

ADOPTION COUNSELLING ASSOCIATES

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				