

What is the AdoptOntario?

AdoptOntario is a program funded by the Ministry of Children and Youth Services that is dedicated to supporting the adoption of Crown Wards in care by helping make critical connections between Ontario families and Children's Aid Society 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 Crown Wards 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™? Yes, if you have PRIDE training, and have a completed adoption homestudy—started after January 1, 2008.

How to register?

1. Sign up or login to 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 or fax:

AdoptOntario Clinical Coordinator
36 Eglinton Avenue West, Suite 202, Toronto, ON M4R 1A1
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 or 1-877-ADOPT20.

Revised July 2014

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 | | *Birth Date | |
| 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)

1. In the box to the left, check any particular child risks/diagnoses/characteristics that the applicant/family is willing to accept. For further information on any of these attributes, please contact a clinical coordinator, or visit our glossary online.
2. 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:

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 CHECK AND RATE THE FACTORS THAT APPLY TO THIS FAMILY.

ACCEPTABLE RISKS

Child Conceived as a Result of:

| Accept | | Competency | | | | |
|--------|----------------------|------------|---|---|---|---|
| | Incest | 1 | 2 | 3 | 4 | 5 |
| | Sexual Assault | 1 | 2 | 3 | 4 | 5 |
| | Unknown Birth Father | 1 | 2 | 3 | 4 | 5 |

Risks Identified at Birth:

| Accept | | Competency | | | | |
|--------|--------------------------------------|------------|---|---|---|---|
| | Birth Mother Positive to Hepatitis C | 1 | 2 | 3 | 4 | 5 |
| | Birth Mother Positive to HIV | 1 | 2 | 3 | 4 | 5 |
| | Low Birth Weight | 1 | 2 | 3 | 4 | 5 |
| | No / Little Prenatal Care | 1 | 2 | 3 | 4 | 5 |
| | Other (See Notes)* | 1 | 2 | 3 | 4 | 5 |
| | Premature Birth | 1 | 2 | 3 | 4 | 5 |

Pre-natal Drug and Alcohol Exposure:

| Accept | | Competency | | | | |
|--------|--|------------|---|---|---|---|
| | Alcohol Exposure – Limited | 1 | 2 | 3 | 4 | 5 |
| | Alcohol Exposure – Prolonged | 1 | 2 | 3 | 4 | 5 |
| | Drug Exposure – Cocaine | 1 | 2 | 3 | 4 | 5 |
| | Drug Exposure – Heroin / Methadone | 1 | 2 | 3 | 4 | 5 |
| | Drug Exposure – Other Non-Prescription | 1 | 2 | 3 | 4 | 5 |
| | Drug Exposure – Prescription | 1 | 2 | 3 | 4 | 5 |
| | Drug Exposure – Soft Drugs | 1 | 2 | 3 | 4 | 5 |
| | Drug Exposure – Tobacco | 1 | 2 | 3 | 4 | 5 |

Genetic Risks:

| Accept | | Competency | | | | |
|--------|--|------------|---|---|---|---|
| | Allergies | 1 | 2 | 3 | 4 | 5 |
| | Asthma | 1 | 2 | 3 | 4 | 5 |
| | Bipolar Disorder | 1 | 2 | 3 | 4 | 5 |
| | Depression | 1 | 2 | 3 | 4 | 5 |
| | Developmental Delays | 1 | 2 | 3 | 4 | 5 |
| | Epilepsy / Seizures | 1 | 2 | 3 | 4 | 5 |
| | Medical Condition e.g. (Huntington's, Muscular Dystrophy, etc) | 1 | 2 | 3 | 4 | 5 |
| | Other (See Notes)* | 1 | 2 | 3 | 4 | 5 |
| | Schizophrenia | 1 | 2 | 3 | 4 | 5 |

ACCEPTABLE DIAGNOSES

Physical Disabilities:

| Accept | | Competency | | | | |
|--------|--------------------------------------|------------|---|---|---|---|
| | Cerebral Palsy | 1 | 2 | 3 | 4 | 5 |
| | Likely to Require Major Surgery | 1 | 2 | 3 | 4 | 5 |
| | Minor Correctible Physical Condition | 1 | 2 | 3 | 4 | 5 |
| | Orthopaedic Irregularities | 1 | 2 | 3 | 4 | 5 |
| | Other (See Notes)* | 1 | 2 | 3 | 4 | 5 |

