



## Questionnaire for the Head of a Nurturing Family

The following questions are intended to provide us with an accurate representation of your family. This information will help ensure a compatible placement of a Client within your Nurturing Family. If you need more space to answer any of the following questions, please feel free to attach additional pages.

As you answer the questions below, it is only natural that you may have questions about our organization or the nurturing experience itself. We encourage you to talk with a member of our staff to gain a better understanding of the role of the Nurturing Family.

The term "Nurturing Family" encompasses many home situations. Whether you are married, with or without children, a single parent, or a single person, we are most appreciative of your interest in becoming a Nurturing Family.

### A. BASIC INFORMATION

1. Your full name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City/State Zip: \_\_\_\_\_
3. Home phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_
4. Business phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_
5. Email address: \_\_\_\_\_
6. Race: \_\_\_\_\_ Religion: \_\_\_\_\_
7. Height: \_\_\_\_\_ Weight: \_\_\_\_\_
8. Location of Home: Rural \_\_\_\_\_ Suburb \_\_\_\_\_ Urban \_\_\_\_\_  
If rural, what is your closest large city?
9. Population of City/Town: \_\_\_\_\_
10. Please list two references (non-family members) who have known you for over five years. Please include their names, addresses, and phone numbers to facilitate our contacting them.
  - a. \_\_\_\_\_  
\_\_\_\_\_
  - b. \_\_\_\_\_  
\_\_\_\_\_



3. If you are separated or divorced, please describe in your own words the status of your relationship with your former spouse and how often you see one another.

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**C. EMPLOYMENT**

1. Occupation: \_\_\_\_\_
4. Employer: \_\_\_\_\_
5. Hours worked daily: \_\_\_\_\_ Average overtime per month: \_\_\_\_\_
6. Do you consider your job to be a high stress position? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Does it take you out of town on travel? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If so, approximate number of days per month: \_\_\_\_\_

**D. FINANCIAL INFORMATION**

**Normally, The Nurturing Network does not provide financial support to our Nurturing Families who share their homes with our Clients. It is our belief that if you become a Nurturing Family, you will experience the rewards for your kindness and generosity. However, it is also important that you not suffer any financial hardship as a result of sharing your home. Therefore;**

1. Do your finances comfortably allow you to accept a mother-to-be in residence without reimbursement for room and board? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If not, please explain: \_\_\_\_\_
2. Do you have reason to expect any substantial adverse changes in your family's financial situation during the next year? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If so, please briefly explain: \_\_\_\_\_

**E. FAMILY PROFILE**

1. What is your marital status? \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Other
2. Do you have any children? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If so, please indicate their birthdate, grade and whether or not they are currently living at home.

<u>Name</u>	<u>Birthdate</u>	<u>Grade</u>	<u>Living at Home</u>	
_____	_____	_____	_____ Yes	_____ No
_____	_____	_____	_____ Yes	_____ No
_____	_____	_____	_____ Yes	_____ No
_____	_____	_____	_____ Yes	_____ No
_____	_____	_____	_____ Yes	_____ No

3. Are you and/or your children home during the day? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please briefly explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How do your children feel about being part of a Nurturing Family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If your children are grown, how would you characterize your relationship with them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Would there be anyone other than you or a member of your immediate family living in your home or visiting regularly? If so, please briefly explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Why are you interested in becoming a Nurturing Family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What do you feel you can offer to a Network Client?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please tell us of your expectations and what you would like to receive in return for your kindness.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please describe your interests and hobbies. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Do you have any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, please describe: \_\_\_\_\_  
 \_\_\_\_\_
- Are they comfortable with strangers in your home? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**F. GENERAL INFORMATION**

**In the best interest of both our Clients and Nurturing Families, we will make every effort to take into account individual preferences and lifestyles in order that each woman's stay with a family is as pleasant and beneficial as possible for all involved. With this in mind, please complete the following questions. Feel free to add any information which might provide us with a better understanding of your family and home life.**

1. Do you have any preference with regard to the following? If you answer "yes" to any of the categories, please briefly explain.
- a. Age: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Religion: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Race: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. Other: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
2. Would you be willing to take in a mother-to-be with a child? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Have you ever shared your home with a non-family member for an extended period of time? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, would you briefly describe this experience and the benefits and effects it had upon your family: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Have criminal charges ever been brought against any member of your immediately family? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, please briefly explain the nature of the charge(s) and the outcome of the case(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**G. THE GOALS OF THE NURTURING NETWORK**

