

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:

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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 # 1: Ok to ID?  Yes  No Phone # 2: Ok to ID?  Yes  No

Email Address:

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Demographics:

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:

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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

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**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 your 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"/>