



# Heart to Heart ADOPTIONS

9669 South 700 East Sandy, Utah 84070 Phone (801)563-1000 Fax (801)563-9899 Text (801) 871-5773

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Date \_\_\_\_\_

Dear \_\_\_\_\_,

Welcome to Heart to Heart Adoptions! Facing an unexpected pregnancy is a life-changing experience; one we don't want you to go through alone. Heart to Heart has many different services to support you during this time. Please review the services below and check off what services you will need.

**Mark which services you could use:**

- \_\_\_\_\_ Confidential Counselors to help you with your decision both during and after your pregnancy
- \_\_\_\_\_ 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
- \_\_\_\_\_ Emotional support and child care if needed during your labor and delivery
- \_\_\_\_\_ The chance 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
- \_\_\_\_\_ Group Activities with other Birth Mothers twice a week
- \_\_\_\_\_ 24 hour toll free phone support - just call **1-877-624-3278 (1-877-62-HEART)** or text **801-871-5773**

Your first step working with our agency is to complete the paperwork included and return it in the pre-paid envelope. Also include a copy of your picture ID (or you can just take a picture of it and text that to us at a (801) 871-5773) and some medical records that verify that you are pregnant and when you are due to deliver the baby.

If you have any questions about the paperwork, please feel free to call us at: **1-877-624-3278 (1-877-62-HEART)** or text us at **801-871-5773**. When we receive your application paperwork in our office, we will contact you and start working on your adoption plan with you.

We look forward to working with you!

***Your Support Team is:***



***Patti and Luci***

Contact: \_\_\_\_\_

At: \_\_\_\_\_

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**Remember to Send**

1. A Copy of Your Picture ID
2. A picture of you (a "selfie is perfect")
3. Verification of Pregnancy showing the due date

**How**

- You can send the picture ID, your picture and Verification of Pregnancy with this paperwork  
**or**
- You can take a picture of it and text it to:  
(801) 871-5773



## Adoption Process

**Sometimes you just need to know what is going to happen next. Below are the steps of adoption that you can expect to follow along your journey. Please let us know if you have any questions or concerns with this process.**

### **Step 1. APPLICATION –**

Complete the paperwork included and return it in the pre-paid envelope. Also include a copy of your picture ID and a medical record that verifies you are pregnant and your delivery date.

(You can take a picture of your ID and text it to us at: (801) 871-5773.)

### **Step 2. MASTER CARD and PACKET 2 –**

After we get your application back, we will send you a second packet that will contain a reloadable Master Card along with addition documents that will help us develop a financial plan with you and find adoptive families for you to choose from.

### **Step 3. PLAN WHERE YOU WILL DELIVER-**

You will have the option of staying where you are or moving to a comfortable apartment in Utah, that we will provide, where you will be able to stay until your delivery.

### **Step 4. CHOOSE AN ADOPTIVE FAMILY –**

Based on what you want in an adoptive family, we will select profiles of families and you will be able to choose a family from these profiles. You can have a phone call, Skype or FaceTime with the family and/or meet them whenever possible.

### **Step 5. DELIVERING THE BABY AND PLACING WITH ADOPTIVE FAMILY-**

Depending on where you deliver, we and/or the adoptive family can be at the hospital with you or we can come later. It's your decision. You can spend as much or as little time as you want with the baby before and after the adoption paperwork is signed while in the hospital.

### **Step 6. TRANSITION PLAN –**

We can help with finances for the period of time following your delivery to help you transition from pregnancy to the next phase of your life.

### **Step 7. POSTPLACEMENT SUPPORT –**

We will be available to help facilitate communication between you and your adoptive family and provide support and counseling for as long as you feel you may need it.

**Questions:** Please tell us any concerns or questions you have: \_\_\_\_\_

\_\_\_\_\_



# Birth Parents Application for Services

**BM 1**

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

**APPLICATION FOR**

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

Birth mother's Race: \_\_\_\_\_ Birth father's Race: \_\_\_\_\_ Are either of you Native American

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

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 \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Name of Friend or relative who would be able to contact you in the future \_\_\_\_\_ Relationship \_\_\_\_\_

