

# Personal History Form

*The following document is to be used by adoptive applicants in helping them prepare for the Homestudy process, and may be used by the Independent Practitioner as a format in preparing the final Homestudy. The intent is to have applicants reflect on and share their life experiences. Applicants may attach extra pages if necessary. Use one guide per applicant.*

## Personal Information

**Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_  
Surname (if applicable)                      First                      Middle or Initial

**Place of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Town/City                      Province                      Country                      Year                      Month                      Day

**Ethnic Origin:** \_\_\_\_\_ **Languages Spoken:** \_\_\_\_\_  
(e.g., First Nations, German, Chinese, etc.)                      (other than English)

## Request and Reasons for Wanting to Adopt

1. Please describe the type of child you are interested in adopting:

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
(use specific years or months)                      (use male, female or either; by indicating a specific gender, you are indicating that you do not wish to be considered for a child of the opposite gender)

➤ **Physical Characteristics:**


➤ **Personality:**


**2. Please explain your interest in the adoption of a child.**


**3. If infertility is an issue, then what steps have you taken to address this issue? What do you understand about grief and loss as it pertains to infertility?**


**4. What do you feel you have to offer a child?**


**5. How do you feel about openness in adoption? To which options would you be open? (e.g., no contact with birth family, only letters and pictures, telephone contact, full open contact)**


**6. For intercountry adoptions, please specify your country of choice and indicate why you have chosen this country.**

Describe what knowledge about this country you have sought, and what resources you have accessed (Websites, books, articles, etc.).


7. Have you ever pursued an adoption before? \_\_\_\_\_

If so, when and what type of program?

\_\_\_\_\_ (provide the year plus details of the program)

Was a Home Study completed as part of this program? \_\_\_\_\_

### Health History Information

1. What are your health practices in regards to:

➤ Nutrition


➤ Exercise (Describe the physical activities you take part in)


➤ Overall lifestyle


2. Please describe your *current*.

- Physical health (describe current treatments for any disease processes)


- Mental or emotional health (describe current treatments such as counseling, etc.)


3. Please describe your *history* of:

- Physical health (describe previous health issues for which you were treated, including surgeries or treatments; also include details about childhood illnesses)


- Mental or emotional health (describe previous issues for which you were treated)


4. Describe your current usage of prescription and non-prescription drugs and relevant details regarding their usage.


5. Describe the extent to which you:

➤ Smoke (e.g., amount per day or per week)


➤ Consume alcohol (e.g., amount per day or per week, and how you would describe this usage)


➤ Use non-prescription medications (e.g., what do you use, for what purposes, and how often)


6. Describe the kinds of diseases that are prominent in your immediate and extended family (such as cancer, diabetes, heart disease), and explain who has been affected by them and how (did they pass away, have certain lifestyle restrictions, etc.)


**Appearance, Personality and Interests**

1. What is your physical description with respect to:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Complexion: \_\_\_\_\_ Bone Structure or Physical Build: \_\_\_\_\_

Outstanding/Unique Physical Features (birthmarks, moles, etc.): \_\_\_\_\_



6. Describe how you handle each of the following in your life (include techniques you might use to cope):

➤ **Conflict**


➤ **Stress**


➤ **Change**


➤ **Pressure**


7. What do you like best about yourself?


8. If you could change anything about yourself, what would you change and why?




- Sexual abuse (describe how you were affected, and the types of treatment you sought to address any issues arising from the abuse).


- Domestic violence (describe how you were affected, and the types of treatment you sought to address any issues arising from the abuse).


4. Did any of the aforementioned involve you as a perpetrator? \_\_\_\_\_

- If so, were you charged? \_\_\_\_\_

- Were you convicted? \_\_\_\_\_ Date? \_\_\_\_\_ Sentence?  
\_\_\_\_\_

5. Describe any instances, providing details and dates, when you have been charged or convicted with any other sorts of offences.


6. If you were incarcerated at any time, then please give details about your incarceration including dates.


**Education History and Background**

1. Where did you attend:

Elementary School?

\_\_\_\_\_

(place and dates attended)

High School?

\_\_\_\_\_

(place, dates attended and highest level achieved)

University?

\_\_\_\_\_

(where attended, dates, and highest level achieved)

Trade or Vocational School?

\_\_\_\_\_

(where attended, dates, and type of training received)

2. Describe your school experience in reference to:

*Note: Birth parents can usually relate to both positive and negative school experiences.*

➤ **Best or most difficult subjects in school**


➤ **Average marks**


➤ **Relationships with peers and teachers**


➤ **School activities you participated in (e.g., sports, music or drama clubs, etc.)**


3. How do you feel your past educational or vocational pursuits have been beneficial to you?


4. What level of education or vocation do you hope your own children would obtain? How would you help them pursue or achieve their goals?


