

Walking with Moms
Parish Commitment Sheet

Name of Parish _____ Commitment Date: _____
Pastor _____ Deanery _____

Level of Commitment: ___ Prayer (Intentions, Homily, Support, Existing Holy Hour/Rosary)

___ Material Support (On-site resources ie: diapers, wipes, Gift cards)

___ Parish Office Personnel/Respect Life Team Member/Volunteer

___ Staffing

Parish _____

RL Team _____

Volunteer _____

Commitment for: ___ Baby Shower

___ Support/Donations for local Pregnancy Resource Centers (PRC)

Parish Input/Suggestions for Walking with Moms in Need

Pastor _____ Date _____

Parish
Rep. _____ Date _____

Walking with Moms Intake Sheet

Program of the Diocese of St Augustine

Due Date: _____

Today's Date: _____

Your reason for contacting: _____

How were you referred: _____

Ethnicity _____ **Primary Language** _____

How can we help you today? _____

Are you receiving assistance from any other agencies?

Identification:

<u>First Name</u>	<u>Maiden Name</u>	<u>Last Name:</u>	

<u>Place of Birth</u>	<u>Date of Birth</u>	<u>Age:</u>	<u>Sex:</u>	<u>Marital Status</u>	<u>Guardianship Status</u>
			M F		

Home/Contact Information:

<u>Current Address: Street / Apt# / P.O. Box</u>	<u>City/ST:</u>	<u>Zip Code:</u>

<u>Names of Others in Residence</u>	<u>Adults (M/F)</u>	<u>Children (M/F)</u>	<u>Relationship</u>	<u>Race</u>	<u>Age</u>

<u>Type of Phone</u>	<u>Telephone Number</u>	<u>Best hours to call?</u>	<u>Detailed message?</u>
Cell:			
Work			
Emergency #			
E-Mail Address			

Pregnancy test completed: Y/N **Where:** _____ **Proof of Pregnancy Y/N**

Client's Signature _____ **Date** _____