

Mother House, Inc.
APPLICATION

Personal Information

Full Name: _____ Other names used: _____

DOB: _____ Age: _____ Social Security #: _____

Last Address: _____

Phone Number: _____ Due Date: _____

Email address: _____

Cell phone number: _____ Other phone number: _____

Race: _____ Yearly income: _____

County/State of residence: _____

(For grant purposes only)

Marital status (circle one) Single Married Separated Divorced Widowed

Baby's father's name: _____

Location of father: _____

List any Protection order or safety concern with father:

Describe relationship with father of baby:

Plans for your baby (circle one): Parenting Adoption Unsure

Previous number of pregnancies: _____ number of live children: _____

Location of other children:

Emergency Contact

Name: _____ Phone Number: _____

Relationship to you: _____ Address: _____

Family Information:

Mother's name: _____ Phone number: _____

Address: _____

Father's name: _____ Phone number: _____

Address: _____

Case Worker

Name: _____ Agency: _____

Phone: _____ Email: _____

Law Enforcement:

Charges: _____

County: _____ Probation officer: _____

Phone number: _____ Email: _____

Education/Work/Hobbies

Highest level of education: _____ Degrees: _____

Name of college (if applicable): _____

Current employer: _____ Number of hours: _____

Supervisor name: _____ Phone number: _____

Work skills/certification: _____

Future plans for financial independence: _____

Describe what you like to do in your free time: _____

What support do you currently have from others in your life?

Do you own a car? _____ Do you have an Eco-pass? _____

MEDICAL INFORMATION

Because we are a shelter and you will be residing with others, you must disclose any communicable diseases you have: _____

Current medical health (circle one) Excellent Good Fair Poor

Is this a high risk pregnancy? _____

Do you have a disability? Please describe: _____

Under Doctors care (circle one) YES NO Blood Type: _____

Stage of Pregnancy: _____ Due Date: _____

Name of clinic/dr: _____ Phone number: _____

Address: _____

Are there any problems with your health? _____

Medical Insurance (circle one) YES NO Medicaid (circle one) YES NO

Provider: _____

Policy number: _____ Group number: _____

Listed under self or other family member: _____

List any medications:

	Name	Dose	How often
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Allergies to medications:

1. _____
2. _____
3. _____

Other Allergies (i.e.: animals, food, hay fever, etc.)

1. _____
2. _____
3. _____
4. _____

Alcohol/Drug Addictions (circle one) PRESENT PAST NONE

How recent (if applicable): _____

Please describe the extent: _____

As a resident of Mother House, Inc, I understand that no alcohol or drugs (including legal marijuana) will be permitted during my stay. This includes off the grounds of the facility at any time. Any violation will be grounds for dismissal. Random drug tests will be given at the discretion of the Program staff. I agree to submit to random drug tests if I am selected to participate, at the cost to Mother House. I also agree to attend addictions counseling when referred by Mother House.

I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate dismissal.

Further, I understand that if I have provided any false information on this information sheet, the arrangement to reside at Mother House will be null and void.

I also understand that if I have provided any false information on this information sheet, the arrangement to reside at Mother House will be null and void.

Resident Signature

Date

Staff Witness