



Dear

Welcome to Heart to Heart Adoptions. We understand that you may feel very confused and afraid right now. Facing an unexpected pregnancy is a life-changing experience; one that we don't want you to face alone. Heart to Heart has many different services to assist you in making your decision to place your baby for adoption a bit easier. Above all, our understanding and caring staff will be here to help you through this difficult time. We want to help.

**We can provide:**

- Counselors to help you with your decision both during and after your pregnancy.
- Confidentiality
- Financial help related to your pregnancy, continuing until your doctor says it's okay to return to work
- Transportation including temporary relocation and housing in Utah if necessary
- Child care during your delivery for your other children with you
- Emotional support during your labor and delivery
- Direct placement with the Adoptive Family. (Foster care is *never* and option with Heart to Heart.)
- The ability to choose the Adoptive Family for your child
- The ability to choose the level of openness of your adoption (open, semi-open, closed)
- Help to keep you in contact with your baby and Adoptive Family after placement.
- GED achievement courses
- Activities with other Birth Mothers
- 24 hour toll free phone support - just call **1-877-62-HEART, (1-877-624-3278)**.

Your first step working with our agency is to complete the paperwork included and return it in the pre-paid envelope. If you have any questions about the paperwork, please feel free to call us at **1-877-62-HEART, (1-877-624-3278)**. When I receive the paperwork in our office, I will contact you to get started.

We are so excited to have the opportunity to work with you in this life changing process. Please know we are here for you and your baby. We look forward to working with you!

Birth Parent Coordinator

9669 South 700 East Sandy, Utah 84070 Phone (801)563-1000 Fax (801)563-9899



# Birthparent Application for Services

BPac1

Today's Date: \_\_\_\_\_

**APPLICATION FOR**

Birthmother: \_\_\_\_\_ Birthfather: \_\_\_\_\_

Birth mother's Race: \_\_\_\_\_ Birth father's Race: \_\_\_\_\_

Child's birth date or due date: \_\_\_\_\_ Child's Sex:  Male  Female  Unknown

Child's Name (If born): \_\_\_\_\_

Willing and planning on delivering in Utah?  Yes  No If Yes, when would you be coming to Utah? \_\_\_\_\_

**BIRTHMOTHER INFORMATION**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ US Citizen:  Yes  No  
If No - Citizen of what Country: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Email Address) \_\_\_\_\_

May we leave a message for you?  Yes  No Is this adoption and pregnancy confidential?  Yes  No

Friend or relative who would be able to contact you in the future

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**DESCRIPTION OF SELF**

Marital Status: \_\_\_\_\_ If married or separated, name of spouse: \_\_\_\_\_  
 Single  Married  Separated  Divorced  Widowed

Native American ?  Yes  No If Yes, what Tribe? \_\_\_\_\_ Registered? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Unique physical features (moles, freckles, etc.) \_\_\_\_\_

Complexion: Fair Medium Olive Dark Physical Build: (big/small boned, muscular, etc.) \_\_\_\_\_

Which of the following describe your personality? (check all that apply)

- Emotional  Happy  Nervous  Self-confident  Stubborn  Shy
- Calm  Friendly  Helpful  Outgoing  Serious  Fun

**EMPLOYMENT AND EDUCATION**

Last grade completed: \_\_\_\_\_ Diploma or GED?  Yes  No Presently in school?  Yes  No

Current Military service?  Yes  No Current or previous jobs: \_\_\_\_\_

**COMMITTMENT TO ADOPTION**

On a scale from 1 to 10 with ten being the most committed, how sure are you about placing your child for adoption? (Circle the number.) 1 2 3 4 5 6 7 8 9 10 Why? \_\_\_\_\_

Why don't you feel you can parent this child at this time? \_\_\_\_\_

Who is aware of and supportive of your decision to place your child for adoption? \_\_\_\_\_

Have you ever placed a child for adoption before?  Yes  No If yes, please explain when and where? \_\_\_\_\_