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

**DESCRIPTION OF SELF**

Marital Status: \_\_\_\_\_ If married or separated, name of spouse: \_\_\_\_\_

Single  Married

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

**COMMITMENT 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 do you feel adoption is a good option at this time

**BIRTH FATHER**

Birth Father Name \_\_\_\_\_ Does he know you are pregnant?  Yes  No  
Does he know you are considering Adoption?  Yes  No  
Are you married?  Yes  No  
If you are married, is your husband the Father?  Yes  No

Tells us about your relationship with the birth father: \_\_\_\_\_

**PREGNANCY INFORMATION**

Have you started any prenatal care? When:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Doctor, Hospital or Clinic / Phone number if possible
Do you have any medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid? If yes, what state? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No

**OTHER CHILDREN**

Children	Sex	Age/birt hdate	Birth weight/lengt h	How delivered	Any physical or mental issues	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?
						<input type="checkbox"/> Yes <input type="checkbox"/> No If No Where?

**HISTORY OF DRUG USE**

Drug	When Used	Explain
Prescription	<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	

**ADOPTIVE FAMILY**

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

Marriage:	<input type="checkbox"/> Two Parent	<input type="checkbox"/> Single	<input type="checkbox"/> Doesn't matter.	<input type="checkbox"/> Other _____
Age:	<input type="checkbox"/> Young	<input type="checkbox"/> Middle Age	<input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Other _____
Race:	<input type="checkbox"/> Same as baby	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Doesn't matter.	<input type="checkbox"/> Other _____
Children:	<input type="checkbox"/> None	<input type="checkbox"/> One or Two	<input type="checkbox"/> Doesn't matter.	<input type="checkbox"/> Other _____
Education:	<input type="checkbox"/> Important	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Other _____
Financial:	<input type="checkbox"/> Wealthy	<input type="checkbox"/> Secure	<input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Other _____
Religion:	<input type="checkbox"/> Christian	<input type="checkbox"/> Non Christian	<input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Other _____

Before the adoption:  No Contact  Choose the family  Talk to them on the phone  Meet them Other \_\_\_\_\_

After the adoption:  No Contact  Pictures and Letters  Talk on the phone  Visits Other \_\_\_\_\_

**SIGNATURES**

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

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

\_\_\_\_\_  
Date Birth Father Name (If available) Birth Father Signature



# Birth Parents Release of Information

**BM 2**

I hereby request and authorize:

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

**To obtain from:**

Insurance carrier name (if applicable/known): \_\_\_\_\_

Hospital name/address/phone: \_\_\_\_\_

Doctor name/address/phone: \_\_\_\_\_

Requesting Medical Records from \_\_\_\_\_ to Heart to Heart Adoptions

- All medical information/reports
- Consent to test and release HIV test results
- X-ray and Laboratory reports
- Physical examination reports
- Psychology testing
- Other (specify): Billing, patient/client accounts, any and all other reports/records
- Immunization records
- Prenatal medical records
- Consent to test and release Alcohol and Drug screening
- Medical data for WIC certification
- Information pertaining to Medicaid

Except for the following, which may not be disclosed (if none, write 'none'): NONE

From the medical record of: \_\_\_\_\_

Name of Client

Date of birth

Social Security #

For the purpose of: ADOPTION

All information I hereby authorize to be obtained from this agency will be held in strictly confidential and cannot be released by the recipient without my express written consent. I understand that this authorization will remain in effect for 1 (one) year unless I specify an earlier date here: NONE

I understand that the information used or disclosed may be subject to disclosure by the person(s) or class of person(s) receiving it and no longer protected by the federal privacy regulations. I understand that my confidential information may be released to the adoptive family in a non-identifying manner. I understand that I may withdraw this consent at any time as long as the request is made in writing to the above listed medical provider. However, I understand that if I revoke this authorization, it will not have effect on action taken by the above medical provider in reliance on it before my revocation. I also understand that refusal to sign this authorization will not prevent my ability to get treatment, payment, enrollment in a health plan, or eligibility for benefits.

X \_\_\_\_\_

Signature of Client or Legal Representative

Date

I hereby withdraw my consent	
Signature of client	Date of Revocation



## Heart to Heart Adoption Services

**Assistance in getting Medical Coverage** – If you are currently without medical coverage, we will help you get the coverage you need.

**Housing Arrangements** – During your pregnancy we can help provide you with an apartment, food and other support, if allowed by the laws of your state.

**Transportation** – If you need to relocate for this time, we will provide transportation for you. In addition, we can help those who live locally get to appointments, the store, etc.

