

Advisory/Education Services Application

Thank you for applying for the Advisory/Education Services at Pregnancy Services. Please complete the application and return to our office. We will contact you within 2 weeks to set up your initial Client Consultation. Thank You

For Official Use Only	
REC. DATE	_____
PREV. CL #	_____
INTER DATE	_____

What Days and Hours are you Available? We Schedule Appointments: 10:00 am - 3:00 pm ~ SOME Group Classes are held in the evenings.
 Tues. Mornings Tues. Afternoons Wed. Mornings Wed. Afternoons Thur. Mornings Thur. Afternoons

Name: _____ Have you been a client here before? YES / NO
If yes, and your last name has changed, please list your previous last name too.

Address: _____ City, State, Zip: _____

Phone: _____ 2nd Phone: _____ Date of Birth: _____ Age: _____

E-Mail: _____ Who do you live with? parents partner roommate alone friends other

What other programs or community services are you involved with? _____ (Example: WIC, Head Start, CMH, Eight Cap)

Are there specific questions, concerns or needs that you are encountering now? _____

How did you hear about us? _____

Partner

Current Relationship Status: married single divorced separated domestic partnership other _____

Partners Name: _____ Age: _____ Do you plan to attend sessions together? YES / NO If yes, please have your partner complete the back of this application.

Education / Employment

Education Level: Completed Middle School High School Some College College Graduate Tech Education

Current Student? YES / NO If yes, School? _____ Graduation Date: _____

Current Employer: _____ Income Level: \$14,000 or Under \$14,000 - \$24,000 Over \$24,000

Do you have any religious beliefs? YES / NO If yes, please list religious belief/denomination. _____

Who are the supportive people in your life? _____

Children

Your Child(ren) <small>Please list their full legal names.</small>	Childs Age or Due Date	Who do your children currently live with? <small>(with you, your parents, their other parent, friends, foster care, adoption)</small>

Signature _____ Date: _____ Do you want appointment reminders? Call Text

When we contact you about your appointments, may we leave a message identifying ourselves and where we are calling from? YES / NO

We offer the following Advisory & Educational Services, please mark the ones that interest you.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Finances | <input type="checkbox"/> Physical Health | <input type="checkbox"/> Considering Adoption | <input type="checkbox"/> Pregnancy ~ Labor & Delivery ~ Newborn Care |
| <input type="checkbox"/> Healthy Friendships | <input type="checkbox"/> Spiritual Growth | <input type="checkbox"/> After Abortion Support Services | <input type="checkbox"/> Parenting ~ Discipline & Healthy Parenting |
| <input type="checkbox"/> Romantic Relationships 101 | <input type="checkbox"/> Mental & Emotional Health | <input type="checkbox"/> XES (How we get sex backwards) | <input type="checkbox"/> Parenting ~ Infant & Toddler ~ Bonding, Needs, Education, Safety |
| | | | <input type="checkbox"/> I am interested in attending the Parenting Group Classes (Parenting classes are offered in group sessions throughout the year.) |

Our Advisory Services are offered in individual, couples and group sessions depending on the topics & appointment availability. If you are applying for the Advisory Services your Adviser will meet with you for an initial consultation and establish a personalized plan for you as an individual or couple as well as set up your session schedule. If you are applying for the Group Classes, an Adviser will contact you will registration information, and the available class schedules. Group classes are offered throughout the year on many topics and we have sessions days & evenings. All services are Free & Confidential. Please visit our website for more details. **PregnancyServicesGratiot.com**

Partner Complete

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