

**BIRTHPARENT APPLICATION FOR SERVICES**

**PERSONAL INFORMATION: Birthmother**

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other: \_\_\_\_\_

What is your race? \_\_\_\_\_ Age? \_\_\_\_\_ Birthdate? \_\_\_\_\_

Where were you born? City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced

If divorced, when was the divorce final? \_\_\_\_\_

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: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other: \_\_\_\_\_

What is his race? \_\_\_\_\_ Age? \_\_\_\_\_ Birthdate? \_\_\_\_\_

Where was he born? City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_ Complexion \_\_\_\_\_

Does he know you are pregnant? \_\_\_\_\_

Has he assumed any responsibility for you or for your unborn baby? \_\_\_\_\_

Does he know 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 pre-natal care? \_\_\_\_\_

Where? Doctor / Clinic \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 now in school or college? \_\_\_\_\_ Which school? \_\_\_\_\_

What grade / year are you in? \_\_\_\_\_

What are your future education plans? \_\_\_\_\_

\_\_\_\_\_

Did you complete high school? \_\_\_\_\_ Do you have a GED? \_\_\_\_\_

**EMPLOYMENT**

Are you now employed? \_\_\_\_\_ 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 is held in strict confidence.

Signed \_\_\_\_\_ Date \_\_\_\_\_