ENTRUSTING OF CHILD INTO YOUR CARE

(applicants fill this in jointly)

1. Why and for how long have you been considering taking a child into your care?

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2. Have you told anyone of your intention and what was their reaction to your decision?

your children:

the person living jointly with you in the household:

parents / siblings:

your extended family:

others:

3. Do you wish to wait for a child to be found who meets your expectations?

yes / no how long:

why:

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4. Which of the following possibilities is more acceptable to you:

a) to acquire a child as soon as possible, it does not matter what it is like;

b) to wait as long as necessary until a child meeting your expectations is found.

5. Do you want the adoption kept secret from those around you?

yes no I don't know no way

6. Who will remain with the child once it is received into the family at home?

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7. Will someone help you with the upbringing of the child?

yes / no who:

8. Would you accept a child from a different ethnic background to your own?

yes no I don't know no way

which:

9. Would you accept a child found to have

a physical handicap ☐ yes / no / I don't know / no way

a sensory handicap ☐ yes / no / I don't know / no way

a mental handicap ☐ yes / no / I don't know / no way

other illness ☐ yes / no / I don't know / no way

What illness would not trouble you?

curable ☐ .....

incurable ☐ .....

clearly visible ☐ .....

other: .....

YOUR EXPECTATIONS OF THE CHILD AND THE REASONS FOR THEM:

Sex:

Age:

Appearance, nature, origin, etc.:

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State of health (intellect) of the child:

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Other:

Signature of female applicant:

Signature of male applicant:

Date: