

# Application to foster or adopt a child or youth

Updated: October 24, 2025

## About

Welcome to the application to foster or adopt a child or youth. This is the first step in providing a New Brunswick child or youth with a safe and loving home when they need it the most.

This application is lengthy because there is a lot to learn about you!

There will be some questions you can answer right away and other information that might take you a little longer (for example providing your criminal record check). To submit this application, all questions need to be answered, unless the question says (optional).

Your personal information is collected and will be used under the authority of the [Right to Information and Protection of Privacy Act](#), Chapter R-10.6, and the [Child and Youth Well-Being Act](#), Chapter 2022 c.35.

One last thing, before you get started. Adoption and fostering are very big decisions, and we want this application to help you think about what you might expect. Some questions are personal and will require you to think about your own experiences with your parents, as a child, and your relationships.

Children and youth who need a home are relying on us to make sure we prepare families to be safe and supportive environments who can address their unique needs. Fostering and adopting is not for everyone, and that's ok. It is very important that we get to know you, your strengths, and your challenges, so please give yourself the time to reflect and be completely honest.

## Fostering or adoption: which is right for me?

While fostering and adoption share the same goal of helping children and youth, they are different. Adoption is a lifelong commitment and a permanent parent-child/youth relationship. Fostering is usually short-term and provides a safe, temporary home with care and support.

Research has shown that children and youth do best when they grow up with people they know and who love them. The best interest of the child or youth is our top priority.

If your main goal is to adopt a child or youth, please make this clear during your application and assessment. Fostering is not a quicker path to adoption. While a

foster parent may be the best long-term option, the priority is always what is best for the child or youth.

## **Need help with your application? Contact us.**

Get help with your online application by emailing: [socialsupportsnb@gnb.ca](mailto:socialsupportsnb@gnb.ca).

If you have questions about your application or would like to speak with someone about fostering or adoption, email [adoption@gnb.ca](mailto:adoption@gnb.ca) / [fosterfamilies\\_famillesdaccueil@gnb.ca](mailto:fosterfamilies_famillesdaccueil@gnb.ca).

## **Who qualifies?**

### **Fostering or adoption may be right for you if you:**

- Are 19 years of age or older (professional care homes require you to be 21),
- Are a Canadian citizen or permanent resident,
- Live in New Brunswick,
- Have a living space that provides a [secure and healthy environment for children/youth](#), and
- Complete the application, training, and review process.
  - All applicants must be willing to participate in [PRIDE \(Parent Resources for Information, Development and Education\) Virtual Training](#).

## **How do I apply**

### **Apply online**

Applying online to adopt or foster a child or youth through the Community Care NB Portal (CCNB) is the quickest and easiest way to apply.

This new and secure feature allows you to apply online, safely upload documents, save your progress, and access important resources/information. If you have trouble with the application (answering questions, something not working, etc.) or have questions about the adoption/fostering process, support is available.

**To apply online**, visit Social Supports NB's foster and/or adoption pages at:

- [socialsupportsnb.ca/foster](https://socialsupportsnb.ca/foster)
- [socialsupportsnb.ca/adopt](https://socialsupportsnb.ca/adopt)

## Apply by paper

If you prefer, you can email your completed application forms and supporting documents to [adoption@gnb.ca](mailto:adoption@gnb.ca) / [fosterfamilies\\_famillesdaccueil@gnb.ca](mailto:fosterfamilies_famillesdaccueil@gnb.ca), or mail to:

### Foster/Adoption

551 King St.  
Sartain MacDonald Building  
PO Box 6000  
Fredericton, NB  
E3B 1E7

*Please allow for extra processing time if you mail your application.*

## Adopting an infant

Children and youth of all ages need a forever home.

*At this time, the minimum waiting period to adopt an infant in New Brunswick is 7 years.*

### **If you are certain that you are only able to adopt an infant under the age of 2 years old:**

- 1) Complete **\*ONLY** the first two sections of the application:
  - Your Information, and
  - Household Interests

\*To make sure your information is current, you will be invited to complete the rest of the application (including references and safety/background checks) closer to when your assessment begins. Please do not complete your Criminal Record checks and/or provide references in advance.

### **If you are open to adopting a child or youth both under AND over the age of 2:**

- 1) Complete all sections of the application.

Adopting a child is a big decision. You can change your mind about age or other preferences at any time during the application process.

## What do I need?

**Complete and submit the following to apply to foster or adopt a child or youth:**

**Note:** If you are applying online, everything below is automatically included in the application process. If applying by mail, please complete and include the following documents with your application.

**To avoid delays, please ensure that all images or photocopies of documents are:**

- Clear and easy to read, and
- Fully visible (with no glare, shadows, or cut-off edges).

### [Application to foster or adopt a child or youth](#)

### [Social Development record check consent form\(s\)](#)

The Department of Social Development must check if any adults living the household have been involved in any reported, investigated, or substantiated cases of abuse or neglect of a child, youth, senior, or person with a disability.

All adults (19 years or older) living in the household will need to complete their own form.

### [Criminal and Vulnerable Sector Record Check\(s\)](#)

As part of the application process, we must review the criminal history of:

- All adults (19 years or older) living in the household, and
- Any immediate family members with a criminal history. Immediate family members include spouse or common-law partner, biological or adopted child(ren), and/or siblings.

