



Adoption ARC

Pennsylvania, New Jersey and Delaware Licensed

Founder

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ADOPTION ARC BIRTH PARENT INTAKE FORM

DATE OF INTAKE: _____ Hospital _____

SOURCE OF REFERRAL: _____

SW Phone/Beeper # _____

CLIENT NAME: _____

ADDRESS: _____

Hospital Phone/Room# _____

BETWEEN WHICH MAIN STREETS?

WHO DOES THE CLIENT LIVE WITH? _____

PHONE # _____

ANY SPECIAL INSTRUCTIONS WHEN CALLING? _____

CLIENT'S AGE _____ DATE OF BIRTH _____ RACE _____

DUE DATE: _____

RECEIVING PRENATAL CARE? _____ WHERE? _____

REASONS FOR PLACING (eg: financial, education):



WHERE WILL YOU DELIVER? _____

DOES CLIENT HAVE CHILDREN? _____ HOW MANY? _____

DO THEY LIVE W/ YOU? _____

IF YES, NAMES & AGES: _____

SERVICES BIRTH MOTHER MAY NEED: _____

BIRTH FATHER INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____
DATE OF BIRTH _____ AGE _____ RACE: _____

DOES HE KNOW ABOUT THE PREGNANCY? _____

DOES HE KNOW YOU ARE CONSIDERING ADOPTION? _____

IS HE IN AGREEMENT? _____

WHO TOOK INTAKE? _____

APPOINTMENT DATE/TIME _____

ASSIGNED TO WHOM: _____