



A ACT OF LOVE

BIRTHPARENT SERVICE AGREEMENT

(Application for Services)

If completing on-line, double click on boxes below to check or uncheck

BIRTH MOTHER INFORMATION:

First Name		Middle	Last		Maiden
Social Security Number			Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Address		Apt. #	City		
State		Zip Code	Email Address		
Phone (Home)		Cell	Work		
Date of Birth	Age	Place of Birth		Racial Background	
What is the best way to contact you?		Text <input type="checkbox"/>	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	May we leave a message for you? Yes <input type="checkbox"/> No <input type="checkbox"/>
In an emergency, who can we contact?		Name			
Relationship			Phone		
Address		City		State	Zip

PERSONAL INFORMATION:

Marital Status: Single (never married) <input type="checkbox"/> Single (legally divorced) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/>					
Are you married to the birth father? Yes <input type="checkbox"/> No <input type="checkbox"/>			If married or separated, name of spouse		
Are you a member of a Native American tribe or Alaskan Village? Yes <input type="checkbox"/> No <input type="checkbox"/>				Are you Registered? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what tribe or village		Do you live on a reservation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Enrollment #	
Is birth father a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		What is the birth father's racial background?			
Will birth father be involved with the adoption plan? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>					
Is birth father aware of the pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/>			Is birth father aware of your adoption plan? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is birth father willing to consent to an adoption? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>					
Is birth father a member of a Native American tribe or Alaskan Village? Yes <input type="checkbox"/> No <input type="checkbox"/>				Enrollment #	
Does birth father live on a reservation? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, what tribe or village?		
Is birth father in the armed forces? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, what branch and dates of service?		

PREGNANCY INFORMATION:

Estimated due date?		Sex of the baby? F <input type="checkbox"/> M <input type="checkbox"/> I Don't Know <input type="checkbox"/>	
Have you started prenatal care? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date started	Have you had an ultrasound? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have medical insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a proof of pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what type of insurance?	Policy #	Medicaid #	
Doctor's Name		Doctor's Phone	

BIRTH FATHER CONTACT INFORMATION:

Name		Address	
Date of Birth	Age	Place of Birth	SS#
Phone (Home)	Cell	Email	

HUSBAND CONTACT INFORMATION: (If Applicable)

Name		Phone	
Is husband a member of a Native American tribe or Alaskan Village? Yes <input type="checkbox"/> No <input type="checkbox"/>		US Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does husband live on a reservation? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what tribe or village?		
Is husband in the armed forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what branch and dates of service?		
Date of Birth	Age	Place of Birth	SS#
Is he aware of the pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is he aware of your adoption plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is he willing to consent to an adoption? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>			

HISTORY OF DRUG USE:

Prescription medications during pregnancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:
Alcohol use during pregnancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:
Methamphetamines use during pregnancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:
Cocaine use during pregnancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:
Marijuana use during pregnancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:
Cigarettes use during pregnancy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:

Other:

ADOPTIVE FAMILY MATCHING:

I will choose my adoptive family Yes No I want the agency to choose my adoptive family Yes No
(I understand that my adoptive family preferences may change as I make my adoption plan.)

Type of adoptive family I would like to choose: Married Couple Single No preference
Couple with children Couple with no children No preference

Religious Preference:
Christian Non-Christian No preference Other/Name: _____

Preference of Race:
No preference Other/Name: _____

Describe Additional Preferences: (If any)

POST-ADOPTION CONTACT PREFERENCES:

I am uncertain at this time. I choose to discuss post-adoption contact with an adoption counselor at another time.

I will select below - (I understand that this may change as I make my adoption plan.)

Pictures and letters through the agency Pictures and letters by email Periodic phone calls
Visits with the adoptive family Visits before placement Visits at placement Visits after placement
No Contact Other: _____

I give A Act of Love/Alternative Options my consent to:
Exchange non-identifying information with prospective adoptive parents needed in the adoption process Yes No
Contact me to meet in person with the prospective adoptive parents during the selection process for the adoption Yes No
Contact me following the placement and legal adoption Yes No
Send me information about prospective adoption parents Yes No
An open adoption with prospective adoptive parents Yes No
A closed adoption with prospective adoption parents Yes No

How did you learn about our agency? Phonebook Google Website (Please specify) _____
Other: _____

Birth Mother Signature

Date

Birth Father Signature (If applicable)

Date

BIRTH PARENT ADOPTION SERVICES AGREEMENT

A Act of Love -9561 South 700 East, Suite 101, Sandy, Utah 84070-(801) 572-1696-Fax (801) 572-9303
24-Hour Birth Parent Line 1-800-835-6360
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Thank you so much for your application! We are excited to work with you.

Before we set everything in motion, we need you to complete and sign this document and return it to us as soon as you can.

I, _____, intend to place my child, born/expected to be born on _____ with A Act of Love/Alternative Options ("Act of Love") for the purpose of adoption.

I understand Act of Love has agreed to provide services to me related to my adoption plan. I have filled out Act of Love's Birth Parent Application to the best of my knowledge, and Act of Love has explained in full the services which can be provided to me. I understand that services are provided on a case-by-case basis, but that I will have access to all services Act of Love could provide to me.

I agree to cooperate with Act of Love in the performance of services that will be provided related to my adoption plan.

I agree to be forthright and honest with Act of Love, to answer all questions accurately and honestly, and to disclose to Act of Love anything that may affect any prospective adoptive placement or the security and/or development of the child that I may be required to disclose under Utah law or under the laws of the state where I will be placing my child. I also agree to update the information contained in the Birth Parent Application as changes occur.

Act of Love has not promised me money or anything of value in exchange for placing my child for adoption.

I acknowledge that Act of Love is bound by legal and professional obligations in the performance of professional services to me. As such, it is possible Act of Love could fail or refuse to continue to provide services if, in Act of Love's sole opinion and discretion, it believes it should discontinue services.

I understand that certain employees, agents, consultants, or independent contractors of Act of Love may provide adoption services to both me and the adoptive parents with whom I become matched. I expressly consent to have such employees, agents, consultants, or independent contractors of Act of Love provide adoption services to both me and the adoptive parents with whom I become matched.

I understand Act of Love cannot guarantee that all information I provide to Act of Love will remain confidential, particularly if I choose to have some openness in my adoption. I understand that Act of Love will use reasonable care to maintain the confidentiality of my information, consistent with the level of openness I choose, but I acknowledge there are circumstances and individuals outside the control of Act of Love that may impact the ability of Act of Love to maintain the level of confidentiality I choose.

I release and hold harmless Act of Love from all claims, losses, liability, actions, causes of action, damages, or injuries, no matter how characterized, related to, or arising from my actions or omissions or those of any prospective adoption parents; related to or arising from services provided by Act of Love, including, but not limited to, any breach or apparent breach of confidentiality; related to or arising from Act of Love's discontinuance of services; or related to or arising from any decision made by Act of Love with respect to me or my child.

I understand that Act of Love will place children with adoptive families of any religion, but that if a child has already achieved some identification with a particular religion or if I desire that my child be placed with a family of a particular religion, Act of Love will honor that identification or desire to the extent possible. I understand that Act of Love will do what it can to match

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my religious preference, but that if my religious preference cannot be met, I understand Act of Love will be free to select a family of an appropriate religious background unless otherwise specified.

If you have a religious preference for the placement of your child, please mark below:

Catholic Protestant LDS Jewish Other: _____

If you have no religious preference, please check here.

I understand that Act of Love does not discriminate based on marital status, but Act of Love follows Utah law.

I understand that Act of Love places children with single adoptive applicants, but that Utah law prohibits Act of Love from placing children with a single adoptive applicant who is cohabitating with another person.

I understand that Act of Love will assist me with an adoption plan of my choice.

I understand that Act of Love offers all levels of open and closed adoptions, but AOL cannot guarantee confidentiality of information when an open adoption is chosen.

I understand Act of Love offers counseling for me, regardless of whether I choose adoption.

