

INTERNATIONAL ADOPTION PROCESS - PHILIPPINES

NOTE: ALL ADOPTIONS OF FILIPINO CHILDREN ARE PROCESSED UNDER THE HAGUE CONVENTION ON INTERCOUNTRY ADOPTIONS. IT IS NOT POSSIBLE TO PROCESS PRIVATE ADOPTIONS IN THE PHILIPPINES. ALL ADOPTION APPLICATIONS MUST BE APPROVED BY THE INTER-COUNTRY ADOPTION BOARD (ICAB) IN THE PHILIPPINES. DUE TO THE LARGE VOLUME OF RELATIVE ADOPTIONS, PLEASE ALLOW APPROXIMATELY SIX MONTHS FOR A RESPONSE FROM THE PHILIPPINES.

*****Relative Adoptions** from the Republic of The Philippines are also completed under the Hague Convention, **NOT** through domestic adoption processed in the Regional Trial Court. Please complete the [application form](#) and submit with your dossier.

*****Pre-identification of children for adoption is not allowed** under the Hague Convention or Philippines legislation. Please refer to the website for The InterCountry Adoption Board of the Philippines at www.icab.gov.ph for excerpts from laws governing pre-identification.

1. ELIGIBILITY CRITERIA

Marital Status/Age Requirements:

- Couples must be married for at least three years.
- If one spouse has been divorced, applicants must be married 5 years before being considered.
- Applicants who have more than one divorce are not accepted.
- Single applicants may be accepted for special needs children or sibling groups.
- Applicants must be at least 27 years old and 16 years older than the child being adopted.
- Preference is given to Filipino applicants, followed by families where one applicant is Filipino and families who have adopted a Filipino child.
- Applicants must be practising Christians (Roman Catholic will be given preference). Proof of religious affiliation is required.
- Common-law couples and/or same sex couples are not eligible

2. AVAILABLE CHILDREN:

- Children who cannot be placed within the Philippines and who have been approved for inter-country adoption by the Department of Social Welfare and Development (DSWD).
- There are more boys than girls. Most children are over 2 years old.
- Sibling groups.
- Mostly of Filipino descent, but some children are mixed race (e.g. Filipino/Caucasian/ Japanese OR Chinese/Spanish or Japanese descent).
- Children with special needs, described as:
 - children who require surgery (e.g. heart, hydrocephalus, cleft lip/palate, club foot)
 - children with major developmental delays, blindness, emotional/learning issues
 - older children age 5 and over
 - sibling groups of 3 or more children

1. RELATIVE ADOPTIONS:

To meet the requirements of The Hague Convention on Inter Country Adoption, Adoption

Services will request confirmation from the Central Authority in the Philippines that the child desired by the applicants is eligible for adoption. Approval is required from the Central Authorities in the Philippines (ICAB) and in Alberta for relative adoption. The child must also meet Canada Immigration criteria.

Please note: Children desired for adoption who have parents in the Philippines and who are not in need of protective services are not being approved for adoption by the Central Authority in the Philippines. Children age 15 and over are not eligible for adoption according to legislation in the Philippines.

2. DOCUMENTS REQUIRED: All documents must be submitted in English and notarized.

- Home Assessment Report completed by a licensed adoption agency. The Home Assessment Report must address Filipino requirements which are:
 - Agency contact: to include the date and place of all contacts between the adoption agency, social worker and the applicant(s).
 - Identifying information: name, address, age of the couple and their child(ren).
 - Background information: this section should include childhood experiences of the couple and how they were reared by their family and the significant others in their lives. It should also include the discipline pattern of the family including such sensitive areas as history of child abuse, obsessive gambling, and coping mechanisms in handling stress/crisis and conflicts. It should take into account applicants' physical description and personal traits, information about their parents and siblings and nature of relationships, past and present.
 - Health history: both spouses should indicate any serious illness, physical disabilities or history of mental illness.
 - Employment history/financial resources: the employment history of the couple. Reasons why they have moved or changed work.
 - Present source(s) of income that is sufficient to meet the requirements of the family's lifestyle.
 - Insurance policies.
 - Religious/spiritual/philosophical/moral beliefs, affiliations, attitudes and practices (preference is given to families with an active religious affiliations).
 - Educational history.
 - Marital and family functioning: describe the nature and extent of marital relationship, the current family relationships particularly husband/wife, parent/child, siblings and their extended families.
 - Psychological Evaluation of the applicants conducted by a psychologist who is a member of the Alberta Association of Psychologists. The evaluation should include the family relationships, early childhood experiences, coping mechanisms when dealing with crisis. A copy of the certificate of training in clinical psychology should be provided by the psychologist.
 - Consent to Adoption from applicants' child(ren) 10 years or older in the form of a written statement witnessed by a social worker.
 - Current family photographs (applicants, immediate family and extended family) including photos of the home inside and front and backyards.
 - Three letters of reference: from church minister, applicants' employer, and a non-relative member of the community who has known the applicants for at least 5 years.

