more than one) <input type="checkbox"/> PRIVATE DOMESTIC <input type="checkbox"/> PUBLIC (CAS) <input type="checkbox"/> INTERNATIONAL (country/countries if known) <input type="checkbox"/> UNSURE			