

Select only one Country of Adoption:

- Vietnam Bulgaria
- Honduras Ecuador (N/A)
- Ukraine
- Haiti
- USA



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: _____
Single <input type="checkbox"/> Common law <input type="checkbox"/> Married <input type="checkbox"/> Date of marriage _____ (mm-dd-yyyy)	
Citizenship: _____	Citizenship: _____
Ethnic Origin: _____	Ethnic Origin: _____
Religion: _____	Religion: _____
Complete address: _____ _____ _____	Complete address: _____ _____ _____
Telephone (Home): _____	Telephone (Home): _____
Telephone (Work): _____ Ext: _____	Telephone (Work): _____ Ext: _____
Cellular: _____	Cellular: _____
Email address: _____	Email address: _____
Highest Education Level: _____	Highest Education Level: _____
Institution : _____ _____	Institution : _____ _____
Employer: _____	Employer: _____
Position: _____ _____	Position: _____ _____
Family gross annual income: \$25,000 or less <input type="radio"/> \$25,000 to \$50,000 <input type="radio"/> \$50,000 to \$75,000 <input type="radio"/> \$75,000 to \$100,000 <input type="radio"/> \$100,000 to \$150,000 <input type="radio"/> \$150,000 to \$200,000 <input type="radio"/> \$200,000 and up <input type="radio"/>	

Children of Applicant(s)			
Name	Gender		DOB (mm-dd-yyyy)
	F	M	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Interests & Aptitudes:	Personal Interests & Aptitudes:
_____	_____
_____	_____

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 ○

- 5-10 years
 5-12 years
 10 years and up

BULGARIA

- 5-10 years
 5-12 years
 10 years 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 age range should be 0-12yrs old

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

Number of siblings: _____

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)?:

Yes No

If yes, for how long: _____

B) Please describe briefly why you wish to adopt:

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) Or 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.

Please contact our agency for the detailed information of the program you wish to subscribe with.

(Maria Chouchtari at : 613-482-6063 / maria@tdh.ca or Manon Parent at: 613-482-6306 / manon@tdh.ca)

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

Signatures:

Applicant 1: _____ Applicant 2: _____

Date: ___/___/_____
Month/Day/Year