

- You can directly register children to the Adoption Resources Databank. Ask us how, call 1-877-236-7820 ext. 2222.
- Detailed information on writing profiles, selecting a suitable photograph and our video policy, as well as downloads of this form and terms and conditions can be found on the AdoptOntario Professional website. Sign up for a professional account to gain site access.

## 1 CHILD DETAILS

1.1 **Name of the child:** A separate referral form is needed for each child in a sibling group

**Child's full name at birth:** \_\_\_\_\_

**Gender:**

- Male
- Female
- Androgynous
- Transgender
- Intersex
- Transsexual (Female to Male)
- Transsexual (Male to Female)
- Please add explanation in Notes Section, if needed (Section 10: Additional Information)

**Date of birth:** In full (YYYY/MM/DD)

\_\_\_\_\_

1.2 **Religion, language, race, and ethnicity:** Provide additional information in Section 10: Additional Information

**Religion:** \_\_\_\_\_

**Language(s):** \_\_\_\_\_

**Race(s):** \_\_\_\_\_

**Ethnicity(s):** \_\_\_\_\_

1.3 **Child's birth family history:**

**What is known about the birth mother:**     Medical history                       Social history                       Unknown  
**What is known about the birth father:**     Medical history                       Social history                       Unknown

## 2 REFERRAL DETAILS

2.1 **I would like to profile the child named above to appear on the Databank, with the following match details:**

- Match with families in your agency only
  - Match with families in region (If a specific location or area is desired, please provide details)
- \_\_\_\_\_

- Match with families province-wide

2.2 **Legal status of child:**

- Crown Ward (Complete section 2.2.1)
- Crown Ward with access
- Consent
- Unavailable

2.2.1 **Legally free adoption date:** In full (YYYY/MM/DD) \_\_\_\_\_

2.3 **Agency contact details:** Worker must have an AdoptOntario Professional user account

**Referring Worker:** \_\_\_\_\_

**Referring Agency:** \_\_\_\_\_

**3 MATCHING CRITERIA (Child Attributes)**

**Risks, diagnoses and characteristics:** Rate each child need or issue that applies in accordance to the definitions below. To ensure accuracy in the matching engine only rate all the issues which apply to a child.

| Rating | Definition of CHILD RISK / SEVERITY   |
|--------|---|
| 1      | <b>Low Need or Challenging Issue:</b> use this rating for a child risk or characteristic that is low at present, little likelihood it will present in the future, and low need to have a family accept it.  |
| 2      | <b>Some Child Need or Issue:</b> use this rating for a child risk or characteristic that is of some severity, or there is still some likelihood it could present in the future, and some need for a family to accept it.  |
| 3      | <b>Moderate Child Need or Issue:</b> use this rating for a child risk or characteristic that is of moderate severity and moderately easy to manage, or there is a moderate likelihood it could present in the future. It would be good if it could be met.                |
| 4      | <b>Significant Child Need or Challenging Child Issue:</b> use this rating for a significant child need that should be met by a family, or a challenging child characteristic, or if there is a significant likelihood it could present in the future.                     |
| 5      | <b>Critical Child Need or Extremely Challenging Child Issue:</b> use this rating for a critical child need that absolutely must be met by a family, or an extremely challenging child characteristic, or one that has a very high likelihood of presenting in the future. |

**RISKS**

3.1 **Child conceived as a result of:**

|                      | Severity |   |   |   |   |   |
|----------------------|----------|---|---|---|---|---|
| Incest               | N/A      | 1 | 2 | 3 | 4 | 5 |
| Sexual Assault       | N/A      | 1 | 2 | 3 | 4 | 5 |
| Unknown Birth Father | N/A      | 1 | 2 | 3 | 4 | 5 |

3.2 **Risks identified at birth:**

|                                      | Severity |   |   |   |   |   |
|--------------------------------------|----------|---|---|---|---|---|
| Birth Mother Positive to Hepatitis C | N/A      | 1 | 2 | 3 | 4 | 5 |
| Birth Mother Positive to HIV         | N/A      | 1 | 2 | 3 | 4 | 5 |
| Low Birth Weight                     | N/A      | 1 | 2 | 3 | 4 | 5 |
| No / Little Prenatal Care            | N/A      | 1 | 2 | 3 | 4 | 5 |
| Other (Explain in Section 10)        | N/A      | 1 | 2 | 3 | 4 | 5 |
| Premature Birth                      | N/A      | 1 | 2 | 3 | 4 | 5 |

**3.3 Pre-natal drug and alcohol exposure:**

|  | Severity |   |   |   |   |   |
|--|----------|---|---|---|---|---|
| Alcohol Exposure – Limited             | N/A      | 1 | 2 | 3 | 4 | 5 |
| Alcohol Exposure – Prolonged           | N/A      | 1 | 2 | 3 | 4 | 5 |
| Drug Exposure – Cocaine                | N/A      | 1 | 2 | 3 | 4 | 5 |
| Drug Exposure – Heroin / Methadone     | N/A      | 1 | 2 | 3 | 4 | 5 |
| Drug Exposure – Marijuana              | N/A      | 1 | 2 | 3 | 4 | 5 |
| Drug Exposure – Other Non-Prescription | N/A      | 1 | 2 | 3 | 4 | 5 |
| Drug Exposure – Prescription           | N/A      | 1 | 2 | 3 | 4 | 5 |
| Drug Exposure – Soft Drugs             | N/A      | 1 | 2 | 3 | 4 | 5 |
| Drug Exposure – Tobacco                | N/A      | 1 | 2 | 3 | 4 | 5 |

**3.4 Genetic Risks:**

|   | Severity |   |   |   |   |   |
|---|----------|---|---|---|---|---|
| Allergies   | N/A      | 1 | 2 | 3 | 4 | 5 |
| Asthma  | N/A      | 1 | 2 | 3 | 4 | 5 |
| Bipolar Disorder  | N/A      | 1 | 2 | 3 | 4 | 5 |
| Depression  | N/A      | 1 | 2 | 3 | 4 | 5 |
| Developmental Delays                                      | N/A      | 1 | 2 | 3 | 4 | 5 |
| Epilepsy/Seizures   | N/A      | 1 | 2 | 3 | 4 | 5 |
| Medical Condition e.g. (Huntington's, Muscular Dystrophy) | N/A      | 1 | 2 | 3 | 4 | 5 |
| Other (Explain in Section 10)                             | N/A      | 1 | 2 | 3 | 4 | 5 |
| Schizophrenia   | N/A      | 1 | 2 | 3 | 4 | 5 |

**DIAGNOSES**
**3.5 Physical disabilities:**

|                                      | Severity |   |   |   |   |   |
|--------------------------------------|----------|---|---|---|---|---|
| Cerebral Palsy                       | N/A      | 1 | 2 | 3 | 4 | 5 |
| Likely to Require Major Surgery      | N/A      | 1 | 2 | 3 | 4 | 5 |
| Minor Correctible Physical Condition | N/A      | 1 | 2 | 3 | 4 | 5 |
| Orthopaedic Irregularities           | N/A      | 1 | 2 | 3 | 4 | 5 |
| Other (Explain in Section 10)        | N/A      | 1 | 2 | 3 | 4 | 5 |

**3.6 Complex physical disabilities:**

|              | Severity |  |  |   |   |   |
|--------------|----------|--|--|---|---|---|
| Spina Bifida | N/A      |  |  | 3 | 4 | 5 |

**3.7 Medical diagnoses:**

|  | Severity |   |   |   |   |   |
|--|----------|---|---|---|---|---|
| Allergies – Others                     | N/A      | 1 | 2 | 3 | 4 | 5 |
| Allergies – Pets                       | N/A      | 1 | 2 | 3 | 4 | 5 |
| Allergies – Smoking                    | N/A      | 1 | 2 | 3 | 4 | 5 |
| Anxiety Disorder                       | N/A      | 1 | 2 | 3 | 4 | 5 |
| Asthma                                 | N/A      | 1 | 2 | 3 | 4 | 5 |
| Attention Deficit Disorder             | N/A      | 1 | 2 | 3 | 4 | 5 |
| Attention Deficit Hyperactive Disorder | N/A      | 1 | 2 | 3 | 4 | 5 |
| Depression                             | N/A      | 1 | 2 | 3 | 4 | 5 |
| Eating Disorder                        | N/A      | 1 | 2 | 3 | 4 | 5 |
| Failure To Thrive                      | N/A      | 1 | 2 | 3 | 4 | 5 |
| Hydrocephalus                          | N/A      | 1 | 2 | 3 | 4 | 5 |

|                               | Severity |   |   |   |   |   |
|-------------------------------|----------|---|---|---|---|---|
| Marfan Syndrome               | N/A      | 1 | 2 | 3 | 4 | 5 |
| Mood Disorder                 | N/A      | 1 | 2 | 3 | 4 | 5 |
| Other (Explain in Section 10) | N/A      | 1 | 2 | 3 | 4 | 5 |
| Personality Disorder          | N/A      | 1 | 2 | 3 | 4 | 5 |

