

This form is to be provided with an address and postage paid envelope to a parent/agent who is surrendering a baby under the Baby Safe Haven Law. After it is returned to the approved location, it must be returned to North Dakota Health and Human Services.

North Dakota Health and Human Services:  
Fax: 701.328.3538  
DHSCFS@nd.gov  
North Dakota Health and Human Services  
Family Health and Wellness Unit  
600 E. Boulevard Ave., Dept 325  
Bismarck, ND 58505-0250

Thank you for bringing this baby to a Baby Safe Haven. You have taken the first step in assuring that the baby will be safe and well cared for. We know this has been a difficult decision and want to assure you that we will do everything we can to give this baby the best possible care.

We are asking you to help the baby by providing some information voluntarily that may be important in his/her future. This information will be used only for this purpose. It will not be used to identify or find you.

You may not know all the answers, but please provide as much information as you know. This form can be found on page 2.

Thank you.

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If you are the birth parent, please read the symptoms below. If you answer YES to any of the questions, you may be having a medical concern and you should call/see a health care provider immediately. If you do not have a health care provider, seek care at an emergency room or call the Safe Haven hotline at **1-888-510-2229** or text **313131**. Tell them that you are in the Safe Haven Program and need help.

Do you have vaginal bleeding that is increasing and not slowing down when you rest?
Is your vaginal bleeding soaking through two maxi pads in a half-hour?
Are you passing large blood clots through your vaginal bleeding?
Does your vaginal bleeding or discharge have a bad smell?
Is your temperature 101 degrees Fahrenheit or higher?
Do you have abdominal pain that is not relieved by Tylenol or Motrin?
Are you urinating often? Do you feel a burning sensation when doing so?
Is your pain increasing?

Baby's date of birth
Baby's first name on birth certificate
Was the baby born premature? (before 38 weeks) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Were there any complications with the pregnancy or delivery of this baby? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments:
Does the baby requires a special formula or diet? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments:
Before the baby was born, did the birth parent recieve prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Before the baby was born, did the birth parent take any medications, smoke, drink alcohol or use any drugs? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments:
Birth parent's race <input type="checkbox"/> Unsure
Other parent's race <input type="checkbox"/> Unsure
Is the birth parent Native American/American Indian? If yes, include tribe name. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Tribe name:
Is the other parent Native American/American Indian? If yes, include tribe name. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Tribe name:
Other important things to note: