

APPLICATION TO THE ADOPTION BOARD

I/We* the undersigned desire to make application to the Adoption Board in respect of a Female/Male* child named.....approximately.....years old, residing at.....in the parish of.....

(If your residence is in a town, state the street and number)

I/We* hereby undertake that the particulars given below are true to the best of my/our* knowledge and belief.

1. NAME:.....DATE OF BIRTH:.....
(Surname) (Christian Names)

ADDRESS.....

COUNTRY OF DOMICILE:.....RELIGION:.....

2. NAME:.....DATE OF BIRTH:.....
(Surname) (Christian Names)

ADDRESS.....

COUNTRY OF DOMICILE:.....RELIGION:.....

3. TWO RESPONSIBLE PERSONS ABLE TO VOUCH MY/OUR* CHARACTER:

(a) NAME:.....
(Surname) (Christian Names)

ADDRESS:.....

(b) NAME:.....
(Surname) (Christian Names)

ADDRESS:.....

IMPORTANT: Where the Application is by one or two Spouses their Marriage Certificate must be attached to the Form.
* Strike out as appropriate.

Applicant(s) Signature: (1).....

(2).....

Date.....



Child Development Agency

ADOPTION APPLICATION FORM (FORM A)

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Adoption (Children Of) Act. Under certain circumstances, the collected information may be subject to disclosure as per the Adoption (Children Of) Act and the Access to Information Act of Jamaica.

SECTION 1

APPLICANT A *(If more space is required, please attach separate sheets)*

Surname		First name & Middle	
Also Known As (including maiden or previous name(s) if applicable)			
Gender : M/F		Title: Ms, Mrs, Miss, Mr	
Birth date (dd/mm/yyyy)	Country of Birth	Citizenship/Nationality	
Social Security/TRN Number			
Home Address		How long have you lived at this address? (if less than 5 years, please give details of the previous address)	
Home phone number ()	Work phone number ()	Cell phone number ()	
Email			
Mailing address (if different)			

Marital Status Single Married Common-Law Divorced Separated

If you are married, give date and place of marriage

If you live in a common-law relationship, date on which you set up a household together

If you are separated or divorced, give date and name of partner

If you are single, do you have a partner who visits you at home?

Occupation	Retired/Unemployed (if retired, what was your last job)
Place of Work	

Work history for the past five years

Name and address of Employer	From (dd/mm/yyyy)	To (dd/mm/yyyy)

Religion/Spiritual values/Beliefs System

Describe your religion/spiritual values/belief system

APPLICANT B (If more space is required, please attach separate sheets)

Surname		First name & Middle	
Also Known As (including maiden or previous name(s) if applicable)			
Gender : M/F		Title: Ms, Mrs, Miss, Mr	
Birth date (dd/mm/yyyy)	Country of Birth		Citizenship/Nationality
Social Security/TRN Number			
Home Address		How long have you lived at this address? (if less than 5 years, please give details of the previous address)	
Home phone number ()	Work phone number ()		Cell phone number ()
Email			
Mailing address (if different)			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
If you are married, give date and place of marriage			
If you live in a common-law relationship, date on which you set up a household together			
If you are separated or divorced, give date and name of partner			
If you are single, do you have a partner who visits you at home?			

Occupation	Retired/Unemployed (if retired, what was your last job)
Place of Work	

Work history for the past five years

Name and address of Employer	From (dd/mm/yyyy)	To (dd/mm/yyyy)

Religion/Spiritual values/Beliefs System

Describe your religion/spiritual values/belief system

**SECTION 2
Household Finances**

	1 ST Applicant	2 ND Applicant
Monthly income		
Monthly income from any other source		
Any investments (real estates, life insurance)		
Total monthly payments (inc mortgage or rent, utilities etc)		
Is there any form of medical insurance		

SECTION 3

Members of the household (please attach an additional sheet if necessary)

Full name	Date of birth (dd/mm/yyyy)	Relationship to Male Applicant (e.g. birth, step child, adopted child)	Relationship to Female Applicant (e.g. birth, step child, adopted child)	Occupation/School

Children of Applicant (s) outside the household

Full Name	Date of Birth (dd/mm/yyyy)	Sex	Place of Abode

CONTACT PERSONS:

Name three (3) persons who can assist us in contacting you in an emergency. ***If adopting in Jamaica one contact person must live in Jamaica.***

Name	Address	Telephone number

3.1 Have you discussed your adoption plan with family members? [] Yes [] No. What were the reactions of your family regarding your decision to adopt a child?