5. APPLICATION PROCESS:

- Applicants register for an international adoption from the Philippines by completing the required form International Adoption Application (CS 2777). The form is

forwarded to:

Adoption Services, Alberta Children's Services
11th Floor, Sterling Place
9940 -106 Street
Edmonton, Alberta T5K 2N2
Telephone: (780) 422-0178

- Adoption Services provides authorization to the applicants to obtain the Home Assessment Report from a licensed adoption agency. The International Adoption Parent Preparation Course is part of the assessment process. The Home Assessment is valid for one year. Updates are required on an annual basis or when significant changes occur.
- Applicants submit the Home Assessment Report and all supporting documents (original and one copy) to Adoption Services. Adoption Services forwards the adoption package to the Central Authority for adoption in the Philippines.
- Applicants must advise Adoption Services of any changes in their circumstances during the international adoption process (e.g. Pregnancy, birth of a biological child, adoption by an alternate option, absence from Alberta, poor health, financial or marital problems).

6. CANADA IMMIGRATION STATUS:

Adoptive applicants must contact Canada Immigration Centre to complete a sponsorship application and initiate the immigration process **as soon as** they have submitted their complete adoption package.

7. WAITING PERIOD FOR CHILD PROPOSAL:

A period of approximately one year after the application has been accepted in the Philippines. However, the length of the waiting period may be affected by the applicants' child preference.

8. CHILD PROPOSAL/ACCEPTANCE:

A child will be proposed by the Central Authority in the Philippines and the child's medical, social background and photographs will be forwarded to adoptive parents by Adoption Services for review and consideration. The adoptive parents are encouraged to review the child's medical with their doctor.

The adoptive parents provide Adoption Services with confirmation in writing of their acceptance of the child within 15 days of proposal.

9. LETTER TO CANADA IMMIGRATION:

Adoption Services provides a letter to Canada Immigration in accordance with the Hague Convention, to process the child's immigration requirements.

10. RECEIVING THE CHILD:

Prospective adoptive parents must travel to the Philippines within 30 days of issuance of the Visa for the child.

10. POST PLACEMENT REQUIREMENTS:

Adoptive Applicants must inform Adoption Services (Tel: (780) 422-1078 Fax: (780) 427-2048) of the child's arrival in Alberta.

- A six-month post placement supervision is required prior to finalization.
- Follow-up placement reports are required every two months. Adoption Services provides authorization for a licensed agency to complete these reports at the applicant's expense.
- Current photos of the child and his/her family must be provided with the reports.

11. ADOPTION FINALIZATION:

**** ADOPTIONS FROM THE PHILIPPINES ARE FINALIZED IN ALBERTA ****

FINALIZATION PROCESS IN ALBERTA:

Once the child arrives in Canada, the applicants must provide the following to Adoption Services:

- NOTARIZED copy of the child's passport.
- NOTARIZED copy of the Record of Landing document (form IMM 1000), which is obtained from Canada Immigration when the child enters Canada.

An original Consent to Adoption will be requested by Adoption Services from the Philippines prior to finalization.

Once the Consent to Adoption is received, Adoption Services forwards the consent, the notarized copy of the child's passport and the notarized copy of form IMM 10000 to the applicants' private licensed adoption agency. The agency will prepare, sign and file the adoption petition in court for finalization.

Certified copy of the granted Adoption Order will be provided to the DSWD by Adoption Services.

