



RESIDENT APPLICATION

PERSONAL:

Name _____

Date of Birth & Current Age _____

Social Security # _____

Driver's License & State _____

Home Address/City/State/Zip _____

Home Phone # _____

Cell Phone # _____

Parent(s) Name or Managing Conservator _____

Home Address/City/State/Zip _____

Father's Home Phone # _____

Father's Business Phone # _____

Father's Cell Phone # _____

Mother's Home Phone # _____

Mother's Business Phone # _____

Mother's Cell Phone # _____

Father's Employer _____

Occupation _____

Mother's Employer _____

Occupation _____

SOCIAL HISTORY:

Marital Status: ____ Single ____ Married ____ Separated ____ Divorced

Do you have dependent children? If so, where and with whom are they living? _____

If single, do you still reside at home with your parent(s) or stepparents? ____

If not, why? _____

If not, with whom do you live? _____

How long has it been since you last lived at home? _____

Where were you living when pregnancy was discovered? _____

Are you able to continue living there? _____

If not, why? _____

Do you have other available places where you may live during your pregnancy? _____

If yes, where? _____

Have you ever lived in foster care, another group home, drug treatment center, or jail? _____

If so explain: _____

Have you ever been prosecuted for an offense? _____

If so, please explain: _____

Have you ever run away? _____

If so, please explain: _____

Are you currently serving probation? _____

If so, please explain: _____

Name of probation officer: _____

Phone # _____

Are there any warrants out for your arrest? _____

Are you currently employed? _____

If so, where and for how long? _____

Have you been employed in the past? _____

If so, where and for how long? _____

Are there any persons you would not want to know where you are at this time? _____

ABOUT YOUR PARENTS:

Are your biological parents (check appropriate box):

_____ Married and living together _____ Married, not living together

_____ Separated _____ Divorced _____ Deceased (which parent)

If your biological parents are not living together, how long have they been apart? _____

If your biological parents are divorced, how has that affected you? _____

Have either of your parents remarried? _____

If so, please write their spouses names:

Stepfather's Name _____

Stepmother's Name _____

Have either of your parents lived with someone of the opposite sex or same sex? _____

ABOUT YOU:

Do you attend church or another religious institution?

___ Regularly ___ Occasionally ___ Designated Holidays ___ Never

If you are a Christian, please write a brief testimony of your Christian experience. _____

Do you have a church home? _____

Name of church: _____

Pastor's Name: _____

Church Phone # _____

Within the last two years have you: ___ Participated in a séance?

___ Had your fortune told? ___ Played with Tarot cards?

___ Consulted with a psychic? ___ Played with a Ouija board?

Do your parents know you are pregnant? _____

If yes, what are their feelings about the pregnancy? _____

Has your pregnancy caused any tension in the home? _____

How do your parent(s) or step-parent(s) feel about you coming to live at Safe Haven? _____

Please list brothers and sisters (and step-siblings) that live in your home:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In all probability, it is too early to commit to what you plan to do when your child is born, but can you tell us what your initial thoughts are? _____

Where do you plan to live after you leave Safe Haven? _____

What do your parents think of your plans? _____

INFORMATION ON THE FATHER OF YOUR CHILD:

Name _____

Current Age _____

Home Address/City/State/Zip _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Employer _____

Does he know about the pregnancy? _____

If yes, what are his feelings about the pregnancy? _____

Are you still in relationship with the birthfather? _____

How does he plan to support you during this pregnancy and after the birth of the baby? _____

How do you think he feels about you coming to live at Safe Haven? _____

Would he be willing to come for counseling to help you make a plan for after the baby is born? _____

Does he attend church? _____

If so, where? _____

Please tell us about his family:

Parent(s) Names _____

Home Address/City/State/Zip _____

Father's Home Phone # _____

Father's Business Phone # _____

Father's Cell Phone # _____

Mother's Home Phone # _____

Mother's Business Phone # _____

Mother's Cell Phone # _____

Father's Employer _____

Occupation _____

Mother's Employer _____

Occupation _____

Do his parents know about this pregnancy? _____

If yes, what are their feelings about the pregnancy? _____

Other family members of the birthfather:

Name	Relationship
_____	_____
_____	_____

EDUCATIONAL HISTORY:

At Safe Haven, we are committed to your education. We realize how very important education is regardless of whether or not you parent or place your child for adoption. Therefore, all residents that have not received a high school diploma or GED are required to participate in our home-based education program.