Are you currently working with any other attorney, adoptive family, or agency at this time?  Yes  No  
If yes, who? \_\_\_\_\_

**BIRTH FATHER**

Birth Father Name \_\_\_\_\_  Unknown  Undisclosed

Birth Father date of birth (mm/dd/yy) age, and place of birth:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Native American: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Married to Birth father? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has he supported you in any way, Explain: _____
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Does he know you are pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Does he agree the child is his? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Does he know you're considering adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Is he willing to consent to the adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Please describe your relationship with the birth father. If undisclosed, what are the circumstances of the pregnancy? \_\_\_\_\_

Which of the following describe his personality? (check all that apply)

- |                                     |                                   |  |   |                                   |  |
|-------------------------------------|-----------------------------------|--|---|-----------------------------------|--|
| <input type="checkbox"/> Emotional  | <input type="checkbox"/> Happy    | <input type="checkbox"/> Nervous       | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Shy           |
| <input type="checkbox"/> Calm       | <input type="checkbox"/> Friendly | <input type="checkbox"/> Helpful       | <input type="checkbox"/> Outgoing       | <input type="checkbox"/> Serious  | <input type="checkbox"/> Fun           |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Critical | <input type="checkbox"/> Irresponsable | <input type="checkbox"/> Rebellious     | <input type="checkbox"/> Unhappy  | <input type="checkbox"/> Temperamental |

**PREGNANCY INFORMATION**

Have you started any prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Visit	Results
Have you had an ultrasound or sonogram? <input type="checkbox"/> Yes <input type="checkbox"/> No	When / Where	Results
Current Doctor	Office phone	Location
Do you know where you want to deliver your baby? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: City / State	Hospital / Doctor
Have you discussed adoption with your	Does the doctor support your	

doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	decision? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you started prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any concerns:
Have you ever been pregnant before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a miscarriage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a stillbirth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had an abortion? <input type="checkbox"/> Yes <input type="checkbox"/> No

### OTHER CHILDREN

Children	Sex	Age/ Birth Date	Birth Weight/Length	How delivered	Any Physical or Mental problems	Is child currently living with you?
						<input type="checkbox"/> Yes <input type="checkbox"/> No If No Where?
						<input type="checkbox"/> Yes <input type="checkbox"/> No If No Where?
						<input type="checkbox"/> Yes <input type="checkbox"/> No If No Where?

### PREGNANCY RELATED EXPENSES

Do you have any medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Company	With Work? Personal?
Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes what State?	Are you willing to reapply for Medicaid in Utah if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Medical Expenses?		

### HISTORY OF DRUG USE

Drug	How Much	How Often	When Used
Prescription			<input type="checkbox"/> Before Conception <input type="checkbox"/> During Pregnancy
Over the counter			<input type="checkbox"/> Before Conception <input type="checkbox"/> During Pregnancy
Alcohol			<input type="checkbox"/> Before Conception <input type="checkbox"/> During Pregnancy
Street Drugs			<input type="checkbox"/> Before Conception <input type="checkbox"/> During Pregnancy
Cigarettes			<input type="checkbox"/> Before Conception <input type="checkbox"/> During Pregnancy

### MENTAL ILLNESS - Please indicate if you, the birthfather, or anyone in either family has any of the following.

Depression: O Yes O No Who:	Bipolar: O Yes O No Who:	Schizophrenia: O Yes O No Who:	Panic Attack: O Yes O No Who:	Other: Who:
Sickle Cell Trait O Yes O No				

Please list any physical illnesses you or the birth father have.

**ADOPTIVE FAMILY**

Would you like to choose the Adoptive Family?

Yes  No

Would you like to talk with the Adoptive Family?

Yes  No

Would you like to meet the Adoptive Family?

Yes  No

What contact do you want from the family after the baby is born?

