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E-mail: info@surrogatematching.com , or Contact your SAP recruiter for a 72-hour quicker matching program
Yulane SAP Program Hotline: 312-428-3701
Fax: 866-515-6350

SAP YUlane.org
Surrogate Assessment Program

633 Gestational Carrier Application Form

I am interested in being a	Traditional Surrogate(TS)		Gestational Surrogate(GS)	✓	Either One	

1. First Name	Carolyn	Last Name	Huffines
2. Age	39	3. Birth Date	02/27/75
4. Blood type:	5. Rh factor (-) or (+)	6. Which State do you live?	IL
7. Height 5' 4"	8. Weight 160 lbs	9. Race	White
10. Eye color	Blue	11. Practicing?	
12. Natural hair color	Blonde	13. Religious backgroud	Methodist
14. What is your marital status?(Single/Boyfriend/Partner/Engaged/Married/Divorced)			Single
15. How many biological children do you have?	3	16. Do you have any adopted children?	no
17. Have you ever had an abortion or miscarriage?			no
Which of the above?			
18. First Name, Ages & Relations of people living with you:			
Katlynn Lake 20 daughter Caleb 17 son Gabe 6 (son)			
19. Do you have Health Insurance with maternity coverage?			yes Blue Cross Blue Shield
20. Hospital Deductible?	?		
21. What is the name of your Health Insurance Company? (16*)			Blue Cross Blue Shield
22. What type of plan do you have(PPO,HMO,POS)?	PPO?		
If you have Health Insurance? Please include a copy of your FULL Insurance Booklet with your application			
23. Do you have a life insurance policy in place?			yes
24. Amount of Policy?	250,000.00		
25. What year did you graduate from school?			1993
26. Favorite subjects?	FHA		
27. Do you plan to further your education?			Yes
If so, what do you plan to do?	Nursing (RN)		
28. What languages do you or your family speak & write?			English
29. Do you own a reliable vehicle to get to appointments?			yes
30. Do you have car insurance?			yes

YULANE 633 SAP Gestational Carrier Application Form

NAME OF AGENCY OR CASE MANAGER Tiffany W

NAME OF APPLICANT Caroline of IL

APPLICATION DATE

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633 Gestational Carrier Application Form

I am interested in being a	Traditional Surrogate(TS)		Gestational Surrogate(GS)	X	Either One	
1. First Name		Last Name				
2. Age		3. Birth Date				
4. Blood type:		5. Rh factor (-) or (+)		6. Which State of you live?		
7. Height		8,Weight		9. Race		
10. Eye color		11. Practicing?				
12. Natural hair color		13. Religious backgroud				
14. What is your marital status?(Single/Boyfriend/Partner/Engaged/Married/Divorced)						
15. How many biological children do you have?		16. Do you have any adopted children?				
17. Have you ever had an abortion or miscarriage?						
Which, when?						
18. First Name, Ages & Relations of people living with you:						
19. Do you have Health Insurance with maternity coverage?						
20. Hospital Deductible?						
21. What is the name of your Health Insurance Company? (16*)						
22. What type of plan do you have(PPO,HMO,POS)?						
If you have Health Insurance? Please include a copy of your FULL Insurance Booklet with your application						
23. Do you have a life insurance pilicy in place?						
24. Amount of Policy?						
25. What year did you graduate from school?						
26. Favorite subjects?						
27. Do you plan to further your education?						
If so, what do you plan to do?						
28. What languages do you or your family speak & write?						
29. Do you own a reliable vehicle to get to appointments?						
30. Do you have car insurance?						

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Surrogate Assessment Program

31. Is your schedule flexible(as you will be attending many doctor appointments?) Yes/No

32. Will your job physically allow you to continue work once you become pregnant? (Yes/No)

33. Do you take illegal drugs?(Yes/No)	no	Herbal Medications?		If yes,type?	
34. Describe your regular diet? Healthy	no	—	Any food allergies?		

35. Would you be willing and able to travel out of your local area to attend fertility clinic appointments,assuming you are compensated for traveling? ((Yes/No)

Select the number of times you are willing to travel (3 times, 5 times or 10 times) ?

36. Describe your relationship with your husband/boyfriend/significant other: none

37. Please explain your personal reasons for wanting to be a Surrogate Mother

To help another complete their family :)

38. What kind of support do you expect to receive from your family,and your children?

Complete Support :)

39. Your Intended Parents may want to be in the delivery room to witness the birth of their child,are you ok with that? (Yes/No)

If not, please explain:

40. What kind of reassurance can you give the couple,that you will not change your mind about giving them their child after it is birth?

My family is complete :)

41-A. If there ends up being something medically wrong with the child you are carrying and the Prospective Parents want to terminate the pregnancy, would you agree to an abortion? Yes/No

41-B. In the medical records you have submitted / will submit, what is the result of your Hepatitis B blood test? Will you consider working with Hepatitis B positive Intended Parent's? Yes/No (17)

42. Do you have any objections to carrying multiples(twins or triplets)? Yes/No

If Yes, please explain: twins ok / Triplets = no

43. Typically, fertility specialists will recommend transferring at least 2 embryos in order to increase the odds of achieving a pregnancy. There is a less than 3% chance that one of those embryos could still split into identical twins,after being transferred into your uterus. If this were to occur would you be willing to attempt to carry a triplet pregnancy? (Yes/No)

44. If you were to become pregnant with triplets or greater,and at the 12th gestaional week all were viable and the intended parents wished to reduce.Would you be willing to undergo a selective reduction,in order to maintain a healthy & safe pregnancy for both you and the other babies?(Yes/No)

44. Would you agree to selective reduction from Triplets to Twins?(Yes/No)

45. Would you agree to selective reduction from Triplets to a Singleton?(Yes/No)

46. Would you agree to selective reduction from Twins to a Singleton?(Yes/No)

47. If the Intended Parents requested an Amniocentesis(Amino),would you agree to undergo this procedure?(Yes/No)

If not, please explain and note it may take us longer to match you.

YULANE 633 SAP Gestational Carrier Application Form

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NAME OF APPLICANT: Caroline of IL

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48. Do you have a menstrual cycle every month?(Yes/No) — Yes	
49. How many days are between the first day of your period and your next one?	15 approx
50. Are you currently breastfeeding?(Yes/No) — No. If so, we can not accept you until you have stopped	
51. Have you ever been diagnosed with Endometriosis?(Yes/No) — No	
If so, can you provide a note from your doctor giving you clearance to become pregnant?(Yes/No)	
52. Did you ever need medical assistance to conceive any of your biological children?(Yes/No) — No	
53. Do you and your Spouse/Partner agree to abstain from sexual intercourse while attempting to achieve a pregnancy through surrogacy and for the first two months during a surrogate pregnancy?(Yes/No) — Yes	

54. **Previous Pregnancy History Chart**
(Please complete in order of pregnancy occurrences)

Pregnancy History	Pregnancy #1	Pregnancy #2	Pregnancy #3	Pregnancy #4	Pregnancy#5	Pregnancy#6	Pregnancy#7
Month it took to Conceive or # of IVF attempts(Surrogacy)	0	0	0	—	—	—	—
Date Child was born?	04/2 94	12/5 96	06 2007	—	—	—	—
Miscarriage (Year & Number of weeks)	0	0	0	—	—	—	—
Abortion (Year & Any complications)	0	0	0	—	—	—	—
Stillbirth(Number of weeks)	0	0	0	—	—	—	—
Number of Gestational weeks child was Born?	?	?	?	—	—	—	—
Child's Birth Weight?	?	?	?	—	—	—	—
List Medications Used during Pregnancy & Delivery (Epidural,Prenatal...)	Epidural Prenatal pills	—	—	X	X	X	X
Multiple Pregnancy?(Y/N)	N	N	N	—	—	—	—
Gender of the child?(M/F)	F	m	m	—	—	—	—
C-section Delivery?(Y/N)	N	N	N	—	—	—	—
Child's First Name?	Katlynn	Caleb	Gabe	—	—	—	—
Surrogate Pregnancy?(Y/N)	N	N	N	—	—	—	—
Bed Rest Ordered by OBGYN? (Reason & Duration)	N	N	N	—	—	—	—

