



Loving Heart International Adoption Agency

75 Wynford Heights Crescent, Unit 406, Toronto, Ontario, M3C 3H9

Tel.(416) 223-4997, e-mail: info@lovingheartadopt.com

Initial Intake Questionnaire

This questionnaire and the contents herein are intended for the internal use of Loving Heart IAA. The contents of this document are confidential.

Country/Program(s) of interest: _____

City & Province of Residence: _____

Homestudy started? Yes / No

Adoption Practitioner (if applicable): _____

Have you previously completed a homestudy for domestic adoption or another country? Yes / No

Do you have any children residing at your home? If yes, their age(s) are: _____

Marital Status: Married / Single / Common Law

Are you interested in adopting: 1 Child / 2 Siblings / 3+ Siblings

Have you decided what age range of child/ren you would like to apply for? If yes, indicate here: _____

Tel. #: _____

Applicant 1

Applicant 2

Name: _____

Name: _____

Age: _____

Age: _____

Profession: _____

Profession: _____

Do you have any medical diagnoses? This includes mental health diagnoses. Yes / No

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