Medical Diagnoses:

| Accept | | Competency | | | | |
|--------|--|------------|---|---|---|---|
| | Allergies – Others | 1 | 2 | 3 | 4 | 5 |
| | Allergies – Pets | 1 | 2 | 3 | 4 | 5 |
| | Allergies – Smoking | 1 | 2 | 3 | 4 | 5 |
| | Anxiety Disorder | 1 | 2 | 3 | 4 | 5 |
| | Asthma | 1 | 2 | 3 | 4 | 5 |
| | Attention Deficit Disorder | 1 | 2 | 3 | 4 | 5 |
| | Attention Deficit Hyperactive Disorder | 1 | 2 | 3 | 4 | 5 |
| | Eating Disorder | 1 | 2 | 3 | 4 | 5 |
| | Failure To Thrive | 1 | 2 | 3 | 4 | 5 |
| | Hydrocephalus | 1 | 2 | 3 | 4 | 5 |
| | Mood Disorder | 1 | 2 | 3 | 4 | 5 |
| | Other (See Notes)* | 1 | 2 | 3 | 4 | 5 |
| | Personality Disorder | 1 | 2 | 3 | 4 | 5 |

COMPLEX DIAGNOSES

Physical Disabilities:

| Accept | | Competency | | | | |
|--------|--------------|------------|--|---|---|---|
| | Spina Bifida | | | 3 | 4 | 5 |

Medical Diagnoses:

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

ACCEPTABLE CHARACTERISTICS

Developmental Disabilities:

| Accept | | Competency | | | | |
|--------|---------------------|------------|---|---|---|---|
| | Cognitive Delays | 1 | 2 | 3 | 4 | 5 |
| | Gross Motor Delays | 1 | 2 | 3 | 4 | 5 |
| | Language-Expressive | 1 | 2 | 3 | 4 | 5 |
| | Language-Receptive | 1 | 2 | 3 | 4 | 5 |

Sensory Losses:

| Accept | | Competency | | | | |
|--------|----------------------------|------------|---|---|---|---|
| | Hearing | 1 | 2 | 3 | 4 | 5 |
| | Sensory Integration Issues | 1 | 2 | 3 | 4 | 5 |
| | Tactile Hypersensitivity | 1 | 2 | 3 | 4 | 5 |
| | Vision | 1 | 2 | 3 | 4 | 5 |

Learning Issues:

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

Child has Experienced:

| Accept | | Competency | | | | |
|--------|---|------------|---|---|---|---|
| | Abuse-Emotional | 1 | 2 | 3 | 4 | 5 |
| | Abuse-Physical | 1 | 2 | 3 | 4 | 5 |
| | Abuse-Sexual | 1 | 2 | 3 | 4 | 5 |
| | Deprivation / Neglect | 1 | 2 | 3 | 4 | 5 |
| | Exposed to Domestic Violence | 1 | 2 | 3 | 4 | 5 |
| | Multiple Caregivers / Attachment Issues | 1 | 2 | 3 | 4 | 5 |

Child Exhibits:

