

Two Hearts Pregnancy Aid

New Client Intake Form

Today's Date: _____

First Name: _____ Last Name: _____

Birthdate: _____ Phone #: _____

Email: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Marital Status: Single Married Divorced Widowed Separated

Yearly Income: \$0-24,000 \$24,001-40,000 \$40,001+

Ethnicity: Caucasian/White African American/Black Hispanic/Latino Ukrainian/Russian
 Middle Eastern
 Asian Native American/Alaska Native Pacific Islander/Native Hawaiian Mixed Other

If other, please specify: _____

How did you hear about us? _____

Are you pregnant? Yes No

If pregnant, when are you due? _____

Children

	Name	Birthdate
1		
2		
3		
4		
5		

I would like to meet with someone to talk about other resources available in the community

Two Hearts Pregnancy Aid Liability Waiver

By using Two Hearts Pregnancy Aid services, I acknowledge that all products are received as donations from outside parties and are offered on the condition that their users accept full responsibility for any situations that may occur.

By signing below, I assume any risk of harm or injury which might occur due to the use of materials provided by the organization. I release Two Hearts Pregnancy Aid from all liability, costs, and damages which may arise from the use of products.

Print Name: _____

Signature: _____

Date: _____