

P. O. Box 43092-00100 GPO, Nairobi, Kenya
Junction of Wood Avenue - Kindaruma Road
Tel: 254-20-3866442/3 / 2013760
Cell: 0724-941326
E-mail: info@littleangels.or.ke
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Website: www.littleangels.or.ke
Western Region Office: 057-2026383
Coast Mobile Office 0724-941326



“You may not change
the whole world but
you can change the whole
world for one person”

Every Life Matters

This form should be completed by the proposed guardian who undertakes to take up full parental responsibility of the adopted child should the adoptive parents die or become incapacitated. Please include full address

GUARDIAN’S LETTER OF CONSENT

I of (address)
.....

I do hereby consent to be the guardian of the infant(s) to be adopted by
.....

who is my son / daughter / brother / sister / relative / friend. I do this with the full and complete understanding that in the event of the parents’ death, I will be required to take full responsibility of the infant(s) emotionally, financially, physical, mentally and educationally.

I will be required to offer care and protection to the infant(s) and all their assets.

Signed: **Date:**

Witness: **Date:**

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ADOPTION PROCEDURES

Section 1.1

FOR KENYAN CITIZENS AND RESIDENTS

A. Pre-requisites for adoption

- Must be aged between 25 years and 65
- Must be 21 years older than the child they wish to adopt
- Is a mother or father of child
- In case of a joint application the couple must have been married to one another for at least three years
- Single applicants (male or female) cannot adopt children of the opposite sex unless under special circumstances
- A sole foreign female applicant can only adopt under special circumstances

B. Formal Application- If you meet the requirements given by the law, e.g. age limit, you will be issued with the application forms. Your application is only considered formal when you hand in your duly completed application forms. The following should be attached:-

- **2 full sized recent photos of the applicant(s)**
- **Copy of ID (Kenyan citizens)**
- **Copy of Passport and Work permit (Non-Kenyans Residents)**
- **Marriage certificate (where necessary) – in case of joint applicants, they MUST have been married for at least three years.**
- **Medical Report**
- **Proof of financial status-Pay slip, Bank Statement etc.**

C. Joint Interview- The applicants will go through a joint interview at Little Angels Offices.

D. Individual Interviews- In case of joint applicants, each of them will go through an individual interview with the LANS social worker. This also includes any children in the family aged above 14 years.

E. Home visit- Upon return of the application forms and completion of the interview sessions an appointment is fixed for the home visit. The aim of the visit is to:-

- Determine the applicants physical location (where the child will be living)
- Assess the suitability of the applicant(s) to adopt/ foster a child – living conditions are also assessed.
- Conduct an in depth interview with the applicant(s) in the privacy of their home.

F. Counselling- Visit recommended counsellors for mandatory counselling sessions.

NOTE: In case of a joint application, both applicants **MUST** be present during the Home visit.

G. Medical Check-up – This **MUST** be done by a doctor recommended by the Society and the report forwarded to Little Angels confidentially. **Note that the adoption regulation require that a HIV test is carried out as part of the medical examination.**

H. Case Committee Decision – The LANS Case Committee will then go through your application and Home Study Report. The Committee will either; **Approve, Defer** or **Reject** your

application. In the event that your application is Deferred or Rejected- Reasons for the same will be given in writing.

J. Identification of the child - Once approved as a fit parent, the applicant(s) will be assisted in identifying a suitable child (ren).

J. Please indicate preference of age and sex of child to simplify the identification process.

NOTE: A single female applicant cannot adopt a male child (and vice versa)

K. Bonding period- After identifying a child, the applicant(s) will be required to make at least 6 visits to the relevant home over a 1 -2 week period.

Reasons for the visits:-

- To bond with the baby before taking him/ her home.
- Medical check-up; during the 2 weeks, it is optional for the applicant(s) to seek a second medical opinion on the child from an independent doctor. This should be arranged with the matron/Nursing manager of the relevant home
- Preparations to receive the baby at home e.g. buying clothes, beddings etc.

