

## What is the AdoptOntario?

AdoptOntario is a program funded by the Ministry of Children, Community and Social Services that is dedicated to supporting the adoption of Children in Extended Society Care (formerly known as Crown Wards) by helping make critical connections between Ontario families, Children's Aid Societies and private adoption workers. Operated by the Adoption Council of Ontario, the AdoptOntario program exists to support family finding and child specific recruitment initiatives for Children in Extended Society Care who have adoption as a permanency plan.

## What is the Databank?

Adoption workers and private adoption practitioners in Ontario can register and search on the databank both AdoptReady families and waiting children for whom adoption is being sought.

The databank is a sophisticated and effective matching tool designed to collect extensive data and support comprehensive matching of families with children with complex needs and requirements. Profiles of both children in care waiting for families and approved families can be posted within the databank. Once posted, the databank can be used to automatically generate potential matches of children and prospective families. The databank is secure and supports safe collection of very detailed and sensitive material without risk.

**Are you AdoptReady™? If you have completed both PRIDE training and the SAFE Homestudy, you are considered AdoptReady (started after January 1, 2008).**

## How to register?

1. Sign up or login to [AdoptOntario.ca](http://AdoptOntario.ca). Update your profile and select "I would like to create a **new family registration** in the databank."
2. Complete this form. Send this form and your homestudy (if desired) by mail, email or fax:

AdoptOntario Clinical Coordinator  
PO Box 30010 RPO Boxgrove  
Markham, Ontario L6B 0R5  
Email: [info@adoptontario.ca](mailto:info@adoptontario.ca)  
Fax: 1-877-543-0009

3. Send your adoption worker or private practitioner a copy of the complete form as well.
4. Clinical coordinators enter your information and upload your homestudy. Then your family worker or practitioner will be notified; they are "assigned" to your databank registration.
5. Once you are on the databank and your ID is made "active", the databank can be used to automatically generate potential matches of children. Your worker or practitioner will receive monthly match updates.
6. Your worker or practitioner uses the Detailed Match Report as a tool to facilitate the connection of you and waiting children, as appropriate.
7. For all additional inquiries, please contact AdoptOntario at [info@adoptontario.ca](mailto:info@adoptontario.ca) or call toll-free 1-877-ADOPT20 (236-7820) ext. 2222.

Revised January 2021

# Referring a Family to the AdoptOntario Adoption Resources Databank

For AdoptOntario Staff Only	
Case ID#	
Date of Registration	
Completed by	

## SECTION A: APPLICANT INFORMATION

### *Parent Details:*

Applicant 1		Applicant 2	
*Family Name		*Family Name	
*Primary Given Name		*Primary Given Name	
*Gender		*Gender	
*Birth Date (YYYY-MM-DD)		*Birth Date (YYYY-MM-DD)	
Religion		Religion	
Language(s)		Language(s)	
Race(s)		Race(s)	
Ethnicity(s)		Ethnicity(s)	
Aboriginal Band/Status		Aboriginal Band/Status	

### *Case Information:*

Referring Worker	
*Worker Organization	
*Worker Name	
*Worker Contact Info	
*Family Contact Info	

\* = Mandatory Field

**SECTION B: APPLICANT COMPETENCY LEVELS**

(Note: the following sections correspond to the acceptable “Risks”, “Diagnoses”, and “Characteristics” sections of the databank)

**Form Instructions:** Rate the competency of the applicants to manage the related need/issue according to the following definitions.

**Definitions of numbered ratings for applicant / family cases:**

**N/A – Not Applicable:** the prospective parent finds this child risk/diagnoses/characteristic not applicable.

**1 – Very Low Competence:** the prospective parent has only slight ability and/or willingness to meet this child need or parent a child with this behaviour or characteristic.

**2 – Low Competence:** at this point in time, the prospective parent has low ability or willingness to meet this child need or manage this child characteristic or behaviour. More preparation and education is needed.

**3 – Some Competence:** the prospective parent is ready, willing and able to meet this child need or manage this child characteristic or behaviour provided needed support and guidance is available.

**4 – Competent:** the prospective parent is ready, and willing and able to meet this child need or manage this child characteristic or behaviour.

**5 – Very Competent:** the prospective parent is ready, willing and has an exceptional ability to meet this child need or manage this child characteristic or behaviour.

**NOTE: TO ENSURE ACCURACY IN THE MATCHING, PLEASE ONLY CIRCLE AND RATE THE FACTORS THAT APPLY TO THE FAMILY.**

**ACCEPTABLE RISKS*****Child Conceived as a Result of:***

	Competency					
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

***Risks Identified at Birth:***

	Competency					
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

	Competency					
Other (Explain in Notes)	N/A	1	2	3	4	5
Premature Birth	N/A	1	2	3	4	5

**Pre-natal Drug and Alcohol Exposure:**

	Competency					
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

**Genetic Risks:**

	Competency					
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, etc)	N/A	1	2	3	4	5
Other (Explain in Notes)	N/A	1	2	3	4	5
Schizophrenia	N/A	1	2	3	4	5

**ACCEPTABLE DIAGNOSES**

**Physical Disabilities:**

	Competency					
Cerebral Palsy	N/A	1	2	3	4	5

	Competency					
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 Notes)	N/A	1	2	3	4	5

**Medical Diagnoses:**

	Competency					
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
Marfan Syndrome	N/A	1	2	3	4	5
Mood Disorder	N/A	1	2	3	4	5
Other (Explain in Notes)	N/A	1	2	3	4	5
Personality Disorder	N/A	1	2	3	4	5

