



National Authority for Child Care  
(NACC)

**QUESTIONNAIRE FOR  
RELATIVE ADOPTION  
APPLICANTS (QRAA)**

Doc.  
Code

NACC- RAU - F 2022 -  
002

Revision  
No.

0

**I. Identifying Information on the Child/ren:**

1. Name of the child/ren:	<b>Name</b>	<b>Date of Birth</b>	<b>Birth Status</b>
	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
	4. _____	_____	_____
2. Name of the Birthparents	Birthfather: <input type="checkbox"/> N.A	<input type="checkbox"/> _____	
	Birthmother: <input type="checkbox"/> N.A	<input type="checkbox"/> _____	
3. Address of the Birthparents	Birthfather: <input type="checkbox"/> N.A	<input type="checkbox"/> _____	
	Birthmother: <input type="checkbox"/> N.A	<input type="checkbox"/> _____	
3. Occupation of the Birthparents	Birthfather: <input type="checkbox"/> N.A	<input type="checkbox"/> _____	
	Birthmother: <input type="checkbox"/> N.A	<input type="checkbox"/> _____	
4. Income of the Birthparents	Birthfather: <input type="checkbox"/> N.A	<input type="checkbox"/> _____	
	Birthmother: <input type="checkbox"/> N.A	<input type="checkbox"/> _____	
5. Sibling/s of the child/ren to be adopted (including child/ren for adoption)	<b>Name</b>	<b>Date of Birth</b>	<b>Gender</b>
	1. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
	2. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
	3. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
	4. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
	5. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
6. Name of the Guardian/Child's Custodian	_____		
	Relationship to the Child: _____		
Current Complete and	No.	Street	Mun/City
			Province



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address of the child/ren and his/her custodian	
7. Contact Information of the child/ren and his/her custodian	<p><b>Landline:</b> _____ <b>Mobile:</b> _____</p>

8. Attitude of prospective adoptive child/children towards his/her/their being adopted. (If applicable, depending on age and level of maturity of prospective adoptive child/children).

9. Attitude of child/ren in the home of PAP's with respect to the adoption project.

NAME	DATE OF BIRTH	OCCUPATION	STATUS	REMARKS
_____	_____	_____	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	_____
_____	_____	_____	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	_____
_____	_____	_____	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	_____
_____	_____	_____	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	_____
_____	_____	_____	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	_____

10. Is/Are the parents of the child/ren in touch (visit, write, phone calls) with the prospective adoptee/s?



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**II. Identifying Information on Prospective Adoptive Parents (PAPs)**

**Male PAP**

**Female PAP**

11. Name:				
12. Date of Birth:				
13. Address:	<input type="checkbox"/> Owned <span style="float: right;"><input type="checkbox"/> Rented</span>			
	No.	Street Mun/City Country		
	Contact No.			
14. Place of Birth:				
15. Citizenship:				
16. Date of Marriage:				
17. Place of Marriage:				
18. Divorce History, if any. (Please include reason for divorce.)				
19. Education:				
20. Occupation:				
21. Employer:				
22. Annual Income:				
23. Liabilities:				
24. Religion:				
25. Biological child/ren: (Name, Date of Birth, Sex, health condition,	<b>NAME</b>	<b>GENDER</b>	<b>AGE</b>	<b>HEALTH</b>
	1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Special Condition
	2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Special Condition
	3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Special Condition
	4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Special Condition