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Surrogate Assessment Program

55. As a surrogate mother you will be required to take medications,some of these medications will be injections,do you understand and agree to take any required mediations in order to prepare your body for the embryo transfer and to ensure your body does not reject the surrogate pregnancy?(Yes/No) [Yes circled]	

56.If you are applying to be Gestational Surrogate (no biological relation).Please answer the questions below which apply to you.If you are applying as a Traditional Surrogate(with a biological relation)please answer the questions below which apply to you,and your immediate family(Parents,grandparents or siblings)

Condition	Answer	Condition	Answer
Asthma	0	Emphysema	0
High/Low Thyroid	0	Chronic Bronchitis	0
Liver Disease	0	Diabetes	0
Kidney Problems	0	Manic Depression	0
Psychological Imbalance	0	Epilepsy/Convulsions	0
Mental Illness	0	Heart Disease	0
Eye Disease/Retinal Blastoma	0	Schizophrenia	0
Lung Disease	0	Mental Retardation	0
Ulcers	0	Obesity	0
Cancer(type?)	0	Tuberculosis	0
Deafness(birth or childhood?)	0	Cataractts/Glaucoma	0
Blindness	0	Crossed Eyes	0
Glasses or Contacts	✓ Mom/self	Color Blindness	0
Heart Attache(Age?)	65 Father	Alzheimer's Disease	0
Hepatitis	0	Intrauterine Fibroids	0
Multiple Sclerosis	0	Down's Syndrome	0
Heart Murmur	0	Tey Sachs	0
Birth Deformities(describe)	0	Stroke(age?)	0
Hemophilia	0	Anemia	0
Sicle Cell Anemia	0	AIDS	0
Leukemia	0	Skin Disorders	0
Spina Bifida	0	Cerebal Palsy	0
Muscular Dystrophy	0	Extreme Nervousness	0
ADD/ADHD	0	Alcoholism (more then two family members)	0
Arthritis	0	Tumors	0
Colitis	0	Dwarfism	0
Cystic Fibrosis	0	Speech Problem	0
Learning Disability	0	Paralysis	0
High Blood Pressure	0	Nervous System Problem	0

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SAP Yulane.org
Surrogate Assessment Program

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Eye Disease/Retinal Blastoma	0	Migraine Headaches	0
Gestational Diabetes	0	Placenta Previa or Abruption	0
Pre-Eclampsia	0	Pre-Term Labor	0

Medical Information

57. What is your present form of birth control?			
+Tubal Ligation	--Condoms	-- Birth Control Pills/Patch	-- Vasectomy
--Diaphragm	--IUD	--No Sexually Active	
--Depo Provera (Not Acceptable Methods)		--Norplant (Not Acceptable Methods)	
How long have you used this form of birth control?			
***If you are on Norplant or the Depo Provera shot,please note you can not be a surrogate mother until you have discontinued use for a period of at least 6 months and have had 2 consecutive menstrual periods.Once you have,what is the date of your last Depo Provera injection or Norplant Removal?			

58. What is the age and health of the following family members

Mother:	Age 66		Health good	
Father:	Age 86?	deceased	Health	
Siblings: 1	Age 44	Sister	Health good	
Siblings: 2	Age 40	Brother	Health good	
Siblings: 3	Age 38	Brother	Health good	
Siblings: 4	Age	–	Health –	
Husband/Partner:	Age	–	Health –	
Children:1	Age 20	daughter	Health good	
Children:2	Age 17	son	Health good	
Children:3	Age 6	son	Health good	
Children:4	Age	–	Health –	

59. Have you or an immediate family member ever had or currently have any of the following:(select yes or no)

Cancer 0		Cancer type	Who?
Diabetes	0	Who?	
Pre-Term Labor (# of weeks)	0	Who?	
High Blood Pressure	0	Who?	
Hypertension	0	Who?	
Suicide	0	Who?	
Mental Illness	0	Who?	
Epilepsy	0	Who?	
Cesarean Section	0	Who?	