5. Describe any future educational or vocational plans you may have, or if you are working on anything at the present time.


**Occupation**

1. Current Occupation:

➤ What is your current occupation or job title, and by whom are you employed?


➤ Describe your current work with respect to when you began, how satisfied you are, what your opportunities for advancement might be, and your job security.


2. Please specify your previous places of employment, the dates you were there, and your reasons for leaving.


3. In the event of an adoption placement, what are your short and long-range employment plans?


**Religion and Religious Training**

*Note: Religious affiliation is not a condition of adopting; however, birth parents may designate a specific religion for their child.*

1. What is your current religious affiliation?


- Is this the same religion in which you were raised?  Yes  No
- If not, then in what religion were you raised or what religious training did you have? What role did religion play in your family while growing up?


2. Describe the extent to which religion currently plays in your life (i.e., how regularly do you attend church, are you part of any religious organizations or volunteer groups, etc.)


3. In what religion would you hope to raise an adopted child?

\_\_\_\_\_

➤ Would you baptize this child into this religion?  Yes  No

4. Please comment on your own thoughts about religious training for children


### Hobbies and Interests

1. Describe any hobbies or interests that you might have.


2. Describe any clubs or organizations to which you belong (including volunteer), and what your interest or status is in them.


### Family Life & Relationships

1. What is your current relationship status?

Married     Common Law     Single     Other (please describe)

\_\_\_\_\_

2. If you are currently married, then please indicate:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Marriage:

\_\_\_\_\_  
Year    Month    Day

\_\_\_\_\_  
Town/City

Province

Country



- What areas of your relationship would you want to change or improve and how would you do this?


- If you and your partner have ever been separated for any length of time, please describe the circumstances and include the date(s) of separation.


- Describe some of the difficult or upsetting experiences you may have had as a couple, and the methods you've used to cope or come to some resolution.


4. If you are applying as a *single* applicant, describe your future plans or hopes around permanent relationships such as marriage, and what your philosophy around long-term relationships is.


5. Multiple Relationships:

- If you are currently married, is this your first marriage?  Yes  No

- If you've been married before, then how many times have you been married?

\_\_\_\_\_

- Please provide the dates of dissolution or divorce:

\_\_\_\_\_

- Describe the cause(s) of the breakdown of any previous marriages


- If you are currently in a common-law relationship, is this the first one?  Yes  No

- In how many common-law relationships have you been involved?

\_\_\_\_\_

- Please provide the date(s) of separation:

\_\_\_\_\_

- Describe the cause(s) of the breakdown of any previous common-law relationships


- What are some of the most common issues you encountered in any of your past relationships, and how did you and your partner resolve these?


6. In your daily life, describe how you do the following. *If you are in a relationship and have a family, then please answer the questions from that perspective.*

- Make decisions


➤ **Solve problems**


➤ **Decide on and distribute responsibilities**


➤ **Resolve conflict**


**7. If you do not currently have any children, then please describe your experience with them.**


8. If you currently have, or have had, children in your care, then please complete the following for each child:

<b>Name:</b> _____	<b>Date of Birth:</b> _____/_____/_____		
Surname                      First Name                      Middle Name/Initial	Year    Month    Day		
<b>Height:</b> _____	<b>Weight:</b> _____	<b>Eye Color:</b> _____	<b>Hair Color:</b> _____
<b>Complexion:</b> _____	<b>Physical Build:</b> _____		
(e.g., large frame, slightly built, average, etc.)			
<b>Grade in School/Current Level of Education:</b> _____			
<b>Dates of Immunization:</b> _____/_____/_____      _____/_____/_____      _____/_____/_____			
Year    Month    Day                      Year    Month    Day                      Year    Month    Day			
Is this child currently being treated for any physical or mental health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered 'yes', then please comment on current health status and treatment:			
Describe this child's past history of physical or mental health issues, providing details about hospitalization, surgery, etc.:			
Describe this child's hobbies, interests or talents:			

*Spaces for extra children next page; attach extra pages for more than 3 children...*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname First Name Middle Name/Initial Year Month Day

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Complexion: \_\_\_\_\_ Physical Build: \_\_\_\_\_  
(e.g., large frame, slightly built, average, etc.)

Grade in School/Current Level of Education:

Dates of Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day Year Month Day Year Month Day

Is this child currently being treated for any physical or mental health issues?  Yes  No

If you answered 'yes', then please comment on current health status and treatment:

Describe this child's past history of physical or mental health issues, providing details about hospitalization, surgery, etc.:

Describe this child's hobbies, interests or talents:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname First Name Middle Name/Initial Year Month Day

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Complexion: \_\_\_\_\_ Physical Build: \_\_\_\_\_  
(e.g., large frame, slightly built, average, etc.)

