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|  |
| --- |
| Office use only:  Chart#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  S1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (25): |

### What Can You Expect in a Support Service Visit?

### You will meet with your Decision Specialist, who will:

* Perform a brief situation assessment
* Discuss your class options.
* Review resources and referrals available to you*.*

**Please Note**: Per our policy, we must perform your initial situation assessment without any guests.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reason for today’s visit: | | | | | | | | | Date: | | | | |
| First Name: | | | | | | Last Name: | | | | | | MI: | |
| Address: | | | | | | | | | | | | |
| City: | | | | | | | | | | | State: | Zip/Postal: | |
| (1)How did you hear about us? Return Visit  Internet/Google/Website  Friend/Relative  Agency/Medicaid Office  Billboard/1-800#  Health Department/Clinic  School  Yellow Pages  Walk-in/CPC Sign  Other \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| If you are ok with us contacting you after today’s visit to check on you, please give us the contact information you want us to use.  (Be sure to check “Block caller ID” to help protect your confidentiality if needed.   |  |  |  | | --- | --- | --- | |  |  Ok to Mail at above address. |   OK to Text | | | | | | | | | | | | | |
| Home Phone:   Block caller ID | | | Work Phone:   Block caller ID | | | | | | Cell Phone:   Block caller ID | | | |
| Email: | | | | | | | Job: | | | | | | |
| (13)Marital Status? | | | (14)Religion/Church: | | | | | (16) Highest level of education completed: | | | | |  |  |
| Birth Date: | | Sex:  Female    Male | | | Ethnicity: (Optional for Statistic) (please choose no more than two)   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  African American |  Caucasian |  Asian |  Hispanic | | |  East Indian |  Native American |  Middle Eastern | |  Other | | | | | | | | | |
| Occupation/School: | | | Primary Language: (if other than English) | | | | | | | | | | |

Please let us know who came with you to your appointment today?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Boy Friend |  Father |  Fiancé |  Friend |  Girlfriend |  Grandfather |
|  Grandmother |  Husband |  Mother |  No One |  Other |  Wife |

We are so thankful you have chosen to be a part of our Support Services Program! We want to help you during this time in your life. In order to meet the needs of our clients, the Center for Pregnancy Choices has a few guidelines we want you to be aware of as you become involved in our Support Services. These guidelines are listed below.

***If our material assistance items are low, we reserve the right to limit any item to meet the needs of all our clients.***

* **To participate in the program, you must make a commitment to improve your life and therefore the lives of your children, on a continuing basis.** The Center for Pregnancy Choices is here to be an additional resource during this time. We are not intended to be your only source of assistance
* ***Appointments are necessary.*** Jackson Office 601-713-3113 Pearl Office 601-939-9009
* Clients may earn credit by attending support classes, completing extra credit work (if given), or by attending pre-approved meetings, Bible studies or counseling sessions, outside the center.
* If you are more than 10 minutes late, you may not receive credit for that class. If you know you will be late please call and let us know.
* Child care is not provided. You need prior approval from the Client Services Director and the teacher to bring children to class.
* Diapers or wipes may be given out weekly as needed and available, but all other shopping will be allowed only when your shopping card is complete.
* Shopping time will be limited to between 15 & 25 minutes, depending on staff availability.
* Clients should be pregnant or have a child less than 12 months of age when entering the program. Exceptions may be given on an individual basis.
* If you are attending parenting classes for DHS, the Court System, or for any reason believe that we will need to give proof of your class attendance, you must sign a release of information form.

***All of our items are donated; we cannot guarantee having all items listed on our point summary sheet. Please do not take items to sell, only take items that you need for your child. If our material assistance items are low, we reserve the right to limit any item to meet the needs of all our clients.***

***Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_***