



Project CUDDLE

safe and legal alternatives to baby abandonment

Project Cuddle
2973 Harbor Blvd #326
Costa Mesa, CA 92626
714.432.9681 office
www.projectcuddle.org

RESCUE FAMILY QUESTIONNAIRE

(Form 1 of 3)

PLEASE PRINT CLEARLY

Date: _____

1. Name of Mother: _____ Age: _____ Race: _____

Occupation: _____ Education: _____

2. Name of Father: _____ Age: _____ Race: _____

Occupation: _____ Education: _____

Religion(s): _____ Will there be a stay-at-home parent? _____

Do you have other children? _____ How many? _____ Ages: _____

Address: _____ Apt/Unit # _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ OK to call work? _____

Cellular Phone: (____) _____ e-Mail: _____

| PREFERENCE REGARDING CHILD | |
|---|---|
| Race: <input type="checkbox"/> Any <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native-American <input type="checkbox"/> Latino <input type="checkbox"/> Caucasian | What kind of adoption: <input type="checkbox"/> Any <input type="checkbox"/> Not Sure Yet <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| | Age: <input type="checkbox"/> Birth - 1year <input type="checkbox"/> 1-2 years <input type="checkbox"/> Over 2 years |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Are you open to? <input type="checkbox"/> Rape Victim <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Unknown Father <input type="checkbox"/> Handicapped <input type="checkbox"/> Drug Exposed |

3. Birth mother expense budget: Willing to fly to rescue baby

Willing to pay room & board up to \$ _____

Willing to pay medical up to \$ _____

4. Do you have an attorney? _____

Name: _____ Phone: (____) _____

5. Have you completed a home study? _____ Date completed: _____

Name of home study organization: _____

If in fact you are one of the families selected, the birth mother may contact you directly. Project Cuddle will notify you if you've been chosen. Due to our volume of crisis calls we are unable to return non-emergency phone calls regarding a case. However you may phone Project Cuddle in a few days to check on an individual case. NOTE: If you are asked to rescue a baby by a birth mother, please understand that this is considered a HIGH RISK adoption. By signing below you understand and agree to work with Project Cuddle under these circumstances. Applications must be updated annually and only kept for one-year.

Signature: _____ Date: _____

(Please sign if you understand and are willing to take the risk)



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RESCUE FAMILY AGREEMENT

(Form 2 of 3)

Project Cuddle is a non-profit organization that provides resources and emotional support for pregnant women in crisis. Project Cuddle is available 24 hours a day to help women make a safe and legal choice instead of abandoning her child. Our first priority is always the needs of the birth mother, we are her advocate.

If you've been selected as a rescue family by a birth mother, Project Cuddle is NOT involved in the legal process. Project Cuddle is not liable or responsible in any way for the birth mother or her children. Please note the following ways that Project Cuddle IS and IS NOT a part of the process once a birth mother has chosen you to volunteer as the rescue family.

The birth mother always has the right to change her mind in regard to her decision and the care of her child. This is very important to remember as you go through this process.

1. Project Cuddle will be here for continued emotional support for the birth mother through her pregnancy and after.
2. Project Cuddle is not responsible legally, financially, or otherwise for the birth mother or her children. These responsibilities are for the birth mother, legal advisor and the rescue family.
3. Project Cuddle is not responsible for the food, shelter or entertainment of the birth mother.

By signing this document you have acknowledged reading the above material and understand that Project Cuddle is no way responsible legally or financially for you as the rescue family or for the birth mother and her children.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Please mail all three (3) completed Rescue Family Application forms to:
PROJECT CUDDLE #326
2973 HARBOR BLVD.
COSTA MESA, CA 92626



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RESCUE FAMILY CONFIDENTIALITY AGREEMENT (Form 3 of 3)

Since Project Cuddle, Inc. [hereafter "*Project Cuddle, Inc.*"], _____ and _____ [hereafter the "*Rescue Family*"], [collectively the "*Parties*"], understand and agree that the fundamental goal of Project Cuddle, Inc.'s crisis hotline is to save babies in danger of being abandoned and that crisis hotline callers may reveal highly sensitive, personal and/or confidential information to the crisis hotline and/or Rescue Family, with expectation that it remain confidential,

And since the *Parties* agree and understand that the *Rescue Family* may also provide *Project Cuddle, Inc.* with information about themselves which is highly sensitive, personal or confidential, with the exception that it remain confidential,

And since the *Parties* agree and understand that the *Rescue Family* knows there is no guarantee of adopting any baby that they are chosen to rescue, the *Rescue Family* may hope to adopt a rescued baby and that by necessity, the adoption process will require that some information obtained from the crisis hotline or from the *Rescue Family* must be disclosed to those *parties* involved in the adoption process who have a need to know it.

Therefore, the *Parties* agree to keep confidential all information provided to each other which concerns or refers to: any caller to *Project Cuddle, Inc.*'s crisis hotline, the birth mother, any potential or actual birth father, and/or the *Rescue Family*, and to only disclose such information to those parties involved in the adoption process who have a need to know it, but only to the extent they have a need to fulfill their roles in the adoption process.

For the purpose of this Confidentiality Agreement, "those parties involved in the adoption process who have a need to know" means the following people: a) *Project Cuddle, Inc.*'s crisis hotline staff or volunteers involved with matching birth mothers or birth fathers with a *Rescue Family*, b) the *Rescue Family*, c) the birth mother, d) any potential or actual birth father whose relinquishment of parental rights is needed to finalize the adoption, e) attorney's and their staff representing the *Parties*, any birth mother, potential birth parent, or the rescued baby, f) the necessary Court personnel, and the staff of the *Rescue Family's* Adoption Agency working on the adoption.

This agreement remains in effect unless terminated in writing by the *Parties*.

Print Name: _____ Signature: _____ Date: _____
(Signature of Rescue Family - both parties, unless single)

Print Name: _____ Signature: _____ Date: _____
(Signature of Project Cuddle Staff Member)

**Please mail all three (3) completed Rescue Family Application forms to:
PROJECT CUDDLE - 2973 HARBOR BLVD. #326 - COSTA MESA, CA 92626**