

all blessings international, inc.

MENDING HEARTS INITIAL INQUIRY

For Office Use Only

Date of Inquiry _____
Staff who took call _____
Call Returned by _____
No Later than _____

PLEASE NOTE: We are currently placing families on waiting list as inquiries are received. Families will be prioritized according to our ability to offer services. It may be at least 2 weeks before someone will call you back. You must be available for up to 1 hour for the 1st initial contact return call. Initial contact will be of no charge and utilized for information gathering purposes only; so no consultation will be provided during 1st contact.

Please initial that you have read and understand the above statement. _____

Parents Name _____

Address _____ City, State, Zip _____

Phone # _____ Cell # _____

Email Address: _____ Best Time of Day to Contact: _____

What services are you currently seeking from the Mending Hearts Program?

Dissolution/Disruption Assistance Crisis Counseling Unsure

Child's First Name _____ DOB _____ Male Female

Country of Origin _____ Date in US _____ Date with Parent _____

Citizenship Status Citizen with CoC Permanent Resident with Green Card

Has your adoption been finalized in the states? Male Female

Other Children in the home (include ages) _____

Adoption was completed by *(list name/state)*

Adoption Agency : _____ State Foster Care: _____

Attorney: _____ Other: _____

History prior to adoption *(ie. birth family, orphanage care etc.)*

Formal Diagnoses:

Current Medications & Reasons for Prescription:

Treatments *(i.e.: Therapy, techniques)*

Hospitalizations: Yes No If Yes when and why:

Education: Home-school Public School Private School Alternate School Other

Grade Level _____ Performance *(explain)*

Violent behaviors: Yes No If Yes (*explain*):

Destructive behaviors: Yes If Yes (*explain*):

Sexual behaviors: Yes No If Yes (*explain*):

Good qualities child possesses:

What would you wish for the child if placed with an alternate family:

Additional Information:

I, _____, attest that the information given above is a true and accurate description of the child in need of services.

Parent Signature

Date

Return form via any of the following methods:

Fax (270-663-0423 E-mail (mandy@allblessings.org) or Postal Mail to the following address:
All Blessings International, Inc., Attn: Mending Hearts, 3808 S Griffith Ave, Owensboro, KY 42301