

**Please read the following carefully:**

Eastern Plains Women’s Resource Center, Inc., is a Christian organization staffed by volunteers who have received training in unplanned pregnancy support services, including Biblical counseling. The volunteers and paid staff are not licensed by the state; therefore, the counseling provided is not intended to be a substitute for professional counseling. EPWRC is not a medical facility, and hence, not legally qualified to record, interpret, or diagnose your pregnancy test or to provide medical services. Only a licensed physician is qualified to diagnose whether or not you are pregnant. As a non-medical facility, we neither perform nor refer for abortion.

I, the undersigned, acknowledge that I have read and understand the above information. I understand that EPWRC will keep all information in strict confidence except as required by law if I am suicidal, homicidal, gravely disabled, or a minor being physically or sexually abused. I understand the above and willingly enter into a relationship accepting help and assistance from EPWRC, Inc., and understand I may terminate this relationship at any time.

\_\_\_\_\_

**Client Signature**

**Date**

\_\_\_\_\_  
**(Office use only below this line)**

**Client #** \_\_\_\_\_ **Client Advocate:** \_\_\_\_\_



**EASTERN PLAINS WOMEN'S RESOURCE CENTER, INC.**  
 Post Office Box 41, Byers, CO 80103 • 228 West Front Street, Byers, CO 80103  
 303-822-9368 • www.epwrc.org • epwrc7@gmail.com • Visit us on Facebook

**Request for Assistance**

Date \_\_\_\_\_

**Name (please print)** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

May we send mail to this address?  Yes  No

**Telephone Number** \_\_\_\_\_

May we leave a message at this number?  Yes  No

**E-Mail Address** \_\_\_\_\_

May we e-mail you?  Yes  No

**Name(s) and Age(s) of Children:** \_\_\_\_\_

**I am in need of the following services:**

- Baby and/or Children's Clothing  
  Maternity Wear  
  Infant and/or Toddler Formula  
 Miscellaneous Baby Bedding  
  Baby Food  
  Diapers  
  Baby Equipment/Furniture  
 Other: \_\_\_\_\_

**I am interested in the following information (check all that apply):**

- Abortion Procedure and Risks  
  Parenting  
 Pregnancy Development  
  Adoption  
 STDs/STIs  
  Birth Control Risks/Complications  
 Abstinence/High Risk Behavior  
  Post Abortive Symptoms

**I would be interested in these referrals (check all that apply):**

- Prenatal Care  
  Housing  
 Medical Care  
  Public Assistance  
 Parenting Classes  
  Food Programs/Banks

**I am interested in the following opportunities (check all that apply):**

- MOPS/Teen MOPS  
  Purity/Abstinence Bible Study  
 Bible Study  
  Post Abortion Bible Study  
 New Moms Classes

**How did you hear about us?**

- Friend  
  Yellow Pages  
 Internet  
  Other  
 School Paper

**Please enter the requested information for statistical reasons only:**

**Birthday:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Last grade completed:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Check One:**

- Married  
 Single  
 Living Together  
 Divorced  
 Separated  
 Widowed