

Attachment A
8720.218

Dear Birth Parent(s):

Thank you for bringing your baby to a safe place. You have taken the first step in making sure that your child will be well taken care of. We know that this has been a difficult decision for you, and we will do what we can to give your child the best possible care.

This packet has information to help you find care for yourself and to learn what your choices are right now. The baby will be at the hospital for at least a day. Child Protective Services will find a foster care home. More information about the foster care and adoption process is included in this packet, along with phone numbers for the hospitals and Child Protective Services.

Please look at the information about what to expect after having a baby. If you are unable to visit your own medical provider, come to the hospital or seek medical care through one of the resources listed in this packet. Tell the medical provider that you transferred your baby under the "Safety of Newborn Children" law and they will not report you to law enforcement.

Please help us by providing some health information. This information is important for your child's care now and in the future. This information will be used only for this purpose. It will not be used to identify you or find you. Answer only those questions you feel comfortable answering.

Mail the forms in the addressed / stamped envelope provided in the packet. If you want to send additional information in the future, every effort will be made to get the information into the child's record. Information should be sent to:

Adoptions Program Manager
Children's Administration
Department of Social and Health Services
PO Box 45710
Olympia, WA 98504-5710

Thank you for coming to a safe place with your baby.

MEDICAL AND SOCIAL HISTORY FORM

This form is intended to provide you an opportunity to anonymously provide information about your newborn and his/her family medical history. This information can be very helpful for your child's future medical care.

