

1. **Keep this page for your records.**
2. **Fill out the other two pages and mail/fax them back.**
3. **If you are less than 18 yrs old, fill out the Parental Consent and have it signed by parent or guardian.**



530-B Future, San Antonio, TX 78213 / 210-342-8576 / Fax#: (210) 348-8913
www.savbaby.org

Dear Partner/Participant:

I am writing to let you know that Sav-Baby, Inc. is committed to the success of women and their children. Therefore, as you may know we started a Self-Discovery (SD) Program.

The SD provides a two hour session that is fast and motivational while participants learn to set S.M.A.R.T.E.R goals and evaluate their own lives and decisions they have made.

Not everyone commits themselves to better their lives, but those that do have started on the road to success. We have collaborated with Alpha/Omega In-home Family Counseling Services to provide a follow-up counseling program. During the first 9 groups we graduated 93 mothers and pregnant women.

In summary, the program provides the following at no cost to you. It is FREE:

- Motivational speakers
- Self-evaluation
- Goal Setting
- GED books
- Motivational books (educational, financial, personal, relationships, etc.)
- Follow-up counseling
- Community Resource Directory
- Gift Certificates
- Cribs, car seats and strollers, etc.

If you are interested in this program for yourself or for your clients/participants, please registered and sign the contract. Submit the attached forms to us through fax at 210-348-8913, email it to ben@tgc.org or mail it to the address above.

We wish you success!!!!

Thank you and should you have any questions, I am available at 210-342-8576.

Sincerely,

Ben Amor
Executive Director



"Preventing Baby Abandonment"

530-B Future, San Antonio, TX 78213, (210) 342-8576/Fax#: (210) 348-8913

www.savbaby.org

We only serve pregnant women and women with newborn babies up to the age of 2 months.

(Crib, Strollers, Infant Car seat, Baby items and Self-Discovery Program)

Name: _____

Address _____

Zip Code: _____ Date of Birth _____ Phone Number _____

1. Are you Married, Single? _____ If married, is your husband working? [] Yes [] NO

2. Do you have a:

Job [] Yes [] No

High School Diploma [] Yes [] No

GED [] Yes [] No

3. Who referred you to Sav-baby, Inc. ? _____

4. Are you enrolled in WIC program? [] Yes [] No

5. Do you have Lone Star Card? [] Yes [] No

6. Are you enrolled in MEDICAID? [] Yes [] No

7. Have you asked other agencies for any help? [] Yes [] No

8. Do you have any goals? [] Yes [] No

9. Do you have Transportation? [] Yes [] NO

10. Are you willing to change your present situation? [] Yes [] NO

11. Do you want to participate in our Self-Discovery Program? [] Yes [] No

Signature

Date



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**SELF-DISCOVERY
PROGRAM
CONTRACT AGREEMENT**

In order to help myself I agree to enroll in the Sav-Baby's Self-Discovery Program.

I understand that it will take one 2 hour meeting, and that I will make every effort to attend this meeting and participate in all discussions. Also, I understand that I read the requirements and understood them.

I also understand and commit to allow at least 3 follow-up visits by a counselor to visit me at home and give me guidance in reaching the goals I set for myself during the Self-Discovery Class.

I also understand that I will receive a car seat, crib and a stroller only after I complete the 3 follow-up visits by the counselor.

I also understand that I will receive books and other informational/educational material during the classes that may help me achieve my goals.

I also understand that I will receive a gift certificate if and only after I complete the classes.

I also understand that I will attend the classes by myself in order to gain as much information and insight without interruptions.

Signature

Date

Group#:

Name: _____ Address: _____

Zip Code: _____ Date of Birth: _____ Phone Number: _____

This is for women **under** eighteen (18) years old:

1. Fill out the Form.
2. Parent/Guardian sign the form.
3. Mail **ORIGINAL** copy.



530-C Future, San Antonio, TX 78213 / 210-342.8576 / www.savbaby.org
Fax#: (210) 348-8913 Email: ben@tgcicorp.org

2991 Parental Consent Form

Minor Participation and Parental/Guardian Authorization

I, _____ Parent/Guardian _____

Give my permissible consent to allow the above named minor to attend and/or participate in the Sav-Baby Self Discovery and Crib program and its associated program activities that are in direct relation to the program and/or services stated. I acknowledge that I may withdraw said minor at anytime without reason.

I furthermore understand that Sav-Baby abides by all state and federal privacy guidelines relating to the information exchanged between said minor and Sav-Baby and that information will only be shared with partners that are in direct relation with said program and/or services and that Sav-Baby may use non-identifiable information collected for demographic or statistical purposes only and that my consent is limited to the mentioned program, service or activity.

To obtain further information on programs and services offered by Sav-Baby, you can call us toll-free at (800) 579-3391.

Parent/Guardian

Date _____