**Legal Rights in Connection with Your Adoption Plan** – We have an attorney who understands the issues surrounding your situation. He will assist you or refer you to another attorney who can.

**Counseling** – Counselors and staff members will be available to listen, share insights or help you make decisions and plans for the baby and yourself.

**Education** – If you are in Utah, we assist and support you in efforts to get a GED or other educational opportunities. We can also assist you in finding other community resources to help further your educational opportunities.

**Placements** – Each adoption is individualized to the personal needs of all. You may want to be very involved in choosing the family and lifestyle you feel is best for your child or you may want us to find the right parents. You may want to see the baby after the birth or not have further contact.

We will help you make these and other decisions—we’re with you every step of the way. What you are doing is very difficult, but we know and hope you realize the miracle you are making for a very special family.

**Signature-- *I/We have read and understand the Heart to Heart Services.***

Date	Name (Please Print)	Signature
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Date	Name (Please Print)	Signature
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## Welcome to Heart to Heart Housing

If you come to Utah you will stay in one of our apartments located in one of the following 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

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, Walmart and food establishments.

- Friendly and courteous on-site staff
- Club Quality Fitness Center
- Heated Swimming Pool
- Large Playground
- Clubhouse
- Private cable
- Modern Kitchens and Appliances
- Washer and Dryer
- Large Closets
- Balcony Views





# Heart to Heart Adoptions

## Financial Policies for Birth Parents

BM 4

*Heart to Heart Adoptions supports women who are pregnant and placing their child for adoption. Though everyone's situation varies, these are our general guidelines.*

### **Requirements to receive financial support:**

1. You are 26 weeks pregnant.
2. Provide us the following documents:
  - a. Application- Completed, especially the "Release of Information"
  - b. Medical Records showing the date the baby is due.
  - c. Social/Medical History (Pink and Blue Forms)
  - d. The completed document called "Declaration concerning the Birth Father".
  - e. In some cases, we may need a Birth Father Waiver of Parental Rights, but not always.
3. Be absolutely certain you plan to place the child for adoption. Occasionally, we have women say they are doing an adoption, because they just want the financial support. This is unlawful and can result in legal action against the person committing the fraud.
4. Always follow the guidelines as explained below.
5. At least every other week we need to speak to you. This is either over the phone, Facetime, Skype or some way that we can hear your voice and be able to ask questions and clarify any concerns.

### **What Financial Support we provide:**

The laws of the state where you reside determine what financial support we can provide. In general, we can provide the following, both during pregnancy and for 6 weeks following delivery and placement of the child.

1. A way to communicate – Phone
2. A place to live- Rent, mortgage, etc.
3. Required, essential utilities such as electricity.
4. Food and other personal needs
5. Essential transportation required for your care and the pregnancy. This is generally public transportation. We don't make care payments, etc.

### **Guidelines for use of Heart to Heart Financial Support:** Please initial each statement

- \_\_\_\_\_ 1. I understand I can only request expenses allowed by law as listed above.
- \_\_\_\_\_ 2. I realize that only on **Monday** all requested and approved bills will be paid. Additionally, I will receive a reloadable Master Card and on every other **Monday** it can be loaded if all applicable.
- \_\_\_\_\_ 3. I agree that the week before a bill needs to be paid, I must tell my case manager, and provide documentation. She can request payment for the following **Monday**. It won't get paid if I don't let her know each time it is due, so I will call or text her 2 days or more, before **Monday**. I will also tell her if the biweekly support is due the next **Monday**.
- \_\_\_\_\_ 4. I will select a family within a month of receiving financial aid. All funds come from the Adoptive Family that I choose so the agency will need their finances to support me.
- \_\_\_\_\_ 5. I recognize that this financial aid is intended as supplemental income. Additional resources such as income from a job, relatives, food stamps, Medicaid etc. will also be needed.
- \_\_\_\_\_ 6. I agree that I will speak, not just text,

***Please read and sign the following statement, then complete the financial worksheet on the next page.***

I, \_\_\_\_\_, understand that all financial support Heart to Heart Adoptions may provide me is to support my effort to place my child for adoption, and assist me with pregnancy related expenses. It is my intention to select a family connected with Heart to Heart, and place my child for the purpose of adoption with them.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Financial Worksheet for Birth Parents

Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

City/State: \_\_\_\_\_ Where you plan to deliver: \_\_\_\_\_

1. Phone- We can help you get a basic phone or pay your basic phone bill. This can be paid on line or over the phone.

My Phone:  I don't have a phone

I have a phone, but don't need help paying for it.