L. Foster period- After the two weeks bonding process, the child is discharged to the prospective parent(s) who then begin the fostering process. This period should last 3 months.

M. Follow-Up Assessments- During the 3 months foster period, the social worker will conduct follow-ups to assess the progress of the child in the new family.

The follow-up schedule is as follows:-

- **1st Follow-up:-** one month after discharge of the baby. Done from the LANS Office.
- **2nd Follow-up:-** Two months after discharge of the baby. Also conducted in the LANS Office.
- **Final Follow-up:-** three months after discharge. It **MUST** be conducted at the applicant's home- to observe the adjustment of the child in the home environment. Then a Final Report is compiled.

NOTE: The relevant home will also conduct their independent follow-ups on agreed intervals e.g. two weekly, monthly etc.. Please consult with the home on this.

N. Legal Process - The legal process should commence immediately after the 3 months foster period. For this process, you will need:-

i. A lawyer - to represent you in court. The lawyer's fees vary depending on the lawyer you choose.

NOTE: you should **NOT** commence the legal procedure before a written consent is granted by the respective home.

ii. Guardian ad litem- To protect the best interest of the child during the adoption proceedings. Preferably a social worker, though a friend can also act as thus. The guardian ad litem must do a report and file it in court.

iii. Declaration from a Registered Adoption Society- for this purpose, the Society's social worker will make a visit to your home.

iv. Report from the Children's Department (Ministry of Home Affairs) - A Children's Officer will conduct a Home Study and File a report in court.

NOTE:

- The legal process varies in time depending on the court schedule, the advocate you engage, and sometimes how fast the reports (mentioned in (ii), (iii), (iv) above are done and filed in court. On average it takes between 4-6 months.
- You should not make any arrangements to travel out of the country with the child until the Adoption/Guardianship order has been granted by the court. LANS does not support such travel as it is against the law.
- Custody; It must be clearly understood that the child is in the legal custody of the relevant home until the Guardian ad Litem is appointed. The applicant therefore has no legal claim over the child until the High Court of Kenya has granted the Adoption/Guardianship order.
- If you do not comply with the above procedures, the child may be **withdrawn** from you and returned to the relative homes.

Section 1.2

ADOPTING A SECOND CHILD / THIRD

- The applicant **MUST** have obtained Adoption / Guardianship orders for the first adoption before a second child can be released to them.
- Otherwise section 1.1 is applicable.
- The Social Worker will visit the family to assess the progress of the first child.
- An updated 'Home Study Report' shall be written to facilitate the Second/ Third adoption proceedings.

Section 1.3

INTERNATIONAL ADOPTION PROCEDURE

- Only married couples may apply for an International Adoption.
- All applicants **MUST** have completed and complied with the accepted adoption proceedings in their home country/ country

of Residence before applying to LANS. Proof of such approval should accompany the application.

- A certified Home Study Report from a certified Adoption Agency, Certified Social Worker or other relevant authority **MUST** also be submitted with the application.
- Verification **MUST** be given by the relevant authority of the country of the parents' origin that the child will be granted citizenship once the adoption order is granted.
- The Kenyan law requires that the applicants **MUST** reside in Kenya with the child for a mandatory **three months** before the legal process begins. Time must then be allowed for the legal process and processing of the travel documents (On average 4-6 months).
- The following documents **MUST** be submitted together with the application;
 - i. Birth certificates of both applicants
 - ii. Marriage certificate
 - iii. Passport copies
 - iv. Letter from employer (s) indicating period of employment and remuneration or bank statement(s) if self employed.
 - v. Letter from a person(s) who would be the legal guardian(s) of the infant in the event of death of the applicants.
 - vi. Certified Home study (as above)
 - vii. Certificate of approval to adopt a Foreign child
 - viii. Two full sized photos (joint) – In case of other children in the family, a family photo will also be provided.

