

METTA BIRTH PROJECT APPLICATION FOR SERVICES

This application and an in-person interview are required for consideration to receive services from The Metta Birth Project. If you do not have access to a computer to fill this application in electronically, please arrive at least 20 minutes early for your appointment time and ask for a paper application. This application is kept confidential. Only members of our board of directors will have access to your detailed information. Your doula will have information shared with her relevant to serving your needs, such as your contact information, previous or current health concerns or risks pertaining to your pregnancy and intended place of birth. All of our volunteers are bound by HIPAA privacy policies.

APPLICANT INFORMATION

Name:		
For liability purposes, we need the consent of a minor's guardian to accept you as a participant in our program. We are happy to meet with you and your guardian to help facilitate services. Are you under the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		Will you be under the age of 20 at your estimated due date? <input type="checkbox"/> YES <input type="checkbox"/> NO
Current address:		Phone:
City:	State:	ZIP Code:
Email Address:		

What is your primary language? English Spanish Hmong ASL Other: _____
 Secondary language? English Spanish Hmong ASL Other: _____

Do we have permission to leave a message on your voicemail or with anyone who answers when we call? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you do not have access to a telephone, please list the best way to contact you: _____
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EMPLOYMENT INFORMATION- MOTHER

If unemployed, check here:

Are you currently a student? YES NO

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Supervisor:
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Avg Monthly Income: \$ _____

EMPLOYMENT INFORMATION- PARTNER

If unemployed, check here:

Are you currently a student? YES NO

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Supervisor:
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Avg Monthly Income: \$ _____

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

FINANCIAL INFORMATION

Own Rent <i>(Please circle)</i>	Monthly payment or rent: \$ _____ <i>(Only account for the amount of your monthly housing cost you-and your partner where applicable-are responsible for).</i>
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What is the average total cost of your monthly utilities? Utilities include ONLY heat, electric, gas and/or water. <i>Do not include phone, cable or internet charges. If you live with another adult/s, list how much of the utilities you are responsible for, not the total amount.</i>	\$ _____
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PREGNANCY INFORMATION		
Please answer the following questions to the best of your ability. **We do not confirm pregnancies or provide medical care.** You must have a care provider while receiving services from The Metta Birth Project.		
Estimated Due Date: ____/____/____	Has your pregnancy been confirmed by a medical professional? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Current Provider:	Intended Place of Birth:	
Has your provider told you about any health risks or concerns regarding your current pregnancy?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered yes above, please briefly describe your risk factors:		
Number of babies in this pregnancy: _____	Is this your first pregnancy? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you on or do you plan to apply for WIC? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you on or do you plan to apply for Medicaid? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF THIS IS NOT YOUR FIRST PREGNANCY, PLEASE ANSWER THE FOLLOWING		
How many pregnancies have you had? _____	Have you experienced a pregnancy loss? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, how many losses? _____
How many children are in your custody? <i>(Include foster or kin care children)</i> _____	Have you had a cesarean section? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you had a doula before? <input type="checkbox"/> YES <input type="checkbox"/> NO
Were any previous babies born prematurely? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you attended a childbirth education class? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, where? (circle one) Hospital Out of Hospital
GENERAL HEALTH		
(Your answer are kept confidential. We are more concerned about providing information, support, resources and referrals than involving legal authorities).		
Do you smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO	How many per day? _____	Trying to quit? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you take any prescription medications? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you take any illicit drugs of any kind? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you drink alcohol in pregnancy? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>*Drinking alcohol during pregnancy can cause severe birth defects in the fetus. We are happy to offer referrals to programs which can help you address any addiction issues.</i>		
Do you have a communicable disease (such as a sexually transmitted infection (STI))? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>This question is important for our doulas who may come in contact with your bodily fluids during labor and helps them know to take precautions against transmitting infection.</i>		
Do you have any other health concerns our doulas or educators should know about to better serve you during your time with Metta Birth Project? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what?		
Do you feel safe in your home environment? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will your baby be exposed to second or third hand smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>There are many resources available to women and children living in unsafe environments. Please let us know if you need more information about accessing those resources.</i>		
Do you have access to nutritious food? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please let us know in this space if there is anything else you feel we should know about your health, safety or home/work environment.		
Why are you interested in receiving services from The Metta Birth Project?		
How did you hear about us? <input type="checkbox"/> Facebook <input type="checkbox"/> Expo <input type="checkbox"/> Flyer <input type="checkbox"/> News/Article <input type="checkbox"/> Other: _____		

ACKNOWLEDGEMENTS

You must read and check each statement below acknowledging that you understand the services you will qualify for with The Metta Birth Project and what your responsibilities as a participant will be.

