

# BIRTH MOTHER INFORMATION



**Adoption**  **Choices**  
of **TEXAS**

# Birth Parent Process of an Adoption Plan

## INTAKE

As soon as you reach out to us, you likely will hear from a staff member quickly via text, call, or email. It doesn't matter how far along you are in your pregnancy. The early stages of a few weeks, 26 weeks, or even if you have delivered! Your adoption specialist will meet you in person to initiate the intake packet. She will be your support person from the beginning to the end. This may include taking you to the doctor, meeting the adoptive parents for lunch, and she will BE there to support you at the hospital.

Call or Text: 888-307-3340



Ashley



Amanda



Cristina

## MATCHING

When you are 20 weeks along, or further, we match you with an adoptive family. Your adoption specialist can explain matching and help with your specific needs, or we can find a family for you. Once a family is selected, we can arrange a face to face meeting if you desire. Your adoption specialist will be with you through the entire process. This is your pregnancy, your baby, your plan, that we help you complete.

**Our Adoption Specialists have the experience to help support you every step of the way. You will have face-to-face support, without judgement, with a caring staff that is committed to you!**

## HELP WITH FINANCIAL NEEDS

Talk to your counselor about financial needs. We are able to help support you with approved expenses gathered from your intake meeting. This doesn't happen until you are matched with a family. We can help with rent, utilities, and other living expenses, phone and transportation, medical care for you and your baby, maternity clothing, and legal and emotional support.

### Documents needed from you:

For every adoption plan, we ask for:

- Copy of your identification
- Copies of proof of pregnancy, sonogram, or verification of pregnancy Medicaid
- Copy of your insurance or Medicaid card
- Photo of you and the birth father if available

If you are pregnant and you feel you are not in a position to parent, **Adoption is an Option** with:



Our local adoption counselors are here to give you **personal attention** in resolving the questions and concerns you have about the adoption process.

We are here to **provide counseling** on an unexpected or unwanted pregnancy.

We will help you make an adoption plan that is **right for you.**

*You are not giving up.*



Statewide Services  
Main Office:  
5005 W. Royal Ln.  
Suite 291  
Irving, TX 75063

[www.adoptionchoicesoftexas.org](http://www.adoptionchoicesoftexas.org)



Full Service, Licensed  
Adoption Agency

**We Provide:**

- Financial Support
- A Safe Place to Stay
- Access to Medical Care
- Counseling

**Call or Text:** (888) 307-3340

**Email:**  
[info@adoptionchoicesoftexas.org](mailto:info@adoptionchoicesoftexas.org)

*You don't have to do this alone.*

# Unplanned Pregnancy?



*You Have Choices!*



(888) 307-3340

[www.adoptionchoicesoftexas.org](http://www.adoptionchoicesoftexas.org)

**“My experience with this agency is outstanding.”**



**“Never could I ever have imagined meeting people who cared so much about my needs and making sure that I was comfortable with this adoption.”**



**“Adoption itself is a very complicated procedure and also a very emotional rollercoaster but with the help of Adoption Choices of Texas I got through it and now I have no regrets.”**

# Adoption Choices of TEXAS

If you are pregnant and considering adoption, the first thing you should know is that we can support you.

Adoption is an option and is beneficial for many reasons:



**Adoption is not "giving up" your baby.** Most adoptions today are open, which means you can continue to have contact with the adoptive family as your child grows. Giving life, giving love, giving family, giving opportunity. But never giving up.



**There are many adoptive families** and we will work with you about what matters most to you in an adoption plan and will only show you options that meet your needs. Every family goes through a thorough screening process and home study.



**Creating an adoption plan** can be an empowering choice. A woman who chooses adoption has an awareness of the limitations of her current situation-emotional, physical, familial, financial, or a combination of all of these factors.

We know you love your child and have a genuine desire to provide the best possible circumstance for your child's life; even if that means relinquishing your right to parent in a traditional sense. We are compassionate about your circumstance, will never judge you, and will be by your side - physically, emotionally, and financially.



