



3100 NE 83rd St • Suite 1401 • Kansas City, MO 64119 • Office: 816-508-1600

Contact Person: _____

Referring Agency: _____

Phone Number: _____

Fax to 816-468-0289

Or call 816- 606-0452

Tender Beginnings/Tender Beginnings Plus Referral Form

CLIENT INFORMATION

Mother's Full Name: _____ **DOB:** _____ **Race:** _____

Phone Number: _____ **Cell Number:** _____ **Best time to call:** _____

Mother's Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Email Address: _____

Number of Pregnancies: _____ **Number of Births:** _____

Employment Status: Unemployed Employed PT Employed FT

Father's Full Name: _____ **DOB:** _____ **Race:** _____

Phone Number: _____ **Cell Number:** _____ **Best time to call:** _____

Father's Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Employment Status: Unemployed Employed PT Employed FT

- Please Check (✓) One:**
- Single- Not in a Relationship
 - Single- In a Relationship with father of baby
 - Single- In a Relationship with someone else
 - Married to father of baby
 - Married, but not to father of baby
 - Other _____

Child(ren) Name(s) & DOB: _____

Are you expecting? Yes No **If Yes, What is your expected Due Date:** _____

Prenatal care started at _____ **weeks.** **Did you consider Abortion/Adoption for *this* pregnancy?** Yes No

CONSENT AND RELEASE OF INFORMATION

I, _____, give permission for the above information to be provided to Healthy Families Counseling & Support programs. I understand that the agency's Resource Specialist will contact me to schedule an appointment to meet with me in my home to provide me with information on resources and programs that are available to me as a parent with a new or expected baby.

(Mother's Signature)

(Father's Signature, if applicable)

(Witness)

(Date)

REFUSAL TO RELEASE INFORMATION

I have been informed about my opportunity to meet with the Resource Specialist from Healthy Families Counseling & Support. At this time, I do not wish to be contacted by the Resource Specialist from this agency.

(Mother's Signature)

(Father's Signature, if applicable)

(Witness)

(Date)