



BIRTH PARENT EVALUATION FORM

Submitted on Date _____ Family Name: _____

We have gathered as much information as we are able and would like you to assess the following information and provide your opinion on this as a match opportunity for us.

We have gathered this information and are not interested in matching with this birth mother. Please contact her on our behalf and let her know of our decision.

Birth Parent Name: _____ Due Date: _____

Attached Forms (required): Birth Parent Information Sheet Conversation Sheets

Red Flag Checklist (Please check any issues you have encountered):

- Inconsistencies in story
- Suspicious proof of pregnancy
- Frequently in financial crisis
- Threatening
- Needs money or will find someone else or abort
- States birth father will not support adoption
- Only contact is with a 'friend' of birth mother
- Refuses to call adoption attorney or professional

Yellow Flag Checklist

- No proof of pregnancy
- Doesn't call or contact when she says she will
- Asking for a lot of money
- Unknown birth father
- Promises but hasn't called adoption attorney or professional
- Says she is working with someone else but wants to change to you
- Highly emotional, frequently in emotional crisis



Please complete the following with any specific information that you want us to consider:

Our Concerns: _____

Inconsistencies Noted: _____

Specific Questions: _____

Information on Birth Mother Financial Requests: _____

Other Issues: _____

We have provided all the information we have to the best of our ability.

Signature

Date

WHEN COMPLETE EMAIL OR FAX TO 530-271-1757