



Birth Mother Introductory Form



INTRODUCTION

How did you hear about our agency?

Today's Date:

Your Due Date/Or weeks along:

Your Birthdate:

Name:

Address:

Email:

Phone Number:

May we contact you at this number? If yes, what time of day works best for you?

Which method of contact do you prefer? (Circle One)

Text Email Phone Any

Do you have a state issued license? If yes, what is the number?

Which state was the license or ID issued in?

Are you a U.S. Citizen?

Place of birth?

What is your race/ethnicity?



LIVING ARRANGEMENTS

With whom do you live?

Are they aware of your pregnancy?

Are they aware you are considering adoption?

If yes, are they supportive?

Are your friends or family aware of your pregnancy?

Are your friends or family supportive of your decision?

EDUCATION

How many years have you completed of Grade School?

How many years have you completed of High School?

How many years have you completed of College?

Any other education?

Do you have any educational goals?

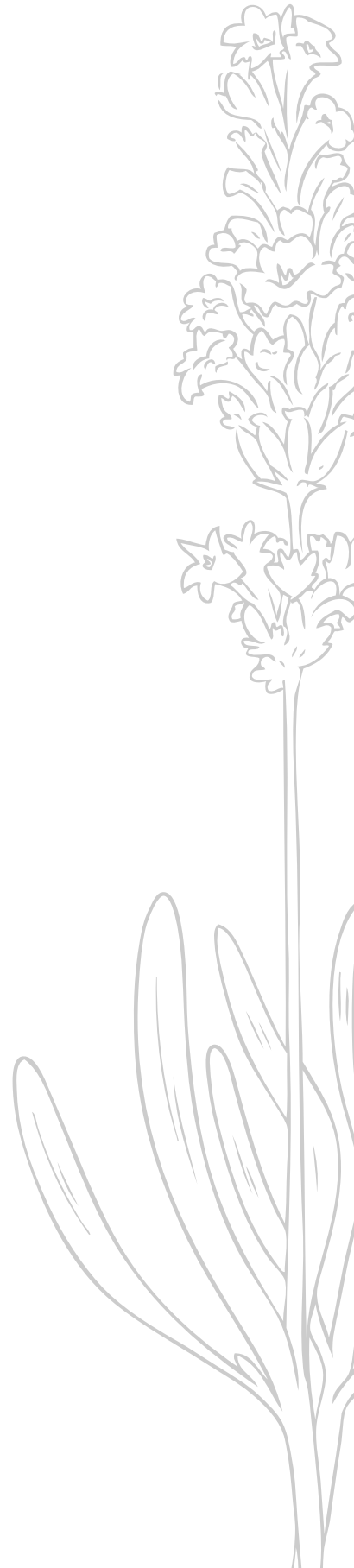
PERSONAL INTERESTS

Any hobbies or interests?

Favorite food?

Favorite book or movie?

Do you have a personal motto or saying?



ADOPTIVE PARENT PREFERENCES

On a scale of 1 to 10, with 1 being the lowest, how sure are you of completing the adoption?

Do you have a preferred marital status of the family?

Do you have a preferred religion of the family?

Do you have a preferred race of the family?

Are you open to a family that has other children?

Do you want to be involved in the selection of the family?

Do you want to meet the family?

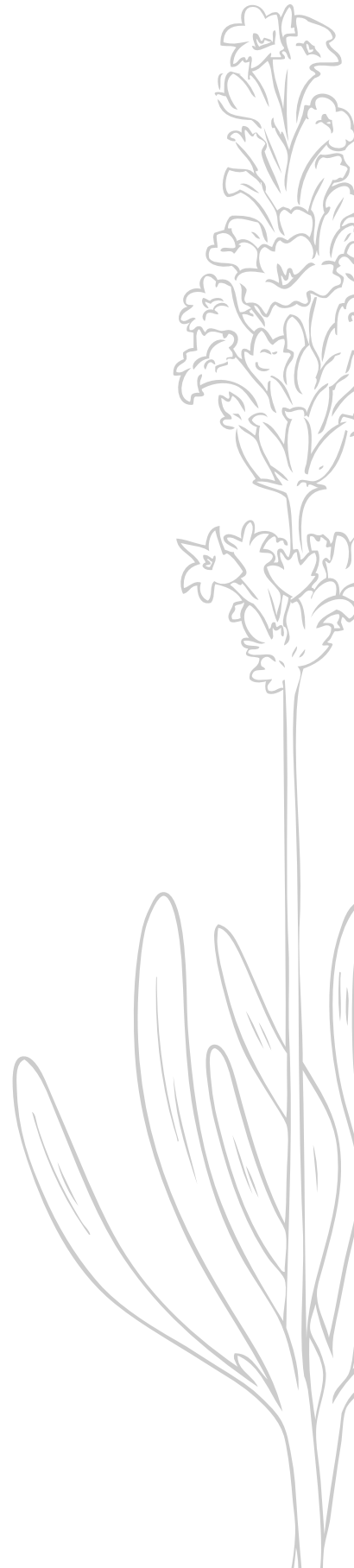
Would you like the family present for the birth?

After the birth, would you like contact with the baby/family?

During the pregnancy, how much contact would you like with the family?

After placement, how much contact would you like with the family?

Please describe your ideal adoptive family...



PRE AND POST ADOPTION CONTACT

Here are some ideas to be thinking about in regards to contact with potential adoptive families.

1.) Pictures and Letters: How often, how many years?

Example:

- Once a year for 18 years
- Once a month for the first year, then one a year for 18 years
- At the families discretion
- Request that A Giving Tree Adoptions holds letters until you're ready to have
- No Pictures or letter

2.) Direct Contact: When, how often?

Example:

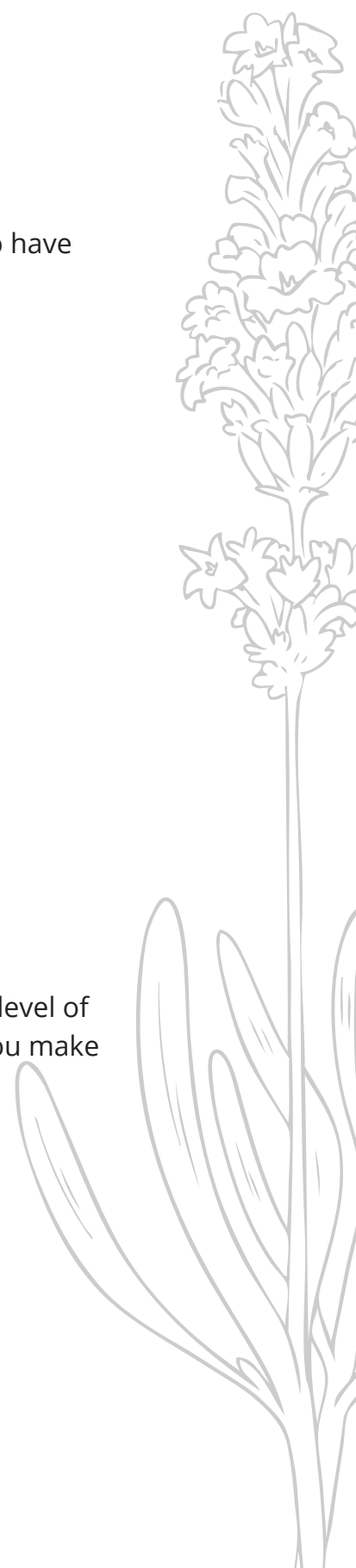
- Phone calls? Emails? Texts?
- Zoom/Skype calls before match
- Zoom/Skype calls after placement

3.) Face to Face Meetings: When, where, how often?

Example:

- Meet with potential adoptive families before match
- Meet with the adoptive family after delivery
- Meet with the adoptive family after placement
- Meet with the adoptive family later in the child's life

Please keep in mind that you do not have to have all the answers to what level of contact you would prefer. We are here to help guide and support you as you make the best decisions for yourself.



BACKGROUND

Were you adopted?

If yes, what information do you know?

Have you ever placed a child for adoption before?

If yes, please give further information

Have you ever been arrested or convicted of a crime?

If yes, please give further information.

Have you ever been convicted of child abuse?

If yes, please give further information.

AMERICAN INDIAN INFORMATION

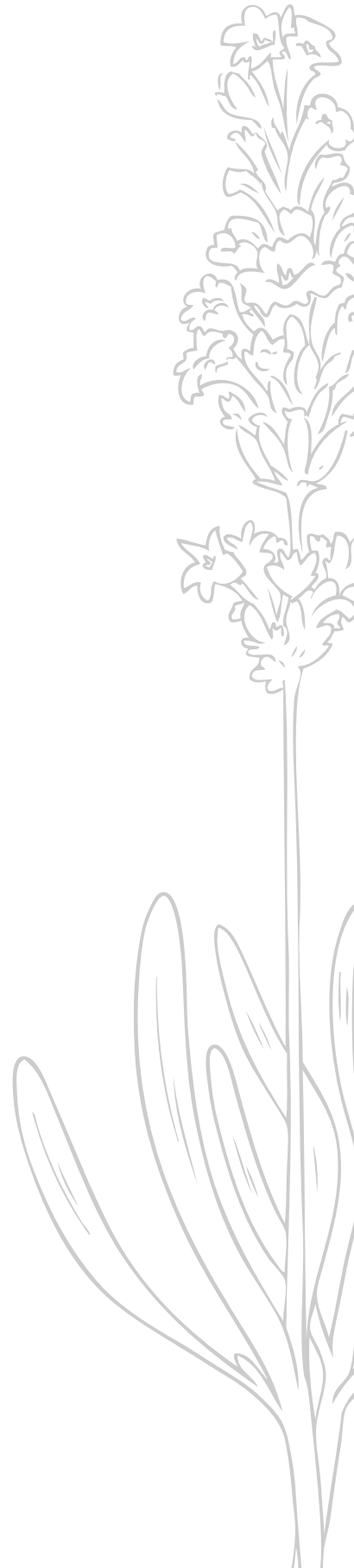
Are you a member of a Native American or Alaskan Native Tribe?

If yes, which?

Are you eligible for membership to a Tribe?

Are any of your relatives members of a Tribe?

If you have indicated yes to any of the above, please indicate the location, registration or identification number.



BIRTH FATHER INFORMATION

Do you know the biological father? If no, you can skip this next section.

What is his name?

What is his age or date of birth?

Has the biological father acknowledged that he is the father?

What is his race/ethnicity?

What are the current circumstances of your contact?

Do you live together?

HEALTH INSURANCE INFORMATION

Do you currently have health insurance?

If yes, what is the carrier's name?

If no, would you like assistance to receive health insurance?

Have you received prenatal care?

If yes, when did you start receiving prenatal care?

Is your doctor/clinic aware of your adoption plans?

What is the name of the doctor or clinic?

MONTHLY EXPENSES

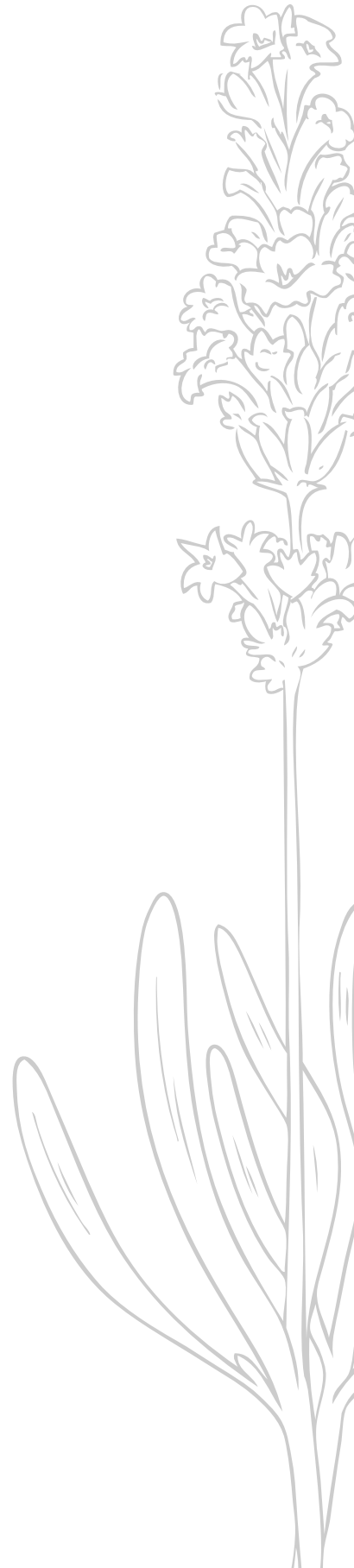
Rent:

Groceries:

Automobile:

Medications:

Clothing:



PREGNANCY INFORMATION

Will you be in need of transportation to doctor's appointments?

Have there been any complications during this pregnancy?

If yes, please provide further detail.

Is the pregnancy the product of incest?

Do you suffer from any mental illness?

Do you have a family history of mental illness?

If you've had previous pregnancies, did you carry to term?

Have you used any of the following substances? If yes, indicate frequency.

- Cigarettes
- Alcohol
- Marijuana
- Cocaine
- Methamphetamines
- Heroin
- Ecstasy
- Methadone
- LSD
- Antidepressants
- Diet Pills
- Tranquilizers
- Anticonvulsants
- Other, please list