Grade in School/Current Level of Education:

Dates of Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day Year Month Day Year Month Day

Is this child currently being treated for any physical or mental health issues?  Yes  No

If you answered 'yes', then please comment on current health status and treatment:

Describe this child's past history of physical or mental health issues, providing details about hospitalization, surgery, etc.:

Describe this child's hobbies, interests or talents:

9. If you have children from a previous relationship who are not living with you, the please describe what your relationship is like with these children.


10. If you are a parent, then please describe some of the challenges that you've had with parenting. Comment on how you've worked through these challenges.


11. What challenges do you anticipate as an adoptive parent, and how do you plan to meet these challenges?


12. What do you think children inherit from their birth parents?


13. What information do you feel is important to know about an adopted child's background? What if a child is from another country?


14. What information do you feel an adopted child should know about his or her birth parents and how he/she came to live with you?


**Family Background & Thoughts on Parenting**

1. Please fill in the following about your parents:

<b>Mother's Name:</b>			
_____	_____	_____	_____
Maiden Name	Surname	First Name	Middle Name/Initial
<b>Date of Birth:</b> ____ / ____ / ____		<b>Date of Death (if applicable):</b> ____ / ____ / ____	
<b>Address:</b>			
_____	_____	_____	
City/Town	Province/Territory	Country	
<b>Physical Description:</b>			
_____			
<b>Relationship Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single <input type="checkbox"/> Other (describe):			
_____			

Level of Education: \_\_\_\_\_ Current Employment/Status: \_\_\_\_\_

Current Health Status/Health History (include illnesses or diagnoses, hospitalizations, etc.):

Interests or Hobbies:

**Father's Name:**

\_\_\_\_\_  
Surname First Name Middle Name/Initial

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Death (if applicable): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address:**

\_\_\_\_\_  
City/Town Province/Territory Country

**Physical Description:**

\_\_\_\_\_  
Relationship Status:  Married  Common Law  Single  Other (describe):

\_\_\_\_\_  
Level of Education: \_\_\_\_\_ Current Employment/Status: \_\_\_\_\_

Current Health Status/Health History (include illnesses or diagnoses, hospitalizations, etc.):

Interests or Hobbies:

2. Please fill in the following about your siblings:

**Sibling 1 :**

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:**

City/Town \_\_\_\_\_ Province/Territory \_\_\_\_\_ Country \_\_\_\_\_

**Physical Description:**

Relationship Status:  Married  Common Law  Single  Other (describe):

Level of Education: \_\_\_\_\_ Current Employment/Status:

Current Health Status/Health History (include illnesses or diagnoses, hospitalizations, etc.):

**Interests or Hobbies:**

**Sibling 2 :**

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:**

City/Town \_\_\_\_\_ Province/Territory \_\_\_\_\_ Country \_\_\_\_\_

**Physical Description:**

Relationship Status:  Married  Common Law  Single  Other (describe):

Level of Education: \_\_\_\_\_ Current Employment/Status:

Current Health Status/Health History (include illnesses or diagnoses, hospitalizations, etc.):

**Interests or Hobbies:**

*Spaces for extra siblings on the next page...*

**Sibling 3 :**

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:**

City/Town \_\_\_\_\_ Province/Territory \_\_\_\_\_ Country \_\_\_\_\_

**Physical Description:**

Relationship Status:  Married  Common Law  Single  Other (describe):

Level of Education: \_\_\_\_\_ Current Employment/Status:

Current Health Status/Health History (include illnesses or diagnoses, hospitalizations, etc.):

**Interests or Hobbies:**

**Sibling 4 :**

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:**

City/Town \_\_\_\_\_ Province/Territory \_\_\_\_\_ Country \_\_\_\_\_

**Physical Description:**

Relationship Status:  Married  Common Law  Single  Other (describe):

Level of Education: \_\_\_\_\_ Current Employment/Status:

Current Health Status/Health History (include illnesses or diagnoses, hospitalizations, etc.):

**Interests or Hobbies:**



- **What values did your family hold or try to instill? How does this fit with your value system today, and what values do you feel it is important to try and instill in children?**


- **What were the best aspects of your childhood? What do you feel you missed out on?**


**4. What do you see as being the best or most important aspects of parenting?**


**5. What do you see as being the most challenging or difficult aspects of parenting?**


**6. What do you feel are the best qualities for a parent to possess and why?**



**7. What past experiences will influence you as a parent?**


**8. Have you read the Ministry of Social Service's policy on discipline?**  Yes  No ( a worker can supply you with a copy if you have not)