If you do not understand a statement, leave it blank so we can discuss it at our meeting.

- Metta Birth volunteers are not medical professionals. At no time should I take medical advice directly from a volunteer.
- I understand that I can receive childbirth education classes without accepting doula support at my birth but that in order to receive doula support at my birth I must receive childbirth education through Metta Birth Project
- I understand that by receiving services from The Metta Birth Project, I will be asked to answer a series of questions about pertinent information immediately postpartum and every three months until 12 months postpartum, and may be asked for follow up information any time in the first five years postpartum.
- I understand that the doulas who volunteer with The Metta Birth project come from varying backgrounds. Each volunteer is held to a high standard and has trained under a senior doula but is not guaranteed to be certified or highly experienced. I understand that I can request a specific doula but that no guarantees can be made to meet that request. I further understand that a second doula might attend my birth in order to shadow under and assist the primary doula. Further, I understand that birth doulas are on a first come, first serve basis and while The Metta Birth Project attempts to provide doulas for all women, they cannot guarantee doula presence for my birth.
- I understand that volunteers for The Metta Birth Project cannot give me a ride anywhere under any circumstances and I am, at all times, responsible for my own transportation.
- I understand that as a participant in The Metta Birth Project, I am expected to strive for a healthy, full term pregnancy.
- I understand that I am expected to notify The Metta Birth Project if there are any changes in any of the information covered on this application and agreement.
- I understand that The Metta Birth Project may discontinue services with me at their discretion. Reasons for discontinuation of services include falsifying information on my application or any other materials asked for by Metta Birth staff or volunteers, failing to maintain my end of the agreements set forth by The Metta Birth Project, inappropriate, rude or aggressive behavior. I understand that there will be no refunds given if I am discharged from services.
- I understand that I should maintain open and honest communication with Metta Birth staff and volunteers. I understand that I can discontinue services by my own choice, for any reason, but that I may not be accepted back at a later date. I understand that by discontinuing services may result in a forfeiture of any fees paid, at the staff's discretion.

SIGNATURES

By signing this agreement you are validating the accuracy of all information given.
Any applicant or participant who has been found to be purposefully untruthful will be disqualified from services.

Signature of applicant:	Date: ____/____/____
Signature of spouse/partner:	Date: ____/____/____
Signature of guardian (if applicant is a minor):	Date: ____/____/____
Signature of intake staff:	Date: ____/____/____

Office Use Only

Date of Interview: ____/____/____	Date of Intake: ____/____/____	<input type="checkbox"/> AR <input type="checkbox"/> DV <input type="checkbox"/> DVS <input type="checkbox"/> ReI <input type="checkbox"/> R <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> BD <input type="checkbox"/> DD <input type="checkbox"/> PD <input type="checkbox"/> BI <input type="checkbox"/> D <input type="checkbox"/> SA <input type="checkbox"/> RP <input type="checkbox"/> SA <input type="checkbox"/> SAR <input type="checkbox"/> V <input type="checkbox"/> H <input type="checkbox"/> He <input type="checkbox"/> HI <input type="checkbox"/> HIs
Staff: _____	Staff: _____	Guardian Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Date of Interview: ____/____/____	Date of Intake: ____/____/____	Accepted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Staff: _____	Staff: _____	Reason dec?
Financials Copied? <input type="checkbox"/> YES <input type="checkbox"/> NO	ID Copied/Age Verified? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Pregnancy Conf? <input type="checkbox"/> YES <input type="checkbox"/> NO	Intake form completed? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Please bring the following to your initial meeting:

All financial information should apply only to the family applying. For example, if you live with a parent or roommate, their financial information is not needed. If you share the monthly housing cost, we will need to know what you are responsible for. We do not need to know about child support orders.

If you are not responsible for housing costs or utilities, you will not be required to bring those items. A proof of address and information regarding who is responsible for those costs will be required.

- Proof of monthly housing cost (lease or mortgage statement)
- Proof of address (your utility bill will work)
- Utility bills for gas and electric
- Three months worth of paycheck stubs
- Proof of pregnancy (a letter provided by a medical professional, ultrasounds will not be accepted as proof)
- State-issued ID or driver's license or birth certificate (if applying as a couple, we will need ID for both parents)
- Proof that you are receiving prenatal care under a provider

Please note. Mothers who will be under 20 at their estimated due date will need only to provide proof of pregnancy and identification/proof of age.