Pictures and letters  Occasionally

Phone calls  Regularly

No Contact  Never

Other

**Other:** \_\_\_\_\_

**Please describe what values or characteristics you hope to find in an Adoptive Family.**

Marriage:  Two Parent  Single  Doesn't matter.  Other \_\_\_\_\_

Age:  Young  Middle Age  Doesn't matter  Other \_\_\_\_\_

Race:  Same as baby  Caucasian  Doesn't matter.  Other \_\_\_\_\_

Children:  None  One or Two  Doesn't matter.  Other \_\_\_\_\_

Education:  Important  Somewhat  Doesn't matter  Other \_\_\_\_\_

Financial:  Wealthy  Secure  Doesn't matter  Other \_\_\_\_\_

Religion:  Christian  Non Christian  Doesn't matter  Other \_\_\_\_\_

Please list any questions or concerns you may have regarding the placement of your baby.

How did you hear about us? Please specify which phonebook if you can.

**SIGNATURES**

I/we, certify to the best of my knowledge that the information provided here is true and correct and I am signing this of my own free will.

**Date** \_\_\_\_\_ **Birth Mother Name** \_\_\_\_\_ **Birth Mother Signature** \_\_\_\_\_

If available \_\_\_\_\_

**Date** \_\_\_\_\_ **Birth Father Name** \_\_\_\_\_ **Birth Father Signature** \_\_\_\_\_



## Birth Parents Statements of Understanding

BPac 2

<u>Initial</u>	<u>Statement</u>
_____	1. <b>Right to Parent:</b> As the birth parent of my child, I have the primary right to parent my child if I so choose, even if I am a minor. I will make sure that it is my wish to place my child for adoption before I begin working with Heart to Heart Adoptions.
_____	2. <b>Fraud:</b> I understand that misrepresenting my pregnancy or my desire to place for adoption is considered fraud. I also understand that receiving assistance and support from two different adoption agencies at the same time also may be considered fraud. Heart to Heart Adoptions, Inc. may choose to prosecute me if I have committed a fraudulent act. I also understand that Adoption Agencies may share information about me with other agencies in an effort to prevent fraud.
_____	3. <b>Counseling:</b> I understand that Heart to Heart Adoptions, Inc. will provide me with counseling and support to help me in making decisions concerning my pregnancy. A licensed social worker will be assigned as my counselor to assist and support me through the adoption process.
_____	4. <b>Living Expenses:</b> I understand that Heart to Heart Adoptions, Inc. may assist me with necessary living expenses during my pregnancy including rent, food and utility payments if allowable in the state of services. Heart to Heart Adoptions, Inc. will also assist me in accessing any local resources that may be available to me during my pregnancy or following the delivery of my child. I understand the agency is limited by law regarding the assistance offered. I understand Heart to Heart Adoptions, Inc. is unable to pay for past bills or deposits.
_____	5. <b>Medical Expenses:</b> If I do not currently have medical coverage, Heart to Heart Adoptions, Inc. will assist me in securing medical coverage for my pregnancy. This may include applying for Utah Medicaid and Baby Your Baby if applicable and I agree to work cooperatively with them to do so. I understand that if I decide not to place my child for adoption, I will be responsible for all medical expenses not covered by my insurance or Medicaid.
_____	6. <b>Irrevocable Relinquishment:</b> If I decide on an adoption plan for my child, I will sign the relinquishment papers. I understand that I must wait at least 24 hours following the delivery of my child to sign the relinquishment papers. I realize that when I sign those documents, all my rights and responsibilities to this child will be ended and that my consent to adoption will be final, irrevocable and legally binding.
_____	7. <b>Adoptive Placement:</b> Heart to Heart Adoptions, Inc. will assist me in selecting the adoptive parents who match my request, though they cannot guarantee <u>all</u> my preferences will be met. All adoptive parents have been thoroughly screened by Heart to Heart Adoptions, Inc. and found appropriate for placement.  I understand that based on Utah Law, Heart to Heart Adoptions may not place a child with anyone who is cohabiting in a relationship that is not a legally valid and binding marriage under the laws of Utah. Cohabiting is intended to mean residing with another person and being involved in a sexual relationship with that person. I understand I have the option to choose the adoptive parents. If I forgo this choice, Heart to Heart Adoptions, Inc. will choose the adoptive parents they feel most appropriate to adopt my child.
_____	8. <b>Selection and Information Sharing:</b> If I place this child with Heart to Heart Adoptions, Inc, I may be involved in the selection of an adoptive family. I understand that non-identifying

information about the other birth parent, the pregnancy, and I will be shared with any family I may be considering as potential parents for my child. I have or will sign a release of information, allowing information specifically for this purpose.