I understand that Act of Love offers resource information for medical services.

I understand that housing arrangements, transportation, medical expenses, and living expenses are available on a case-by-case basis.

I understand that living expenses may include, but may not be limited to one or more of the following: housing, food, utilities, medicines, or clothing, if needed. All expenses are determined on a case-by-case basis and may be limited further by the laws of the state where the adoptive family resides where the child will be placed. Any housing provided will be on an at-will basis, meaning Act of Love may terminate the housing arrangement at-will and without cause, and upon five (5) calendar day notice.

Release of Claims

I, _____, recognize that A Act of Love/Alternative Options and Services for Children ("A Act of Love") will be providing me certain services in connection with my expressed desire to place my unborn child for adoption with A Act of Love. Such services may include, among other things, transportation and housing.

I understand and agree that neither A Act of Love nor its officers, directors, agents, or employees may be held liable in any way for any occurrence in connection with the provision of any services to me by A Act of Love, which may result in injury, death, or other damages to me or my family, heirs, or assigns, including damage to my personal property.

I hereby personally release A Act of Love, its officers, directors, agents, and employees from any claim, demand, cause of action, damages, costs, loss of services, expenses, and compensation, on account of or in any way arising out of personal injuries and/or property damage that may result at any time, whether or not contemplated at the present time, and whether or not arising following the execution of this release or as the result of the provision of services to me by A Act of Love.

If a problem should arise that you are unable to resolve with A Act of Love staff member, a written grievance should be submitted to the A Act of Love Governing Board as soon as possible, but in no event later than 30 days after the problem arises.

I further state that I am legally competent to sign this affirmation and release; that I understand the terms herein; and that I have signed this document as my own free act.

Birth Mother Signature

Date

Birth Father Signature (If applicable)

Date

Utah law requires that we inform you of the following consumer rights that you have:

You have a right to privacy of information and privacy for current and closed records. Act of Love shall take reasonable precautions to ensure the privacy of your confidential information as required by Utah law, unless you expressly agree to Act of Love's disclosure of such information to a third party. This assurance of privacy also applies to both current and closed records.

You have the right to obtain the reasons for involuntary termination of services and the criteria for re-admission to the program. If Act of Love terminates its agreement to provide services to you and you notify Act of Love within a reasonable time period that services were discontinued against your will, within 20 business days of when Act of Love receives such notification you are entitled to a written explanation of the reasons for involuntary termination of services as well as notice of the criteria for re-admission to the program if re-admission is deemed feasible.

You have the right to freedom from potential harm or acts of violence to you or others.

You have the right to be free from unlawful discrimination.

You have the right to be treated with dignity.

You have the right to communicate by telephone or in writing with your family, attorney, physician, clergyman, and counselor or case manager, except when contraindicated by a licensed clinical professional.

You have the right to send and receive mail providing that security and general health and safety requirements are met.

You have the responsibility to be honest and forthright in your dealings with the agents, employees, and other clients of Act of Love.

You have the responsibility to never act in a way that would jeopardize or compromise the safety of any person or property while receiving services from Act of Love.

Smoking is not allowed on any property owned, leased, or managed by Act of Love.

Service fees and costs are usually born by the adoptive families. Birth parents usually do not pay any fees, but we will advise you if your situation presents different circumstances and present you with a schedule of fees and costs.

Grievance and complaint procedures. If you believe that an agent or representative of Act of Love has violated your consumer rights, you may send a written complaint to: Act of Love, Consumer Rights Complaint, 9561 South 700 East, Suite 101, Sandy, Utah 84070. Act of Love will initially attempt to resolve the matter formally with you. Act of Love may make such informal efforts for up to 60 days. If Act of Love is not able to informally resolve the complaint, you will receive a written response within twenty business days after Act of Love has ended its efforts to resolve the matter informally.

I/we, certify to the best of my knowledge that I/we have read the foregoing and I/we am/are signing this of my own free will.

Birth Mother Signature

Date

Birth Father Signature (If applicable)

Date