



3313 W. Cherry Lane #538, Meridian, ID 83642
Telephone:(208) 695-6644 Fax: (888) 883-1595
Tiffany_nwed@yahoo.com

Dear Prospective Surrogate,

Thank you for your interest in wanting to be a surrogate.

Please find attached the application that you are requesting. The compensation that our clients are willing to pay ranges from \$25,000.00 - \$40,000.00. Higher compensations are considered on a per base situation and for proven/repeat surrogates.

Upon returning your application, please also attach/send in 6-8 current photos of yourself and your family (children etc.).

A quick overview of Surrogate qualifications:

- * Between the ages of 21 and 39 years old
- * Have successfully carried at least one child, who is currently in your custody
- * Have a history of full-term, healthy pregnancy/s
- * Like being pregnant and a desire to help another family
- * Have had non- complicated vaginal deliveries
- * Be a non-smoker, who maintains a healthy lifestyle
- * Be willing to abstain from alcohol during pregnancy
- * Be willing to limit caffeine intake during pregnancy
- * Have a healthy body mass index (height/weight ratio)
- * Have health insurance (we can suggest a policy if you do not have one currently)
- * Be financially stable, and in a safe home environment
- * Not be receiving State Assistance
- * If married, have a spouse who is supportive of your becoming a Surrogate
- * Open to having a background check done

If you have any questions please feel free to contact one of our staff members at (208) 695-6644.

Tiffany Valentine
Cycle Coordinator



3313 W. Cherry Lane #538, Meridian, ID 83642
Telephone: (208) 695-6644 Fax: (888) 883-1595

Surrogate Background Information

for office use only

Surrogates Name (first middle and last name): _____

Address: _____

Date of birth: _____ Social Security: _____ - _____ - _____

Phone: Cell: _____ Home: _____

Email: _____

Are you or anyone in your household on public assistance (food stamps etc.?) yes no
If yes what type and for how long? _____

MARITAL STATUS

Married Single Divorced Separated Widowed

Please state the date(s) of the duration of each marriage below:

Husband's legal name (first middle and last): _____

Husbands date of birth: _____

If not married, are you currently involved in a committed relationship? yes no

Have you or your spouse had any problems with the law in the past 10 years?
 yes no

If yes, explain and list any arrests, convictions and sentences:

Please list all states and counties that you have lived in in the past 10 years:

References: Please list the names, addresses, and phone numbers of three (3) people other than family members who have known you for at least 5 years. Please discuss your participation in our program with them, so that when we contact them, they will know why we're calling.

DOCTORS' NAMES: Please list the names, addresses, and phone numbers of your current physician, your children's physician, and any other doctor that would have the ability to provide copies of your medical history. IF YOU HAVE SEEN A MENTAL HEALTH COUNSELOR, YOU WILL NEED TO GET YOUR RECORDS FROM THAT PERSON.

NOTE: We will need your medical records from all of your previous pregnancies, if any, and any visits you or your husband may have made to a mental health counselor. Please contact your physician/OB and/or your counselor, and ask him/her to send us your records, or use the enclosed medical release form to obtain them.

BE SURE TO INCLUDE 4-5 RECENT PICTURES OF YOURSELF,AND/OR SPOUSE AND AD YOUR CHILDREN WITH THIS APPLICATION.

Thank you for taking the time to complete this application.

I declare that all of the above information and statements made regarding myself and my family's health history are true and correct. This Surrogate Health History and Background form has been completed without perjury.

Signature: _____ Date: _____

Husband Signature: _____ Date: _____

When sending in your application, please include a copy of your driver's license. Please contact us to determine a secure way for all of this information to be transmitted.

CHECKLIST

Review this list, check off each item as you have completed it, sign this form below, and return it with the application. Thank you.

- You have read all of the information included within the application and have answered every question truthfully.
- You have discussed surrogacy with family members and those people you listed as references.
- You have filled out the medical release form, and **sent it to the doctor(s) who has your pregnancy records**, and NOT sent it back to us.
- You understand and agree that we will do a criminal background check on you.
- You (and your husband or significant other, if applicable) have completed the application together. This means that **each** of you has answered all the questions.
- You have included **two** good pictures of yourself and your family.
- If you are not on the pill or Norplant, you have begun (or will begin when you start your period) charting your temperature according to the instructions on the charts.
- You have answered all questions honestly and accurately and understand that should information become available that would cancel the process you will be deemed liable for perjury and will be responsible for all costs incurred for the cycle to that point.
- You (and your husband or significant other, if applicable) have signed the application.

I/We have reviewed the above checklist, have received all of the information described above, and have properly completed the application.