I need help: My Phone number is- \_\_\_\_\_

Carrier- \_\_\_\_\_ Their Phone Number- \_\_\_\_\_

How to Pay- \_\_\_\_\_

2. Rent- Heart to Heart may pay all or part of your rent if you need assistance with housing. We pay the rent directly to the landlord but can avoid telling him/her of your plan to place your child for adoption if you request privacy. We will need your rental agreement and a receipt from the landlord each time we pay.

Rent:  I don't need help with rent

I need help: Rent Amount - \$ \_\_\_\_\_ I need help with- \$ \_\_\_\_\_

Landlord- \_\_\_\_\_ Phone- \_\_\_\_\_

Address to send payment- \_\_\_\_\_

3. Utilities- We can help with essential utilities. This doesn't include back payments or deposits. These bills should be paid directly to the provider so we need a copy of the bill. A photo sent by text or email is sufficient.

My Utilities:  I don't need help with utilities

I need help with the following utilities:

Type of Service \_\_\_\_\_ Amount - \$ \_\_\_\_\_ I need help with -\$ \_\_\_\_\_

Company- \_\_\_\_\_ Account #- \_\_\_\_\_

How to pay- \_\_\_\_\_

Type of Service \_\_\_\_\_ Amount - \$ \_\_\_\_\_ I need help with -\$ \_\_\_\_\_

Company- \_\_\_\_\_ Account #- \_\_\_\_\_

How to pay- \_\_\_\_\_

4. Food/Personal items - We provide you with a Master Card which we load as needed.  
We generally load \$75 each Monday morning every other week.

Food:  I don't need help with Food and other personal things.

I need help for the following: \_\_\_\_\_

5. Transportation - This is limited to pregnancy related activities.

I don't need help with transportation.

I need help with the following: \_\_\_\_\_



# Declaration Regarding Potential Birth Father

**BM 5**

**Important:** You should complete this declaration accurately and truthfully, answering each and every question to the best of your ability. If you need more room to answer a question, you should provide additional information on a separate sheet of paper that you also sign and indicate in response to the question that you have done so. **You must complete a separate declaration for each and every potential birth father, regardless of whether you know his name or contact information.**

I, \_\_\_\_\_, am the mother of a child born or expected to be born on \_\_\_\_\_ (date), at \_\_\_\_\_ (hospital), in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

1. Select any of the following that are true:

- \_\_\_\_\_ The child was conceived in Utah.
- \_\_\_\_\_ I have resided in Utah for at least 90 days since the child was conceived.
- \_\_\_\_\_ I arrived in Utah on \_\_\_\_\_ (date) and will be in Utah for 90 days as of \_\_\_\_\_ (date)
- \_\_\_\_\_ I came to Utah but have **no** plans to remain in Utah for 90 days.
- \_\_\_\_\_ I am not in Utah and have **no** plans to travel there.

2. Are you currently married? (circle one)      Yes      No

**If YES:**

Husbands Name: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Address of husband: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number of husband: \_\_\_\_\_

Is he the father of this child?      Yes      No

Whether he is the father or not, would he be willing to consent to this adoption?    Yes    No

If no explain why: \_\_\_\_\_

**If NO (not currently married):**

Have you ever been married? (circle one)    Yes    No

If yes: 1. Date of divorce: \_\_\_\_\_

State or court where divorce decree was entered: \_\_\_\_\_

2. Date of divorce: \_\_\_\_\_

State or court where divorce decree was entered: \_\_\_\_\_

3. A potential birth father of my child is:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ General Description: \_\_\_\_\_

SSN: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. If you do not know any or all of the information above, please explain why? \_\_\_\_\_

5. Are you currently in a relationship with the potential birth father? (circle one) Yes No

If Yes: Describe how often you are in contact: \_\_\_\_\_

If No: Were you ever in a relationship with this man? (circle one) Yes No

If yes, how long were you together? \_\_\_\_\_

Please describe how you knew each other: \_\_\_\_\_

6. Do you have other children with the potential birth father?

If yes, how many and what are their ages? \_\_\_\_\_

7. List each state where the child may have been conceived: \_\_\_\_\_

8. List each state where you have lived during your pregnancy: \_\_\_\_\_

9. For each state listed in your response to questions 4 and 5, indicate whether the state has a putative father registry (your caseworker can assist you with this). We will search each state that has a putative father registry. A written statement from that state's putative father registry will need to be submitted to the court hearing the adoption.