Where are you currently in your educational career? (check all that apply)

- _____ Dropped out of high school
- _____ Got GED & attend(ed) college
- _____ Dropped out of high school & got GED
- _____ Got high school diploma
- _____ Dropped out of high school & worked
- _____ Got diploma & worked
- _____ Got diploma & attend(ed) college

Are you currently attending school? _____ If so,

Name of school: _____

If not, what is the name of the last school you attended? _____

If you have dropped out of high school, please explain reasons: _____

When did you last attend? _____

Grade you last attended? _____

What are your favorite subjects in school? _____

What are your least favorite subjects? _____

If you have obtained a GED, **please bring proof of your GED.**

What are your education goals for the future? _____

Are you attending college? _____ If so,

Name of college: _____

If you are currently enrolled in college, what is your major? _____

What school or community organizations are you currently, or have you been, involved with? _____

Please complete these questions as accurately and as realistically as possible regarding your behavior prior to your pregnancy. This will enable us to help you not only academically, but in other important areas as well. How would you describe your academic performance?

_____ Excellent student

_____ OK student

_____ Poor student

_____ Good student but unorganized

_____ OK student but doesn't try

_____ Poor student, does her best

_____ Good student

_____ Poor student, could do better

Do you, or have you, exhibited any of these behaviors?

_____ Experienced a sudden change in school performance

_____ Is easily frustrated

_____ Does homework, but does not turn it in

_____ Has outbursts of anger

_____ Has trouble remembering to bring home books or homework or taking books or assignments back to school, etc.

_____ Has suddenly displayed aggressive behavior

_____ Experienced a change in eating habits

_____ Has suddenly become frightened or insecure

_____ Experienced a change in personal hygiene habits

_____ Has had an increase in physical complaints unrelated to pregnancy (headaches, sleeplessness, etc.)

Have you ever been tested for or identified as having a learning disability?

If so, when and where? _____

What were the test results? _____

(If possible, please provide us with a copy of your evaluation. It will help us better serve you.)

Please explain any strengths, weaknesses, or problems (ADD, ADH, etc.) you may have regarding your education. If there are specific ways we can help you be more successful, please explain below. _____

MEDICAL HISTORY:

Primary Care Physician _____

Telephone # _____

Have you seen a doctor since you became pregnant? _____

Is this your first pregnancy? _____

If not, please explain: _____

Have you ever had a miscarriage? _____ If so, how many? _____

Have you ever had an abortion? _____ If so, how many? _____

Have you had any medical problems (other than morning sickness, etc.)
related to your pregnancy? _____

If so, please explain: _____

Have you had any medical problems unrelated to your pregnancy recently?

If so, please explain: _____

Hospitalizations:

When	Where	Why
_____	_____	_____
_____	_____	_____

Surgeries:

When	Where	Why
_____	_____	_____
_____	_____	_____

Have you ever been diagnosed with a chronic illness? _____

If so, please explain: _____

Are you currently taking any medications? _____

If so, which ones and for what? _____

Do you have any allergies? _____

If so, please explain: _____

Are you currently experiencing any problems with your teeth? _____

If so, please explain _____

When was the last time you saw a dentist? _____

Dentist's Name _____

Telephone # _____

Do you wear braces? _____

Do you have equipment to care for your braces? _____

Do you wear glasses? _____ Contact lenses? _____

Do you have the equipment necessary to care for your contact lenses? _____

Are you currently having problems with your vision? _____

If so, please explain: _____

It is very important to your health and to the health of your baby to answer the following questions honestly and accurately. We cannot help you if you are not truthful. All answers are kept confidential.

Have you ever used drugs? _____

If so, when and what? _____

Are you now currently using drugs? _____

If so, what? _____

Have you ever used alcohol? _____

If so, when and what? _____

Are you now currently using alcohol? _____

Have you ever smoked? _____

If so, when and how much? _____

Are you now currently smoking? _____ How much? _____

Are you a sound sleeper? _____ Do you have nightmares? _____

Do you go to bed early or late? _____

Do you have any fears? _____

Have you ever had suicidal thoughts or tried to commit suicide? _____

How would you describe your temperament before you got pregnant (quiet, bossy, nervous, energetic, depressed, etc)? _____

Are you normally more cold- or hot- natured? _____

Are you generally more neat or messy? _____

Have you ever had a roommate? _____

Is there anything else you would like for us to know about you at this time (habits, preferences, serious incidents, other)? _____

I request admission into Safe Haven. I agree it is in my best interest for me to become a resident of the maternity home. It is my intention to actively work on the serious issues that face me throughout the next few months.

Signature of Applicant _____

Date _____