To do this, we will require a Criminal and Vulnerable Sector Record Check for all adults and applicable family members.

**i** **A Criminal and Vulnerable Sector Record Check**, is a special kind of background check done by the police. This check is done to make sure that people who want certain jobs or responsibilities are safe and trustworthy.

**Criminal Checks** will look at your criminal history to see if you have done something against the law in the past.

**Vulnerability Sector Checks** help identify people who may pose a risk to the safety of vulnerable groups (ex: children or youth, seniors, people living with a disability, etc.).

*It is important to note that a history of criminal involvement among family members does not automatically disqualify you from becoming a foster family or adopting a child or youth. We consider each case individually.*

## Obtaining your criminal and vulnerable sector check(s)

1. Visit or contact your local **RCMP or police force** to process your application for a certified Criminal and Vulnerable Sector Record Check. To find an RCMP location near you, visit [rcmp-grc.gc.ca](http://rcmp-grc.gc.ca). To find a police force near you, visit GNB's Crime Prevention and Reduction website at <https://www2.gnb.ca/content/gnb/en/corporate/promo/crime-prevention-and-reduction.html#4>.

Each office has their own process that you will need to follow.

2. Once the RCMP or police service has processed your Criminal and Vulnerable Sector Record Check(s), they will provide you with the necessary documentation.
3. Submit your Criminal and Vulnerable Sector Record Check(s) with your application.

### **OBTAINING YOUR CHECK(S) FOR FREE**

*For Foster Families and Kinship Care*

The [Royal Canadian Mounted Police/Municipal and Regional Police Forces](#) letter template allows individuals involved in the foster or kinship application process to obtain a criminal and vulnerable sector record check for free.

All adults and applicable family members must complete the information required on the template. Each person will require their own copy.

Remember to bring your completed letter template when you go to your local police force. This letter will be used to waive fees.

### **Names and contact details of three references**

Caring for children and/or youth is a significant responsibility, and references play a crucial role in helping us understand your qualifications and readiness.

#### **Submitting Your References**

1. Please download and/or print the applicable reference forms below and send to three **non-family references**.

If you are applying **as a couple**:

- [Reference form – couple applicants \(English\)](#)
- [Reference form – couple applicants \(French\)](#)

If you are applying **as a single**:

- [Reference form – single applicants \(English\)](#)
- [Reference form – single applicants \(French\)](#)

2. Referees will **complete and send their own forms** directly to Social Development. Submission instructions are located at the bottom of their reference form.

Referees can email completed form to [adoption@gnb.ca](mailto:adoption@gnb.ca) /[fosterfamilies\\_famillesdaccueil@gnb.ca](mailto:fosterfamilies_famillesdaccueil@gnb.ca) OR mail to:

*Foster/Adoption  
551 King St.  
Sartain MacDonald Building  
PO Box 6000, Fredericton, NB  
E3B 1E7*

3. Once received, completed reference forms will be added to your application. Your referee's answers are confidential and will not be shared with you. If additional information is required, we will contact your references directly.

### **Family Assessment**

The Structured Analysis Family Evaluation (SAFE) Questionnaire helps us understand your family dynamics, experiences, and readiness for welcoming a child or youth into your home. It is developed and owned by Consortium for Children (© 2022).

- [Single Applicants](#) - SAFE Questionnaire I: Single Applicant, OR
- [Couple Applicants](#) - SAFE Questionnaire I: Couple Applicant (*to be completed by both applicants*)

## **Submit your application**

### **Try our online Application**

FASTER | EASIER | 24/7 | SECURE | ONLINE SUPPORT

As a reminder, applying online to adopt or foster a child or youth through the Community Care NB Portal (CCNB) is the quickest and easiest way to apply.

This new and secure feature allows you to apply online, safely upload documents, save your progress, and access important resources/information.

### **| Apply online to:**

- **Adopt a child or youth** – [socialsupportsnb.ca/adopt](https://socialsupportsnb.ca/adopt)
- **Foster a child or youth** – [socialsupportsnb.ca/foster](https://socialsupportsnb.ca/foster)

If you prefer, you can email your completed application forms and supporting documents to [adoption@gnb.ca](mailto:adoption@gnb.ca) / [fosterfamilies\\_famillesdaccueil@gnb.ca](mailto:fosterfamilies_famillesdaccueil@gnb.ca), or mail to:

**Foster/Adoption**

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# Application to foster or adopt a child or youth



[socialsupportsnb.ca/foster](https://socialsupportsnb.ca/foster) | [socialsupportsnb.ca/adopt](https://socialsupportsnb.ca/adopt)

**Apply Online** 

FASTER | EASIER | 24/7 | SECURE | ONLINE SUPPORT

Last updated : January 28, 2025

## Your Information

Are you single or applying as a couple? Please choose couple if you have a partner and you live together.  Single  Couple

**Important information for couples:** Both you and your partner must agree to foster or adopt together. We can't accept applications from only one person in a partnership. Please choose one of you to be the 'primary applicant' and the other person will be the 'secondary applicant'. **The primary applicant answers for themselves AND the household. Questions for the secondary applicant begin on page 8.**

First name	Middle name	Preferred name	Last name
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Previous name(s) Information about any previous names that you may have had helps us:

- verify your identity,
- maintain/review accurate records, and
- reach out to references or individuals who might know you by different names.