Upon arrival in Kenya the Guidelines set on 1.1 above will also apply to International applicants.

Your co-operation in following these guidelines will be appreciated as they aim at ensuring that the best interests of the Kenyan children are protected and failure to comply may lead to the process being terminated.

I hereby declare that I have carefully read the adoption procedures and have understood the contents. I further undertake to adhere to the set out rules and regulations to the latter.

Signed (1st Applicant) Date

Signed (2nd Applicant) Date

Name: (1st Applicant)

Name: (2nd Applicant)

FOR OFFICIAL USE ONLY

CASE COMMITTEE: Date.....

Approved	Deferred	Rejected

Remarks.....

This approval is valid for a period of four (4) months from the date of approval.

Signed Date

Name: Designation:

EXPLANATORY MEMORANDUM - FOR ADOPTERS

1. Once the court makes an adoption order in your favour you shall acquire all the rights duties, obligations and liabilities of a parent over the child permanently as if the child were born to you.
2. All such rights, duties, obligations and liabilities of the natural parent shall be extinguished permanently.
3. The adoption order is absolute and irreversible.
4. For the purpose of the jurisdiction of any court to make orders as to the legal custody, maintenance of and the right of contact with the child both and your spouse stand to each other and to the child in the same relation as the lawful father and mother of the child and the child shall stand to you in the same relation as to a lawful mother and father respectively.
5. An adopted child has all the inheritance rights as if he or she was born to you.
6. For the purpose of any written law relating to marriage for the time being in Kenya you, your children (If any) and the adopted child shall be deemed to be within the prohibited degree of consanguinity and therefore can not enter into a marriage relationship.
7. Often the child may have been through traumatic experiences and will need you to provide a caring and secure family environment.
8. The child has a right to know that he or she is adopted, and has a right to know about his origin as soon as the child is able to understand.
9. You may also be asked to provide other forms such as medical forms, marriage and divorce certificate, citizenship certificate, police record authorization and previous assessment for placement of children, birth certificate and other information. You shall be required to furnish the adoption society with a full size photograph taken three months prior to the making of the application. For joint applicants, photograph of the couple will be required.
10. An application to the adoption society does not guarantee placement.
11. The child placed with you pending an adoption order may be withdrawn from you.
12. That periodic home visits and supervision will be carried out by a representative of the adoption society while the child is placed with you pending an adoption order and that you shall inform the adoption society incase of change of address, serious illness or death of the child within 24 hours.
13. You shall inform the adoption society in the event death of a spouse of change of marital status incase of joint application.

CERTIFICATE OF ACKNOWLEDGEMENT

To Little Angels Network Society P. O. Box 43092 - 00100 Nairobi, Kenya

I/WE

HEREBY CERTIFY that I/We have received from you on a memorandum headed “Adoption of children – Explanatory Memorandum for adopters from which I/We have detached this certificate of acknowledgement; and I/We further certify that I/We have read the memorandum and understood it as explained to me.

1. SIGNATURE..... DATE
- ADDRESS
- TELEPHONE E-MAIL
2. SIGNATURE..... DATE
- ADDRESS
- TELEPHONE E-MAIL

Give names of responsible persons who can vouch for your character and means:

Name	Title/occupation	Address	Phone/e-mail
1.
2.
3.

I certify that the information given above is true to the best of my knowledge.

Name

Signature Date

FOR OFFICIAL USE ONLY

Received by: **Date:**

Designation: **Signature:**

FORM FOR ENQUIRY ON PROSPECTIVE ADOPTER (S)

Particulars of female prospective adopter

Full names.....

Physical Address.....

..... (Attach map)

Postal address..... Nearest landmark.....

Telephone No: Residence..... Office.....

Mobile.....

E-mail address.....

Date of Birth..... Place of Birth..... ID/Passport No.

Occupation Marital Status.....

Type of marriage (Christian, Islamic, Customary or other specify).....