**3.8 Complex medical diagnoses:**

|                                 | Severity |  |  |   |   |   |
|---------------------------------|----------|--|--|---|---|---|
| Autism                          | N/A      |  |  | 3 | 4 | 5 |
| Chromosomal Syndrome            | N/A      |  |  | 3 | 4 | 5 |
| Diabetes                        | N/A      |  |  | 3 | 4 | 5 |
| Down Syndrome                   | N/A      |  |  | 3 | 4 | 5 |
| Epilepsy / Seizures             | N/A      |  |  | 3 | 4 | 5 |
| Fetal Alcohol Spectrum Disorder | N/A      |  |  | 3 | 4 | 5 |
| Heart Defect                    | N/A      |  |  | 3 | 4 | 5 |
| Hepatitis B                     | N/A      |  |  | 3 | 4 | 5 |
| Hepatitis C                     | N/A      |  |  | 3 | 4 | 5 |
| HIV Positive                    | N/A      |  |  | 3 | 4 | 5 |
| Reactive Attachment Disorder    | N/A      |  |  | 3 | 4 | 5 |
| Short Life Expectancy           | N/A      |  |  | 3 | 4 | 5 |

**CHARACTERISTICS**
**3.9 Developmental disabilities:**

|                     | Severity |   |   |   |   |   |
|---------------------|----------|---|---|---|---|---|
| Cognitive Delays    | N/A      | 1 | 2 | 3 | 4 | 5 |
| Gross Motor Delays  | N/A      | 1 | 2 | 3 | 4 | 5 |
| Language-Expressive | N/A      | 1 | 2 | 3 | 4 | 5 |
| Language-Receptive  | N/A      | 1 | 2 | 3 | 4 | 5 |

**3.10 Sensory losses:**

|                            | Severity |   |   |   |   |   |
|----------------------------|----------|---|---|---|---|---|
| Hearing                    | N/A      | 1 | 2 | 3 | 4 | 5 |
| Sensory Integration Issues | N/A      | 1 | 2 | 3 | 4 | 5 |
| Tactile Hypersensitivity   | N/A      | 1 | 2 | 3 | 4 | 5 |
| Vision                     | N/A      | 1 | 2 | 3 | 4 | 5 |

**3.11 Learning issues:**

|                                       | Severity |   |   |   |   |   |
|---------------------------------------|----------|---|---|---|---|---|
| Gifted                                | N/A      | 1 | 2 | 3 | 4 | 5 |
| Oral Language Disability              | N/A      | 1 | 2 | 3 | 4 | 5 |
| Reading/Writing Disability            | N/A      | 1 | 2 | 3 | 4 | 5 |
| Specialized School Program (Required) | N/A      | 1 | 2 | 3 | 4 | 5 |

**3.12 Experiences:**

|                       | Severity |   |   |   |   |   |
|-----------------------|----------|---|---|---|---|---|
| Abuse-Emotional       | N/A      | 1 | 2 | 3 | 4 | 5 |
| Abuse-Physical        | N/A      | 1 | 2 | 3 | 4 | 5 |
| Abuse-Sexual          | N/A      | 1 | 2 | 3 | 4 | 5 |
| Deprivation / Neglect | N/A      | 1 | 2 | 3 | 4 | 5 |

|   | Severity |   |   |   |   |   |
|---|----------|---|---|---|---|---|
| Exposed to Domestic Violence            | N/A      | 1 | 2 | 3 | 4 | 5 |
| Multiple Caregivers / Attachment Issues | N/A      | 1 | 2 | 3 | 4 | 5 |