Email	Phone number	Alternate phone number	Date of birth (YYYY-MM-DD)
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Place of birth (town/city/province)

### HOUSEHOLD ADDRESS

Street number / street	Apartment #	City/Town/Village	Province	Postal code
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### HOUSEHOLD MAILING ADDRESS

Mailing address is the same as above.

Street number / street	Apartment #	City/Town/Village	Province	Postal code
------------------------	-------------	-------------------	----------	-------------

Have you lived in any provinces or territories outside of New Brunswick? Please select all that apply:

<input type="checkbox"/> Prince Edward Island	<input type="checkbox"/> Ontario	<input type="checkbox"/> British Columbia
<input type="checkbox"/> Nova Scotia	<input type="checkbox"/> Manitoba	<input type="checkbox"/> Yukon
<input type="checkbox"/> Quebec	<input type="checkbox"/> Saskatchewan	<input type="checkbox"/> Nunavut
<input type="checkbox"/> Newfoundland and Labrador	<input type="checkbox"/> Alberta	<input type="checkbox"/> Northwest Territories

If yes, please explain when and where you lived:

Have you lived outside of Canada?  Yes  No

If yes, please explain when and where you lived:

**How would you prefer to communicate with Social Development?**

Phone       Email       Other, please explain:

**What is your preferred language for speaking?**

English       French

**What is your preferred language for writing?**

English       French

**Do you have communication needs we should be aware of? (ex: translator, hearing impaired, communication devices, ASL, etc.)**

Yes       No

If yes, please explain:

Children and youth who need a safe home environment come from different cultures, religions, and communities. We are committed to helping children and youth maintain connections to their cultures and practices. The next two questions are **optional**. Whether or not you choose to answer, will have no impact on the approval process.

**Which race category best describes you? Please select all that apply: (optional)**

- |   |   |
|---|---|
| <input type="checkbox"/> Black: African, Afro-Caribbean, African Canadian descent   | <input type="checkbox"/> South Asian: South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)               |
| <input type="checkbox"/> East Asian: Chinese, Korean, Japanese,   | <input type="checkbox"/> Southeast Asian: Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent |
| <input type="checkbox"/> Indigenous: First Nations, Métis, Inuk/Inuit descent   | <input type="checkbox"/> Do not know  |
| <input type="checkbox"/> Latino: Latin American, Hispanic descent   | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> Middle Eastern: Arab, Persian, West Asian descent (e.g, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish) | <input type="checkbox"/> Another race category, please explain:   |
| <input type="checkbox"/> White: European descent, American  |   |

**If you feel it can help us in getting to know you and/or matching you with a child or youth, please select your religion. (optional)**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Traditional (North American Indigenous)                   |
| <input type="checkbox"/> Christian | <input type="checkbox"/> No religion and secular perspectives                      |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Prefer not to answer                                      |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Another religion or spiritual traditions; please explain: |
| <input type="checkbox"/> Muslim    |  |
| <input type="checkbox"/> Sikh      |  |

Do you smoke/vape tobacco and/or cannabis?

Yes

No

*Smoking/vaping is not allowed inside the house or in any enclosed space when a child or youth is in your care.*

Do you have a primary health care provider (doctor or nurse practitioner)?

Yes

No

*If you do NOT have a health care provider, you can register to be matched with a New Brunswick family doctor or nurse practitioner. Visit [GNB.ca](http://GNB.ca) and search '[Accessing healthcare](#)'.*

## Your Household Interests

How did you become aware of our need for foster/adoption families?

Social media

Social Worker

Friend

Community event

Family member

Advertisement

Someone at Social Development

Healthcare provider

Other adoptive or foster families

Other

Please let us know why you are interested in opening your home to a child or youth.

**Which of the following supports are you interested or willing to provide to children and youth?**  
Please select all that apply:

- Short term and immediate home (for example, the same night a child is removed from a dangerous situation)
- Respite or relief for other foster parents
- Fostering

*Please note: While fostering and adoption share the same goal of helping children and youth, there is no direct path from fostering to adoption. The best interest of the child or youth is top priority. In most cases, this means focusing on pre-existing relationships, like living with their family.*

- Adoption
- Full-time support of a child or youth with complex needs (Professional Care Home)

**Which of the following children and/or youth do you feel able to support in your home?** Please select all that apply:

- No preference
- Infants (0-2 years old)
- Children under 12 years old
- Children and youth over the age of 12
- Sibling groups
- Male
- Female
- Specific culture, race, and religious preferences or considerations, please explain:
- Children or youth from another province
- Non-binary - *Non-binary means a person doesn't identify as strictly male or female. They may see themselves as a mix of both genders, somewhere in between, or completely different.*
- Children or youth who maintain contact with member(s) of their birth family.
- Children or youth with special needs (mental or physical disability)

**Could you support, or be willing to learn how to support, a child or youth with the following experiences?**  
Please select all that apply:

- Medical condition (ex. diabetes, epilepsy, allergies)
- Physical disability (ex. blind, deaf, wheelchair, Cerebral Palsy)
- Developmental disability
- Fetal Alcohol Spectrum
- Intellectual Disability
- Autism Spectrum
- Mental Health struggles (ex. depression, suicide attempts)
- Substance abuse
- Behavioural struggles (e.x, stealing, withdrawn, meltdowns)
- Limited information about the child or youth.

