

**FOR OFFICE USE ONLY:**

Date application submitted: \_\_\_\_\_  
Date to start HOPE: \_\_\_\_\_  
Been here before? \_\_\_\_\_  
Client Advocate's name: \_\_\_\_\_  
Contacts:      Enrolled \_\_\_ Reminder \_\_\_  
                    Phone Call \_\_\_

2nd Corinthians 1:10 "...on him we have set our hope  
that he will continue to deliver us..."

**H.O.P.E. Enrollment Form**

Name \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

May we identify ourselves when we try to contact you?    Yes    No

Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ TX Zip \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_    Age \_\_\_    Email : \_\_\_\_\_

Marital Status: (circle one) Single    Married    Common-law    Separated    Divorced    Widowed

Baby's Due Date \_\_\_/\_\_\_/\_\_\_      Will the father be joining you at H.O.P.E.?    Y    N

Baby's Father's name \_\_\_\_\_      Supportive?    Unsupportive?

Are you on Medicaid?    Yes / No      On WIC?      Y / N

Do you have any other children?    Yes    No

Are you allergic to anything? \_\_\_\_\_

How did you hear about H.O.P.E.? \_\_\_\_\_

What attracts you to this program? \_\_\_\_\_

What have you considered for the future of your baby (adoption, single parenting, living with a relative, parenting with the father, etc.)? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you feel supported during this pregnancy?    Yes    No    Please explain:

\_\_\_\_\_

I attend church: \_\_\_more than once a month \_\_\_less than once a month \_\_\_not on a regular basis

The church I attend\_\_\_\_\_

I would describe my relationship with Jesus as\_\_\_\_\_

H.O.P.E. Rules: 1.) I agree to attend all classes unless I receive pre-approval by a member of the Pregnancy Help Center Staff. 2.) I agree to make up any missed classes. 3.) I agree that if I miss more than two classes of one Phase, I will repeat that Phase. 4.) I agree to be on time for every class of each Phase. I understand this is very important. 5.) I understand there is **no** childcare available. I understand and agree to the above rules.

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

<p><b>In case of emergency, please contact:</b></p> <p>Name_____</p> <p>Relationship to you_____</p> <p>Phone ( )_____</p>
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To Whom It May Concern:

I, \_\_\_\_\_, give my permission for my picture and/or my baby's picture to be used in any publication or on the internet web page of the Pregnancy Help Center. All photos are understood to be the sole property of the Pregnancy Help Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

We apologize that we are unable to offer childcare during H.O.P.E. classes