➤ **If you have read it, then what is your understanding of the Ministry's policy on physical discipline?**


➤ **What methods of discipline do you currently use with your children, if applicable, or do you plan to use with an adopted child? What methods do you feel are the most effective?**


**9. What books or other resources on parenting have you accessed?**


**10. Who are the people in your life with whom you are closest, now? What type of support do they provide?**


**11. How have your friends and family reacted to your plan to adopt? What type of support will they provide?**


**12. Who do you call on for support or assistance in times of emergency or crisis?**


**13. In the event of an accident, what plans have you made for the legal guardianship of your children? If you have made such plans, then please list who you've chosen as legal guardians.**


14. What is your understanding of attachment and bonding as it relates to adoption? What do you think is important to know about a child coming from a foreign country or a different cultural background? List resources you have accessed.


15. What is your understanding about grief and loss from the perspective of an adoptive child? What about a child coming from another country?


**Financial Information**

*Please note that this information is used for discussion surrounding your personal financial situation. Applicants are not screened on any pre-determined levels of income, assets or debts.*

1. Please complete the following tables:

Estimate of Total Assets		
Real Estate		\$
Personal Property (list)		\$
		\$
		\$
		\$
Investments		\$
Cash		\$
Other (describe)		\$
<b>Total Assets</b>		<b>\$</b>

Estimate of Monthly Expenses		Estimate of Debts	
Food	\$	Bank Loans	\$
Clothing	\$	Credit & Charge Companies (Specify)	
Housing	\$		\$
Utilities	\$		\$
Childcare Expenses	\$	Finance Companies (Specify)	
Insurance	\$		\$
Taxes	\$		\$
Recreation & Entertainment	\$	Other (Specify)	\$
<b>Total</b>		<b>Total</b>	

Statement of Income		
Gross Income (from earnings)	\$	
Income from Other Sources (list)	\$	
	\$	
Subtotal	\$	
<b>Total Gross Income (A)</b>		<b>\$</b>
Deductions (list)		
	\$	
	\$	
	\$	
Subtotal	\$	
<b>Total Deductions (B)</b>		<b>\$</b>
<b>Net Income (Gross Income (A) - Total Deductions (B))</b>		<b>\$</b>

2. If you've ever been subject to bankruptcy, repossession or garnishee of wages, then please list the details including dates.


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**3. If you've ever been forced to consolidate loans or have had utilities terminated for non-payment, then please list the details including dates.**


**4. If you are currently subject to any judgments for which you are responsible, then please provide details.**


**5. Describe what insurance you and your partner (if applicable) have. Provide details about any wills that you have.**


**6. Describe how you and your partner (if applicable) manage your finances with regards to how decisions are made. If you share this responsibility with someone else, then please also comment on how responsibilities are divided or shared.**


**Home and Neighborhood**

*Note: a Home Safety Checklist will also be performed as an addendum to this section.*

1. Do you:  Own  Rent  Other (describe)

\_\_\_\_\_

2. Description of Home:

Age: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Number of Levels: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Location of Bedrooms:

\_\_\_\_\_

Areas Designated for Play/Recreation:

\_\_\_\_\_

3. What social resources are available in your community?


4. What medical resources are available in your community?


5. What cultural resources are available in your community?


6. What educational resources are available in your community?


**Final Note:** Throughout the adoption application and home study process, we ask that applicants consider their range of acceptance (as indicated in your initial *Application to Adopt*). As you worked through answering the questions on the *Personal History Form*, your answers may have prompted you to think about your range of acceptance, or may have brought up questions that you would like to discuss with your Independent Practitioner or Adoption Worker. If you at any time throughout the home study process wish to change your range of acceptance, you must notify your Adoption Worker immediately. Please use the space provided, then, to comment on any thoughts or questions you may now have about your range of acceptance.


#### **Documents Required as Part of Adoption Dossier**

- Marriage License (if applicable)
- Divorce Decree (if applicable)
- Birth Certificate for each applicant
- Medical Form for each applicant as well as for any children living in the home
- Criminal Record Check for each applicant as well as for any other individual living in the home who is over the age of 18
- Recent photos of you, your family and your home, plus photos of family vacations you may have taken, your family pets and your community. Photos should be no larger than 8 ½ x 11, and should be able to be placed in a flat album.
- Five (5) individual references, two (2) of whom may be family. Other sources may include, but are not limited to, ministers, employers or friends. Independent Practitioners are required to follow up by phone or in person with at least two (2) of your references. Various foreign countries may have their own requirements with regards to whom they will accept as a reference. You should be aware of this beforehand.