



Questionnaire for the Nurturing Family

The following questions are intended to provide us with an accurate representation of your family. This information will help ensure a compatible placement of a Client within your Nurturing Family. If you need more space to answer the following questions, please feel free to attach additional pages.

As you answer the questions below, it is only natural that you may have questions about our organization or the nurturing experience itself. We encourage you to talk with Network staff members to gain a better understanding of the role of the Nurturing Family. Should you be interested in learning more, we also have videotapes and related training materials.

A. BASIC INFORMATION

1. Wife's full name: _____ Date of birth: _____
2. Husband's full name: _____ Date of birth: _____
3. Address: _____
City/State/Zip: _____
4. Home phone(s): (_____) _____ Fax: (_____) _____
5. Business phone(s): Wife: (_____) _____ Fax: (_____) _____
Husband: (_____) _____ Fax: (_____) _____
6. Email address: _____
7. Location of Home: Rural _____ Suburb _____ Urban _____
If rural closest large city is: _____
8. Population of City/Town: _____

B. EMPLOYMENT

1. Wife's occupation: _____
2. Employer: _____
3. Hours worked daily: _____ Average overtime per month: _____
4. Do you consider your job to be a high stress position? _____ Yes _____ No
5. Does it take you out of town on travel? _____ Yes _____ No
If so, approximate number of days per month: _____

6. Husband's occupation: _____
7. Employer: _____
8. Hours worked daily: _____ Average overtime per month: _____
9. Do you consider your job to be a high stress position? _____ Yes _____ No
10. Does it take you out of town on travel? _____ Yes _____ No
- If so, approximate number of days per month: _____

C. FINANCIAL INFORMATION

Normally, The Nurturing Network does not provide financial support to our Nurturing Families who share their homes with our Clients. It is our belief that if you become a Nurturing Family, you will experience the rewards for your kindness and generosity. However, it is also important that you not suffer any financial hardship as a result of sharing your home. Therefore;

1. Do your family's finances comfortably allow you to accept a mother-to-be in residence without reimbursement for room and board? _____ Yes _____ No
- If not, please explain: _____
2. Do you have reason to expect any substantial adverse changes in your family's financial situation during the next year? _____ Yes _____ No
- If so, please briefly explain: _____
- _____

D. FAMILY PROFILE

1. Date of marriage: _____
2. How many children are currently living at home? _____

<u>Name</u>	<u>Birthdate</u>	<u>Grade</u>	<u>Name</u>	<u>Birthdate</u>	<u>Grade</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Are you and/or any of your children home during the day? _____ Yes _____ No
- Please briefly explain: _____
- _____
- _____
4. How do your children feel about being part of a Nurturing Family?
- _____
- _____
- _____

5. If your children are grown, how would you characterize your relationship with them?

6. Why are you interested in becoming a Nurturing Family?

7. What do you feel you can offer to a Network Client?

8. Please tell us of your expectations and what you would like to receive in return for your kindness.

9. Please briefly describe your family's interests and hobbies. Do your family members tend to be independent in their hobbies and recreation or do you spend much of your leisure time together? _____

10. Do you have any pets? _____ Yes _____ No

If so, please describe: _____

Are they comfortable with strangers in your home? _____ Yes _____ No

If no, please explain: _____

E. GENERAL INFORMATION

In the best interest of both our Clients and Nurturing Families, we will make every effort to take into account individual preferences and lifestyles in order that each woman's stay with a family is as pleasant and beneficial as possible for all involved. With this in mind, please complete the following questions. Feel free to add any information which might provide us with a better understanding of your family and home life.

1. Do you have any preference with regard to the following? If you answer "yes" to any of the categories, please briefly explain.

a. Age: _____ Yes _____ No _____

b. Religion: _____ Yes _____ No _____

c. Race: _____ Yes _____ No _____

d. Other: _____ Yes _____ No _____

2. Would you be willing to take in a mother-to-be with a child? _____ Yes _____ No

3. Have you ever shared your home with a non-family member for an extended period of time? _____ Yes _____ No

If so, would you briefly describe this experience and the benefits and effects it had upon your family: _____

4. Have criminal charges ever been brought against any member of your immediately family? _____ Yes _____ No

If so, please briefly explain the nature of the charge(s) and the outcome of the case(s):

F. FAMILY RULES AND EXPECTATIONS

The Nurturing Network respects your family's individuality and asks that you share your family's "rules" or customs with us so that we can refer a Client to you who will feel at ease in your home.

1. Would you allow a woman living in your home to:

a. Smoke? _____ Yes _____ No

If so, in what areas? _____

b. Drink? _____ Yes _____ No

Within what limitations? _____

c. Have female visitors? _____ Yes _____ No

d. Have male visitors? _____ Yes _____ No

e. If visitors would be allowed, what limitations would be placed upon those visits?

2. Would you require a woman living in your home to:

a. Be home by a certain time? _____ Yes _____ No

If so, when? _____

b. Be in her room by a certain time? _____ Yes _____ No

If so, when? _____

c. Abide by any other specific rules? _____ Yes _____ No

If so, please explain: _____

3. Ideally, Network Clients will become unique family members and welcome the chance to help in your home. With this in mind,

a. Please list the household chores with which you would most appreciate her help.

b. Do you currently have any domestic help? _____ Yes _____ No

If so, please explain: _____

c. Would you like any specific tasks to become the sole responsibility of the Network Client while she is living with you? _____ Yes _____ No

If so, please briefly explain: _____

4. Would you know of local opportunities through which a Client living with you could earn extra money, either at home or at a nearby office or organization? _____ Yes _____ No

If so, please explain: _____

G. LIVING QUARTERS AND FAMILY SERVICES

1. Please describe the living quarters in which a Client of the Network would live; which floor of the house her room would be located on, the approximate room size, available closet space and the extent of the privacy which she would have. Include whether her bathroom facilities would be private or shared, and if shared, with whom. Please feel free to attach a simple layout of the floor on which she would live.

2. Would a Network Client be able to take all or most of her meals with your family? _____ Yes _____ No

Please explain any restrictions: _____

3. Would she have "kitchen privileges" for snacks or individual meals? _____ Yes _____ No

Please explain any restrictions: _____

4. Are there any family dietary practices which may be considered unusual and of which our Client should be made aware? _____ Yes _____ No

If so, please explain: _____

5. Would you be willing to provide or arrange transportation for our Client to attend classes, church, counseling and/or medical appointments? _____ Yes _____ No

If so, please explain: _____

H. FAMILY HEALTH INFORMATION

Please understand that it is only for the benefit of our Clients that we require the following information before placing a Client in a Nurturing Home.

1. Do you or any of your immediate family members have:

a. Significant physical or mental disabilities or limitations? _____ Yes _____ No

b. Any progressive or communicable disease? _____ Yes _____ No

If you answered "yes" to either of the above, please explain:

2. Have you or any of your family members ever undergone treatment for any ailments mentioned in question #1? _____ Yes _____ No

If so, please explain: _____

3. Do you have any children experiencing emotional or adjustment problems at this time? _____ Yes _____ No

If so, please briefly explain: _____

I. QUESTIONS AND COMMENTS

1. Are there any concerns which you would like to discuss with us to ensure that your membership is as positive an experience as possible? If you would make a note of your questions below, a member of our staff would be pleased to discuss these with you at your convenience.

2. The Nurturing Network respects the privacy of all our Members. Your completed questionnaire will remain on file at our office and will not be photocopied except for the internal use of The Nurturing Network, Inc. We will share with clients only the information we believe might help a woman comfortably join your family. If there is any specific information which you wish not to be revealed, please make a note in the margin beside your response or comment below.

We, the undersigned, acknowledge that The Nurturing Network will be relying on our responses to this questionnaire in deciding to offer our family membership in its organization and that the Clients of the Network may also rely on this information as being accurate and complete.

Confidentiality Statement for Resource Members Of The Nurturing Network

I, _____, understand the importance of confidentiality to The Nurturing Network. I promise to do whatever I can to protect and preserve the confidentiality of the Clients, Members, Employees and Volunteers of the Network. Specifically, I will not share -- either verbally or in writing -- the identity or personal circumstances of Network Clients or Members.

I will make every effort to avoid accidentally breaking this confidence. Specifically, I will not share the information I have learned about any Client with a person other than an authorized Member who has offered to support this Client. I will treat all Network documents, including but not limited to, Questionnaires, Helpful Hints, Cassettes, Videos, Brochures and all other printed materials as the sole property of the Nurturing Network, its author and founder.

In regard to the media, I understand that the Executive Director and Founder, Mary Cunningham Agee, is the sole spokesperson for The Nurturing Network. Therefore, I will encourage all media connections to contact The Nurturing Network headquarters directly.

Additionally, all press releases, articles or advertisements of local related Nurturing Network events, meetings or guest appearances must be sent to Ann Granger, Director of Communication and Development, for updates and approval at least two weeks prior to sending to press.

In consideration for having the opportunity to participate in the Network's efforts to assist women with crisis pregnancies, I will carry out my responsibilities with the utmost respect for the strict confidentiality that our Clients and Members deserve. I am signing this agreement of my own free will.

Wife's Signature

Date

Husband's Signature

Date