\_\_\_\_\_ 9. **Privacy:** I understand that Heart to Heart Adoptions, Inc. will not disclose my last name, address, phone number or any other identifying information to the adoptive family without my permission, but that they cannot guarantee privacy in any adoption.

\_\_\_\_\_ 10. **Contact with Adoptive Parents:** I understand that the agency will make every attempt to assure that any agreement for contact and exchange of information between the adoptive parents of my child and myself will be upheld, but that they cannot guarantee any arrangements. A contract agreement will be entered into and signed by the adoptive parents and myself before placement. Unless otherwise arranged, contact will be facilitated through the agency.

\_\_\_\_\_ 11. **Religion:** I understand and agree that Heart to Heart Adoptions, Inc is placing my child with a family that may or may not practice religion as I do and that the adoptive parents will raise my child in the faith of their choice. I do understand that Heart to Heart Adoptions, Inc works with families of all faiths and will attempt to place my child with a family who has beliefs similar to mine, if that is my wish.

\_\_\_\_\_ 12. **Promises:** I wish to state that there have been no promises made to me that would influence my decision to place my baby for adoption. I have not been offered gifts or promises for placing my child for adoption. I understand that gifts or allowances beyond the guidelines set by Heart to Heart Adoptions, Inc. cannot be given.

\_\_\_\_\_ 13. **Utah Mutual Consent Registry:** I understand the if I place my child in Utah, that the Utah Mutual Consent Registry makes it possible for the birth parents and adoptee to be reunited when the adoptee is 21 years of age. I understand that contact will be possible through this resource only if both adoptee and birth parent register.

\_\_\_\_\_ 14. **Liability:** I acknowledge that Heart to Heart Adoptions is providing services to me in good faith and I do not hold them responsible or liable in anyway for any harm or accident that may come to me during my association with them.

\_\_\_\_\_ 15. **Application for Services:** I, at my own discretion, have decided to apply with Heart to Heart Adoptions, Inc. for assistance with my adoption plans. All information I have supplied throughout the application process is true and correct to the best of my knowledge.

\_\_\_\_\_ 16. **Varied Services:** I also understand that services are rendered on a case-by-case basis and that services provided to another birthmother may not be the same as those provided to me.

\_\_\_\_\_ 17. **Alcohol and Drug Use:** I understand that the use of alcohol or illegal drugs during my time as a client with Heart to Heart Adoptions, Inc. is not allowed. If I am using drugs or alcohol while a client through this agency, they have the option of terminating services and or refer me to a drug or alcohol treatment facility as well as to the appropriate law enforcement officers.

\_\_\_\_\_ 18. **Drug Testing:** I understand that Heart to Heart Adoptions, Inc. will request that I participate in drug testing. Drug testing is done automatically for all birth parents living in Heart to Heart housing.

\_\_\_\_\_ 19. **Policies and Procedures:** I understand that there are Policies & Procedures of Heart to Heart Adoptions, Inc that I must follow. If I decide not to follow these policies I understand that Heart to Heart Adoptions, Inc. has the right and responsibility to discontinue their services. Before accepting any services from Heart to Heart Adoptions, I agree to follow those Policies and

Procedures.

\_\_\_\_\_ 20. **Permission:** I give permission for my caseworker and social worker to discuss my case with other staff members of the agency, health care workers, other adoption agencies and law enforcement officers as needed.