**COMPLEX DIAGNOSES**

**Physical Disabilities:**

	Competency					
Spina Bifida	N/A	3	4	5		

**Medical Diagnoses:**

	Competency					
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		

	Competency				
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	

## ACCEPTABLE CHARACTERISTICS

### *Developmental Disabilities:*

	Competency					
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

### *Sensory Losses:*

	Competency					
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

### *Learning Issues:*

	Competency					
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

### *Child has Experienced:*

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

**Child Exhibits:**

	Competency					
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	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

**Other Special Needs:**

	Competency					
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 Notes)	N/A	1	2	3	4	5
Proximity to Specifically-Needed Resource	N/A	1	2	3	4	5

## SECTION C: CHILD SOUGHT (DESIRABILITY LEVELS)

- In the box to the left, check any of the particular characteristics desired in a child **IF** they apply. In this area, check only those that are truly important to the family, as checking too many will affect accurate matching.
- Rate any that apply according to the following numbered ratings:

- Desirability of this characteristic by the family is **low**
- Desirability of this characteristic by the family is **medium-low**
- Desirability of this characteristic by the family is **medium**
- Desirability of this characteristic by the family is **medium-high**
- Desirability of this characteristic by the family is **high**
- \* - Desirability** of this characteristic by the family is **MANDATORY**

**NOTE: AN EXTENSIVE LIST OF RELIGIOUS AFFILIATIONS, ETHNICITIES, LANGUAGES, AND RACES ARE AVAILABLE ON THE FAMILY REGISTRATION SECTION OF THE ADOPTONTARIO DATABANK. ENTER HERE THE MOST RELEVANT ONES.**

### Ages of Children:

Age Range of child/ren sought	From:	To:
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### Sibling Requirements:

Single Child only	Yes	No			
Maximum number of siblings	2	3	4	5	6+

**Gender of Children Sought:** if open to all genders, please leave blank

Applies		Mandatory
	Female	
	Male	
	Androgynous	
	Transgender	
	Intersex	

**Religious affiliations:** if open to all religions, please leave blank

Applies	Specific Religious Affiliation(s) of Children Sought:	Desirability					Mandatory
		1	2	3	4	5	*
		1	2	3	4	5	*

**Languages:** if open to all languages, please leave blank

Applies	Specific Language(s) of Children Sought:	Desirability					Mandatory
		1	2	3	4	5	*
		1	2	3	4	5	*
		1	2	3	4	5	*



**Races:** if open to all races, please leave blank

Applies	Specific Race(s) of Children Sought:	Desirability					Mandatory
		1	2	3	4	5	*
		1	2	3	4	5	*
		1	2	3	4	5	*

**Ethnicities:** if open to all ethnicities, please leave blank

Applies	Specific Ethnicities of Children Sought:	Desirability					Mandatory
		1	2	3	4	5	*
		1	2	3	4	5	*
		1	2	3	4	5	*

**Openness With:** if open to all, please circle 5 for each relationship

Applies		Comfort Level					Mandatory
	Birth Parents	1	2	3	4	5	*
	Birth Relatives (Other)	1	2	3	4	5	*
	Birth Siblings	1	2	3	4	5	*
	Foster Family	1	2	3	4	5	*
	Native Community/Band	1	2	3	4	5	*
	Other (please note)	1	2	3	4	5	*
	Significant Community Member	1	2	3	4	5	*

**Home Environment:**

Home Environment	
Child in Home?	Yes / No    Number of children:
DOB of youngest child	YYYY-MM-DD _____
Ethnicity of child/ren in Home?	
Pets in Home?	Yes / No    Type(s):

**Documents and Events:**

Documents and Events	
*PRIDE Training	Date completed is required (YYYY-MM-DD):
Other Training	Specify:
*SAFE Homestudy	Date completed is required (YYYY-MM-DD):
Upload Homestudy to Databank	Fax to 1-877-543-0009

***Birth Family History:***

<p>Are you open to a child who has <b>no birth family history available</b> (ex. no birth mother or birth father medical and/or social history available)?</p>	<p>Yes      No</p>
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**SECTION D: NOTES**

***Additional Information:***

<p>Note</p>	<p>AdoptOntario recommends that families create an online profile—only viewable to adoption professionals. You can add a short biography and photo.</p> <p>Sign up for a public user account on <a href="http://www.adoptontario.ca">www.adoptontario.ca</a> and complete the personal profile.</p>
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## Adoptive Applicant Consent for Adoption Resource Databank

I/We (Applicant Name(s)) \_\_\_\_\_  
give consent to our adoption practitioner / worker / agency (Name) \_\_\_\_\_  
\_\_\_\_\_ to enter my/our personal information (as contained in our adoption  
homestudy) for a Family Registration on the password protected professional section of  
the AdoptOntario website.

In providing this Consent, I / we understand the following:

- The purpose is to help facilitate a match with children in Ontario who need an adoptive family
- This information may only be viewed and used by authorized professionals in this province who work in the adoption field
- I / We agree to notify our adoption practitioner/worker/agency to remove me/us from active status on the AdoptOntario databank once we have accepted a child proposal from any other source, so as not to be matched with another child.
- Our registration information will be retained on this databank to be possibly used for adoption research or statistical purposes, in a non-identifying manner to protect our personal privacy. Our full homestudy may be deleted and removed from the databank once no longer needed, if desired.
- I /We have the right to withdraw this Consent at any time, by notifying our adoption practitioner/worker/agency.

**Check one or both of the following:**

I / We consent to having information entered on the Databank as follows:

- On the Family Registration list with pertinent family information including the range of acceptance for a child.
- The full completed homestudy which may only be viewed with the permission of our adoption practitioner/worker/agency when a potential match is made.

Applicant signature	Witness	Date
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Applicant signature	Witness	Date
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