

Laura's Hope

Application

Name: _____

Date Of Birth of Applicants: _____

Address: _____

Phone number: _____ Email: _____

Household financial status: *please attach tax returns for last 3 years, and verification of current employment.*

Fertility/Pregnancy/Infant loss history: *Please list infertility diagnosis(es), past infertility treatments, and pregnancy history including pregnancy loss. Please attach all pertinent medical records.*

Statement of desire for a rainbow baby, and how you would like to achieve this dream:

Select the route you desire for family building that has been recommended by a medical physician.

- | | |
|---|---|
| <input type="checkbox"/> Ovulation induction/IUI | <input type="checkbox"/> IVF c donor embryos |
| <input type="checkbox"/> Donor sperm/IUI | <input type="checkbox"/> IVF c Gestational Carrier |
| <input type="checkbox"/> IVF | <input type="checkbox"/> IVF c GC, donor oocytes |
| <input type="checkbox"/> IVF c donor oocytes | <input type="checkbox"/> IVF c GC, donor sperm |
| <input type="checkbox"/> IVF c donor sperm | <input type="checkbox"/> IVF c GC, donor oocytes and
donor sperm |
| <input type="checkbox"/> IVF c donor oocytes and donor
sperm | <input type="checkbox"/> Adoption |