\_\_\_\_\_ 21. **Services Provided By:** I understand that staff members of Heart to Heart Adoptions who are providing me services may also be providing services to the adoptive family. I also understand that such an arrangement might create a conflict of interest between my concerns and the concerns of the adoptive family.

\_\_\_\_\_ 22. **Birthfather Rights:** I understand that according to the adoption laws of the state of Utah that the birth father may have the option of parenting the child if he is known and paternity has been established. In order to establish paternity in Utah he must support me emotionally and financially during my pregnancy or he must file with Utah Vital Records on the State Paternity Registry. Paternity laws of the father's state of residence must also be complied with. Furthermore, I understand that birthfather resides in another state I am withholding information about my whereabouts, I may be putting an adoptive placement in jeopardy. Also, if I am married, my legal husband must consent to an adoption even if he is not the child's biological father. Notice must also be given to any birthfather I may identify on the birth certificate.

\_\_\_\_\_ 23. **Release of Information:** I understand that in signing the "Release of Information" form that I am authorizing any and all psychological, psychiatric and health information or birth certificate records pertaining to me or any child of mine to be released to Heart to Heart Adoptions, Inc.

\_\_\_\_\_ 24. **Choice to Travel:** If I chose to travel to Utah, I wish it to be known that I have willingly and knowingly chosen to leave \_\_\_\_\_, the state in which I have been living. I take full responsibility for my decision to travel and for any consequences, physically and emotionally for that decision. I also take full responsibility for any of my children that may be traveling with me.

\_\_\_\_\_ 25. **Jurisdiction:** If I chose to travel to Utah, I wish it to be known that I expressly submit to the jurisdiction of the courts of the state of Utah and to be bound by laws of Utah.

\_\_\_\_\_ 26. **Legal Advice:** I understand that I have the legal right to consult with an attorney of my own choice and to seek independent legal counsel prior to make the decision to place my child for adoption.

\_\_\_\_\_ 27. **Staff Conflict of Interest** I understand that some Heart to Heart staff may provide services to both the Birth Parents and the Adoptive Families, which may create a potential conflict of interest. I know I have the right to request separate staff members than those working with adoptive families if I feel a conflict may arise.

**SIGNATURES**

I, \_\_\_\_\_ am not under the influence of any drugs, alcohol or medication that may influence my reasoning or judgment and sign this document by my own free will and choice.

_____	_____	_____
Date	Birth Mother Name	Birth Mother Signature
_____	_____	_____
Date	Birth Father Name	Birth Father Signature



## Heart to Heart Adoptions Housing Policies & Procedures

BPac 3

*If you are coming to Utah to live in Heart to Heart Housing, please read the following Housing Policies and Procedures.*

**Purpose--** In order to provide a safe comfortable environment there are certain policies & procedures that everyone living in *Heart to Heart Housing* needs to understand and follow.

**Case Manager—** Once you arrive in Utah, you will be assigned a case manager. She will provide you with transportation and help in a multitude of ways. She will be your support and companion during the time you are here.

**Counselor—** You will be also be assigned a counselor. She will meet with you on a regular basis to provide counseling and support. She and other counselors will also provide a weekly support group for all birthmoms. Please be available for appointments with your counselor.

**Allowance--** You will be given some funds when you first arrive to help get set up. You will then be provided with a weekly allowance to use for food and anything you need including clothing, change for the washers and dryers, entertainment, etc. .

**Apartments--** Everyone will have their own apartment. Please respect the privacy and property of others, as they will be expected to respect yours, by only going into their apartments with their permission.

**Cleaning--** Everyone will be expected to keep their apartments clean. You will need to clean and vacuum weekly. You will need to clean the apartment completely prior to leaving.

**Emergencies or Problems--** Contact your case manager immediately. If she is not available, call the Birth Mother Line.

**Phones--** There is a phone available for your use, but it will not call long distance. You will be given a phone card when you first arrive, and a new phone card as needed.

**Post Delivery—**After you deliver and place your child for adoption you may stay in Heart to Heart Housing for up to ten days if you need that time to recuperate and prepare for your next move. You can, of course, leave earlier.