## Your Household

Who lives in your household? Please also include people who live in your household some of the time (ex: custody arrangement).  No other household members

### Additional household member 1 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

### Additional household member 2 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

### Additional household member 3 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

### Additional household member 4 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

### Additional household member 5 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

### Additional household member 6 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

Do you have any children who do not live in your household? (ex: young adults who have moved out on their own, children that may live with another parent from a previous relationship, etc.)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Child who does not live in your household 1 (if applicable)</b>				
First name	Last name	Date of birth (YYYY-MM-DD)		
<b>Child who does not live in your household 2 (if applicable)</b>				
First name	Last name	Date of birth (YYYY-MM-DD)		
<b>Child who does not live in your household 3 (if applicable)</b>				
First name	Last name	Date of birth (YYYY-MM-DD)		
<b>Child who does not live in your household 4 (if applicable)</b>				
First name	Last name	Date of birth (YYYY-MM-DD)		

To complete the application process, all adults in your household need to be aware of and consent to participating.

Are all household members aware that you are applying to become a foster family and/or to adopt a child or youth?

Yes, I confirm that I have notified all members of the household that I am applying to become a foster family and/or adopt a child or youth.

No

Do you have any pets?  None  Cats  Dogs  Other

Please provide details on your pets (ex: how many you have, comfort level around children, etc.):

**Your education and financial information**

What is the highest level of education you have completed?

High School Diploma/GED  
 Post-Secondary  
 Other

<p>Do you have any training, education, or volunteer experience related to human services (ex: legal advocate/attorney, teaching/education, early childhood development, social work, addictions, speech therapy, nursing, healthcare, counselling, therapy, psychology, etc.).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>What is your household's <u>annual income before taxes</u>? Please note, you may be required to provide additional financial information later in the application process.</p>	\$	
<p>Considering expenses such as mortgage, rent, groceries, power, heat, internet, clothing, insurances, car payments, loan, and debt payments, what are your average monthly household expenses? An estimate is acceptable, however, you may be required to provide additional financial information later in the review process.</p>	\$	

**Declaration – Primary Applicant**

Please check the boxes below to indicate that you have read and agree with the following statements.

- I agree that the information provided is accurate and complete. I authorize Social Development to verify any information I have provided.
- I understand that providing false or inaccurate information may affect my/our ability to be approved as a foster family and/or to adopt a child/youth.
- I understand that I am required to notify the Department of Social Development of any major changes to my situation (ex: divorce, death, move, etc.) during the application process.
- I understand that my personal information will be used to assess my suitability as a foster or adoptive parent.
- I also understand that the Department of Social Development has taken necessary precautions to protect my personal information from unauthorized use or disclosure in accordance with the privacy legislation referenced above.

Date (YYYY-MM-DD)	<u>Primary Applicant's Signature</u>
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## Secondary Applicant Information *(to be answered by the secondary applicant – if applicable)*

First name	Middle name <i>(optional)</i>	Preferred name	Last name
Previous name(s)	Information about any previous names that you may have had helps us: <ul style="list-style-type: none"> <li>• verify your identity,</li> <li>• maintain/review accurate records, and</li> <li>• reach out to references or individuals who might know you by different names.</li> </ul>		
Email	Phone number (###) ### - ####	Alternate phone number	Date of birth (YYYY-MM-DD)
Place of birth (town/city/province)			
Have you lived in any provinces or territories outside of New Brunswick in the last 5 years? Please select all that apply:	<input type="checkbox"/> Prince Edward Island <input type="checkbox"/> Nova Scotia <input type="checkbox"/> Quebec <input type="checkbox"/> Newfoundland and Labrador	<input type="checkbox"/> Ontario <input type="checkbox"/> Manitoba <input type="checkbox"/> Saskatchewan <input type="checkbox"/> Alberta	<input type="checkbox"/> British Columbia <input type="checkbox"/> Yukon <input type="checkbox"/> Northwest Territories <input type="checkbox"/> Nunavut
Have you lived outside of Canada in the last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain when and where you lived:			
<b>How would you prefer to communicate with Social Development?</b>			
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other, please explain:			
What is your preferred language for <u>speaking</u> ?		<input type="checkbox"/> English <input type="checkbox"/> French	
What is your preferred language for <u>writing</u> ?		<input type="checkbox"/> English <input type="checkbox"/> French	
Do you have communication needs we should be aware of? (ex: translator, hearing impaired, communication devices, ASL, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
Do you smoke/vape tobacco and/or cannabis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Smoking/vaping is not allowed inside the house or in any enclosed space when a child or youth is in your care.</i>			
Do you have a primary health care provider (doctor or nurse practitioner)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you do NOT have a health care provider, you can register to be matched with a New Brunswick family doctor or nurse practitioner. Visit <a href="http://GNB.ca">GNB.ca</a> and search 'Accessing healthcare'.</i>			

Children and youth who need a safe home environment come from different cultures, religions, and communities. We are committed to helping children and youth maintain connections to their cultures and practices. The next two questions are **optional**. Whether or not you choose to answer, will have no impact on the approval process.