Form of marriage (Polygamous, monogamous)

Date of marriage Place of marriage

If married, do you intend to make a joint application for an adoption order?

If no, give reasons

.....

Country of domicile Nationality

Race Religion

Immigration Status

Length of previous residence in Kenya Intended length of future residence in Kenya

Income per month Other sources of income

How far is the earning of the children living in the home included in this income

.....

.....

PARTICULARS OF MALE PROSPECTIVE ADOPTER

Full names.....

Physical Address.....

..... (Attach map)

Postal address..... Nearest landmark.....

Telephone No: Residence..... Office..... Mobile.....

E-mail address

Date of Birth..... Place of Birth..... ID/Passport No.....

Occupation..... Marital Status.....

Type of marriage (Christian, Islamic, Customary or other specify).....

Form of marriage (Polygamous, monogamous)

Date of marriage..... Place of marriage.....

If married, do you intend to make a joint application for an adoption order?

If no, give reasons

.....

Country of domicile..... Nationality.....

Race..... Religion.....

Immigration Status

Length of previous residence in Kenya..... Intended length of future residence in Kenya.....

Income per month..... Other sources of income.....

How far is the earning of the children living in the home included in this income

.....

.....

OTHER CHILDREN IN THE PROSPECTIVE ADOPTIVE FAMILY

Full names	Date of birth	Sex	Occupation
1.
2.
3.
4.

How many of the children are living at home?

What is the opinion of the children on the proposed adoption?.....

.....

Have you adopted a child (ren) before? Yes/No..... If yes, give details:

Full names	Date of birth	Sex	Occupation
1.
2.
3.

Details of their health status

Name and address of the adoption society that arranged the adoption

.....

Has any previous application for adoption been rejected? Yes/No

If yes give reasons

ACCOMMODATION AND CONDITION OF THE HOME

Description of the home

.....

Number of bedrooms Source of water

Type of toilet / bathroom

Type of house (permanent/semi-permanent/traditional)

Owner occupier/rented

Assets/property

Liabilities (loan, mortgage etc.)

.....

Details of other people living in the home:

Full names	Age	Sex	Relationship	Occupation
1.
2.
3.

Are the people living in the home in apparent good health?

What child do you wish to adopt? Age Sex

Race Other (specify)

Would you welcome periodical visits by a representative of an adoption society for a limited period after the adoption order is made? Yes/No If no, give reasons

.....

.....

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This form MUST be completed by the applicants’ friend (NOT relative) who MUST have known them for at least five (5) years.

REFEREE INFORMATION ON PROSPECTIVE ADOPTERS – CONFIDENTIAL

Dear (name of referee)

RE: (name of applicant)

The above named person(s) has/have applied to adopt a child under the care of this society and have given your name(s) as a referee. Any information you care to give will be treated with strictest confidentiality. Kindly answer the questions below and return the form to us either personally or by post at your earliest convenience.

Yours faithfully,

Director, Adoption Society

- 1. How long have you known the applicant(s)?
- 2. Are you in any way related to them?.....If yes, specify.....
- 3. Do you consider the applicant(s) suitable to undertake the care of a child not their own? If no, give reasons
.....
.....
- 4. Is the relationship within the home happy (harmonious) as far as you are able to judge?
- If no, give details.....
.....
- 5. Do you know the religious persuasion of the applicant(s)?.....
- If yes, give specify.....
- 6. Have the applicant(s) convicted of any criminal offence?.....
- If yes, give details.....
- 7. Do you know whether the applicant(s) have a history of abusing children?.....
- If yes give details.....

8. You consider that a child placed in the home will be brought up against the background of stability and affection?.....

.....

9. In your opinion, do you think there's adequate income in this household to bring up a child?..... Give details

.....

.....

10. Are the members of the household of good character?.....

If no, give details.....

.....

11. Are the adopters and members of the household in apparent good health?

.....