Call us or Text us at 888-307-3340



Adoption Services with us:

- **Financial Assistance**
  - We can help you pay rent
  - We can make sure your bills are paid through your pregnancy
  - We can help with food, hygiene products, and more.
  - We can pay for transportation
- **Medical Care**
  - We can make sure you have pre-natal care from excellent doctors and nurses
  - We can help you create a hospital birth plan that is best for you
- **Supportive Counseling**
  - We can help you make the decisions that are right for your unique situation
  - We will be by your side through your pregnancy and birth
  - We can provide post-placement counseling and support

Call or Text us: 1-888-307-3340

Email us:

[info@adoptionchoicesoftexas.org](mailto:info@adoptionchoicesoftexas.org)

Write to us:

5005 W. Royal Ln. Suite 291  
Irving, Texas 75063

Visit [www.adoptionchoicesoftexas.org](http://www.adoptionchoicesoftexas.org)

"I had a great experience overall. My adoption counselor and go to person was amazing! Not only was I completely comfortable with sharing everything with her, but she was very resourceful and always checked on me. She made sure that everything I wanted during all of this, and delivery went exactly as planned."



"I found the best family I could possibly find for my child to be a part of their family. Adoption Choices definitely do their background and research on the adoptive families. I am at peace knowing that my child was placed in a loving, nurturing home and that I do not have to worry."

# Post Placement Support Program

**Adoption Choices of Texas** offers a post placement program to all birth parents that place their child. We want to support you during your adoption and after your adoption placement!

Our post placement program includes:

- Counseling after placement with our Adoption Specialist
- Counseling lunch
- Grief workbook
- Monthly support groups at one of our local offices (come have pizza and discuss some healthy topics of post adoption support)
- Referrals for continuous follow up medical care or mental health care
- Occasional post support programs (these events can change annually from outings, Christmas programs, and other assistance)



## MSW Counseling Program

In addition to post placement support,  
**Adoption Choices of Texas** also offers an MSW counseling program.

Our MSW counseling program includes:

- Additional counseling services to birth parents covering topics outside of adoption
- An adoption specialist and an additional service of therapy with a qualified counselor during the adoption plan and post-placement.

# More than *just* an adoption agency

**Adoption Choices of Texas** is more than just a child placing agency. We offer an environment for birth mothers to thrive even when the adoption is final. We believe in you beyond your adoption journey!

We host annual picnics, Thanksgiving events, and Christmas parties.

We offer monthly support groups and one on one care.

We can provide referrals and resources for your future.

We are here for you as professionals, friends, and family!



Giving birth does not make her  
a mother.

Placing a child for adoption  
does not make her  
less of one.



Serving Expectant Parents and Adoptive Families Statewide  
888-307-3340

[www.adoptionchoicesoftexas.org](http://www.adoptionchoicesoftexas.org)

# Every Birth Parent and Adoptive Family is set up together through Childconnect.



The **Childconnect** system was created for birth mothers as a resource to view photos, letters, and videos 24/7 from any internet ready device.

Adoptive families are able to upload and share their child's memories with their birth mother on a safe, secure, confidential site.

Studies have shown that Childconnect provides healthier post adoption relationships between birth parents and adoptive parents.



"I love Childconnect. It's helped me so much and it's super easy to use."

Sandy, birth mom

**childconnect.com**

# Birth Parent Application/Information



**Main Office:** 5005 W. Royal Ln., Suite 291, Irving, TX 75063

**Phone:** 888-307-3340 **Email:** info@adoptionchoicesoftexas.org **Web:** www.adoptionchoicesoftexas.org

## Birth Parent Information

### IDENTIFYING INFORMATION OF BIRTH MOTHER

Full Name: \_\_\_\_\_

Other names used (such as maiden name): \_\_\_\_\_

Is this adoption confidential? \_\_\_\_\_

Phone Number: \_\_\_\_\_

Consent to Text, Call, and Email agency to clients:

Please initial:

**\_\_\_\_\_ (agency client)** I consent to receive texts messages from the agency at my cell phone and any number Forwarded or transferred to that number to receive communication to work an adoption plan with Adoption Choices of Texas. I understand that I will receive texts and calls from anyone within the agency during the time I am working an adoption plan and after a successful placement if we need to reach you in the future.

Email: \_\_\_\_\_

Please initial:

**\_\_\_\_\_ (agency client)** I consent to receive email communications to work an adoption plan with Adoption Choices of Texas. I understand that I will receive emails from anyone within the agency during the time I am working an adoption plan and after a successful placement if we need to reach you in the future.

PLEASE NOTE THAT THE CLIENT MUST NOTIFY THE AGENCY IF THEIR NUMBER, EMAIL OR ADDRESS CHANGES

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Age and date of birth: \_\_\_\_\_ Religion: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Race: \_\_\_\_\_ Are you or any family member Native American? YES NO

If so, which tribe: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_



Days/Hours worked: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_

\_\_\_\_\_ Is he/she aware of adoption? Yes/No/Will Be

Do you have CPS, Child Protective Services history? Yes or NO Do you have a current case open?

