

Expectant Parent Application for Services

PERSONAL INFORMATION: Birthmother

Full Legal Name _____ Nickname _____
Address _____
Street _____ City _____ County _____ Zip _____
Telephone: Home _____ Work _____ Other _____
What is your race: _____ Age? _____ Date of Birth? _____
Where were you born? _____
City _____ State _____ County _____
Are you single? ___ Married? ___ Separated? _____ Divorced? ___
If divorced, when was your divorce final? _____
What is your height? _____ Normal weight? _____ Eye color? _____
Hair color? _____ Complexion? _____
Do you have any children? ___ What are their ages? _____
Do they live with you? _____
How many months or weeks pregnant are you? _____
What is your due date? _____
Are you having a boy or a girl? _____

PERSONAL INFORMATION: Birthfather

Full Legal Name _____ Nickname _____
Address _____
Street _____ City _____ County _____ Zip _____
Telephone: Home _____ Work _____ Other _____
What is his race: _____ Age? _____ Date of Birth? _____
Where was he born? _____
City _____ State _____ County _____
What is his height? _____ Weight? _____ Eye color? _____
Hair color? _____ Complexion? _____
Does he know you are pregnant? _____
Has he assumed any responsibility for you or for your unborn child? _____

Does he know that you are considering adoption for the baby? _____
If you do make an adoption plan, do you think he will cooperate? _____

MEDICAL CARE

Are you getting prenatal care? _____

Where? _____
(Name and address of doctor's office or clinic)

Are you experiencing any pregnancy problems? _____

Do you need help locating a doctor or clinic? _____
Do you need help getting to your prenatal appointments? _____
What kind of prenatal vitamins or other medication are you taking? _____

Do you have health insurance? ___ If yes, what is the name of your insurance company? _____
Do you have Medicaid? ____ If yes, what is your Medicaid number? _____

CHURCH INVOLVEMENT

Do you go to church? _____ Have you in the past? _____
What is the name of your church? _____
Is your pastor aware of your pregnancy? _____

EDUCATION

Are you in school or college now? _____ Where? _____
What grade or year are you in? _____
What are your future education plans? _____
Did you graduate from high school? _____ Do you have a GED? _____

EMPLOYMENT

Are you employed now? _____ Where? _____
Have you been employed in the past? ___ Where? _____
What are your plans for future employment? _____

HOW CAN WE HELP YOU?

What are your current plans for your child?
Adoption? _____ Parenting? _____ Undecided? _____
What are your main concerns and how can we help you? _____

This application is a request for services provided by Christian Family Services. I understand that all information I have given will be held in strict confidence.

Signed _____ Date _____