| Accept | | Competency | | | | |
|--------|--------------------------------|------------|---|---|---|---|
| | Aggression | 1 | 2 | 3 | 4 | 5 |
| | Anxiety | 1 | 2 | 3 | 4 | 5 |
| | Attachment Issues | 1 | 2 | 3 | 4 | 5 |
| | Bed-Wetting | 1 | 2 | 3 | 4 | 5 |
| | Controlling | 1 | 2 | 3 | 4 | 5 |
| | Cruelty to Animals | 1 | 2 | 3 | 4 | 5 |
| | Destructiveness | 1 | 2 | 3 | 4 | 5 |
| | Disobedience | 1 | 2 | 3 | 4 | 5 |
| | Hyperactivity | 1 | 2 | 3 | 4 | 5 |
| | Inappropriate Sexual Behaviour | 1 | 2 | 3 | 4 | 5 |
| | Indiscriminate Affection | 1 | 2 | 3 | 4 | 5 |
| | Intrusive | 1 | 2 | 3 | 4 | 5 |
| | Lying | 1 | 2 | 3 | 4 | 5 |
| | Manipulative | 1 | 2 | 3 | 4 | 5 |
| | Nightmares / Sleep Disturbance | 1 | 2 | 3 | 4 | 5 |
| | Other Behaviours | 1 | 2 | 3 | 4 | 5 |
| | Profound dependency | 1 | 2 | 3 | 4 | 5 |
| | Running Away | 1 | 2 | 3 | 4 | 5 |
| | Self Harming Behaviours | 1 | 2 | 3 | 4 | 5 |

| Accept | | Competency | | | | |
|--------|-----------------|------------|---|---|---|---|
| | Soiling | 1 | 2 | 3 | 4 | 5 |
| | Stealing | 1 | 2 | 3 | 4 | 5 |
| | Temper Tantrums | 1 | 2 | 3 | 4 | 5 |
| | Withdrawal | 1 | 2 | 3 | 4 | 5 |

Other Special Needs:

| Accept | | Competency | | | | |
|--------|---|------------|---|---|---|---|
| | Accommodations for a Physical Disability | 1 | 2 | 3 | 4 | 5 |
| | Facial Irregularities | 1 | 2 | 3 | 4 | 5 |
| | Feeding / Special Diet Administration | 1 | 2 | 3 | 4 | 5 |
| | Gender Issues | 1 | 2 | 3 | 4 | 5 |
| | Other (See Notes)* | 1 | 2 | 3 | 4 | 5 |
| | Proximity to Specifically-Needed Resource | 1 | 2 | 3 | 4 | 5 |

SECTION C: CHILD SOUGHT (DESIRABILITY LEVELS)

1. 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 truly important to the family as checking too many will affect accurate matching.

2. Rate any that apply according to the following numbered ratings:

- 1 - Desirability of this characteristic by the family is **low**
- 2 - Desirability of this characteristic by the family is **medium-low**
- 3 - Desirability of this characteristic by the family is **medium**
- 4 - Desirability of this characteristic by the family is **medium-high**
- 5 - 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 IS 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 |
|--------------------------------------|------|----|

Sibling Requirements:

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

Gender of Children Sought:

| Applies | | Mandatory |
|---------|---------------------------------|-----------|
| | Female | |
| | Male | |
| | Androgynous | |
| | Transgender | |
| | Intersex | |
| | Transsexual (Female to Male) | |
| | Transsexual (Male to Female) | |

Religious affiliations:

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

Languages:

| 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:

| 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:

| 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:

| Applies | | Desirability | | | | | 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 | DDMMYYYY _____ |
| Race and ethnicity of child/ren in Home? | |
| Pets in Home? | Yes / No Type(s): |

Documents and Events:

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

Birth Family History:

| Applies | Desirability | | | | | Mandatory |
|--|--------------|---|---|---|---|-----------|
| Birth Mother Known | 1 | 2 | 3 | 4 | 5 | * |
| Birth Father Known | 1 | 2 | 3 | 4 | 5 | * |
| Birth Mother Medical History Available | 1 | 2 | 3 | 4 | 5 | * |
| Birth Mother Social History Available | 1 | 2 | 3 | 4 | 5 | * |
| Birth Father Medical History Available | 1 | 2 | 3 | 4 | 5 | * |
| Birth Father Social History Available | 1 | 2 | 3 | 4 | 5 | * |

SECTION D: NOTES

Additional Information:

| | |
|-------------|---|
| Note | |
| | AdoptOntario recommends that families create an online profile—only viewable to adoption professionals. You can add a short biography and photo. Sign up for a public user account on www.adoptontario.ca and complete the personal profile. |

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 |
|---------------------|---------|------|

| | | |
|---------------------|---------|------|
| Applicant signature | Witness | Date |
|---------------------|---------|------|