60. Have you experienced any of the following pregnancy complications such as:Gestational Diabetes,Placenta Previa,Home Monitoring,Emergency Cesarean,Etc......

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61. Have you ever had a sexually transmitted disease(STD)?	no
If so,do you currently?	no
What is the name of the STD and when were you diagnosed?	no
If applicable, when was your last out break?	0
62. Have you ever had HIV(AIDS) testing?	yes
Results? Month & Year	on file
63. Do you know if you have been immunized for Hepatitis B?	yes
In what year?	on file
64. Can you provide proof of your Immunity? (Ex.Shot records,immunization chart,etc......)	On file
65. Does your spouse/partner smoke?	0
If yes, do they smoke inside the house or car?	0
66. Are they willing to smoke outside and not in your presence while you were pregnant?	0
If not, do you understand you may not be selected?	0
67. Previously you've stated that you do NOT smoke cigarettes or use illegal drugs,Is this true?	yes
68. Do you currently smoke cigarettes?	no
69. Do you use illegal drugs?	no
70. When not pregnant how often do you drink alcoholic beverages?(Daily/Weekly/Occasionally/ Never)	0
71. Do you promise to refrain from the use of alcohol,tobacco and all medications not prescribed by your treating physician during pregnancy?	yes

72. What personality trait do you like most about yourself?

dedication hardworking knowledge

73. How do you think becoming a surrogate mother will impact or change your life?

fully satisfied knowing Ive helped make a difference

74. Describe yourself as a child.Were you Obedient,Rebellious,Estranged,etc...Give details?

Obodient

75. What is your happiest childhood memory?

raising animals & farming

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76. Would you describe yourself financially stable?	yes
77. Would you consider being a surrogate for:Please keep in mind you are not required to travel to other countries,intended parents come to the USA for the laws,You will always know and have contact with the people you are matched with.Contact through phone calls,emails and physical visits whenever possible,Intended Parents always hope to be present at the birth.	
Please note:You always have the final decision in who you are matched with,by circling No to any of the above potential parents will limit who your profile can be shared with	
A couple that lives in a state other then California	any
A coulple that already has children	any
A couple that lives in another country(no travel required by you)	any
A Bi-Racial couple	any
A Same Sex couple	any
A Single Parent(male)	any
A Single Parent(female)	any
A Single Parent(gay male)	any

78 The chart below MUST be filled out if you are applying to be a TRADITIONAL SURROGATE ONLY)

Relation to you	Age	Hair Color	Eye Color	Height	Weight	Ethnicity
Mother						
Father						
Sibling(Male/Female)						
Sibling(Male/Female)						
Sibling(Male/Female)						
Maternal Grandmother						
Maternal Grandfather						
Paternal Grandmother						
Paternal Grandfather						

Question	Answer		
79. Do you have any pets?			
If yes, what kind:			
80. If you have cats,who will change their litter box while you are Pregnant?			
81. Are you currently taking any physician-prescribed medications?			
If yes, what are the names,dosages and frequency?			
82. What is the name of your OB/GYN and when did you last see him/her?			
83.What was the date of your last pap smear?			
Can you obtain a copy of this test?			
Were the Results normal?			
Have you ever had an abnormal pap		Year:	
If so, what was the medication you were given(if any)			