3.13

**Behaviours exhibited:**

|  | Severity |   |   |   |   |   |
|--|----------|---|---|---|---|---|
| Aggression                               | N/A      | 1 | 2 | 3 | 4 | 5 |
| Anxiety                                  | N/A      | 1 | 2 | 3 | 4 | 5 |
| Attachment Issues                        | N/A      | 1 | 2 | 3 | 4 | 5 |
| Bed-Wetting                              | N/A      | 1 | 2 | 3 | 4 | 5 |
| Controlling                              | N/A      | 1 | 2 | 3 | 4 | 5 |
| Cruelty to Animals                       | N/A      | 1 | 2 | 3 | 4 | 5 |
| Destructiveness                          | N/A      | 1 | 2 | 3 | 4 | 5 |
| Disobedience                             | N/A      | 1 | 2 | 3 | 4 | 5 |
| Hyperactivity                            | N/A      | 1 | 2 | 3 | 4 | 5 |
| Inappropriate Sexual Behaviour           | N/A      | 1 | 2 | 3 | 4 | 5 |
| Indiscriminate Affection                 | N/A      | 1 | 2 | 3 | 4 | 5 |
| Intrusive                                | N/A      | 1 | 2 | 3 | 4 | 5 |
| Lying                                    | N/A      | 1 | 2 | 3 | 4 | 5 |
| Manipulative                             | N/A      | 1 | 2 | 3 | 4 | 5 |
| Nightmares / Sleep Disturbance           | N/A      | 1 | 2 | 3 | 4 | 5 |
| Other Behaviours (Explain in Section 10) | N/A      | 1 | 2 | 3 | 4 | 5 |
| Profound dependency                      | N/A      | 1 | 2 | 3 | 4 | 5 |
| Running Away                             | N/A      | 1 | 2 | 3 | 4 | 5 |
| Self Harming Behaviours                  | N/A      | 1 | 2 | 3 | 4 | 5 |
| Soiling                                  | N/A      | 1 | 2 | 3 | 4 | 5 |
| Stealing                                 | N/A      | 1 | 2 | 3 | 4 | 5 |
| Temper Tantrums                          | N/A      | 1 | 2 | 3 | 4 | 5 |
| Withdrawal                               | N/A      | 1 | 2 | 3 | 4 | 5 |

3.14

**Other special needs:**

|   | Severity |   |   |   |   |   |
|---|----------|---|---|---|---|---|
| Accommodations for a Physical Disability  | N/A      | 1 | 2 | 3 | 4 | 5 |
| Facial Irregularities                     | N/A      | 1 | 2 | 3 | 4 | 5 |
| Feeding / Special Diet Administration     | N/A      | 1 | 2 | 3 | 4 | 5 |
| Gender Issues                             | N/A      | 1 | 2 | 3 | 4 | 5 |
| Other (Explain in Section 10)             | N/A      | 1 | 2 | 3 | 4 | 5 |
| Proximity to Specifically-Needed Resource | N/A      | 1 | 2 | 3 | 4 | 5 |

**4 OPENNESS**

 4.1 **Openness requirements:** Provide additional information in Section 10: Additional Information

**Openness with:**

- Birth parents
- Birth relatives
- Birth siblings
- Foster family
- Native community

**Openness expectations and frequency:**  Visits \_\_\_\_\_  Telephone \_\_\_\_\_  Letter/photo exchange \_\_\_\_\_

**5 FAMILY SOUGHT (Parent Agency Criteria)**

5.1 **Type of family structure:** Provide additional information in Section 10: Additional Information

- Single parent only     Two parents only     One or two parents

5.2 **Religion, language, race, and ethnicity:** Provide additional information in Section 10. Choose importance for family sought with five being very important. Leave blank if open to all families.

|               | Importance |   |   |   |   | Mandatory |
|---------------|------------|---|---|---|---|-----------|
| Religion:     | 1          | 2 | 3 | 4 | 5 |           |
| Language:     | 1          | 2 | 3 | 4 | 5 |           |
| Race(s):      | 1          | 2 | 3 | 4 | 5 |           |
| Ethnicity(s): | 1          | 2 | 3 | 4 | 5 |           |

5.3 **Families who can express interest:**

- AdoptReady     Homestudy underway     Prospective adoptive families

5.4 **Family criteria:** Provide additional information in Section 10: Additional Information.

- Child will benefit from **other children** in the home:     Yes     Maybe     No  
 Child **must be youngest** in the home:     Yes     Maybe     No  
 Parenting or adoption experience:     Yes     Maybe     No

**6 CHILD INFORMATION**

6.1 **Placement with siblings:**

- No    If no, is contact maintained?
- 

- Yes    If so, provide name(s)
- 
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6.2 **Child’s understanding of the adoption plan:** Check all that apply

- Not informed     Ambivalent     Somewhat interested     Interested     Fully involved

**Child’s adoption plan preferences:**

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6.3 **Has child been adopted before:** Give specific dates and details leading to disruption

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6.4 **Placements:**

**Foster placements:** Give number of placements and briefly describe foster family constellation

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**Group home placements:** Briefly describe

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6.5 **Professional services required:** Provide details, e.g. Occupational therapy, once a month, in home

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6.7 **Is subsidy available:**  No  Yes (give details)

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**7 PHOTOGRAPH AND VIDEO (Must read our policies)**

The **Technical Requirements for Photographs** and the **Policy and Procedures for Video** are located on AdoptOntario Professional under *Forms and Documents*.

