



A New Arrival, Inc.

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Domestic Adoption Application

Birthmother's Name: _____

Physical Address: _____

Mailing Address: _____

Telephone _____

D.O.B. _____ **SS#** _____

Marital Status _____ Single _____ Married

Children currently residing in the home:

Name	Age	Relationship to Birthmother
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are your children or family aware of your pregnancy and plans to place your child for adoption?

_____ Yes _____ No

Birthfather's Name: _____

Physical Address: _____

Mailing Address: _____

Telephone: _____

D.O.B. _____ **SS#** _____

Marital Status _____ **Single** _____ **Married**

Are you legally married to the birthfather? If yes, do you both plan to relinquish your child for adoption?
_____ Yes _____ No

Do you understand you will both be required to sign off on your adoption not less than 72 hours after the birth of the child unless the birth father has waived his rights? _____ Yes _____ No

Reason for placing child for adoption?

If no, alternate or message telephone number we may use _____

Health Insurance

Do you have Health Insurance coverage? _____ Yes _____ No

Telephone Number _____

If yes, Group Number _____ Policy Number _____

Address _____

If no, ANA requires you to complete a Medicaid application. Are you willing to complete the application and provide additional requested documents to have your Medicaid processed, if any?
_____ Yes _____ No

Clinic or Doctor you are receiving pre natal care from

Address: _____

Telephone: _____

We will provide you with a release of information for your clinic and hospital.

Hospital you plan to deliver at:

Address: _____

Phone: _____

Pre Natal History

Do you have a proof of pregnancy? _____ Yes _____ No

Please provide A New Arrival with your proof of pregnancy.

Have you received any pre natal care? _____ Yes _____ No

If so, how often and where? _____

Any Drug or Alcohol use during this pregnancy?

Do you require assistance with any reasonable living expenses? _____ Yes _____ No

If yes please list

ANA cannot pay expenses directly to birth parent(s) and needs verification of expenses (receipts/rental agreements) prior to assistance. ANA has a maximum amount on reasonable living expenses.

All expenses are cleared with the office within one week of application once the required 3 hours birth mother counseling services are provided.

Any deliberate attempt to acquire financial assistance for reasonable living expenses without the known intent to relinquish your child for adoption will be deemed as fraudulent by ANA and treated as such.

How do you wish to have the delivery handled? Would you like the adoptive parents at the delivery or at the hospital at birth?

Do you want to view family profile of prospective adoptive parents? _____ Yes _____ No

If no, do you want ANA to select the adoptive parents? _____ Yes _____ No

Would you like progress reports on your child once placed _____ Yes _____ No

When your child turns 18 he has the right to request a copy of his original birth certificate unless you provide a written request to vital statistics to not release the original certificate.

Do you want the child to be provided with a copy of his original birth certificate?

_____ Yes _____ No