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educational attainment, short description of personality)																							
26. Adopted child/ren: (name, date of birth, country of origin, date of placement and finalization of adoption, health, educational attainment, short description of personality)	<table border="0"> <thead> <tr> <th>NAME</th> <th>GENDER</th> <th>AGE</th> <th>HEALTH</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td><input type="checkbox"/>M <input type="checkbox"/>F</td> <td>_____</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> Special Condition</td> </tr> <tr> <td>2. _____</td> <td><input type="checkbox"/>M <input type="checkbox"/>F</td> <td>_____</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> Special Condition</td> </tr> <tr> <td>3. _____</td> <td><input type="checkbox"/>M <input type="checkbox"/>F</td> <td>_____</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> Special Condition</td> </tr> <tr> <td>4. _____</td> <td><input type="checkbox"/>M <input type="checkbox"/>F</td> <td>_____</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> Special Condition</td> </tr> </tbody> </table>	NAME	GENDER	AGE	HEALTH	1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Special Condition	2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Special Condition	3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Special Condition	4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Special Condition		
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27. Attitude of their biological/adopted child/ren towards adoption	<b>Remarks:</b>																						
28. Other individuals living in the home (please indicate the relationship to applicants, attitude towards adoption plans, permanently or temporarily residing with the PAPs, contribution, if any to the family income)	<table border="0"> <thead> <tr> <th>NAME</th> <th>GENDER</th> <th>AGE</th> <th>HEALTH</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td><input type="checkbox"/>M <input type="checkbox"/>F</td> <td>_____</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> Special Condition</td> </tr> <tr> <td>2. _____</td> <td><input type="checkbox"/>M <input type="checkbox"/>F</td> <td>_____</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> Special Condition</td> </tr> <tr> <td>3. _____</td> <td><input type="checkbox"/>M <input type="checkbox"/>F</td> <td>_____</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> Special Condition</td> </tr> <tr> <td>4. _____</td> <td><input type="checkbox"/>M <input type="checkbox"/>F</td> <td>_____</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> Special Condition</td> </tr> </tbody> </table>	NAME	GENDER	AGE	HEALTH	1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Special Condition	2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Special Condition	3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Special Condition	4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Special Condition		
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4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Special Condition																				

**III. History**

**Male PAP**

**Female PAP**

29. Health History	<i>I do not fall within the prohibited condition as provided for by ICAB Board</i>	<i>I do not fall within the prohibited condition as provided for by ICAB Board</i>
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	<i>Resolution 13-001 Series of 2013</i> <input type="checkbox"/> Remarks:	<i>Resolution 13-001 Series of 2013</i> <input type="checkbox"/> Remarks:
30. Sexual/Physical Abuse History/ Addiction to Pornography, if any	<input type="checkbox"/> N.A <input type="checkbox"/> with abuse history Remarks:	<input type="checkbox"/> N.A <input type="checkbox"/> with abuse history Remarks:
31. Criminal History, if any	<input type="checkbox"/> N.A <input type="checkbox"/> with criminal history Remarks:	<input type="checkbox"/> N.A <input type="checkbox"/> with criminal history Remarks:
32. Psychological Health	<input type="checkbox"/> N.A <input type="checkbox"/> Condition  <input type="checkbox"/> Medication	<input type="checkbox"/> N.A <input type="checkbox"/> Condition  <input type="checkbox"/> Medication
33. CA/FAA (Reason for use of out of state FAA)	Name:  Address:  Remarks:	

34. Reason/s or Motivation to adopt a Child/ren.

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35. Description of the degree of bonding between the prospective adoptive parents (PAPs) and the prospective adoptive child/children. (To include, among others, ways and means of nurturing relationship (letters, phone calls, greeting cards, etc.), visits to the Philippines (who visited, when, duration of stay in the Philippines, what they did together with the prospective adoptive child/children)
36. Parenting Experience with Children.
37. Attachments: Send at least one copy for each of the following:
1. Copy of the Birth Certificate of PAPs
  2. Copy of the Marriage Certificate of PAPs
  3. Copy of the Birth Certificate of the child/ren
  4. Copy of the Birth Certificate of the birthparent/s or pertinent persons to establish the relationship of the child/ren with the PAPs
  5. Family Genogram
  6. Recent close up pictures of the PAPs (4R)
  7. Recent close up pictures of the existing child/ren in the families with the PAPs
  8. Recent photos/videos of the home of prospective adoptive parents (PAPs)



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I/WE certify that the information provided herein are true under the penalty of perjury.

\_\_\_\_\_  
Name and Signature of Male PAP  
Date:

\_\_\_\_\_  
Name and Signature of Female PAP  
Date:

\_\_\_\_\_  
Name and Signature of the Social Worker  
Position:  
CA/FAA:  
Affiliate/Cooperating Agency:  
Date: