

# GABRIEL PROJECT®

## Phone Intake Sheet

Date: \_\_\_\_\_ Volunteer \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

May we leave a message?  Yes  No Best time to call? \_\_\_\_\_

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

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

Do you live there alone?  Yes  No If No, who with? \_\_\_\_\_

Health Insurance?  Private  Medicaid  Medicare  None

SSA # or Green Card #: \_\_\_\_\_

Religion \_\_\_\_\_ Parish/Church \_\_\_\_\_

Have you called the Gabriel Project before?  Yes  No

How did you hear about the Gabriel Project? \_\_\_\_\_

How far along are you? \_\_\_\_\_ Are you?  Married  Single

Do you have other children?  Yes  No

Are your parents aware of your pregnancy?  Yes  No

Is the baby's father aware of your pregnancy?  Yes  No

If yes, is he helping you in any way?  Yes  No

If yes, how is he helping you? \_\_\_\_\_

What other sources of income/support do you have? \_\_\_\_\_

Do you have a doctor?  Yes  No

Are you considering an abortion?  Yes  No

If yes, have you been to an abortion clinic?  Yes  No

Needs?  Layette  Car Seat  Carrier  Stroller  Crib

Baby Clothes  Formula  Food  Diapers  Baby Toiletries

Maternity Clothes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_