Certified copy of proof of the child's Canadian Citizenship must be provided to ICAB.

12. ESTIMATED COST:

All costs are **approximate** and are the responsibility of the adoptive parents. All fees are to be submitted in US funds by international money order. The costs involved include the following:

- (non-refundable) registration fee (payable to ICAB and submitted with adoption application) \$100.00
- notarization of documents \$300.00
- processing fee to Filipino authorities payable upon receipt and acceptance of the matching proposal \$900.00
- Pre-Adoptive Placement/Pre Travel Fee and Medical Examination, Passport and Photographs - \$110.00
- Board and lodging costs for the child \$1,000.00
- Travel tax for a child (amount depends on age of child) \$45.00 - \$90.00
- Travel and living expenses while in the Philippines, including board and lodging costs for the child \$6,000.00
- Home Assessment Report and International Adoption Parent Preparation Course \$1,700.00
- Psychological Evaluation - approximately \$700.00
- Post Placement Reports/Finalization - \$1,500.00

Total Approximate Costs = \$12,400.00

Republic of the Philippines
Inter-Country Adoption Board
#2 Chicago corner Ermin Garcia Streets
Barangay Pinagkaisahan, Cubao, Quezon City

HOME STUDY REPORT: OUTLINE

Since the Home Study of the family applying for intercountry adoption is the basis for the selection and eventual matching of a child to a family, the standards enumerated below should guide the Foreign Adoption Agencies (FAAs) in the preparation of the Home Study Report (HSR). Although the FAAs may have their own style or outline, the following content areas must be covered.

- a. Application/Agency/Contact: To include the date and place of all contact between the foreign adoption agency, social worker and the applicant.
- b. Identifying Information: This covers the name, age of the couple and their children and the family's home address.
- c. Applicant's Background Information: It should include childhood experiences of the couple and how they were reared by their family and the significant others in their lives. It should also include the discipline pattern of the family including such sensitive areas as history of child abuse, alcohol and substance abuse, obsessive gambling and coping mechanisms in handling stress/crises and conflicts. It should take into account applicant's physical description and personal traits, information about their parents and siblings and nature of relationships, past and present.
- d. Health History: Both spouses should indicate any serious illness, physical disabilities or history of mental illness.
- e. Employment History/Financial Resources: The employment history of the couple should indicate reasons why they moved or changed work. It should also indicate their present source of income and whether this is sufficient enough to meet the requirements of the family's lifestyle. They should also be protected from negative eventualities through insurance policies at an acceptable level of networth.
- f. Religion/Spiritual/Philosophical/Moral Beliefs, Affiliations, Attitudes and Practices.
- g. Educational History: Information on the educational background of the couple.
- h. Marital and Family Functioning: The couple should be legally married for a minimum of three (3) years. Describe the nature and extent of marital relationship, the current family relationships particularly husband/wife, parent/child, sibling/sibling and their extended family.
- i. Divorce History: If any one of the spouses has a history of divorce, the circumstances surrounding, it should be discussed. If one of the spouses had been divorced, the second or current marriage should have completed a minimum of five (5) years upon filing of application.
- j. Biological and Adopted Children: Description of the children, their significant traits and characteristics, their role in the home and their feelings and attitudes towards adoption. Previous history of adoption disruption, if any.
- k. Other persons in the Home: Information on other people living in their house should be stated in the home study report. His/her attitude towards adoption should be indicated.
- l. Description of Home/Community: The home study should describe the family's membership and participation in community organizations, community projects and activities. Community resources and facilities should be included in the report. Indicators should be given on the degree of racial tolerance and how this may affect the adjustment of the child in the community.
- m. Preparation for Adoption/Child Caring Plans: The home study should contain the specific plans of action on how the family will cope with the new demands of parenting upon arrival of the adoptive child. The attitude of the extended families and friends as well as future plans if any, for the child should be indicated. Plans for guardianship in case of death or parental incapacity must be stated.
- n. Motivation and Child Preference: This should address reason(s) for wanting to adopt, who, when, how decision was arrived at; attitude and resolution of feelings towards infertility, if applicable. Child preference should be in terms of age, sex, characteristics and the extent of physical, medical and mental capacity of the child acceptable to the couple and the reason(s) for such preference.
- o. Parenting Experience with Children: The couple's experience in taking care of children either on temporary or prolonged basis should be indicated. Their past experience in parenting and/or

knowledge of child caring as well as their expressed disposition and attitude towards discipline patterns should be reported on.

