

RESIDENT INFORMATION

Today's Date: _____

Full Name: _____ Phone: _____

Address: _____ Social Security #: _____

Date of Birth: _____ Birthplace: _____ Age: _____

Due Date: _____ Marital Status: _____ Ethnicity: _____

How did you learn of our program? _____

First pregnancy? Yes / No If no, explain: _____

Plans for the baby: Adoption () Parent () Undecided ()

Placing Agency (if applicable): _____

Caseworker/Phone: _____ Caseworker's Supervisor/Phone: _____

Emergency Contact: _____ Phone: _____

PARENTS

Write a paragraph about your relationship with your parents: _____

Father's Name: _____ Home Phone: _____

Address: _____ Highest grade completed: _____

Occupation: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____

Address: _____ Highest grade completed: _____

Occupation: _____ Work Phone: _____

Are your father and mother (check appropriate box):

() Married and living together () Separated () Deceased

() Married, not living together () Divorced (primary guardian: _____)

FATHER of BABY

Full Name: _____ Phone: _____

Address: _____ Age: ____ Soc. Sec. #: _____

Does he know you're thinking about coming here? _____

How does he feel about the pregnancy? _____

What is your relationship with him at the present time? _____

SIBLINGS (include step and half)

Write a paragraph about your relationship with your brothers and sisters: _____

Name	Age	Sex	Address

Person having custody / guardianship: _____

Address (if different from parents): _____

Relationship: _____ Home Phone: _____ Work Phone: _____

EDUCATION/VOCATION Select one of the following:

1. If presently in school:

Name of school: _____ Grade Level: _____ Grade Average: _____

Guidance Counselor or Principal: _____

2. If you have dropped out of school:

Age when you left: _____ Last grade completed: _____ Reason for dropping out: _____

What have you been doing since? _____

3. If you have graduated:

What year did you graduate? _____ College or career training: _____

Occupation: _____ Employer: _____ Phone: _____

Future Plans: _____

What feedback have you received about your performance? _____

COMMUNITY

School organizations, clubs, extracurricular activities you have belonged to: _____

Have you ever been involved with any other agency (Social Services, counseling, etc.) Please tell about that involvement: _____

SPIRITUAL LIFE

What faith are you? _____ How important is God in your life? _____

Do you currently attend a church? ____ If so, where? _____

Pastor's Name & Phone Number: _____

How active have you been in church (include groups in the church you've belonged to)? _____