**The Nurturing Network is dedicated to helping any woman with an unplanned pregnancy give life to her unborn child.**

**Because the women we serve are vulnerable at this particular time in their lives, it is important that the support and understanding we offer be reaffirmed by the Nurturing Family.**

1. Have you read The Nurturing Network's Client and Member brochures? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Are you comfortable reinforcing the goals of the Network in your daily contact with our Client? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Do you have any misgivings about sharing your home with a Network Client? If so, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Keeping in mind that your response is confidential and that no names are required, have you or any one close to you ever experienced an unwanted pregnancy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, would you please briefly explain? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**G. FAMILY RULES AND EXPECTATIONS**

**The Nurturing Network respects your family's individuality and asks that you share your family's "rules" or customs with us so that we can refer a Client to you who will feel at ease in your home.**

1. Would you allow a woman living in your home to:
  - a. Smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, in what areas? \_\_\_\_\_
  - b. Drink? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Within what limitations? \_\_\_\_\_
  - c. Have female visitors? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - d. Have male visitors? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - e. If visitors would be allowed, what limitations would be placed upon those visits?  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Would you require a woman living in your home to:
  - a. Be home by a certain time? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, when? \_\_\_\_\_
  - b. Be in her room by a certain time? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, when? \_\_\_\_\_
  - c. Abide by any other specific rules? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_
3. Ideally, Network Clients will become unique family members and welcome the chance to help in your home. With this in mind,

a. Please list the household chores with which you would most appreciate her help.

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b. Do you currently have any domestic help? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_

c. Would you like any specific tasks to become the sole responsibility of the Network Client while she is living with you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please briefly explain: \_\_\_\_\_

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4. Would you know of local opportunities through which a Client living with you could earn extra money, either at home or at a nearby office or organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_

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#### I. LIVING QUARTERS AND FAMILY SERVICES

**The greatest gifts that you can offer a mother-to-be are a warm welcome and a sincere invitation to join and share in your family life. From a practical standpoint, however, it is necessary that we provide each Client with as much information as possible about her new living situation.**

1. Please describe the living quarters in which a Client of the Network would live; which floor of the house her room would be located on, the approximate room size, available closet space and the extent of the privacy which she would have. Include whether her bathroom facilities would be private or shared, and if shared, with whom. Please feel free to attach a simple layout of the floor on which she would live.

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2. Would a Network Client be able to take all or most of her meals with your family? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain any restrictions: \_\_\_\_\_

3. Would she have "kitchen privileges" for snacks or individual meals? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain any restrictions: \_\_\_\_\_

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4. Are there any family dietary practices which may be considered unusual and of which our Client should be made aware? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_
5. Would you be willing to provide or arrange transportation for our Client to attend classes, church, counseling and/or medical appointments? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**J. FAMILY HEALTH INFORMATION**

**Please understand that it is only for the benefit of our Clients that we require the following information before placing a Client in a Nurturing Home.**

1. Do you or any of your immediate family members have:
- a. Significant physical or mental disabilities or limitations? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - b. Any progressive or communicable disease? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If you answered "yes" to either of the above, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Have you or any of your family members ever undergone treatment for any ailments mentioned in question #1? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Do you have any children experiencing emotional or adjustment problems at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, please briefly explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**K. SAMPLE SITUATIONS:**

**Please check the answer which most clearly describes how you would react to each of the following incidents. If no single choice adequately describes the action you would take, you may check more than one choice and number your answers to indicate that which most closely describes your response. Or, if you would like to comment further, please feel free to attach extra pages with your answers.**

1. You and the Network Client have agreed to share certain household duties, but repeatedly she has not done her share.
- \_\_\_\_\_ a. You ask the Client why she has not upheld her part of the agreement and explain she needs to help around the house in order to remain with your family.
  - \_\_\_\_\_ b. You ask a Network staff member to speak with the Client about her laziness.

- c. You ask your daughter to do the Client's chores.
- d. You decide it is easier to do the additional chores yourself.
- e. You immediately talk with your husband about the possibility of ending your Nurturing Home agreement.
- f. Other (please explain): \_\_\_\_\_

2. You notice that our Client has adopted a parental role towards your children and has started to offer correction in a harsh tone of voice.

