

Visitation House Maternity Home

Application for Admission

Full Name _____

Present Address:

Telephone # _____ Work or Cell: _____

Referred by: Grace House Parent Church Other (specify) _____

Date of Birth: _____ Age: _____ Due Date: _____

Birthplace (City, State): _____

Driver's License Number & Expiration Date: _____

Marital Status

Single Married Divorced Separated

Children

Do you have children? _____ If so, how many? _____

List names and ages:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Do they currently reside with you? _____

If not, why? _____

If not, who has legal custody of your children? _____

Education

Name of last school attended: _____

Did you graduate? _____ If not, last grade attended _____ If yes, graduation date: _____

Do you plan on working toward a GED or college degree? _____

What could VH do for you to help you with your education? _____

Employment

Are you presently employed? _____ If yes, where? _____

List any jobs, trades or skills that will help you in applying for future employment

Benefits

Do you presently or have you in the past received any of the following benefits?

Financial Aid Medicaid Social Security Food Stamps

Pregnancy

Approximate due date: _____ Has doctor confirmed pregnancy? _____

Are you considering? Parenting Placing baby with Adoptive Family Undecided

visitation House firmly believes in allowing you to make the choice between adoption and parenting. We believe that while you are here God will give you the direction in your life and that of your unborn child.

Birth Father Information

Birth Father Name & Residence: _____

Is the birth father aware of your pregnancy? _____

How are his feelings toward pregnancy? _____

What level of involvement will the birth father have with you during your pregnancy? _____

His Police Record? _____

His Drug/Alcohol involvement? _____

Has he ever been abusive toward you? _____

Is it an ongoing relationship? _____

Medical

Do you have any type of insurance? _____ Name of Insurance: _____

If so, will your insurance cover maternity costs? _____

Do you have or have you ever had a problem with food or eating? _____

If yes, explain _____

List any physical limitations that may have as indicated by a physician _____

List all medications that you currently take:

Medication	Dosage	Reason	How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Financial

Do you have any outstanding debts? _____ If yes, explain _____

VH provides shelter, but we are not responsible for medical expenses or prescriptions. It is the responsibility of the client or sponsoring agency to cover these expenses. Arrangements are made prior to residency. If none is available to you please inform the Admission Coordinator during the application interview.

Legal Background

Have you ever been arrested? _____ If yes, explain _____

Do you have any pending court dates? _____ Explain: _____

Have you every been on probation or parole? _____ Are you now? _____

How long? _____ Length of time remaining? _____

Substance Abuse

Have you ever experimented with any of the following substances?

Alcohol	Hallucinogenic (Acid, LSD, etc)	Morphine
Amphetamines (uppers)	Crank	Opium
Barbiturates (downers)	Crystal Meth	Heroin
Cocaine	Marijuana	Ecstasy
Crack	Meth Amphetamines	Tobacco
Inhalants (Glue, Paint Thinner, etc)	Other: _____	

Have you ever been in a/an alcohol, drug or detoxification program? _____

If yes, name and location of program: _____

Counseling

Have you ever been diagnosed or treated for:

ADD _____ ADHD _____ Schizophrenia _____ Bi-Polar Disorder _____

Borderline Personality Disorder _____

Have you ever been to counseling? _____ If yes, explain _____

Have you ever received psychiatric care or been in a psychiatric hospital? _____

If yes, explain reason and name of hospital _____

I understand that if I have failed to answer these questions truthfully or withheld any information, it can be considered grounds for refusal or dismissal from this program.

Signature

Date

Witness