



## BIRTH MOTHER INTAKE FORM

### BIRTH MOTHER INFO:

### BIRTH FATHER INFO:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Race \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Race \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Birthdate//Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Birthdate//Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Due Date \_\_\_\_\_ Ultrasound \_\_\_\_\_ Sex of Child \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Color Eyes \_\_\_\_\_ Color Hair \_\_\_\_\_ Color Eyes \_\_\_\_\_ Color Hair \_\_\_\_\_

Drugs \_\_\_\_\_ What Kind \_\_\_\_\_ Drugs \_\_\_\_\_ What Kind \_\_\_\_\_

Alcohol \_\_\_\_\_ Smoke \_\_\_\_\_ Alcohol \_\_\_\_\_ Smoke \_\_\_\_\_

Do You Have Other Children \_\_\_\_\_

Any Pertinent Medical History \_\_\_\_\_

\_\_\_\_\_

Are You Receiving Medical Care \_\_\_\_\_ Dr's Name \_\_\_\_\_

Are You On Medicaid \_\_\_\_\_ Medicaid # \_\_\_\_\_ Where At \_\_\_\_\_

Reason for Placing Child for Adoption \_\_\_\_\_

Are You Willing to Relinquish Your Parental Rights to This Child \_\_\_\_\_

What Are You Looking for in an Adoptive Family \_\_\_\_\_

Will You Accept an Alternative Family \_\_\_\_\_

Are You Working \_\_\_\_\_

Needs Assessment:

Rent \_\_\_\_\_ Utilities \_\_\_\_\_ Phone \_\_\_\_\_ Groceries \_\_\_\_\_ Clothes \_\_\_\_\_

Where Did You Here About Us \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_