



Homestudy Application Form

**Adoption/Foster/Kin/
Customary Care**

Applicants in Ontario



Children, Youth and Families Thrive

Adoption/Foster/Kin/Customary Care Homestudy Application Form

Applicant Information			
Application #1		Applicant #2	
Full Legal Name:	Full Legal Name:		
Maiden Name:	Maiden Name:		
Previous Names:	Previous Names:		
Date of Birth:	Birth Date:		
Birthplace:	Birth Place:		
Gender:	Gender:		
Religion:	Religion:		
Education:	Education:		
Language(s) Spoken:	Language(s) Spoken:		
Occupation:	Occupation:		
Employer:	Employer:		
Racial Origin:	Racial Origin:		
Ethnic Origin:	Ethnic Origin:		
Native Band Name/No.:	Native Band Name/No.:		
Citizenship:	Citizenship:		
Home Mailing Address			
Street Address and Apt/Unit No.:			
City/Town:	Province:	Postal Code:	
Home Phone:	Home Fax:		
Contact Information (*note: each individual applicant requires a personal email address for registration purposes)			
Application #1		Application #2	
Work Phone:	Work Phone:		
Cell Phone:	Cell Phone:		
Email:	Email:		
Children: (If more than four (4) children, please add additional rows)			
Name	Gender	Date of Birth	Living With Whom
Other Adults (18 Years+) Living in Applicant(s) Home: (If more than two (2) other adults, please add additional rows)			
Name	Gender	Age	Relationship to Applicant(s)
Marriage or Domestic Partnership: (If more than one (1) past marriage or past domestic partnership, please add additional rows)			
Current Marriage Date:		Current Domestic Partnership Date:	
Application #1		Applicant #2	
Past Marriage or Domestic Partnership		Past Marriage or Domestic Partnership	
Date Begun:		Date Begun:	
Date Ended:		Date Ended:	

Present Circumstances

How did you reach the decision to start the process to become a Foster/Adoptive/Kinship/Customary Care parent? Why do you think you would be a successful parent? (Please include additional pages as needed).

What are some of the successes and challenges that your family has experienced in the past two years? (Please include additional pages as needed).

How did you learn about foster/adoptive/kinship/customary care? (Indicate all that are applicable)

- Another individual/family already engaged in these activities
- At a community presentation or event (please specify) _____
- Social Media (please specify) _____
- Agency Sign or Billboard (please specify location) _____
- Conventional Media (specify type – radio, print, television, etc.) _____
- Agency website (please specify which website) _____
- Other (please specify) _____

Previous Adoption/Foster/Kinship/Customary Care Applications

Have you previously applied for adoption/foster/kin/customary care, either as an individual, a couple or in a previous relationship?

- Yes No

Have you previously started or completed an adoption/foster/kin/customary care education program?

- Yes No

Have you previously begun or completed an adoption/foster/kin/customary care homestudy assessment?

- Yes No

Have you previously applied to adopt/foster/provide kin or customary care for a specific child?

- Yes No



Previous Child Welfare Involvement/Police Involvement

Have you previously been involved with a Children’s Aid Society (in Ontario) or any child protection authority outside Ontario?

Yes No

If yes, please provide specifics:

Have you, or anyone in your home, ever had contact with the police?

Yes No

If yes, please provide specifics:

Has anyone in your home been arrested or charged?

Yes No

If yes, please provide specifics:

Please indicate the type of care you would like to pursue at this time

Adoption Foster Kinship Customary Care

Desired Child/Youth and Age Range

Age of Child: (or age range) _____

Gender of Child: Male Female Either Both

Race or ethnic origin of child: Not considered, specify, if any: _____

Would you consider caring for a sibling group? Yes No Unsure

Would you be willing to provide care to medically fragile children or children with physical or cognitive/developmental disabilities?

Yes No Unsure

Would you be willing to provide care to a child exposed prenatally to alcohol and/or drugs?

Yes No Unsure



What type of child do you feel would best match your family and why?

Please list any significant training, experience and/or volunteer experience you have acquired

Acknowledgements

I/We, the undersigned, submit this application with the following acknowledgements:

1. I/We consent to the Halton Children’s Aid Society communicating and/or requesting information about me/us to/from other children’s aid societies, child protection authorities outside Ontario, private adoption agents/agencies, private foster care operators, applicable government agencies or other sources as necessary including searching provincial databases.
2. I/We understand and agree that information concerning one of us individually may be shared by the Halton Children’s Aid Society with my co-applicant.
3. I/We understand that any false statement or omitted information in this application may jeopardize my/our Adoption/Foster/Kin/Customary Care Application.
4. I/We understand that in order to proceed with the application process to become a Resource Parent I/We must grant and willingly do a consent to the Halton Children’s Aid Society to conduct a search in the Child Protection Information Network (CPIN) database.
5. I/We understand that in order to proceed with the application process to become a Resource Parent, I/We must grant and willingly do consent to the information pertaining to me and my family being permanently entered into the Child Protection Information Network (CPIN) database by the Halton Children's Society.

Signature of Applicant #1

Date

Signature of Applicant #2

Date