**Appointments--** We will assist you in getting to the Doctor and hospital as often as is medically necessary. We will also assist you in obtaining Medicaid and Food Stamps during the time you are here.

**Shopping--** You will be given a ride to the grocery store once a week to pick up food for the week. Please be prepared with a shopping list and menu for the week. There are grocery stores across the street if you need additional items during the week.

**Smoking, Drugs and Alcohol--** Anyone wishing to smoke may do so **only outside**. Please always pull the door closed so smoke doesn't enter the apartment and deposit cigarette butts in the containers provided. Drinking alcohol or using any illegal drug is not allowed.

### **Welcome to Heart to Heart Housing!**

It is our hope that you will experience peace and joy during the time you are here. We believe that the decision you have made to come is wonderful and want this to be a good experience for you.

**Signature--** *I have read the Heart to Heart Housing Policies and Procedures and agree to follow them.*

\_\_\_\_\_

Date

\_\_\_\_\_

Name (Please Print)

\_\_\_\_\_

Signature





Release of Information

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient Name: \_\_\_\_\_ Other Name: \_\_\_\_\_
Address: \_\_\_\_\_ Birth date: \_\_\_\_\_
Soc. Soc. No.: \_\_\_\_\_
Phone (Day): \_\_\_\_\_

OBGYN: \_\_\_\_\_ Hospital or Clinic: \_\_\_\_\_
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_
Date of Visit(s): \_\_\_\_\_ Date of Visit(s): \_\_\_\_\_

I hereby authorize any Physician, or Medical Facility, to release a copy of the following information:

Medical, psychological, legal reports that relate to my care, the care of my unborn child, or any child that I am considering placing with Heart to Heart Adoptions.

to: Heart to Heart Adoptions, Inc 9669 South 700 East, Sandy, Utah 84070 Phone: (801)563-1000 Fax: (801) 563-9899

For the following purposes (check one):

[X] For the purpose of providing me or my child physical, emotional or psychological care and assisting me in placing a child of mine for adoption.

Medical records may include information related to HIV, communicable disease, alcohol or drug abuse and mental health diagnosis and treatment.

I [X] do [ ] do not authorize the release of this type of information.

I understand:

- I may revoke this authorization by providing a written statement to the provider except to the extent that the provider has already acted upon it.
The provider will not condition treatment on my providing this authorization unless the provision of health care is solely for the purpose of creating protected health information for disclosure to a third party.
Once this information is released, the receiver may further release it and it may no longer be protected information:
I may have a copy of this signed authorization.

\_\_\_\_\_  
Patient or Representative Signature Date

\_\_\_\_\_  
Description of Representative's Authority to Act for Patient

This authorization will expire on \_\_\_\_\_ (list date or event). If no date specified, authorization will expire one- year from the date signed.



## Birth Parents Release of Information

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### AUTHORIZATION FOR RELEASE OF INFORMATION

TO: ANY PHYSICIAN, MEDICAL FACILITY, PSYCHIATRIST, PSYCHOLOGIST, ADOPTION AGENCY, FEDERAL, STATE, COUNTY OR CITY AGENCY, ATTORNEY OR LAY PERSON

You are hereby authorized to release to:

**HEART TO HEART ADOPTIONS, INC.**  
**9669 South 700 East**  
**Sandy, Utah 84070**  
**Phone: (801) 563-1000 Fax: (801) 563-9899**

Any and all psychological, psychiatric, health information or birth certificate record pertaining to my care, the care of my unborn child, or any child that I am considering placing with Heart to Heart Adoptions, and are further authorized to verbally discuss any interaction you have had or may have with me.

It is hereby expressly authorized to copy or receive copies of any records or documents pertaining to me, my unborn child, or any child I am considering placing with Heart to Heart Adoptions. This information may be used in connection with any proceeding concerning the adoption, guardianship, custody and control of the children specified.

