

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 _____