- p. Appreciation and knowledge of Philippine Culture: A statement on the knowledge and/or experience of Philippine culture, attitude and plans towards maintaining child's cultural heritage should be delineated.
- q. Post Adoption Issues: Includes the willingness of the couple for an open communication with the biological parents of the child prior to and after finalization or adoption as well as their opinion on the issue of adoption search and a motherland tour for the child at the appropriate time.
- r. Recommendations: This is/these are based on the evaluation of the strengths and weaknesses of the family. To be explicitly indicated is the: kind of child the prospective adoptive parents can be most responsive to: e.g. age, sex, number of children, with/out special needs who would benefit by being placed in this family.

MEDICAL EVALUATION FORM
(Kindly fill all blanks LEGIBLY)

Applicant : _____ Age : _____ Gender : _____

Address : _____

Dear Dr. _____
Name of Physician

The above-named person has applied to adopt a child. In order to adopt, the applicant should have good physical and mental health. Kindly examine the applicant and give us a report of his/her present health condition.

Date of Examination : _____

MEDICAL HISTORY OF APPLICANT:

How long has this person been under your care: _____

Describe this person's general physical health : _____

Does he/she have a history of hereditary disease or congenital abnormality? If there is/are, what is/are this/these?

Does applicant have any history of the following? If yes, please describe:

Tuberculosis : _____

Epilepsy : _____

Asthma : _____

Mental Illness : _____

Nervous Disorders/Neuroses : _____

Cancer : _____

Diabetes : _____

Venereal Disease : _____

Allergies : _____

Glandular/Hormonal/Enzymatic Disturbance (Specify) : _____

Serious Illness : _____

Surgery : _____

Handicaps : _____

Impaired Sight (Extent): _____

Defective Hearing (Extent) : _____

Speech Defects (Describe) : _____

List any Psychotherapy/Counseling Utilized (Date, Reason, Prognosis) _____

Others (Describe) : _____

PHYSICAL EXAMINATION OF APPLICANT:

Eyes : _____ Heart : _____ Ears : _____

Lungs : _____ Height : _____ Nose : _____

Abdomen: _____ Weight : _____ Throat : _____

Spine : _____ Skin : _____

EXAMINATION/TEST/S GIVEN TO APPLICANT:

Blood Pressure (Date and Findings): _____

Urinalysis (Date and Findings) : _____

Serology for Syphilis (Date and Findings): _____

TB Tine Test (Date and Findings): _____

Is there a history of miscarriage or stillbirth (Give dates, etc.) _____

How long has applicant attempted to become pregnant? _____

Is the applicant under current treatment for childlessness? (Specify) _____

Is any further treatment recommended? _____

What is the applicant's prognosis for pregnancy (for female applicant)? _____

What is the applicant's prognosis for fathering a birth child (for male applicant)? _____

Has any operation, x-ray or radium treatment rendered applicant sterile? If yes, specify the reasons for such treatments: _____

Is the applicant under any medication/s? What is/are this/these? Dosage? Frequency of intake? For what reason/s? _____

Has fertility study been made? _____

Tubal Patency (Date and Findings) _____

Ovulation Studies (Date and Findings) _____

Sperm analysis (Date and Findings) _____

Surgery/ies/Others (Describe) (Date and Findings) _____

Is there any health condition which would render the applicant unable to give proper care to a child?

Is there any health condition which would affect the stability of the home situation in the future?

Basing on your overall assessment of the health of the applicant, is/are there any reason/s for you not to recommend the applicant as a prospective adoptive parent? _____

Signature of Examining Physician

Name of Physician (Typed)

Address of Physician

Date

City/State/Zip Code

Republic of the Philippines
Inter-Country Adoption Board
No. 2 Chicago corner Ermin Garcia Streets
Barangay Pinagkaisahan, Cubao, Quezon City

APPLICATION FOR INTERCOUNTRY ADOPTION

Greetings!