**Which race category best describes you?**  
Please select all that apply:  
*(optional)*

- |   |   |
|---|---|
| <input type="checkbox"/> Black: African, Afro-Caribbean, African Canadian descent   | <input type="checkbox"/> South Asian: South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)               |
| <input type="checkbox"/> East Asian: Chinese, Korean, Japanese,   | <input type="checkbox"/> Southeast Asian: Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent |
| <input type="checkbox"/> Indigenous: First Nations, Métis, Inuk/Inuit descent   | <input type="checkbox"/> Do not know  |
| <input type="checkbox"/> Latino: Latin American, Hispanic descent   | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> Middle Eastern: Arab, Persian, West Asian descent (e.g, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish) | <input type="checkbox"/> Another race category, please explain:   |
| <input type="checkbox"/> White: European descent, American  |   |

**If you feel it can help us in getting to know you and/or matching you with a child or youth, please select your religion.** *(optional)*

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Traditional (North American Indigenous)                   |
| <input type="checkbox"/> Christian | <input type="checkbox"/> No religion and secular perspectives                      |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Prefer not to answer                                      |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Another religion or spiritual traditions; please explain: |
| <input type="checkbox"/> Muslim    |  |
| <input type="checkbox"/> Sikh      |  |

**Do you have any children who do not live in your household? (ex: young adults who have moved out on their own, children that may live with another parent from a previous relationship, etc.)**  Yes  No

**Child who does not live in your household 1** *(if applicable)*

First name	Last name	Date of birth (YYYY-MM-DD)
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**Child who does not live in your household 2** *(if applicable)*

First name	Last name	Date of birth (YYYY-MM-DD)
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**Child who does not live in your household 3** *(if applicable)*

First name	Last name	Date of birth (YYYY-MM-DD)
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**Child who does not live in your household 4** *(if applicable)*

First name	Last name	Date of birth (YYYY-MM-DD)
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**Your education** (to be answered by the secondary applicant – if applicable)

What is the highest level of education you have completed?	<input type="checkbox"/> High School Diploma/GED
	<input type="checkbox"/> Post-Secondary
	<input type="checkbox"/> Other
Do you have any training, education, or volunteer experience related to human services (ex: legal advocate/attorney, teaching/education, early childhood development, social work, addictions, speech therapy, nursing, healthcare, counselling, therapy, psychology, etc.),	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Declaration – Secondary Applicant** (to be answered by the secondary applicant – if applicable)

Please check the boxes below to indicate that you have read and agree with the following statements.

- I agree that the information provided is accurate and complete. I authorize Social Development to verify any information I have provided.
- I understand that providing false or inaccurate information may affect my/our ability to be approved as a foster family and/or to adopt a child/youth.
- I understand that I am required to notify the Department of Social Development of any major changes to my situation (ex: divorce, death, move, etc.) during the application process.
- I understand that my personal information will be used to assess my suitability as a foster or adoptive parent.
- I also understand that the Department of Social Development has taken necessary precautions to protect my personal information from unauthorized use or disclosure in accordance with the privacy legislation referenced above.

Date (YYYY-MM-DD)	<u>Secondary Applicant's Signature</u>
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## Final Review

### Before submitting your application:

- Review your application to ensure all the information is complete and accurate.
- Remember to include the following with your application:

- [Social Development record check consent form\(s\)](#) *(included in application package)*
  - Separate form required for all adults (19 years or older) living in the household.
- Criminal and Vulnerable Sector Record Check(s)** ([letter template](#) to obtain your criminal and vulnerable sector check(s) for free included in application package)
  - Required for all adults (19 years or older) living in the household, and
  - Any immediate family members with a criminal history.
- Reference Letter Forms x3** *(included in application package)*
  - Please send the applicable reference forms to three non-family references  
**If you are applying as a couple:**
    - [Reference form – couple applicants \(English\)](#)
    - [Reference form – couple applicants \(French\)](#)  
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- Family Assessment** *(included in application package)*
  - Complete the following forms:
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*For detailed instructions, view page 3 of your application package.*

## Submit Your Application

### Try our online application

FASTER | EASIER | 24/7 | SECURE | ONLINE SUPPORT

Applying online to adopt or foster a child or youth through the Community Care NB Portal (CCNB) is the quickest and easiest way to apply.

This new and secure feature allows you to apply online, safely upload documents, save your progress, and access important resources/information. If you choose to apply online, you do not need to answer the questions in this application.

| To apply online please go to:

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### Need some help?

Get help with your online application by emailing: [socialsupportsnb@gnb.ca](mailto:socialsupportsnb@gnb.ca).

If you have questions about your application, you can contact us by phone at 1 (506)-259-0232. Phone lines are open Monday-Friday between 8:15am and 4:30pm, excluding holidays.

### Apply by paper

If you prefer, you can email your completed application forms and supporting documents to [adoption@gnb.ca](mailto:adoption@gnb.ca) / [fosterfamilies\\_famillesdaccueil@gnb.ca](mailto:fosterfamilies_famillesdaccueil@gnb.ca), or mail to:

#### **Foster/Adoption**

551 King St.

Sartain MacDonald Building

PO Box 6000

Fredericton, NB

E3B 1E7

*Please allow for extra processing time if you mail your application.*

# Application to foster or adopt a child or youth



[socialsupportsnb.ca/foster](https://socialsupportsnb.ca/foster) | [socialsupportsnb.ca/adopt](https://socialsupportsnb.ca/adopt)

**Apply Online** 

FASTER | EASIER | 24/7 | SECURE | ONLINE SUPPORT

Last updated : January 28, 2025

## Your Information

Are you single or applying as a couple? Please choose couple if you have a partner and you live together.  Single  Couple

**Important information for couples:** Both you and your partner must agree to foster or adopt together. We can't accept applications from only one person in a partnership. Please choose one of you to be the 'primary applicant' and the other person will be the 'secondary applicant'. **The primary applicant answers for themselves AND the household. Questions for the secondary applicant begin on page 8.**

First name	Middle name	Preferred name	Last name
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Previous name(s) Information about any previous names that you may have had helps us:

- verify your identity,
- maintain/review accurate records, and
- reach out to references or individuals who might know you by different names.

Email	Phone number	Alternate phone number	Date of birth (YYYY-MM-DD)
-------	--------------	------------------------	----------------------------

Place of birth (town/city/province)

### HOUSEHOLD ADDRESS

Street number / street	Apartment #	City/Town/Village	Province	Postal code
------------------------	-------------	-------------------	----------	-------------

### HOUSEHOLD MAILING ADDRESS

Mailing address is the same as above.

Street number / street	Apartment #	City/Town/Village	Province	Postal code
------------------------	-------------	-------------------	----------	-------------

Have you lived in any provinces or territories outside of New Brunswick? Please select all that apply:

<input type="checkbox"/> Prince Edward Island	<input type="checkbox"/> Ontario	<input type="checkbox"/> British Columbia
<input type="checkbox"/> Nova Scotia	<input type="checkbox"/> Manitoba	<input type="checkbox"/> Yukon
<input type="checkbox"/> Quebec	<input type="checkbox"/> Saskatchewan	<input type="checkbox"/> Nunavut
<input type="checkbox"/> Newfoundland and Labrador	<input type="checkbox"/> Alberta	<input type="checkbox"/> Northwest Territories

If yes, please explain when and where you lived:

Have you lived outside of Canada?  Yes  No

If yes, please explain when and where you lived:

**How would you prefer to communicate with Social Development?**

Phone       Email       Other, please explain:

**What is your preferred language for speaking?**

English       French

**What is your preferred language for writing?**

English       French

**Do you have communication needs we should be aware of? (ex: translator, hearing impaired, communication devices, ASL, etc.)**

Yes       No

If yes, please explain:

Children and youth who need a safe home environment come from different cultures, religions, and communities. We are committed to helping children and youth maintain connections to their cultures and practices. The next two questions are **optional**. Whether or not you choose to answer, will have no impact on the approval process.

**Which race category best describes you? Please select all that apply: (optional)**

- |   |   |
|---|---|
| <input type="checkbox"/> Black: African, Afro-Caribbean, African Canadian descent   | <input type="checkbox"/> South Asian: South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)               |
| <input type="checkbox"/> East Asian: Chinese, Korean, Japanese,   | <input type="checkbox"/> Southeast Asian: Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent |
| <input type="checkbox"/> Indigenous: First Nations, Métis, Inuk/Inuit descent   | <input type="checkbox"/> Do not know  |
| <input type="checkbox"/> Latino: Latin American, Hispanic descent   | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> Middle Eastern: Arab, Persian, West Asian descent (e.g, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish) | <input type="checkbox"/> Another race category, please explain:   |
| <input type="checkbox"/> White: European descent, American  |   |

**If you feel it can help us in getting to know you and/or matching you with a child or youth, please select your religion. (optional)**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Traditional (North American Indigenous)                   |
| <input type="checkbox"/> Christian | <input type="checkbox"/> No religion and secular perspectives                      |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Prefer not to answer                                      |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Another religion or spiritual traditions; please explain: |
| <input type="checkbox"/> Muslim    |  |
| <input type="checkbox"/> Sikh      |  |

Do you smoke/vape tobacco and/or cannabis?

Yes

No

*Smoking/vaping is not allowed inside the house or in any enclosed space when a child or youth is in your care.*

Do you have a primary health care provider (doctor or nurse practitioner)?

Yes

No

*If you do NOT have a health care provider, you can register to be matched with a New Brunswick family doctor or nurse practitioner. Visit [GNB.ca](http://GNB.ca) and search '[Accessing healthcare](#)'.*

## Your Household Interests

How did you become aware of our need for foster/adoption families?

Social media

Social Worker

Friend

Community event

Family member

Advertisement

Someone at Social Development

Healthcare provider

Other adoptive or foster families

Other

Please let us know why you are interested in opening your home to a child or youth.

**Which of the following supports are you interested or willing to provide to children and youth?**  
Please select all that apply:

- Short term and immediate home (for example, the same night a child is removed from a dangerous situation)
- Respite or relief for other foster parents
- Fostering

*Please note: While fostering and adoption share the same goal of helping children and youth, there is no direct path from fostering to adoption. The best interest of the child or youth is top priority. In most cases, this means focusing on pre-existing relationships, like living with their family.*

- Adoption
- Full-time support of a child or youth with complex needs (Professional Care Home)

**Which of the following children and/or youth do you feel able to support in your home?** Please select all that apply:

- No preference
- Infants (0-2 years old)
- Children under 12 years old
- Children and youth over the age of 12
- Sibling groups
- Male
- Female
- Specific culture, race, and religious preferences or considerations, please explain:
- Children or youth from another province
- Non-binary - *Non-binary means a person doesn't identify as strictly male or female. They may see themselves as a mix of both genders, somewhere in between, or completely different.*
- Children or youth who maintain contact with member(s) of their birth family.
- Children or youth with special needs (mental or physical disability)

**Could you support, or be willing to learn how to support, a child or youth with the following experiences?**  
Please select all that apply:

- Medical condition (ex. diabetes, epilepsy, allergies)
- Physical disability (ex. blind, deaf, wheelchair, Cerebral Palsy)
- Developmental disability
- Fetal Alcohol Spectrum
- Intellectual Disability
- Autism Spectrum
- Mental Health struggles (ex. depression, suicide attempts)
- Substance abuse
- Behavioural struggles (e.x, stealing, withdrawn, meltdowns)
- Limited information about the child or youth.

## Your Household

Who lives in your household? Please also include people who live in your household some of the time (ex: custody arrangement).  No other household members

### Additional household member 1 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

### Additional household member 2 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

### Additional household member 3 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

### Additional household member 4 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

### Additional household member 5 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

### Additional household member 6 (if applicable)

First name	Last name	Date of birth (YYYY-MM-DD)
Relationship <input type="checkbox"/> Child <input type="checkbox"/> Adopted child <input type="checkbox"/> Foster child <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative <input type="checkbox"/> Other		

Do you have any children who do not live in your household? (ex: young adults who have moved out on their own, children that may live with another parent from a previous relationship, etc.)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Child who does not live in your household 1 (if applicable)</b>				
First name		Last name		Date of birth (YYYY-MM-DD)
<b>Child who does not live in your household 2 (if applicable)</b>				
First name		Last name		Date of birth (YYYY-MM-DD)
<b>Child who does not live in your household 3 (if applicable)</b>				
First name		Last name		Date of birth (YYYY-MM-DD)
<b>Child who does not live in your household 4 (if applicable)</b>				
First name		Last name		Date of birth (YYYY-MM-DD)

To complete the application process, all adults in your household need to be aware of and consent to participating.

Are all household members aware that you are applying to become a foster family and/or to adopt a child or youth?

Yes, I confirm that I have notified all members of the household that I am applying to become a foster family and/or adopt a child or youth.

No

Do you have any pets?  None  Cats  Dogs  Other

Please provide details on your pets (ex: how many you have, comfort level around children, etc.):

**Your education and financial information**

What is the highest level of education you have completed?

High School Diploma/GED  
 Post-Secondary  
 Other

<p>Do you have any training, education, or volunteer experience related to human services (ex: legal advocate/attorney, teaching/education, early childhood development, social work, addictions, speech therapy, nursing, healthcare, counselling, therapy, psychology, etc.).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>What is your household's <u>annual income before taxes</u>? Please note, you may be required to provide additional financial information later in the application process.</p>	\$	
<p>Considering expenses such as mortgage, rent, groceries, power, heat, internet, clothing, insurances, car payments, loan, and debt payments, what are your average monthly household expenses? An estimate is acceptable, however, you may be required to provide additional financial information later in the review process.</p>	\$	

**Declaration – Primary Applicant**

Please check the boxes below to indicate that you have read and agree with the following statements.

- I agree that the information provided is accurate and complete. I authorize Social Development to verify any information I have provided.
- I understand that providing false or inaccurate information may affect my/our ability to be approved as a foster family and/or to adopt a child/youth.
- I understand that I am required to notify the Department of Social Development of any major changes to my situation (ex: divorce, death, move, etc.) during the application process.
- I understand that my personal information will be used to assess my suitability as a foster or adoptive parent.
- I also understand that the Department of Social Development has taken necessary precautions to protect my personal information from unauthorized use or disclosure in accordance with the privacy legislation referenced above.