7.1 **Sending photograph(s):**  Yes  No

Digital photograph(s) can be e-mailed to [info@adoptontario.ca](mailto:info@adoptontario.ca).

7.2 **Sending video:**  Yes  No

**CD/DVDs can be mailed to:**

Clinical Coordinator, AdoptOntario Program  
36 Eglinton Avenue West, Suite 503  
Toronto, Ontario, M4R 1A1

Or

FTP the files to <ftp://ftp.adoptontario.ca> (Login: aco\_video\_upload, Pwd: Fam111es)

7.3 **Permission:** We assume that you will have obtained permission to publish the child's photograph or video

**Agency Consent and Consent to Disclosure of  
Child Information for Public Presentation (8)**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Referring Worker: \_\_\_\_\_

**The agency agrees to the following:** Read carefully

We consent to the AdoptOntario Clinical Coordinators selecting information from agency documentation, assessments, photographs, video and any other material provided by the agency to prepare a public feature of this child.

We understand that this information will need to be **updated at least every 6 months.**

**This consent form is valid for 12 months (1 year) from the date of signature.** A new consent will need to be submitted after one year.

We consent to information about this child being published publicly in a non-identifying manner by using a pseudonym of the child's name, descriptive information about the child, and the type of family being sought.

We understand that published photographs and video of this child could identify the child, but increase responses to them.

We understand that the AdoptOntario Clinical Coordinators may provide some non-identifying information about this child, additional to what is on the published profile, to potential adoptive applicants during the initial pre-screening process. \*This does not apply to ARE presentations.

We understand that the AdoptOntario Clinical Coordinators will treat all information provided by the Parent Agency as confidential information, according to privacy policies.

We understand that the Online Platform is only accessible to select families who have registered for this event, for a limited time. \*Only applies to ARE presentations.

**Child has been informed of public presentation:** Please check off the appropriate box

- This child is aware that adoption is the permanency plan and of the plan to use web site, video and newspaper recruitment for adoption purposes, and the implications of this use. This child has no objection to this and, if 12 or over\*, has signed a formal Consent (**Section 9**).
- This child is not able to understand the implications of the adoption process or the implications of the use of a newspaper, video or web site profile. We leave the decision to inform and consult with the child to the child's worker and trust that the child's best interests will be put first. If this is the case **you must include an explanatory note below.**

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**Caregiver(s) has been informed of public presentation:** Please check off the appropriate box(es)

- This child’s caregivers have been informed that adoption is the child’s permanency plan.
- This child’s caregivers have been informed of the child’s photo and video profile on the AdoptOntario web site and the implications of this profiling.
- This child’s birth parents have been advised of the child being profiled on the AdoptOntario web site.
- This child’s birth parents have not been advised of the child being profiled on the web site because:
  - Not applicable
  - Not available to be informed
  - Other

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**Public presentation:** We consent to the information regarding the above named child being used in the following way(s) for recruitment for adoption purposes:

We consent to information about this child being published on the Online Platform, until notified to unpublish.

We consent to information about this child being published on the Waiting Children Photolisting, until notified to unpublish.

We consent to information about this child being published on the private practitioner forum “Gabby”, on a one time basis.

We consent to information about this child being used in other recruitment strategies, to be discussed with an AdoptOntario Clinical Coordinator.

This form requires the signature of the child’s worker and agency supervisor/manager named above.

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

## Consent for Media and Internet Recruitment (9)

(for child or youth aged 12 and older)

I \_\_\_\_\_ (Child's Name), born on \_\_\_\_\_ (Date of Birth), have discussed Consent with my worker \_\_\_\_\_ (Worker's Name) who is an authorized employee of \_\_\_\_\_ (Parent Agency).

**Child understands the following:** Check all that apply

- I understand that my worker is looking for an adoptive family for me.
- I understand that my picture, profile and video will appear on a web site or in print to help locate an adoptive family for me.
- I am aware that my friends, neighbours and family may see my profile, picture and video.
- I understand that I may withdraw my consent at any time by informing my worker or caregiver.

**This consent form is valid for as long as the child named above is active on AdoptOntario.**

This form requires the signature of the child's worker and agency supervisor/manager named above.

Child's Signature \_\_\_\_\_

Witness \_\_\_\_\_ Position \_\_\_\_\_

Date \_\_\_\_\_