We/I _____, _____ years of age, _____
(Citizenship)
and _____, _____ years of age, _____ residing
(Citizenship)
and with postal address at _____

_____ hereby apply for the adoption of a Filipino child/children and state the following:

PART I
UNDERTAKING

(Pls. tick off)

- // That we are/I qualified to be adoptive parents under our national laws;
- // That we/I have the capacity to act and to assume all rights and responsibilities of parents under our national laws;
- // That we/I have not been convicted of a crime involving moral turpitude;
- // That we/I am capable of providing support and proper physical, social and psychological care to all of our children including the child/children we intend to adopt.
- // That in the event of disruption of the pre-adoptive placement, we/I shall undertake the responsibility of assuming the airfare of the child and traveling companion and miscellaneous expenses that may be incurred in connection with child's return to the Philippines;
- // That we/I shall file the petition for the adoption with the proper court or tribunal in our country not later than six (6) months after the termination of the pre-adoptive placement;
- // We/I agree to uphold the basic rights of the child under our/my national laws, and the Child and Youth Welfare Code of the Philippines (PD 603) as well as the UN Convention on the Rights of the Child;
- // That We/I agree to abide by the Implementing Rules and Regulations promulgated by the Inter-Country Adoption Board;
- // That We/I did not in any manner try to induce, coerce or influence the biological parents/guardian/child caring/placing agency in favor of this application.

**Information and Personal Data of Applicants
for Inter-Country Adoption**

	Male Applicant/ Husband	Female Applicant/ Wife
I. Identifying Data:		
Name	_____	_____
Age	_____	_____
Date of Birth	_____	_____
Place of Birth	_____	_____
Nationality/Citizenship	_____	_____
Address/Residence	_____	_____
Telephone No.	_____	_____
Religion	_____	_____
Highest Educational Attainment	_____	_____
Health Status, specify Presence of disability, if any	_____	_____
Marital Status	_____	_____
If married, date, and place	_____	_____
Date of previous marriage(s) if any, and manner of termination	_____	_____
Military service (if any) Year	_____	_____
Branch	_____	_____
No. of years	_____	_____
Hobbies/Interests	_____	_____
Membership in Associations/ Clubs/Organizations	_____	_____
II. Economic Data:		
Present Occupation of Employment	_____	_____
Name of Employer	_____	_____
Business address	_____	_____
Telephone No.	_____	_____
Salary per Month	_____	_____
Income other than salary, specify	_____	_____
Insurance	_____	_____
Savings	_____	_____
Real Properties	_____	_____

III. Family Composition:

A. List of all individuals living with applicants in present address

Name	Relationship	Age	Sex	Educational Attainment	Physical, Mental status, specify disability, if any
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

B. List of children of applicants living away from them, if any

Name	Where living/ with whom living	Age	Birthdate	Sex	Educational Attainment	Physical, Mental status, specify disability, if any
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

IV. I have applied to adopt a child with (agencies and/ or other countries) and the status of our application/s are _____

V. I/we decided to apply for a Filipino child because _____

VI. We feel our family can care for a child/ren (include age, sex, physical, mental and emotional characteristics, etc.) who is/are _____

VII. I/We are childless because _____

VIII. My/Our experience in caring for children _____

IX. My/Our experience of being cared for by our/my parents are _____

X. If for some reasons at certain times, we cannot attend personally to the needs of the child, we have the following alternative provisions: _____

XI. Our reactions to contact after adoption of the child/ren by the Department of Social Welfare and Development, Inter-Country Adoption Board, or any agency involved in this adoption are :

OATH OR AFFIRMATION OF DEPONENT

I swear (affirm) that I have read and understood the undertaking and attest that the contents and statements in this application are true and correct.

Signature of Deponent(s)

SUBSCRIBED AND SWORN to (affirmed) before me this _____ day of _____,
_____ at _____.

