

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 _____
