

Heartstrings Connections Support Parent Application

Name _____ Date _____

Street Address _____

City/State _____ Zip _____

Telephone (home) _____ (work) _____

Email _____

Occupation _____

Place of employment _____

Language(s) spoken other than English _____

Religious denomination (if applicable) _____

Date of birth _____ Marital Status _____

Please complete the following questions about the loss of your baby. (You may use the back of this page if you need more room or have had more than one loss.)

1. What date did the loss of your baby occur? _____
2. How far along in the pregnancy or after birth did the loss occur?

3. Did your baby spend any time in the neonatal intensive care unit? _____
4. What was the cause of death? _____
5. What was your baby's name? (if applicable) _____

Names of other children (if applicable)	Birthdate	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

Heartstrings Connections Support Parent Application (cont.)

Please describe your personality. (You may attach another sheet if you need more room.)

Additional questions

1. Would one-to-one support have been helpful to you? If so, at what point and why?

2. What do you expect to gain from the experience of being a support parent?

3. What would you describe as your goal as a support parent in a relationship with a newly referred parent?

Personal References

Please list three persons (other than immediate family) that we may contact for references.

Name

Telephone Number

Thank you for your desire to help others who have experienced the loss of an infant. Please 336-545-8748 if you have any questions. **Mail your completed application to P.O. Box 10825, Greensboro, NC 27404-0825.** I will be in touch within the next two weeks regarding your application and the next Connections training.