You are also authorized to release information to the individual or couple that adopts my child, as identified by the "Placement Agreement" between Heart to Heart Adoptions and the adoptive party.

#### Medicaid

I also authorize Medicaid to release information about me or my children to Heart to Heart Adoptions, specifically Sherry Clark. I authorize them to give to them my Medicaid number and any other information about my case. I understand that if I apply for Medicaid in Utah, my benefits in another state will be cancelled.

#### Childs Gender

I authorize the OBGYN, RN or ultrasound technician to tell Heart to Heart Adoptions the gender of my unborn child if requested, even if I choose not to know myself.

I also authorize any other adoption agency, counselor, attorney or other professional who is contracted by Heart to Heart Adoptions to release information about me, child(ren) involved in this adoption, or this adoption in general to Heart to Heart Adoptions. In addition, I authorize Heart to Heart Adoptions to release information about me to other adoption agencies if I have contacted them for assistance.

This Authorization shall remain valid for two years from this date.

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

\_\_\_\_\_  
Name (Please Print)



## HIV and Drug Testing Release

*BPac 8*

Birth Mother Name	Birth Father or Companion Name
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**Illegal/ Prescribed Drug Use Policy**

In order to maintain security and safety for residents of Heart to Heart housing we can not tolerate the use, possession or distribution of illegal drugs or the misuse of prescribed medications. If a resident of Heart to Heart Housing violates this policy you and anyone living with you will be asked to leave. All birthmothers and anyone living with them must be willing to have drug testing done at any time.

I/we hereby give consent to be tested for HIV and/or drugs. I/we also agree that the results of such test be released to Heart to Heart Adoptions.

**HEART TO HEART ADOPTIONS, INC.**  
**9669 South 700 East**  
**Sandy, Utah 84070**  
**Phone: (801) 563-1000**

I/we also give permission to allow any of my/our children whether currently born or unborn to be tested for HIV and/or any drugs.

I/we have read and agree to abide by the policy concerning illegal drug use in Heart to Heart Adoptions housing.

Signatures	
Birth Mother	Date
Birth Father or Companion	Date
Witness	Date



# Medicaid Authorization

BPac 9

I, \_\_\_\_\_ am currently on Medicaid. Yes No  
If yes- What State \_\_\_\_\_

I am willing to get on Medicaid in Utah if I have my baby there. Yes No

I recognize that if I get on Utah Medicaid, the benefits I have in another state may be cancelled. Yes No

I also recognize that Heart to Heart Adoptions wishes that I give honest and accurate answers in any interview I have with any Medicaid worker. Yes No

\_\_\_\_\_  
Date Birth Mother Signature Printed Name

\_\_\_\_\_  
Date Birth Father Signature Printed Name

*If on Medicaid please complete the following:*

### Medicaid Applicant's Proxy Authorization

I, \_\_\_\_\_ authorized Medicaid to give information about my case to Heart to Heart Adoptions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*Please make a copy of your Medicaid card and include it.*

# Welcome to Heart to Heart Housing

If you are coming to Utah you will be staying in one of our apartments located in one of the following apartment communities.

## South Willow Apartments



Enjoy panoramic mountain views and resort-like living with patios, balconies and walk-in closets. In your free time take advantage of the clubhouse, fitness center, heated pool, spa, soccer field and playground, racquetball and indoor/outdoor basketball courts.

## **Cedar Breaks Apartments**

Luxury living in the heart of the valley! Discover our great amenities! Our club quality fitness center, sand volleyball court and basketball will keep you busy and you'll love the economic central air conditioning and gas heat. All of this in a location that is conveniently located to schools, businesses, Wal-Mart, food establishments.

Friendly and courteous on-site staff  
Club Quality Fitness Center  
Large Playground  
Private cable  
Washer and Dryer  
Large Walk-In Closets

Year-Round Jacuzzi  
Heated Swimming Pool  
Clubhouse  
Modern Kitchens and Appliances  
Huge Floor plans  
Balcony Views