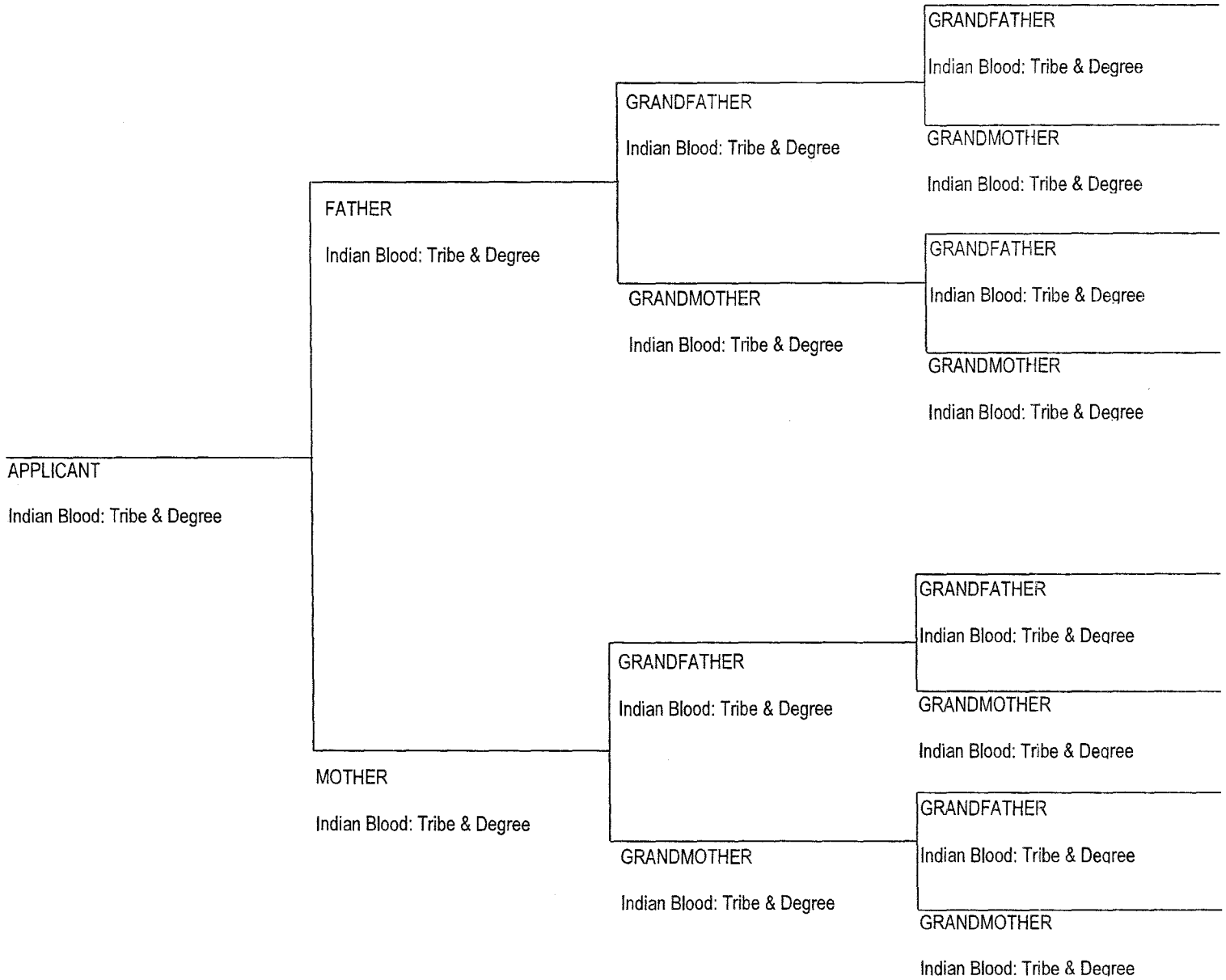
TRANSFER INFORMATION				
Date Newborn Transferred:		Hospital / Fire Station:		ID Band Number:
DELIVERY INFORMATION				
Date and time of birth		Date:		Time:
Place of birth	<input type="checkbox"/> Hospital	<input type="checkbox"/> Home	Other:	
Delivered by (If not hospital delivery)	<input type="checkbox"/> Midwife	<input type="checkbox"/> Mother	<input type="checkbox"/> Father/family/friend	
Position at birth	<input type="checkbox"/> Head first	<input type="checkbox"/> Bottom first	Other:	
Cried at birth	<input type="checkbox"/> Right away	<input type="checkbox"/> Delayed, but soon	Other:	
Baby moving arms/legs at birth?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Baby's coloring at birth	<input type="checkbox"/> Pink around mouth and pink hands and feet	<input type="checkbox"/> Pink around mouth, bluish hands and feet	<input type="checkbox"/> Bluish around mouth	<input type="checkbox"/> Other:
Placenta (afterbirth) delivered within 10-15 minutes after baby?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
LABOR INFORMATION				
Date/time mother's water broke		Date:		Time:
What color was the fluid?	<input type="checkbox"/> Clear	<input type="checkbox"/> Greenish or brownish	<input type="checkbox"/> Other	
Any odor to the fluid?	<input type="checkbox"/> Yes (describe)		<input type="checkbox"/> No	
Date/time contractions (labor pains) started		Date:		Time:
PREGNANCY INFORMATION				
How far along was the pregnancy?	In Months			
Mother's age	<input type="checkbox"/> Under 17 years old	<input type="checkbox"/> 17-35 years old	<input type="checkbox"/> Over 35 years old	
Prenatal care?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Other pregnancies?	# of pregnancies: Born alive: _____ Premature births (more than 3 weeks early): _____		Low birth weight (under 5½ lbs): _____ Stillborn: _____ Miscarried/abortions: _____	
Complications of this pregnancy? (Bleeding before labor, high blood pressure, high weight gain, infections, morning sickness more than 3 months, etc.)	Describe:			
Complications of past pregnancies?	Describe:			
Substance use during pregnancy	<input type="checkbox"/> Alcohol: _____ Drinks/day for _____ Months of pregnancy	<input type="checkbox"/> Tobacco: _____ Packs/day for _____ Months of pregnancy	<input type="checkbox"/> Prescription drugs: Names: _____	<input type="checkbox"/> Other drugs (street drugs) Names: _____

Descriptions and Characteristics of Birth Family

	Mother	Father	Sibling of Newborn	Other – Identify Relationship
Height				
Weight				
Age <i>(at time of newborn's birth)</i>				
Build/Bone Structure				
Complexion color <i>(fair, medium, dark, olive, light brown)</i>				
Hair color				
Hair texture				
Eye color				
Right or Left handed				
Blood type				
Education <i>(to date)</i>				
Glasses worn? If yes, what for what condition?				
Acne? Age at onset? Treatment?				
Distinguishing characteristics <i>(e.g., birthmarks, scars, tattoos)</i>				
Occupation				
Talents / hobbies / skills				
Family Religion				
Addictions <i>(Drug, Alcohol, Tobacco, etc.)</i>				
Deceased <ul style="list-style-type: none"> • Age • Cause of Death 				

If your child is of Native American descent and you believe the child may be eligible for tribal enrollment, you may choose to provide the following information. If you complete this information, you will need to provide identifying information and no longer retain your anonymity.