12. Any other remarks that would be relevant to considering this application

.....

.....

Name.....

Occupation

Signature.....

Date.....

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This form MUST be completed by the applicants' doctor, lawyer, church minister, employer or Government official.

REFEREE INFORMATION ON PROSPECTIVE ADOPTERS – CONFIDENTIAL

Dear (name of referee)

RE: (name of applicant)

The above named person(s) has/have applied to adopt a child under the care of this society and have given your name(s) as a referee. Any information you care to give will be treated with strictest confidentiality. Kindly answer the questions below and return the form to us either personally or by post at your earliest convenience.

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Give details.....
.....
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Occupation.....

Signature.....

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PART B- MEDICAL PARTICULARS OF PROSPECTIVE ADOPTERS

(The medical report must be signed by a medical practitioner)

1. (a) Name of prospective adopter:

(b) Date of Birth

(c) Sex F M

(d) Address:

2. What is the HIV status of the prospective adopter? P N

3. Is the prospective adopter able to have natural child of his/her own? Yes No

If not, is the reason why he/she is unable to have such children known?.....
.....
.....

4. If any fertility tests have been made to the prospective adopter what were the results of such?
.....
.....

5. Has the prospective adopter suffered/ suffering from any of the following?-	YES	NO
a) Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
b) Chronic bronchitis or recurrent chest illness;	<input type="checkbox"/>	<input type="checkbox"/>
c) Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>
d) Any form of rheumatism	<input type="checkbox"/>	<input type="checkbox"/>
e) Any form of neurosis or mental disorder	<input type="checkbox"/>	<input type="checkbox"/>
f) Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
g) Genito-urinary disease	<input type="checkbox"/>	<input type="checkbox"/>
h) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
i) Any neurological disorder	<input type="checkbox"/>	<input type="checkbox"/>
j) Leprosy	<input type="checkbox"/>	<input type="checkbox"/>
k) Any illness which might shorten the expectation of life or cause recurrent disability.....		
.....		

6. Has the prospective adopter undergone any major surgical procedure? Yes No

7. Is there any relevant family history of mental or physical disease? Yes No

8. Is there any relevant abnormality in the following?-

	YES	NO
--	------------	-----------

a) Cardiovascular system (blood pressure should be stated)	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

b) Respiratory system (if a chest x-ray is taken state date and result of such)	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

c) Urogenital system (State quantity of albumin and sugar in urine)	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

d) Abdomen and alimentary system	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------	--------------------------	--------------------------

e) Central nervous system	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------	--------------------------	--------------------------

f) Eye and vision	<input type="checkbox"/>	<input type="checkbox"/>
-------------------	--------------------------	--------------------------

g) Ear and hearing	<input type="checkbox"/>	<input type="checkbox"/>
--------------------	--------------------------	--------------------------

h) Skin	<input type="checkbox"/>	<input type="checkbox"/>
---------	--------------------------	--------------------------

9. Is there normal use of limbs? Yes No

10. Does the prospective adopter appear mentally balanced and emotionally secure?
.....
.....

11. Are there any other facts, medical or otherwise, about the prospective adopter which should be known?
.....
.....

Report done by :

Doctor's Name

Signature : **Date :**

Official stamp:

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	YES	NO
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c) Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>
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f) Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
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h) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
i) Any neurological disorder	<input type="checkbox"/>	<input type="checkbox"/>
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.....

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7. Is there any relevant family history of mental or physical disease? Yes No

8. Is there any relevant abnormality in the following?- **YES** **NO**

a) Cardiovascular system (blood pressure should be stated)

b) Respiratory system (if a chest x-ray is taken state date and result of such)

c) Urogenital system (State quantity of albumin and sugar in urine)

d) Abdomen and alimentary system

e) Central nervous system

f) Eye and vision

g) Ear and hearing

h) Skin

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.....

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Report done by :
Doctor's Name

Signature : **Date :**

Official stamp: