

# HEART AND SOUL ADOPTIONS

YOUR FULL-SERVICE LICENSED CHILD PLACEMENT AGENCY



## *Birth Parent Application*

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Date \_\_\_\_\_

### **PART I**

Applicants Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Complexion \_\_\_\_\_ Body Build \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ US Citizen \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ May we leave a message for you? \_\_\_\_\_

Is this adoption and pregnancy confidential? \_\_\_\_\_ What is the best time to reach you? \_\_\_\_\_

### **PART II**

When are you due? \_\_\_\_\_ What is the sex? \_\_\_\_\_

Have you had pre-natal care? \_\_\_\_\_ If yes, where? \_\_\_\_\_ What is the name of the Dr.? \_\_\_\_\_

If you haven't had pre-natal care, would you be willing to? \_\_\_\_\_ Are you willing to have an HIV test done? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ How Much? \_\_\_\_\_ Do you drink Alcohol? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

What part of the pregnancy? \_\_\_\_\_

Do you use drugs? \_\_\_\_\_ What kind and how often? \_\_\_\_\_

Describe your current health \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **PART III**

What are the reasons you don't feel you are able to parent this child? \_\_\_\_\_

\_\_\_\_\_  
If situations change, will you change your mind? \_\_\_\_\_ Why or why not \_\_\_\_\_

\_\_\_\_\_  
What kind of influence do friends and family have on your decision? \_\_\_\_\_

\_\_\_\_\_  
Tell us in detail, who is aware and supportive of your decision to place your child for adoption \_\_\_\_\_

\_\_\_\_\_

What are your plans for delivery? Are you going to deliver in your state or deliver in Utah? \_\_\_\_\_  
If you stay in your state, Who is going to be in the delivery room with you? \_\_\_\_\_  
Are they supportive of your decision? \_\_\_\_\_  
Are you going to hold and care for your child in the hospital prior to signing the consent forms? \_\_\_\_\_  
If you plan to deliver in Utah do you want the Adoptive Parents in the delivery room with you? \_\_\_\_\_  
If you stay in your State, are you willing to let the baby be discharged to our Social Worker and placed in Cradle Care for 2-4 days until your rights are terminated? \_\_\_\_\_

**PART IV**

Do you know who the father is? \_\_\_\_\_ His Name \_\_\_\_\_  
His phone number \_\_\_\_\_ Does he know of this pregnancy? \_\_\_\_\_  
Is the father willing to give up his parental rights? \_\_\_\_\_  
Are you married? \_\_\_\_\_ Describe your current relationship with him \_\_\_\_\_  
Fathers race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Is he or has he ever been abusive to you? \_\_\_\_\_

**PART V**

Have you or do you have any other children? \_\_\_\_\_ Are they living with you? \_\_\_\_\_  
Names and ages \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Do any of them have health problems? \_\_\_\_\_  
Do any of them have mental problems? \_\_\_\_\_ If yes explain \_\_\_\_\_  
\_\_\_\_\_  
Have you ever placed a child for adoption? \_\_\_\_\_ When? \_\_\_\_\_  
Are you working with any other agency or attorney at this time? \_\_\_\_\_ If yes, who? \_\_\_\_\_

**PART VI**

Are you attending school? \_\_\_\_\_ Did you graduate from high school or GED? \_\_\_\_\_  
Are you currently working? \_\_\_\_\_ What is your religion? \_\_\_\_\_

**PART VII**

Do you have financial assistance? \_\_\_\_\_ Are you on medicaid? \_\_\_\_\_ Do you have coverage by private insurance? \_\_\_\_\_

**PART VIII**

Please explain the race, religion and type of family you would like your child to be parented by \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Describe the "perfect" adoptive family \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to look at profiles of adoptive parents and choose the family for your child? \_\_\_\_\_

If yes, we send out profiles in the last six weeks of pregnancy. You may choose the family and talk to them if you wish.

Describe what kind of adoption you would like to have (open/closed) \_\_\_\_\_

On a scale of 1 to 5 five being the most, how committed are you to placing? 1 2 3 4 5

Do you have any special questions or concerns that we can help you with? \_\_\_\_\_

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Heart and Soul Adoptions, Inc. will place my child with a family that may or may not practice religion as I do. The adoptive parents will raise my child in the faith of their choice unless I have specified otherwise. I do understand that Heart and Soul Adoptions will only place my child with a Christian family, one that believes in Christian fundamentals.

I, \_\_\_\_\_, hereby certify to the best of my knowledge and honor that the information provided by me is true and correct. I understand that misrepresenting information of this kind is unlawful.

Birth Mother \_\_\_\_\_ Date \_\_\_\_\_

**Heart and Soul Adoptions, Inc.**

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