FAMILY ANCESTRY CHART



HELPFUL INFORMATION

If you change your mind or have questions about the baby,
call the Division of Children and Family Services at:

1-800-562-5624

Explain that you transferred your baby under the Safety of Newborn Children Law. Provide the date you transferred your child and the location of the transfer (*hospital or Fire state / city*). You may be asked to provide the child's bracelet number for verification. You will then be provided with the name and number of the child's social worker. If you have transferred a child under this law, you have not committed a crime and you will not be referred to law enforcement.

Statewide Numbers

Adoption Agencies Statewide Listing

Department of Social and Health Services 1-800-562-5628
www.dshs.wa.gov

Domestic Violence

Washington State Domestic Violence Hotline 1-800-562-1240

Substance Abuse Service

24 hour Drug and Alcohol Helpline 1-800-562-6025

Medical Assistance / Crisis / Counseling

Family Health Hotline 1-800-322-2588
Safe Place for Newborns 1-877-440-2229
Family Help Line – Parenting and Stress
Reduction Info Line 1-800-932-HOPE (932-4673)

Local Numbers

Domestic Violence

YMCA 1-360-695-0501

Substance Abuse Services

Lifeline 1-360-397-8247

Medical Assistance (Mother)

County Health Department 1-360-397-8089
DSHS 1-800-826-2444

Counseling / Crisis

County Crisis Line 1-360-696-9560

THE LEGAL PROCESS

A baby who is “transferred” to a hospital employee or to a fire station worker will be placed in the legal custody of the Department of Social and Health Services (DSHS).

Legal Rights of Parents

A parent who transfers custody of a newborn baby to qualified personnel at a hospital or fire station does not abandon the baby and does not commit any crime.

Once the baby is transferred, DSHS starts a lawsuit (*called a “dependency action”*) in juvenile court. A juvenile court judge will decide that the baby has no parent who can care for him/her. The judge will give custody of the baby to DSHS so that the baby can be placed in a foster home and so that DSHS has legal authority to make decisions about the baby’s health, safety and welfare. Most often the baby will be placed with foster parents who want to adopt a child.

The parent of a child who is in the custody of DSHS has legal rights. You continue to have these rights – if you take advantage of them – even though you have transferred custody of your baby, until the juvenile court makes a permanent decision about the child’s welfare. If you decide you want to take advantage of these rights you should contact DSHS as soon as possible so that you can begin to participate in the juvenile court case involving your baby. If you do participate in the legal action, your rights would include the following:

- The **right to a hearing within 72 hours** (*excluding Saturdays, Sundays and holidays*) from the time your child is taken into custody.
- The **right to an attorney** to represent you throughout the juvenile court proceeding. If you cannot afford an attorney, the court will appoint one to represent you at no expense to you.
- The **right to request a case conference** to decide what services you and your child should receive.
- The **right to be offered or provided all necessary services**, that are reasonably available, to assist you in correcting any parenting deficiencies so that your child can be returned to you in the near future.
- The **right, in some cases, to make an adoption plan for the child**, subject to court approval, including selecting the adoptive parents.

Legal Process for the Child

The child will have his or her basic needs met by DSHS and the foster parents.

In placing the child, DSHS must place the child with a relative, if a relative is known, available, and qualified. If a relative is not known or is not available, the child will be placed in a foster home.

Please be aware that under Washington law, DSHS must try to locate the child's parents. This is necessary to provide notice to the child's parents regarding the legal proceedings. It does **not** mean that the hospital or fire department will not protect the anonymity of a parent leaving a newborn. These attempts would take place **after** CPS has received the child from the hospital or fire department. If the identity of the child's parents is not known, then DSHS will publish a notice in a newspaper in the county where the child is transferred letting the parents know about the juvenile court lawsuit and the date and time of any court hearing. If the parents do not go to the hearing, then the parents' rights to the child may be terminated. *(This means the child and the parent are no longer legally related and you will no longer have any rights to be involved in the child's case or in the child's life.)* The child would then be placed for adoption.