



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

Rescue Family Questionnaire 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?: _____ How Many?: _____ Age(s): _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Email: _____ Work Email: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

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 <input type="checkbox"/> Bi Racial	What kind of adoption: <input type="checkbox"/> Any <input type="checkbox"/> Not Sure <input type="checkbox"/> Open <input type="checkbox"/> Closed
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Twins	Age: <input type="checkbox"/> Birth – 1year <input type="checkbox"/> 1-2 years <input type="checkbox"/> Over 2 years
	Are you open to? <input type="checkbox"/> Rape Victim <input type="checkbox"/> HIV <input type="checkbox"/> Unknown Father <input type="checkbox"/> Poss. hereditary mental illness <input type="checkbox"/> Handicapped <input type="checkbox"/> Drug exposed

Birthmother Expense Budget: \$ _____

Willing to fly to rescue baby? Willing to pay Room & Board Willing to pay medical?

Do you have an attorney?: Name: _____ Phone: (____) _____

Completed Home Study?: Date Completed: _____ Renewal Date _____

Name of Home study Organization: _____

If in fact you are one of the families being considered, the birth mother 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. 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.

Signature: _____ Date: _____

Signature: _____ Date: _____



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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 woman 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 the process.

1. Project Cuddle will be here for continued 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.

"At Project Cuddle, we encourage the birth mothers to retain their own independent legal counsel for any prospective adoption. The fee for such legal representation is paid by the adopting parents, and varies depending on the needs of the birth mother and the legal services provided."

3. Project Cuddle is not responsible for the food, shelter or entertainment of the birth mother.

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

Print Name: _____ **Signature:** _____ **Date** _____

Print Name: _____ **Signature:** _____ **Date** _____



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Rescue Family Questionnaire Page 3 of 3

Since Project Cuddle, Inc [hereafter “Project Cuddle, Inc.”], _____ 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 expectation 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* knows 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** _____

Print Name: _____ **Signature:** _____ **Date** _____

Please mail all three (3) completed Rescue Family Application forms to:

PROJECT CUDDLE – 2973 HARBOR BLVD. #326 – COSTA MESA, CA 92626