

CLIENT DEMOGRAPHIC INFORMATION

Organization Name: Georgia Adoption Reunion Registry
Worker Name: Stacy Meadows
Admission Date:

First Name: Middle Name: Maiden Name:
Last Name:

Requester: Service Requested:

Physical Address:

Street Line 1:

Street Line 2:

City:

State:

Zip Code:

County:

*Please indicate if your mailing address is different than your physical address.

Phone #: Ok to ID? Yes No

Email Address:

Demographics: Please answer the following questions to the best of your ability. This information is confidential and vital for us to track client progress in an effort to deliver quality services and outcomes.

SSN/CSE#: DOB:

Gender: Male Female

Ethnicity: African American Asian Caucasian Hispanic

Native American Pacific Islander Other

Marital Status: Single Married Living Together

Separated Divorced Widowed

Highest grade or degree completed:

Military Status: Active Veteran Retired None

Employer:

Occupation:

Income Range:

Extremely Low Income Very Low Income Low Income Median Income

Above Median Income

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How did you hear about the Georgia Adoption Reunion Registry?

- Family member or friend
- Referral from an agency or professional
- Internet search/website
- Social Media
- Television advertisement
- Radio Advertisement
- Other

**Reunion Registry Intake Pre-Survey
Reunion Process Knowledge and Experience**

Name:

We are interested in learning more about the knowledge you have about the reunion process and you well-being before we begin working with you. We will ask you similar questions as part of a follow-up survey when our work is complete. These surveys are an important way for us to improve our services and measure that Families First provides a positive experience to our clients.

A. Knowledge and Experiences in the Reunion Process

Please check one box indicating your level of agreement with each statement.

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
1. I feel prepared to search for my birth family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a support network for the search and reunion process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am knowledgeable about the search and reunion process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am knowledgeable about my personal history pre-adoption.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Well-Being

Please check one box indicating your level of agreement with each statement.

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
5. I have a sense of birth family connectedness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel at peace with my birth family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My life feels complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have a strong sense of identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>