



P.O. Box 205  
Russell, PA 16345  
814-512-2718

## APPLICATION

***This application is intended for Birth Doula Services or Post-Partum Doula Services***

Dear Applicant,

Thank you for your interest in the Labor of Love Doula Program scholarship available to Warren and Chautauqua County residents. Labor of Love provides assistance to individuals who are seeking the service of a Birth or Post-Partum Doula. Scholarships will be given as funding allows. There will be a **\$25.00 non-refundable application fee** in addition to your first deposit due at the time that your Client-Doula relationship has been established.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Who is your healthcare provider? \_\_\_\_\_

When is your due date? \_\_\_\_\_

What is your most recent reported taxable income? \_\_\_\_\_

According to the sliding fee scale, what would your contribution be? \_\_\_\_\_

Do you have any special circumstance regarding payment? \_\_\_\_\_

\_\_\_\_\_

Why are you choosing to work with a Birth or Post-Partum Doula? \_\_\_\_\_

\_\_\_\_\_

Do you have a preference as to which Doula you would like to work with? \_\_\_\_\_

*If this Doula's schedule is filled up, then we will assign another one.*



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Do you have any special needs or special requests?

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Where or from whom did you hear about our program?

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Do you have a church affiliation? If yes, where?

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Please list any books or websites you are now reading about childbirth, infant care, breastfeeding or the post-partum period.

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What month would you like to sign up to take the Labor of Love Childbirth Education Class? \_\_\_\_\_

Is there anything else you would like to take into consideration when reviewing this application?

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*All information obtained from this scholarship application will remain confidential as per HIPPA.*

**Mission: The Labor of Love Doula Program is to:**

- Provide a birth doula, continuous one-on-one support for every person who wants one.
- Provide childbirth education for women and their partners.
- Provide breastfeeding support for every woman who plans to breastfeed.
- Provide four (4) hours of postpartum support (extra support packages are available) in the home for every woman who wants help.
- Promote positive birth and postpartum experiences and outcomes for women, infants and families; and provides education on Doulas and birth options.



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### **Obligations as a Doula:**

- Prenatal appointments to discuss birth plan, supports and needs
- Provide birth information
- Provide support via email and phone before the birth
- On call 24 hours a day for the week of your expected due date
- Prepare a backup Doula in the event of illness or another emergency
- Accompany you continuously from labor to birth
- Advocate for you
- Provide emotional support
- Provide experience and objective viewpoints
- Perform comfort measures including massage and counterpressure
- Take photographs as time allows
- Support breastfeeding after birth
- Visit in home

### **As Trained Professionals, Doula's *DO NOT* do the following:**

- They do not perform clinical tasks such as; blood pressure, fetal heart checks, vaginal exams, etc. They are there to provide only physical and emotional support and advocacy.
- They do not make decisions for you. They will help you get the information you need to make your own informed decisions. They will also remind you if there is a departure from your Birth Plan, and will verify if this is, in fact, your informed decision.
- Perform clinical (medical) tasks, diagnosis or treatment
- Make decisions for client
- Promise a pain-free labor or birth
- Offer medical advice

### **Obligations as a client:**

- Participate in an all-day 7-hour childbirth preparation class and tour the birth facility with my partner or Doula to become familiar with the facility and its policies.
- Complete all necessary information needed by Labor of Love; including demographic, financial and pregnancy information.
- Call the Doula as soon as in labor to help make the best arrangements to attend the birth.





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### **Fees:**

***Due at the time of signing this contract:***

#### ***Retainer:***

Application fee of \$25.

Deposit of \$\_\_\_\_\_.

#### ***Final payment:***

Remaining balance of \$\_\_\_\_\_ will be paid by \_\_\_\_\_.

### **Failure of Doula to Provide Services**

I will make every effort to provide the services described here. Sometimes this is impossible (a rapid labor, for example).

If failure to attend your birth is ***due to my error***, and a backup Doula is not provided, there will be a 50% deduction to your total fee.

If failure to attend your birth is ***due to your error***, there will be no refunds or deductions to your total fee.

If failure to attend your birth is ***due to circumstances beyond anyone's control***, I will keep the retainer fees but there will be no further charges.

I/We have read this agreement and agree to participate at the level decided on between the Doula of Labor of Love and myself. By signing this agreement, it reflects that I have discussed the Doula services and agree to enter a client-Doula relationship for the pregnancy and birth.

### ***Disclaimer:***

***I agree to adhere to the fee schedule noted above. If there is failure of payment, the Program has the right to resort to any necessary legal action.***

Client Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Doula Name: \_\_\_\_\_ Doula Signature: \_\_\_\_\_

Date: \_\_\_\_\_