Signed: _____ [Surrogate] _____ [Surrogate's Husband or Significant Other]



3313 W. Cherry Lane #538, Meridian, ID 83642
Telephone:(208) 695-6644 Fax: (888) 883-1595

MEDICAL RECORD RELEASE OF INFORMATION & REQUEST

I, hereby request that all of my medical records pertaining to any pregnancies that I have had, terminated, or carried to term be provided to the above named agency.

I hereby authorize the release of the above information from my record(s). I understand that the information to be released from my record(s) are confidential and protected from disclosure. I also understand that my consent for release of information will expire (1) year from the date of this release if not acted upon prior to that time. A copy of this medical release may be used in lieu of an original.

Dated: _____

Signature

Date of Birth

Name Printed

Address: _____

Disclosure and Authorization Form

PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

Nation Wide Egg Donation and Surrogacy (the “Agency”) and/or its agents may obtain information about you from a consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include, but is not limited to information about your character, general reputation, personal characteristics and/or mode of living, employment history, work experience, work performance, criminal history records, sexual offender’s lists, motor vehicle records, military records, educational verification, license verification, credit history, government exclusion lists, OIG, GSA, FBI finger printing, and drug testing or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. You also may request a written summary of Your Rights Under the Fair Credit Reporting Act, a copy of which is attached to this form. The scope of this notice and authorization is all-encompassing, however, allowing the Clinic to obtain from any individual or entity all manner of consumer reports and investigative consumer reports now and throughout the course of your relationship with the Clinic to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I hereby authorize and give my written instructions for the obtaining of “consumer reports” and/or “investigative consumer reports” by the Clinic at any time after receipt of this authorization and throughout my relationship with the Clinic. To this end, I hereby authorize, without reservation, any individual or entity to furnish any and all background information requested by **American DataBank, 110 Sixteenth St., 8th Fl., Denver, CO 80202, 1-800-200-0853**, or another outside organization acting on behalf of the Clinic. I also certify that all information I have provided to the Clinic is correct to the best of my knowledge. Any false statements provided will be considered just cause for denial of participation in the Clinic’s programs.

Upon request, American DataBank will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: American DataBank, 110 16th Street 8th Fl. Denver, CO 80202 or by contacting us at 1-800-200-0853.

Last Name _____ **First Name** _____

Middle _____

Other Names/Alias _____

Social Security* # _____

Date of Birth* _____

Driver’s License # _____ **State of Driver’s License** _____

Present Address _____ **Phone #** _____

City/State/Zip _____

Signature: _____ **Date:** _____

**This information will be used for background screening purposes only and will not be used as decision*

criteria. California applicants only: By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

California, Minnesota or Oklahoma Resident Only

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS AND CONTACT:

Consumer reporting agencies, creditors and others not listed below:

Federal Trade Commission: Consumer Response Center - FCRA

Washington, DC 20580

877-382-4357

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency, Compliance Management, Mail Stop 6-6

Washington, DC 20219

800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Federal Reserve Board, Division of Consumer & Community Affairs

Washington, DC 20551

202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision, Consumer Complaints

Washington, DC 20552

800-842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name).

National Credit Union Administration

1775 Duke Street

Alexandria, VA 22314

703-519-4600

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation Consumer Response Center,

2345 Grand Avenue, Suite 100

Kansas City, Missouri 64108-2638

877-275-3342

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate
Commerce Commission

Department of Transportation, Office of Financial Management

Washington, DC 20590

202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture, Office of Deputy Administrator - GIPSA

Washington, DC 20250

202-720-7051

*****All the above pages are for office use only**

Couples and Physicians will be able to view the information beyond this page



3313 W. Cherry Lane #538, Meridian, ID 83642
Telephone: (208) 695-6644 Fax: (888) 883-1595

Surrogate Health History and Background Information

Name (*first name only*): _____

City and State of Residency: _____

Height: _____ Weight: _____ Date of Birth: _____

What compensation are you seeking to be a surrogate? _____

Do you have health insurance in place already? _____

Does it cover surrogacy? ____ yes ____ no ____ not sure (of not sure please call and check)

If yes, what are the monthly premiums? _____

Who is your provider and what policy plan do you have? _____

What are the deductible and out of pocket costs: associated with your plan? _____

Is there any time that you will be out of town in the next six months? _____

Have you been or plan on going to Mexico or where the Zika Virus has been confirmed in the last 6 months or in the future while being a surrogate/pregnant? ____ yes ____ no

Do you have a car? ____ yes ____ no

If no, do you have access to a car? ____ yes ____ no

Have you or your spouse had any problems with the law in the past 10 years?
____ yes ____ no

If yes, explain and list any arrests, convictions and sentences: _____

MARITAL STATUS

___ Married ___ Single ___ Divorced ___ Separated ___ Widowed

Please state the date(s) of the duration of each marriage below:

