

## NEW CLIENT QUESTIONNAIRE

Mail Completed Questionnaire to:

The Nurturing Center  
3819 22nd Place  
Lubbock, TX 79410

If you need more space to answer any of the following questions, feel free to attach additional pages or use the reverse side. These questions are not intended to be in any way judgmental. We are simply gathering information to help us offer you the services which would best meet your individual needs. Perhaps most important to remember is that your completed questionnaire should provide us with what you feel is an accurate picture of yourself.

Phone: 806-780-6853

Email: [naturelife@nts-online.net](mailto:naturelife@nts-online.net)

Due Date \_\_\_\_\_ Today's date \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ May we call? Yes No

Cell Phone: \_\_\_\_\_

Other Contact \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status:  Single  Married  Divorced

Separated  Remarried  Widowed  Living together

In Order that we may serve you, it would be helpful for us to know why you have come to The Nurturing Center. There are no right or more correct answers to this; what matters most is that you respond as honestly as possible and in your own words.

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We care about you! May we have your permission to contact you at a later date to see how you are doing?

Yes      No

Are there certain precautions we should take in contacting you?

Yes      No

If yes, please give us instructions on contacting you (where; when; etc; can we identify ourselves as The Nurturing Center?) \_\_\_\_\_

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How did you first hear of The Nurturing Center?

\_\_\_\_\_ School      \_\_\_\_\_ Counselor      \_\_\_\_\_ Phone Book      \_\_\_\_\_ Clergy

\_\_\_\_\_ Physician      \_\_\_\_\_ Family Member      \_\_\_\_\_ Friend      \_\_\_\_\_ Other

(please specify):

What services offered by The Nurturing Center or its members do you feel you need? Please do not hesitate to check more than one service:

\_\_\_\_\_ Medical care:

\_\_\_\_\_ Baby Care Supplies (please indicate what you are needing help with)

(any assistance with any item/items depends on what is available)

\_\_\_\_\_ crib and mattress (or porta-crib and pad)

\_\_\_\_\_ car seat

\_\_\_\_\_ sleepers, kimonos, gowns

\_\_\_\_\_ bottles

\_\_\_\_\_ blankets

\_\_\_\_\_ one-piece tee-shirts, body suits

\_\_\_\_\_ socks, booties

\_\_\_\_\_ baby care supplies (lotion, powder, baby wash, shampoo) (only one bottle will be

given)

\_\_\_\_\_ diapers (about 18 only can be given)

\_\_\_\_\_ wipes (only 1 package will be given)

\_\_\_\_\_ other items—please list

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\_\_\_\_\_ Financial help (please list what you might need assistance with)



Have you had an ultrasound?

Yes No

Do you know if your baby is a

boy girl

Which hospital do you plan to use for the birth of your baby?

Are you covered by medical or health insurance?

Yes No

If the answer was NO, are you covered by Medicaid?

Yes No

If your answer was YES, does your medical insurance cover pregnancies?

Yes No

Are you currently receiving WIC?

Yes No

Are you in school?

Yes No

If the answer was YES, what is the name of the school you attend?

What hours do you attend school?

If the answer was NO, what is the highest level of schooling you completed:

High School \_\_\_\_\_ GED \_\_\_\_\_ Jr. college \_\_\_\_\_ trade  
school \_\_\_\_\_ business school \_\_\_\_\_ some college \_\_\_\_\_ college degree \_\_\_\_\_  
post-graduate \_\_\_\_\_

Are you employed?

Yes No

If the answer was YES, where are you employed?

Is your employer aware of your pregnancy?

Yes No

Will you be able to take maternity leave when the baby is born?

Yes No

The Nurturing Center respects the privacy of all our members and clients. Our completed questionnaire will remain on file at our office. We will share with members only the facts we believe might help in our efforts to find the best employer, academic institution, or Nurturing Family for you. If there is any specific information which you wish not to be revealed under any circumstances, please make a note in the margin beside your response or comment below.

I acknowledge that The Nurturing Center will be relying on my responses to this questionnaire in deciding to offer me the services of the Center and that the Members of the Center may also rely upon this information as being accurate and complete.

Client \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that The Nurturing Center will only assist me and my baby until the baby is six weeks of age. I understand that The Nurturing Center cannot supply basic baby items on a regular basis. However, in an emergency, I can contact The Nurturing Center and it will be up to their discretion if I receive additional assistance.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned, being a recipient of one or more items from The Nurturing Center of the Roman Catholic Diocese of Lubbock, hereby acknowledge that:

Such items were not manufactured nor tested by the Lubbock Diocese or The Nurturing Center

Such items may have been purchased by third parties or donated by third parties to be given to persons needing those particular items.

That the Lubbock Diocese and The Nurturing Center have no way of testing the suitability or safety of such items

That the Lubbock Diocese and The Nurturing Center are only a conduit from the original donor to the undersigned recipient, and that the original donor has made no representations as to the safety, suitability, workmanship, or any other aspect of such item.

That the undersigned has accepted any item from The Nurturing Center of the Lubbock Diocese knowing all of the above, and understanding that except for the undersigned executing this full release from liability, the Lubbock Diocese would not engage in assisting of the making available to the undersigned recipient and other recipients of the various items such as cribs, car seats, strollers, and other such items normally used for infants and children of a tender age.

Now, therefore, the undersigned recipient hereby releases the Lubbock Diocese and The Nurturing Center from any claim or cause of action which the undersigned may have or hereafter acquire by virtue of any use or acceptance of any item from The Nurturing Center of the Roman Catholic Diocese of Lubbock.

The undersigned further represents that he or she has read the above and forgoing and is fully aware of the provisions contained there-in and that the Roman Catholic Diocese of Lubbock and The Nurturing center is relying upon the truth and provisions of this release in making available to the undersigned an item for use with an infant or young child.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Recipient \_\_\_\_\_

Witness \_\_\_\_\_

Printed Name \_\_\_\_\_

This questionnaire was adapted from The Nurturing Network Client Questionnaire, written by Mary Cunningham Agee.

Would your benefits such as salary, insurance, etc. continue while on maternity leave? Yes

No

About how many hours per week do you work? \_\_\_\_\_

What approximately is your monthly income? \_\_\_\_\_

Do you plan to continue working after the baby arrives? Yes

No

Who will care for the baby while you work? \_\_\_\_\_

If you answered NO to the above question, are you planning on seeking employment after the baby is born? Yes

No

If you are not employed, and you do not plan to work after the baby arrives, are you receiving some sort of medical disability, or social security benefits that contribute to your monthly income? Yes

No

If you are not currently working, but would like to work after the baby has arrived, what are your most recent job skills?

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What kind of employment would you be looking for? \_\_\_\_\_

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Do you have a current resume? Yes

No

**Now we would like some information about the father of the baby.**

Is the father of your baby aware of your pregnancy? Yes

No

If the answer is Yes, is he pressuring you about the pregnancy? Yes

No

If the answer is NO, do you intend to inform him of the pregnancy? Yes

No

What kind of involvement will the father of the baby have? (i.e., visitation, child support, no involvement)\_\_\_\_\_

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

Name of the father:\_\_\_\_\_

Address of the father:\_\_\_\_\_

Phone number where the father can be reached:

home \_\_\_\_\_

work \_\_\_\_\_

cell \_\_\_\_\_ May we call \_\_\_\_\_

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