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If you have had an abnormal pap, have you had a normal pap since then?	yes normal pap 12/2013
If so,would you be able to provide us with your abnormal AND normal results?	yes
84. Do you have any health problems?	no
If so, what:	
85. Have you ever had surgery,other than a C-section delivery?	no
Was is Elective?	Ø
What type of surgery & when?	Ø
86. What do you do for a living?	LPN
87. Do you work Full Time(more then 32 hours a week)	on file
What is your hourly wage?	
88. Do you plan on continuing to work once you become pregnant?	yes
89. Do you qualify for disability benefits through the state in which you live and work in?	Ø
90. What does your Spouse/Partner do for a living?	Ø
91. Besides your spouse/partner who will be there to provide you with support and assistance during the process and the surrogate pregnancy?	
Mother, Brother's, Children	
92. If you are married, when is your anniversary? (list month,day & year)	Ø
93. If you are told to be on bedrest in the case of a high risk multiple pregnancy or because the doctor fears you may delivery early,will you be able to locate assistance to help with your children?	yes

94.Personal favorite

Favorite color	green	Favorite restaurant	
Favorate food	Chicken	Favorite animal	dog
Favorite sport	Soccer	Favorite music	mellow
Favorite flower	mum	Hobbies/Collections?	alot

95. What do you like to do on your spare time?	unlimited
96. Do you plan on furthering your education?	yes
If so, what are your goals and what area of study are you interested in?	
further my Education	
97. Please describe why you would like to be a surrogate mother and why you feel you would be a good choice?	
To give another the opportunity to complete their family.	

SURROGATE APPLICANT'S SIGNATURE
I have answerred the questions contained in this 633 application

[signature]

YULANE 633 SAP Gestational Carrier Application Form

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Surrogate Assessment Program

PROVEN GESTATIONAL CARRIER FORM
(please only answer these questions if you have been a Surrogate before)

1. How many times have you been a Surrogate? Ø

2. Were you a TS OR GS? Ø

3. How many children did you carry for each surrogacy?

#1		#2		#3		#4		#5	Ø

4. How many tries did it take before you became pregnant?

#1		#2		#3		#4		#5	Ø

5. Name of Fertility Clinics that you were treated by: Ø

6. Did you have Fresh or Frozen Transfers(FET)? Ø

7. Any complications while on the medications or any cancelled cycles? Ø
If so, please explain:

8. Did you undergo selectiv e reduction? Ø
If so, please explain why

9. Tell us about your surrogacy experience,how was it: Ø

10. Did you have any post-partum depression or separation anxiety after the birth? Ø
If so, how did you cope and were you given any medications? Ø

11. Did you work with an agency? Ø
May we ask which one?
How was your experience with the agency? Ø

12. Is there anything we can do to make this next experience better? Ø

13. What were your previous intended parents like: Ø

14. Did you still keep in touch with your Previous intended Parents? Ø

15. What can new intended Parents do differently to make this experience good for you: Ø

END OF THIS 633 FORM

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To whom it may concern,

Thank Yulane SAP program making all the efforts of approving my surrogate applications. I have the following concerns to withdraw my application:

1. I was medically approved on Feb 2014 / ______ / ______ / . I understand that Yulane RGI has incurred costs for airfare, ground transportation, lodging, pre-IVF screening, and psychological evaluations to qualify me to serve the intended parents. I fully appreciate the efforts.

2. I had an IP meeting on Dec / 23/24 / 2013 / and completed all required legal paper related to the final contract signing with my assigned or matched IP. Thanks for these arrangements. I understand it took time and money efforts to come to this point.

3. I have signed the contract and submitted it to my case manager to IP April / 5 / 2014 / and today is April / 14 / 2014 / . I personally feel that IP seems not ready to start the journey I expected in the period of between April / 2014 / to ~~2014~~ April / 2015 / .

4. I am writing Yulane SAP program to be re-assign or re-match with other IP before April / 18 / 2014 / .

5. I still like to help the the IPs I had previously assigned or matched IP if they are ready before April / 18 / 2014 / .

6. I have been advised that I will receive $35.00 from Yulane SAP program if I decided go to other agency or IP that are not related to Yulane RGI if I submit the a [Return to Yulane Anytime] application.

YULANE 633 SAP Gestational Carrier Application Form

Signature
Memo of Understanding Carolyn M. Huffines

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