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3.2 Please state fully your reasons for wishing to adopt?

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3.3 Have you adopted a child before? [] Yes [] No, if yes was the application successful? [] Yes [] No. If the application was refused, why? Give the reasons below.

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SECTION 4

Medical Information

Details	1st Applicant	2nd Applicant
Name of Doctor		
Address		
Telephone number		

4.1 Do you have any objections to the Adoption Board contacting your doctor regarding your health?
[] Yes [] No

4.2 Have you or any member of your family had any serious medical or mental problems requiring treatment or hospitalisation? [] Yes [] No, if yes explain below:

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4.3 Is there any medical reason why you do not have any children? [] Yes [] No

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SECTION 5

Your home: Your housing, neighbourhood and access to services

5.1 Briefly describe your accommodation paying particular attention to the way that it is suitable for caring for a child/ren. *(Answer must include number of bedrooms in your home, whether or not the child share his/her bedroom and with whom will he/she share his/her bedroom)*

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5.2 Briefly describe the neighbourhood and community in which you live and the way that it is suitable for caring for a child/ren.

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SECTION 6

APPLICANT(S) WHO ALREADY HAVE A CHILD IN THEIR HOME/CARE THEY WISH TO ADOPT:
(please note a copy of the child's birth certificate must be provided). (please skip to Section 7 if not applicable)

Surname of child	First name and Middle	
Any other name (if applicable)		
Home Address	Child's Date of Birth (dd/mm/yyyy)	Place of birth

Name of Mother of child (if not alive, please indicate)	Address	Telephone number
Name of Father of child (if not alive, please indicate)		

6.1 Does the child's parents agree to his/her adoption? [] Yes [] No

6.2 When was child placed in your care? Day.....Month.....Year.....

6.3 What were the circumstances that led to the placement of the child with you? Please explain

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6.4 Is the child to be adopted related to you in any way? [] Yes [] No. If related please state how
(please submit documentary proof with your application e.g. birth certificates etc)

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6.5 If the child is not related to you, who placed the child in your care?

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6.6 If the child is presently not living with you, with whom does he/she live?

Name(s):

Address:

.....

Contact telephone number:

Relationship to child:

6.7 If the child is not living with you, but the child was placed in your care who pays for the upkeep of the child?

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6.8 When did you start to provide for the child? Day.....Month.....Year.....

6.9 Have you ever lived with the child, If so, state when, where and how long. Please give dates.

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6.10 If you have never lived with the child, have you ever met the child? [] Yes [] No

6.11 How well do you know the child? (e.g. personality, habits, behaviour). Please explain

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6.12 If the child is not living with you, does the child to be adopted have brothers or sisters living in the home where the child lives? [] Yes [] No. If yes, what are their ages?

.....

6.13 Do you have a legal guardianship or custody document placing the child in your care? [] Yes [] No. If yes, please submit a copy with the application.

SECTION 7

APPLICANT(S) SEEKING TO ADOPT A CHILD FROM THE STATE (CDA)

7.1 What type of child would best fit into your family? (Age, sex, personality etc)

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7.2 Are you willing to adopt a child with any of the following (Tick in corresponding column)

No	Yes	Types of Behavior	Mild	Moderate	Severe
		Emotional problems			
		Sexualized behavior			
		Behavioral problems			
		Disabled/Special needs			
		Other medical conditions e.g. sickle cell			

7.3 In the event that we are unable to match you with the child you have requested, will you be willing to consider information about another child similar to the age group etc. [] Yes [] No? [] Maybe

SECTION 8

ADDITIONAL INFORMATION

8.1 Have any member of your household ever been convicted of any offences? [] Yes [] No.
If yes, give details

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.....