Name/Title of Officer Administering Oath

My Commission Expires : _____

NOTE: Pursuant to Section 29 of the Rules and Regulations on InterCountry Adoption, the following fees shall be paid to ICAB:

1. Filing Fee - ONE HUNDRED DOLLARS (US\$100) upon application;
2. Processing Fee - NINE HUNDRED DOLLARS (US\$900) upon acceptance of the matching proposal for processing and operational expenses of the intercountry adoption programs and other charges and assessment for child care and placement programs and services
For special needs children, processing fee is FOUR HUNDRED DOLLARS (US\$400).

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SELF-REPORT QUESTIONNAIRE (Optional but most helpful. For each one of the PAPs to respond to).

1. Describe the kind of person your mother is/was and your relationship to her.
Describe the kind of person your father is/was and your relationship to him.
2. List by age and sex your brother(s) and sister(s), indicating whether they are living or deceased.
Describe each one of them and your relationship to them.
3. Describe any difficulties, frustrations/embarrassment/sad incident you experienced as a child.
4. Describe the happy incident you experienced as a child.
5. Describe your earliest experience as far back as you can remember, as a child, regardless of whether or not it seems important. Indicate age at which experience occurred.
6. Indicate any recurring dream(s) you may have had anytime in your life. Indicate any recent dreams you recall.
7. Describe your best friend and the reasons why you like him or her. If none, why?
8. List your present physical difficulties and complaints. List your previous illnesses and operations.
9. What do you like best about yourself? What do you like least about yourself?
10. What would you change about your personality, if possible? What would you change about your body, if possible?
11. What do you feel has been the cause/s of your present difficulties/ frustrations/ embarrassments and sadness?
12. What do you feel has been the cause/s of your present happiness?
13. What was your favorite subject and/or class activity, and why?
14. If you suddenly have a two week paid vacation, what is the first thing you will do?

Intercountry Adoption Board
TYPE OF CHILD ACCEPTABLE TO FAMILY

FAMILY NAME:

DATE

	Accept	Not Accept
I. CHILD'S STATUS AND HEALTH CONDITION		
1. AGE:		
Please Indicate Range		
0 - 2 years old		
2 - 4 years old		
4 - 6 years old		
6 - 8 years old		
8 and above		
Others (please indicate)		
2. SIBLING STATUS:		
Single Child		
Sibling Group of Two		
Sibling Group of More Than Two (Please specify)		
3. BIRTH CONDITION:		
Premature		
Undescended Testicle		
Umbilical Hernia		
Physical Abnormalities		
Cleft lip		
Cleft Palate		
4. EYE CONDITION:		
Visual acuity abnormalities (sight in one eye, partially blind)		
Strabismus (roving eye, surgically correctable)		
5. EAR CONDITION:		
Hearing impairment		
Ear deformity		
6. HEART PROBLEMS:		
Heart murmur		
Heart Defect (May require surgery)		
7. HEMATOLOGIC DISORDER:		
G6PD		
Thalasemia		
Others		

8. INFECTIOUS DISEASES:		
Positive for hepatitis B		

First degree infection, under medication		
9. ORTHOPEDIC PROBLEMS:		
Hand anomalies		
Leg anomalies (bowed legged)		
Foot anomalies (requiring cane, leg braces, or splint)		
Facial feature anomalies		
10. EMOTIONAL AND SOCIAL DEVELOPMENT		
Autism		
ADHD		
Known history of physical / sexual abuse		
11. DEVELOPMENTAL DELAYS		
Cerebral palsy		
Seizures		
Speech related problems (stuttering, lisps, etc.)		
Gross motor delay		
Hyperactivity		
Slight developmental delay		
Global developmental delay		
Speech delay		
Mental retardation (mild)		
II. PARENTAL BACKGROUND:		
A. No known information		
(if with information proceed to B)		
B. History of drug use		
History of alcohol		
History of emotional illness (e.g. depression etc.)		
History of mental illness (e.g. schizophrenia, psychosis)		
Mentally challenged		
With criminal record		
Child of rape		
Child of incest		
OTHER SPECIFIC CONDITION/S YOU MAY CONSIDER RELEVANT:		
Lactose intolerance		
Skin condition - Eczema		
- Dermatitis		
Bronchial asthma		
Hypo / Hyperthyroidism		
Needing surgical procedure / s		
Large Hemangioma (which will disappear over time)		
Dental carries		

Accomplished by:

Date: _____