Date (YYYY-MM-DD)	<u>Primary Applicant's Signature</u>
-------------------	--------------------------------------

## Secondary Applicant Information *(to be answered by the secondary applicant – if applicable)*

First name	Middle name <i>(optional)</i>	Preferred name	Last name
Previous name(s)	Information about any previous names that you may have had helps us: <ul style="list-style-type: none"> <li>• verify your identity,</li> <li>• maintain/review accurate records, and</li> <li>• reach out to references or individuals who might know you by different names.</li> </ul>		
Email	Phone number (###) ### - ####	Alternate phone number	Date of birth (YYYY-MM-DD)
Place of birth (town/city/province)			
Have you lived in any provinces or territories outside of New Brunswick in the last 5 years? Please select all that apply:	<input type="checkbox"/> Prince Edward Island <input type="checkbox"/> Nova Scotia <input type="checkbox"/> Quebec <input type="checkbox"/> Newfoundland and Labrador	<input type="checkbox"/> Ontario <input type="checkbox"/> Manitoba <input type="checkbox"/> Saskatchewan <input type="checkbox"/> Alberta	<input type="checkbox"/> British Columbia <input type="checkbox"/> Yukon <input type="checkbox"/> Northwest Territories <input type="checkbox"/> Nunavut
Have you lived outside of Canada in the last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain when and where you lived:			
<b>How would you prefer to communicate with Social Development?</b>			
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other, please explain:			
What is your preferred language for <u>speaking</u> ?		<input type="checkbox"/> English <input type="checkbox"/> French	
What is your preferred language for <u>writing</u> ?		<input type="checkbox"/> English <input type="checkbox"/> French	
Do you have communication needs we should be aware of? (ex: translator, hearing impaired, communication devices, ASL, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
Do you smoke/vape tobacco and/or cannabis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Smoking/vaping is not allowed inside the house or in any enclosed space when a child or youth is in your care.</i>			
Do you have a primary health care provider (doctor or nurse practitioner)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you do NOT have a health care provider, you can register to be matched with a New Brunswick family doctor or nurse practitioner. Visit <a href="http://GNB.ca">GNB.ca</a> and search 'Accessing healthcare'.</i>			

Children and youth who need a safe home environment come from different cultures, religions, and communities. We are committed to helping children and youth maintain connections to their cultures and practices. The next two questions are **optional**. Whether or not you choose to answer, will have no impact on the approval process.

**Which race category best describes you?**  
Please select all that apply:  
*(optional)*

- |   |   |
|---|---|
| <input type="checkbox"/> Black: African, Afro-Caribbean, African Canadian descent   | <input type="checkbox"/> South Asian: South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)               |
| <input type="checkbox"/> East Asian: Chinese, Korean, Japanese,   | <input type="checkbox"/> Southeast Asian: Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent |
| <input type="checkbox"/> Indigenous: First Nations, Métis, Inuk/Inuit descent   | <input type="checkbox"/> Do not know  |
| <input type="checkbox"/> Latino: Latin American, Hispanic descent   | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> Middle Eastern: Arab, Persian, West Asian descent (e.g, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish) | <input type="checkbox"/> Another race category, please explain:   |
| <input type="checkbox"/> White: European descent, American  |   |

**If you feel it can help us in getting to know you and/or matching you with a child or youth, please select your religion.** *(optional)*

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Traditional (North American Indigenous)                   |
| <input type="checkbox"/> Christian | <input type="checkbox"/> No religion and secular perspectives                      |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Prefer not to answer                                      |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Another religion or spiritual traditions; please explain: |
| <input type="checkbox"/> Muslim    |  |
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**Do you have any children who do not live in your household? (ex: young adults who have moved out on their own, children that may live with another parent from a previous relationship, etc.)**  Yes  No

**Child who does not live in your household 1** *(if applicable)*

First name	Last name	Date of birth (YYYY-MM-DD)
------------	-----------	----------------------------

**Child who does not live in your household 2** *(if applicable)*

First name	Last name	Date of birth (YYYY-MM-DD)
------------	-----------	----------------------------

**Child who does not live in your household 3** *(if applicable)*

First name	Last name	Date of birth (YYYY-MM-DD)
------------	-----------	----------------------------

**Child who does not live in your household 4** *(if applicable)*

First name	Last name	Date of birth (YYYY-MM-DD)
------------	-----------	----------------------------

**Your education** *(to be answered by the secondary applicant – if applicable)*

What is the highest level of education you have completed?	<input type="checkbox"/> High School Diploma/GED
	<input type="checkbox"/> Post-Secondary
	<input type="checkbox"/> Other
Do you have any training, education, or volunteer experience related to human services (ex: legal advocate/attorney, teaching/education, early childhood development, social work, addictions, speech therapy, nursing, healthcare, counselling, therapy, psychology, etc.),	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Declaration – Secondary Applicant** *(to be answered by the secondary applicant – if applicable)*

Please check the boxes below to indicate that you have read and agree with the following statements.

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Date (YYYY-MM-DD)	Secondary Applicant's Signature
-------------------	---------------------------------

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- [Foster a child or youth](https://socialsupportsnb.ca/foster) – socialsupportsnb.ca/foster

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If you have questions about your application or would like to speak with someone about fostering or adoption, email [adoption@gnb.ca](mailto:adoption@gnb.ca) / [fosterfamilies\\_famillesdaccueil@gnb.ca](mailto:fosterfamilies_famillesdaccueil@gnb.ca).

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If you prefer, you can email your completed application forms and supporting documents to [adoption@gnb.ca](mailto:adoption@gnb.ca) / [fosterfamilies\\_famillesdaccueil@gnb.ca](mailto:fosterfamilies_famillesdaccueil@gnb.ca), or mail to:

**Foster/Adoption**

551 King St.  
Sartain MacDonald Building  
PO Box 6000  
Fredericton, NB  
E3B 1E7

*Please allow for extra processing time if you mail your application.*