Every Visit Action Plan

Today's Date	**Phone #**	
Last Name	**First Name**	
Family Changes & Needs:		
Witnessed / Spoke of:	God's Love _____ Sin & Grace _____	
	Chastity _____ Bible _____ Baptism _____	
Counseled on / Notes:		
Materials Given Out:	Bible _____ The Promise(Promesa) _____ ISS _____	
	Baptism Info _____ Children's Bible Story _____	
	I AM # _____ Bible Study Book # _____ Good News _____	
Practical Assistance Items:	Diapers _____ New Mother Pack _____	
	Abuse Info _____ Afghan _____	
	Toys _____ Books _____ Other _____	
Clothing Given:	Maternity _____ Children's _____ Other _____	
Plans and suggestions for next visit:		
Equipment Given:		

Furniture & Equipment Release Form

The following items(s) have been given to me free of charge and I do not hold the Pregnancy Counseling Center responsible for the safety or condition of these items. I understand that these items are used and that I am accepting them in "AS IS" condition.	**Signed:**
Lo siguiente me han dado gratuitamente. El Centro de Embarazo no tiene responsibilidad para el uso seguro de estas cosas, ni de su condición. Estas cosas no son nuevos y yo las acepto como son.	***Firmado:***

Items Received:	
Received by:	**Date:**

~~~ Positive identification required ~~~

Counselor: