



**Rescue Family Application (Page 1 of 3)**

**PLEASE PRINT CLEARLY WITH BLACK INK**

How did you find us: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Mother: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ (American Indian? \_\_\_\_\_)  
Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ (American Indian? \_\_\_\_\_)  
Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Religion(s): \_\_\_\_\_ Do you have children: Y / N How Many: \_\_\_\_\_ Ages(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

<p><b>Preference Regarding Child</b> (Please check <b>ALL</b> that apply)</p> <p><b>Race:</b> Any _____ African-American: _____ Asian: _____ Native-American: _____ Latino: _____ Caucasian: _____ Bi-Racial: _____ _____</p> <p><b>Sex:</b> Male _____ Female: _____ Twins: _____ _____</p> <p><b>Age:</b> Birth – 1 yr: _____ 1-2 yrs: _____ 2+ yrs: _____</p>
--

<p><b>Preference (Continued)</b> (Please check <b>ALL</b> that apply)</p> <p><b>Type of Adoption:</b> Any _____ Open: _____ Closed: _____ Not Sure: _____ _____</p> <p><b>Are you open to:</b> Rape Victim: _____ HIV: _____ Unknown Father: _____ Drug Exposed: _____ Hereditary Mental Illness: _____ Handicap: _____</p>
---

Birthmother Expense Budget: \_\_\_\_\_ Willing to fly to rescue baby: \_\_\_\_\_

Willing to pay Room/Board: \_\_\_\_\_ Willing to pay Medical Expenses: \_\_\_\_\_

Do you have an attorney: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Completed Home Study: Y / N Date Completed: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Name of Home Study Organization: \_\_\_\_\_

If you are one of the families being considered, the Birthmom may want to 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. Note: If you are asked to rescue a baby by a Birthmom, 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_