

Select Country of Adoption:

Select only one country

Vietnam **Russia**

Honduras **Ukraine**

USA **Haiti**



AGENCY USE ONLY

Date received: _____

Dossier #: _____

Registration paid: _____

By: _____

PRELIMINARY APPLICATION

Applicant 1	Applicant 2
Last Name: _____	Last Name: _____
First: _____	First: _____
Middle: _____	Middle: _____
Language spoken: _____	Language spoken: _____
Date of birth: _____ (mm-dd-yyyy)	Date of birth: _____ (mm-dd-yyyy)
Place of birth: _____	Place of birth: _____
<input type="checkbox"/> Single <input type="checkbox"/> Common law <input type="checkbox"/> Married Date of marriage: _____ (mm-dd-yyyy)	
Citizenship: _____	Citizenship: _____
Ethnic Origin: _____	Ethnic Origin: _____

Complete address: 	Complete address:
Email address: 	Email address:
Telephone (Home): 	Telephone (Home):
Telephone (Work): <input type="text"/> Ext: <input type="text"/>	Telephone (Work): <input type="text"/> Ext: <input type="text"/>
Cellular: <input type="text"/>	Cellular: <input type="text"/>
Highest Education Level: <input type="text"/>	Highest Education Level: <input type="text"/>
Institution: <input type="text"/>	Institution: <input type="text"/>
Employer: <input type="text"/>	Employer: <input type="text"/>
Position: <input type="text"/>	Position: <input type="text"/>
Family gross annual income: <input checked="" type="radio"/> Click to select <input type="checkbox"/> \$25,000 or less <input type="checkbox"/> \$25,000 to \$50,000 <input type="checkbox"/> \$50,000 to \$75,000 <input type="checkbox"/> \$75,000 to \$100,000 <input type="checkbox"/> \$100,000 to \$150,000 <input type="checkbox"/> \$150,000 to \$200,000 <input type="checkbox"/> \$200,000 and up	

Children of Applicant(s)

Name

(mm-dd-yyyy)

Gender
F M DOB

F M DOB

(mm-dd-yyyy)

F M DOB

(mm-dd-yyyy)

F M DOB

(mm-dd-yyyy)

Personal Interests & Aptitudes:

(In this box, please use the Shift-Enter key to change line)

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(In this box, please use the Shift-Enter key to change line)

SECTION 2: Specifications of adoptive preferences:

A) Gender: Boy only Girl only Either

B) Age range: Select only one program

VIETNAM

6-11 months

12-23 months

24-47 months

48 months and up

UKRAINE

5-9 years

5-13 years

10 years and up

RUSSIA

14-47 months

48 months and up

HONDURAS

60 months and up

HAITI

6-23 months

24-47 months

48-59 months

60 months and up

USA

Newborn

C) Would you be interested in adopting siblings? Yes No

If yes, please indicate the following:

Age range: 0 - 2 2-4 5 and up

***In Ukraine younger siblings are available if older sibling is at least 7 years old.**

Number of siblings:

D) Would you consider adoption children with special needs? Yes No

SECTION 3: Homestudy status

A) Have you had a Home study done? Yes No In process

Date of study: (mm-dd-yyyy)

Name of adoption practitioner who will prepare your homestudy?

Name:

Telephone:

B) Have you ever been refused approval to adopt a child?

Yes No

C) Has a child ever been removed from your home?

Yes No

If «Yes» to either of the above questions, please attach a letter of explanation signed by applicant (s).

SECTION 4: Support Data

A) Will one parent be able to take a leave of absence when the child(ren) arrive(s)?:

(In this box, please use the Shift-Enter key to change line)

Yes No

If yes, for how long:

B) Please describe briefly why you wish to adopt:

(In this box, please used the Shift-Enter key to change line)

C) Are you in contact with any families who have adopted children from TDH?

Yes No

D) How did you hear about our adoption program?

Ontario Ministry Adoption Practitioner Adoptive parent

Internet

Other:

E) Would you be interested in helping to develop of new projects to help the children and youth?

Yes No

If yes, what would be your interest?

Be part of a committee Fundraising activities

Contributing to the Trimestral Newsletter Volunteering

Provide assistance to the administration IT Support

Translation (French to English) Translation (English to French)

Make a donation

Other:

SECTION 5: Signature of applicant(s):

DECLARATION

We have read the information about the International Adoption Program and understand that this does not guarantee placement of a child or initiation of advanced processing until such time as an opening becomes available. We wish to be registered with TDH Ontario Inc. and provide my/our homestudy and the dossier to the country to register on the waiting list of the foreign country.

We have printed and signed this application and we will enclosed the non-refundable payment of \$500.00 fee to register with the TDH Ontario organization.

Payment can be paid by cheque payable to:

**TDH Ontario Inc.
36 Home Avenue
Vankleek Hill, Ontario K0B 1R0**

***** No credit card payment available.**

Signatures:

Applicant 1: _____ Applicant 2:

Date: ____/____/____
Month/Day/Year