\_\_\_\_\_

If yes, contact info of CPS worker \_\_\_\_\_

Do you have any legal charges? Misdemeanors or Felonies? \_\_\_\_\_

\_\_\_\_\_

### **MEDICAL**

**\*Has proof of pregnancy been provided?** \_\_\_\_\_

Due Date: \_\_\_\_\_ Has the due date been confirmed? YES/NO

If not, when was your first day of your last menstrual period? \_\_\_\_\_

When did you find out you were pregnant (approximate date)? \_\_\_\_\_

Have you had regular prenatal care? \_\_\_\_\_ If so, when did it begin? \_\_\_\_\_

Have you had an ultrasound? YES NO If yes, Date: \_\_\_\_\_

Sex of baby? Male/Female/Unknown Comments: \_\_\_\_\_

Amniocentesis (if over 35 years old) Results: \_\_\_\_\_

Do you have any medical coverage? YES NO If so, who is the insurance provider? \_\_\_\_\_

Insurance company or Medicaid number: \_\_\_\_\_

Do you have transportation to and from your doctor? YES / NO

Who is your doctor? \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

When was your last appointment? \_\_\_\_\_ Next appointment: \_\_\_\_\_

Is he/she aware of the adoption? \_\_\_\_\_ What hospital are you using? \_\_\_\_\_

Hospital Phone # \_\_\_\_\_ Hospital Address: \_\_\_\_\_

Do you take any illegal drugs? What, and how often? \_\_\_\_\_

\_\_\_\_\_

Do you drink alcohol? How much and how often? \_\_\_\_\_

Do you smoke cigarettes? YES NO How many per day? \_\_\_\_\_ lights/medium/regular

Do you have any medical problems? \_\_\_\_\_

Have you had an HIV test? Yes or No If yes, when: \_\_\_\_\_ and where \_\_\_\_\_

Have you ever received any psychiatric counseling/treatment? YES / NO

How long? \_\_\_\_\_ At what age? \_\_\_\_\_ Inpatient / Outpatient

Diagnosis: \_\_\_\_\_ Medication prescribed: \_\_\_\_\_

Is there any mental illness in your family? If yes, who? \_\_\_\_\_

Height: \_\_\_\_\_ Non-pregnant weight: \_\_\_\_\_ Eye color: Brown / Green / Blue / Hazel

Hair color: Black / Brown / Blond / Auburn Natural hair texture: Wavy / Curly / Straight

Skin Complexion: Fair / Medium / Olive / Dark Body Build: Small / medium / big boned

Are you a twin? YES / NO Identical / Fraternal Is other a male or female?

Do you have other children? YES / NO Whom do they live with? \_\_\_\_\_

Do your other children have a different birth father than the birth father of the child your pregnant with \_\_\_\_\_

Their genders & ages: \_\_\_\_\_

What is their health history? \_\_\_\_\_

Have you ever considered adoption during a previous pregnancy? YES / NO

What was your previous labor like (length, vaginal, cesarean)? \_\_\_\_\_

Total pregnancies: \_\_\_\_\_ Total miscarriages: \_\_\_\_\_ Total abortions: \_\_\_\_\_

### **BIRTH FATHER INFORMATION**

Birth father's full name: \_\_\_\_\_

Current or last known address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Age and date of birth: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

Race: \_\_\_\_\_ Does he have any Native American heritage? \_\_\_\_\_

Is he aware of your pregnancy? \_\_\_\_\_ Is he aware of your adoption plan? \_\_\_\_\_

Do you think he will consent to the adoption? \_\_\_\_\_

Briefly describe your relationship with the birth father: \_\_\_\_\_

**PERSINAL INFORMATION**

\_\_\_\_ Never been married    \_\_\_\_ Married—when and where: \_\_\_\_\_

Husband's name (If not the birth father): \_\_\_\_\_

Address (if different than yours): \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_ Separated – When and where: \_\_\_\_\_

\_\_ Divorced – When and where: \_\_\_\_\_

What kind of education do you have? \_\_\_\_\_

Do you plan to continue your education? YES / NO If yes, what is your major? \_\_\_\_\_

Anything else you want to tell us: \_\_\_\_\_

Expenses needed: \_\_\_\_\_

Intake completed by: \_\_\_\_\_

Date: \_\_\_\_\_