8.2 Have you (or your partner) ever had a county court judgement made against you (or your partner) or ever been declared bankrupt? [] Yes [] No. If yes, please give date(s), court and brief details

.....
.....

.....

8.3 Have you (or your partner) ever been convicted or cautioned for a criminal offence? *Any conviction or caution considered to be 'spent' under The Rehabilitation of Offenders Act must be disclosed.*

	Date	Offence (s)	Penalty
1 st Applicant			
2 nd Applicant			

8.4 What supervision arrangements would be in place for the newly adopted child when you or your partner goes to work?

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8.5 If the child is going to live outside of Jamaica, are you aware that the child will have to adjust to a new culture/environment? [] Yes [] No

8.6 If there are difficulties with the child you adopt are you prepared to contact the Social Services for assistance? [] Yes [] No

8.7 Do you have any information whether the child you wish to adopt is a beneficiary under a will or Estate? [] Yes [] No

SECTION 9

REFERENCES

Please give the names and addresses of 2 (two) people who are not family members who know you well and would be prepared to be interviewed about your parenting/caring capacity and other issues relevant to this application. These are *minimum requirements* and the Agency may also require additional references. Where this is the case, the Agency will explain these requirements and seek your consent. We also require written reference letters from the referees.

	1 st Referee	2 nd Referee
Name		
Address		
Telephone number		
Relationship to you		
Number of years known		
Does this referee know you as a couple (where this is a joint application) or one of you (state which)		

**SECTION 10
DECLARATIONS AND CONSENT**

I/we declare that to the best of my/our knowledge and belief, the details supplied in this application are correct. I /we understand that the Adoption Board through the Child Development Agency may seek verification of any of the facts supplied. I/we understand that if any of this information is found to be false or misleading, this may result in the rejection of the application or the revocation of an adoption Order or License. I/we understand that it is important not to withhold any information about factors that may influence my/our capacity to care for a child. If I/we have any uncertainty about this, then I/we will seek clarity from the Child Development Agency.

I/We give consent to the Adoption Board through the Child Development Agency to make such enquires (written or verbal) from individuals, agencies or organisations, to conduct interviews, obtain reports etc in accordance with the Children (Adoption Of) Act in order to assess application made for the adoption of minors and for the consideration of the relevant court in Jamaica. This includes written report from my/our registered medical practitioner about my/our health. I/We understand that I/we may not be entitled to see some of this information where it has been supplied confidentially.

I/We understand that the Adoption Board through the Child Development Agency may ask me/us to supply further information in order to assess my/our application. This consent is valid for the duration of this adoption application. I/We may withdraw my/our consent by providing written confirmation of withdrawal of the application to adopt.

I understand that this form is the property of the Adoption Board through the Child Development Agency to whom I/we have applied. I agree not to copy this document (other than for my/our personal records) or disclose its contents in full or in part, to any person, agency or authority without prior permission to do so.

.....
Name of 1st Applicant

.....
Signature of 1st Applicant

.....
Date (dd/mm/yy)

.....
Name of 2nd Applicant

.....
Signature of 2nd Applicant

.....
Date (dd/mm/yy)

FOR OFFICE USE ONLY

Date Form Received
(dd/mm/yy)

Received by.....
Name of: Children Officer/Adoption Officer/CSR/Adoption Coordinator

Date Assessment started
(dd/mm/yy)

Date completed.....
(dd/mm/yy)

Assessed by.....
Name of: Children Officer/Adoption Officer

Reviewed by.....
Adoption Coordinator

Date Reviewed.....
(dd/mm/yy)

Unique Case Reference Number:

Adoption Type : **Adoption Order** **Adoption Licence**

NB: Please do not return completed application Form without supporting documents.