- a. You explain to the Client that you and your husband appreciate her help with the children, but would rather handle matters of discipline yourselves.
- b. When a Network staff member calls, you mention the problem and ask what to do.
- c. Understanding what a difficult time this is for our Client, you decide not to mention the problem to her.
- d. You suggest that the children just ignore her.
- e. Other (please explain): \_\_\_\_\_

3. The Client living with you begins to spend a great deal of time in her room and becomes increasingly moody.

- a. You invite the Client to join you for a cup of tea and ask if there is anything troubling her.
- b. You contact the Network to ask that counseling be arranged for the Client.
- c. You ask your neighbor's children to visit often to cheer her up.
- d. You decide that it is best if her privacy is respected and leave her alone.
- e. You request a new Client from the Network who would be more cheerful and easier to live with.
- f. Other (please explain): \_\_\_\_\_

4. The Client shows indiscretion in her manner of dress, often wearing revealing clothes.

- a. You decide to talk it over with the Client.
- b. You contact the Network to alert them to the problem and ask that a staff member discuss this behavior with the Client.
- c. You ask your college-age daughter, when she is home on semester break, to let the Client know how much it bothers you.
- d. Afraid of upsetting the Client and hurting her feelings, you decide to leave well enough alone and just buy her a few new outfits.
- e. You inform the Client that she is no longer welcome if she can not dress more appropriately.
- f. Other (please explain): \_\_\_\_\_

5. You have decided that the Client should be allowed to use the phone whenever she needs to, but lately she has monopolized it, seriously inconveniencing the rest of the family.
  - \_\_\_\_\_ a. You sit down with the Client and agree upon a specific amount of time that she may use the phone each week.
  - \_\_\_\_\_ b. You suggest to a member of the Network staff that you would perhaps be interested having a different Client share your home.
  - \_\_\_\_\_ c. You ask your children to let you know each time they see the Client on the phone.
  - \_\_\_\_\_ d. You decide that this is really only a minor inconvenience and one which your family should tolerate.
  - \_\_\_\_\_ e. You tell the Client that her phone privileges have been revoked for at least one week while you consider whether she can stay.
  - \_\_\_\_\_ f. Other (please explain): \_\_\_\_\_  
\_\_\_\_\_
  
6. Recently, you have noticed that the Client living with you is spending a great deal of money on new clothes and other personal items. However, you are also aware of her financial situation and know that she cannot afford her purchases.
  - \_\_\_\_\_ a. You ask if she realizes the problems her spending will cause and if there is something troubling her with which you could help.
  - \_\_\_\_\_ b. You call The Nurturing Network and suggest she needs professional counseling.
  - \_\_\_\_\_ c. You would rather not offend her by prying and decide that she is old enough to manage her own finances.
  - \_\_\_\_\_ d. Rather than risk a confrontation, you offer to pay for all her purchases.
  - \_\_\_\_\_ e. Other (please explain): \_\_\_\_\_  
\_\_\_\_\_

**L. QUESTIONS AND COMMENTS**

1. Are there any concerns which you would like to discuss with us to ensure that your membership is as positive an experience as possible? If you would make a note of your questions below, a member of our staff would be pleased to discuss these with you at your convenience.

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2. The Nurturing Network respects the privacy of all our Members. Your completed questionnaire will remain on file at our office and will not be photocopied except for the internal use of The Nurturing Network, Inc. We will share with Clients only the information we believe might help her more comfortably join your Nurturing Family. If there is any specific information which you wish not to be revealed, please make a note in the margin beside your response or comment below.

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### **Confidentiality Statement for Resource Members Of The Nurturing Network**

I, \_\_\_\_\_, understand the importance of confidentiality to The Nurturing Network. I promise to do whatever I can to protect and preserve the confidentiality of the Clients, Members, Employees and Volunteers of the Network. Specifically, I will not share -- either verbally or in writing -- the identity or personal circumstances of Network Clients or Members.

I will make every effort to avoid accidentally breaking this confidence. Specifically, I will not share the information I have learned about any Client with a person other than an authorized Member who has offered to support this Client. I will treat all Network documents, including but not limited to, Questionnaires, Helpful Hints, Cassettes, Videos, Brochures and all other printed materials as the sole property of the Nurturing Network, its author and founder.

In regard to the media, I understand that the President and Founder, Mary Cunningham Agee, is the sole spokesperson for The Nurturing Network. Therefore, I will encourage all media connections to contact The Nurturing Network headquarters directly.

Additionally, all press releases, articles or advertisements of local related Nurturing Network events, meetings or guest appearances must be sent to Ann Granger, Director of Communication and Development, for updates and approval at least two weeks prior to sending to press.

In consideration for having the opportunity to participate in the Network's efforts to assist women with crisis pregnancies, I will carry out my responsibilities with the utmost respect for the strict confidentiality that our Clients and Members deserve. I am signing this agreement of my own free will.

**I, the undersigned, acknowledge that The Nurturing Network will be relying on my responses to this questionnaire in deciding to offer me membership in its organization and that the Clients of the Network may also rely on this information as being accurate and complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date