Husbands name (first only):_____

Date of birth: _____

Occupation: _____

If not married, are you currently involved in a committed relationship? ___yes ___ no

FERTILITY HISTORY

Have you ever been told that you were infertile? ___ yes ___ no

If yes, when? _____ On what basis?_____

Is there any history of infertility problems in your family (difficulty conceiving or miscarriage)?
___ yes ___ no

If yes, please explain and list relation to you:_____

Have you ever been pregnant before: ___ yes ___ no

How many children have you given birth to? _____

Did you have a vaginal birth or C-sections?_____

Where there any complications in any of your deliveries? ___yes ___ no

If yes, what were the complications?_____

For each child, please write date of birth, sex, height & weight and any special health problems:

Date of Birth Sex Height & weight Special Health Problems

If you have had a child within the last year are you finished breast feeding? ____ yes ____ no

If yes, when did you stop? _____

Do your children live with you or away from your home?

1st day of last menstrual period: _____

Average duration of period? _____ Number of days between periods? _____

Do you take birth control? ____ yes ____ no

If yes, what types do you use? _____

Do you take prescribed medication for your cramping? ____ yes ____ no

If yes, what medication do you take? _____

Have you ever had an ablation before? ____ yes ____ no

If yes, what type and what for? _____

SURROGATE SPECIFIC

Have you ever been Surrogate before? ____ yes ____ no

If yes, when? _____

Where? _____

How do you feel about carrying multiples?

In the case of a pregnancy with multiples, how do you feel about possibly reducing? _____

Would you be willing to terminate a pregnancy for a medical reason if asked to do so by the couple? _____

Would you permit the Intended Parents in the delivery room?

___ yes ___ no

Would you permit the Intended Parents to attend doctor's appointments if they wanted to attend?

___ yes ___ no

How much involvement would you like the Intended Parents to be involved in?

PERSONAL HEALTH HISTORY

Do you currently have allergies? ___ yes ___ no

If yes, what are they due to? _____

Please list specific substances and reaction(s) produced below:

Substance	Reaction
_____	_____
_____	_____
_____	_____

Did you have any childhood allergies that you have outgrown? ___ yes ___ no

If yes, please explain: _____

If other, explain: _____

If no, explain: _____

How is your diet? _____

Do you have special eating habits (e.g. vegetarian)? _____

Do you exercise? _____

What type of exercise and how often per week? _____

Do you smoke cigarettes? ___ yes ___ no

If yes, how often and how many? _____

Do you drink alcohol? ___ yes ___ no

If yes, how much and how often? _____

When was the last time you used recreational drugs, and which drug?

Do you drink caffeinated beverages? ___ yes ___ no

If yes, how much and how often per day? _____

Are you currently taking any medication prescribed by a physician? ___ yes ___ no

If yes, please list what medications you are taking, for what condition, how long and daily dosage:

Have you ever had major radiation or x-ray exposure? ___ yes ___ no

Have you ever had a blood transfusion? ___ yes ___ no

If yes, when and why? _____

Have you ever been hospitalized? ___ yes ___ no

If yes, when and for what reason? _____

Any current, chronic medical problems or conditions? ___ yes ___ no

If yes, explain: _____

EDUCATION

Are you currently enrolled in school? ___ yes ___ no

If yes what school are you attending? _____

What is your Major? _____

Please check the highest levels completed:

___ High School GPA: _____

___ Junior College GPA: _____

___ College GPA: _____

___ Advanced Degree in _____ GPA: _____

___ Other (Please Specify) _____

Are you working? ____ yes ____ no

Your occupation: _____

What are your Job duties? _____

Are you required to lift or operate heavy equipment? ____ yes ____ no

If yes, are you able get a "light load" duty while you are pregnant? ____ yes ____ no

Please answer the following questions thoughtfully and completely so that the interested couples can get to know you better as an individual. – For Surrogate

Why do you want to be a surrogate? _____

Please describe your personality and character: _____

What are your talents, interest and hobbies?

What characteristics do you think make you a unique individual? Please include any accomplishments you have achieved?

If you could pass a message on to the couple you will be working with what would that message be? _____

If you are married what is your husband reaction to you wanting to be a surrogate?

Have you discussed being a surrogate with your family or friends? If so, what was their reaction?

For Spouse of Surrogate - If applicable

Please answer the following questions thoughtfully and completely so that the interested couples can get to know you better as an individual.

Why do you want your wife to be a surrogate?

Please describe your personality and character: _____

What are your talents, interest and hobbies?

If you could pass a message on to the couple that you and your wife will be working with what would that message be?

Please write a an additional letter to the parents letting them know more about you and anything you would like to express of share with them. Please also add/attach 6-8 current photos of you and your family.

