



# EVAN DAVID FOUNDATION

"Because a Child is a Precious Gift"

## APPLICANT INFORMATION (Person who will receive the treatment):

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS' LICENSE NUMBER & STATE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER NAME & PHONE: \_\_\_\_\_

DATE EMPLOYMENT BEGAN: \_\_\_\_\_ ANNUAL SALARY: \$ \_\_\_\_\_

NAME OF PREVIOUS  
EMPLOYER: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

JOB TITLE AT PREVIOUS EMPLOYER: \_\_\_\_\_

**APPLICANT PERSONAL INFORMATION (CONT.)**

APPLICANT'S NAME \_\_\_\_\_

**APPLICANT'S PARTNER INFORMATION:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS' LICENSE NUMBER & STATE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER NAME & PHONE: \_\_\_\_\_

DATE EMPLOYMENT BEGAN: \_\_\_\_\_ ANNUAL SALARY: \$ \_\_\_\_\_

NAME OF PREVIOUS EMPLOYER: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

JOB TITLE AT PREVIOUS EMPLOYER: \_\_\_\_\_

**APPLICANT PERSONAL INFORMATION (CONT.)**

APPLICANT'S NAME \_\_\_\_\_

**CHILDREN LIVING IN YOUR HOUSEHOLD (part-time & full-time):**

<u>Name</u>	<u>Date of Birth</u>	<u>Biological Parents</u>
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Has the Applicant ever been pregnant? \_\_\_\_\_

If "Yes", how many times? \_\_\_\_\_ How many live births? \_\_\_\_\_

Has the Applicant's Partner ever produced a pregnancy? \_\_\_\_\_

If "Yes", how many times? \_\_\_\_\_

Does the Applicant's Partner have any children? \_\_\_\_\_

If "Yes", how many? \_\_\_\_\_ Results? \_\_\_\_\_

\_\_\_\_\_

Has the Applicant ever had an IVF procedure? \_\_\_\_\_

If "Yes", how many times? \_\_\_\_\_

Does the Applicant have any frozen embryos? \_\_\_\_\_

If "Yes", where are they kept? \_\_\_\_\_

**Name of Physician and Clinic/Office who has been treating you for infertility:**

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT PERSONAL INFORMATION (CONT.)**

APPLICANT'S NAME \_\_\_\_\_

**Date of marriage between Applicant & Applicant's Partner:** \_\_\_\_\_

**If not married, explain why:**

**Has the Applicant or Applicant's Partner ever been charged, detained or arrested for a felony or misdemeanor that was resolved by conviction, probation, deferred adjudication or court-ordered community service, or that has not yet been resolved ?** \_\_\_\_\_

**If yes, please give all details. (Attach additional pages if necessary.)**

**Has the Applicant or Applicant's Partner ever been treated for substance abuse?** \_\_\_\_\_

**If yes, please explain.**

**Has the Applicant or Applicant's Partner ever been treated for a mental illness?** \_\_\_\_\_

**If yes, please explain.**

**APPLICANT PERSONAL INFORMATION (CONT.)**

APPLICANT'S NAME \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Please attach a photocopy of **both sides** of the Applicant's insurance card and the Partner's insurance card.

**Does the Applicant have prenatal health insurance coverage?** \_\_\_\_\_

**Does the Applicant have coverage, or the ability to add coverage, for a child?** \_\_\_\_\_

**Does the Applicant, or Applicant's Partner, have any insurance covering infertility procedures, medications, diagnosis, and/or treatments?** \_\_\_\_\_

Please briefly summarize the insurance benefits related to fertility treatment from your insurance company and history of benefits received from fertility-related treatments. (Add additional pages, if necessary.)

**Will you be using a Surrogate for an IVF procedure & pregnancy?** \_\_\_\_\_

**If yes, do you know who your Surrogate will be?** \_\_\_\_\_

**Explain below, including age of Surrogate.**

**Any previous pregnancies by the Surrogate?** \_\_\_\_\_

**If yes, how many?** \_\_\_\_\_

**How many live births? \_\_\_\_\_ Any complications? Explain**

## CERTIFICATION OF APPLICANT INFORMATION

We hereby state that all the above items in this Applicant Information form have been truthfully completed and are enclosed as part of our Application.

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Signature

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Signature

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Print Name

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Print Name