Lisa Kreindler, MSW, RSW, Adoption Counselling Associates

CONSULTATION INTAKE

APPLICANT 1:

Full legal name:

Pronoun Preference:

Date of Birth:

Email address:

Religious/Cultural Affiliation:

Languages Spoken:

Cell Phone:

Canadian citizenship:

Highest level of education:

Occupation & Employer:

APPLICANT 2:

Full legal name:

Pronoun Preference:

Date of Birth:

Email address:

Religious/Cultural Affiliation:

Languages Spoken:

Cell Phone:

Canadian citizenship:

Highest level of education:

Occupation & Employer:

Applicant(s) Home Address:

Are there other children/adults currently living in your home?

- ☐ No
- ☐ Yes/Details:

Adoption pathway(s) of interest: (you may choose more than one)

- ☐ Private, infant, domestic (Ontario) adoption
- ☐ International Adoption (pls list country/licensee if known)
- ☐ Public adoption (older child via Children's Aid Society)
- ☐ Unsure at this time

Source of Referral

- ☐ PRIDE trainer (name) Date of PRIDE training:
- ☐ ACA/Adoption Counselling Associates website
- ☐ Ontario Private and International Adoption Unity website
- ☐ Google search
- ☐ Other

Health History

Do any of the following health issues currently or previously apply to either applicant?

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

Details:

Legal History:

Does either applicant have a history of criminal charges?

☐ No

☐ Yes/Details:

INSURANCE:

Do you have extended health benefits that cover the fees of Registered Social Workers/ adoption-specific services?

☐ Yes

☐ No

☐ Unsure

If yes, in whose name/names should the receipt be issued?

While meeting for the consultation kindly make efforts to participate in any virtual communications in a private setting and use a personal computer (rather than an employer's computer or a computer belonging to someone else who may have access your information).

I/we accept and acknowledge that electronic, digital and/or videoconference communications cannot be guaranteed to be confidential. All communications have inherent privacy or security risks including privacy breaches, and/or information that may be intercepted or unintentionally disclosed.

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

Signature Applicant 1 Signature Applicant 2

Date Date