

Waiting Child Program - Intake Form

Date: _____
Name: _____ DOB/Age: _____
Name: _____ DOB/Age: _____
Address: _____
Home Phone: () _____ Cell Phone () _____
E-Mail Address: _____
Occupation/Employer: (His) _____
(Hers) _____
Work Phone: His () _____ Hers () _____
Length of Employment: His _____ Hers _____
Marital Status: Single ___ Living Together ___ Married ___ Divorced ___ Widowed ___
Date of Marriage: _____ State: _____

Children:
Name: _____ DOB _____ Adopted? _____
Name: _____ DOB _____ Adopted? _____
Name: _____ DOB _____ Adopted? _____
Name: _____ DOB _____ Adopted? _____
Name: _____ DOB _____ Adopted? _____
Name: _____ DOB _____ Adopted? _____

Religion/Spirituality:
Religious Preference: _____ Church: _____

What aspects of adoption would you like to learn more about?

How did you become aware of Catholic Social Services' Adoption Program?

Catholic Social Services, Pregnancy Support and Adoption Services
3710 East 20th Avenue, Anchorage, AK 99508
Website: www.cssalaska.org

Waiting Child Program
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