Name of State: Putative Father Registry? (circle one)

\_\_\_\_\_ Yes No

\_\_\_\_\_ Yes No

\_\_\_\_\_ Yes No

10. For the potential birth father you identified in response to question #2, answer the following additional questions:

Was he informed of the pregnancy? (circle one) Yes No

If yes, when was he informed and by whom? \_\_\_\_\_

If no, explain why? \_\_\_\_\_

Was he informed he is a potential birth father? (circle one) Yes No

If yes: When was he informed? \_\_\_\_\_

Who informed him and how? \_\_\_\_\_

If no, explain why? \_\_\_\_\_

Was he informed that you intend to consent to the adoption of the child in Utah or under Utah law? (circle one)

Yes No

If yes: When was he informed? \_\_\_\_\_

Who informed him and how? \_\_\_\_\_

If no, explain why? \_\_\_\_\_

Was he informed that you were travelling to or planning to reside in Utah? (circle one)

Yes No

If yes: When was he informed? \_\_\_\_\_

Who informed him and how? \_\_\_\_\_

If no, explain why? \_\_\_\_\_

Have you contacted him while you were in Utah? (circle one) Yes No

If yes: When was he informed? \_\_\_\_\_

Who informed him and how? \_\_\_\_\_

If no, explain why? \_\_\_\_\_

Has he ever lived with the child? (circle one) Yes No

If yes: Where did he live with the child? \_\_\_\_\_

How long did he live with the child? \_\_\_\_\_

Has he given you money or did he offer to pay for any of your expenses during the pregnancy or for the child's birth? (circle one) Yes No

If he has given you money, how much and for what? \_\_\_\_\_

If he has offered money, what has he offered? \_\_\_\_\_

Has he offered to pay child support? (circle one) Yes No

Has he taken any legal steps to establish paternity? (circle one) Yes No Unknown

If yes: What has he done and where? \_\_\_\_\_

Have you ever been involved in a domestic violence matter with this man? (circle one)

Yes No

If yes: When? \_\_\_\_\_

What happened? \_\_\_\_\_

If criminal charges were filed, state when and where \_\_\_\_\_

If you sought a civil protective order or other legal protection, state when and where \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Despite my cooperation I want it to be noted that I object to the requirements of Utah Code Ann. § 78B-6-110.5 on the ground that requiring me to disclose detailed information about a sexual partner violates my right to privacy, deprives me of my liberty interest in keeping the intimate details of my life confidential, and denies me equal protection under the law by treating me differently than women who do not place a child for adoption or have an abortion. I believe I have a constitutional right not to disclose this information as well as a statutory right pursuant to Utah Code Ann. § 78B-6-102(7). I provide the following information under protest without waiving my objection of any rights I may have, including any cause of action I may have under federal law.

I appoint Heart to Heart Adoptions, Inc. on my behalf to search the putative father registry of any state and/or to give any potential birth father notice that I intend to consent or have consented to adoption or relinquishment of the child for adoption on my behalf. I ratify any of the actions Heart to Heart Adoptions, Inc. have already done as being done on my behalf. I understand Heart to Heart Adoptions, Inc. has an interest in doing these tasks and this appointment may not be revoked without written consent.

I declare under criminal penalty of the State of Utah that the foregoing, including attachments, is true and correct.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Witness:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Birth Parents Statements of Understanding

**BM 6**

Initial

Statement

\_\_\_\_\_ 1. **Right to Parent:** 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. **Fraud:** 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. **Counseling:** 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. **Living Expenses:** I understand that Heart to Heart Adoptions, Inc. may assist me with current 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. **Medical Expenses:** 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.

\_\_\_\_\_ 6. **Irrevocable Relinquishment:** 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. **Adoptive Placement:** Heart to Heart Adoptions, Inc. will assist me in selecting the adoptive parents who match my request, though they cannot guarantee all 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 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. **Selection and Information Sharing:** If I place my 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 address, phone number or certain other identifying information to the adoptive family without my permission, but that they cannot guarantee privacy in any adoption.

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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.

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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 may raise my child in the faith of their choice. I 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.

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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.

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13. **Utah Mutual Consent Registry:** I understand that 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 18 years of age. I understand that contact will be possible through this resource only if both adoptee and birth parent register.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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. I know I have the right to request separate staff members than those working with adoptive families if I feel a conflict may arise.

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\_\_\_\_\_ 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 if the birthfather resides in another state or 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.

## 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



# Medical Provider Contact Information

**BM 7**

**Please complete the following listing information about medical care you have received.**

**Doctor/Clinic Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Medical care: \_\_\_\_\_

**Hospital:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Medical care: \_\_\_\_\_

## **If you have Medicaid, please complete the following:**

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

**Name on Card:** \_\_\_\_\_ **State of Medicaid:** \_\_\_\_\_

### Medicaid Applicant's Proxy Authorization

I, \_\_\_\_\_ (your name) authorize Medicaid in \_\_\_\_\_ (state)  
to give information about my case to \_\_\_\_\_ of Heart to Heart Adoptions.

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



## Anti-Fraud Agreement

**BM 8**

Recently, there has been an increase in fraudulent representations (fraud) from women claiming they want to place their child (born or unborn) for adoption.

Fraud is committed when a woman falsely represents to an individual or an adoption agency that she intends to place her baby for adoption with them in order to receive services or money. This occurs when she lies about her intentions to place the baby for adoption, uses multiple agencies, requests and uses financial assistance to purchase things not related to the pregnancy.

It is our desire to stop the fraud so we can better help honest birth mothers who sincerely need our help. Therefore, we will prosecute women who commit this type of fraud.

### **Statements of Understanding:**

I understand that **fraud** is the intentional deception of a person or entity by another made for monetary or personal gain.

I state that I will not accept services from Heart to Heart Adoptions unless I am certain I intend to place my baby for adoption with Heart to Heart Adoptions.

I agree that I will not accept services from Heart to Heart Adoptions, while receiving services from any other person wanting to adopt my child or adoption service.

Any financial assistance I receive from the agency will be used for the specific need requested.

I will not work with other agencies, perspective adoptive families, or attorneys for the purpose of placing this baby while receiving services from Heart to Heart Adoptions.

I understand that the agency can prosecute for any fraud that occurs.

Any statements made to others regarding my acts of fraud can be used against me in a court of law.

***I understand and agree to the statements above.***

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Birth Parent

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Date

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Birth Parent

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Date



**Heart to Heart Adoptions**  
**Social and Health History Information**  
**Birth Mother**

*BM 9*

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**Birth Mother's Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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**Utah Mutual Consent Registry:**

The following papers will be filed with the Utah Department of Vital Statistics. The papers will be available as a part of the Utah Mutual Consent Registry if your child requests them when he or she is 18.

You may select whether or not you wish to have information that will identify you or the birthfather disclosed. If you indicate you don't want to disclose the birthfather or have the child know your name then only non-identifying information will be shared.

Do you wish to have identifying information shared?    Yes        No

I understand the Utah Mutual Consent Registry makes it possible for the birth parents and adoptees to be reunited when the adoptee is 18 years of age. I understand that contact will be possible through this resource only if both adoptee and birth parent register. The non-identifying information will be shared with the Adoptive Family.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<p><b>Heart to Heart Adoptions, Inc.</b> <b>9669 South 700 East</b> <b>Sandy, Utah 84070</b> <b>Office: 1-801-563-1000</b> <b>Fax: 1-801-563-9899</b> <b>Birth Parent Toll Free Line: 1-877-62-HEART</b></p>
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*BM 10*

**Heart to Heart Adoptions  
Social and Health History Information  
Birth Father**

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**Birth Father's Name:** \_\_\_\_\_  
**Birth Mother's Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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**Utah Mutual Consent Registry:**

The following papers will be filed with the Utah Department of Vital Statistics. The papers will be available as a part of the Utah Mutual Consent Registry if your child requests them when he or she is 18.

You may select whether or not you wish to have information that will identify you or the birthfather disclosed. If you indicate you don't want to disclose the birthfather or have the child know your name then only non-identifying information will be shared.

Do you wish to have identifying information shared?    Yes        No

I understand the Utah Mutual Consent Registry makes it possible for the birth parents and adoptees to be reunited when the adoptee is 18 years of age. I understand that contact will be possible through this resource only if both adoptee and birth parent register. The non-identifying information will be shared with the Adoptive Family.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Heart to Heart Adoptions, Inc.  
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