



**APPLICATION FOR ADMISSION**  
(Revised 5/2003)

DATE: \_\_\_\_\_

YOUR APPLICATION WILL BE HELD IN STRICT CONFIDENCE BY THIS MINISTRY

*PLEASE PRINT IN INK:*

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

PHONE: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

LENGTH OF TIME AT THAT RESIDENCE: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ **DUE DATE:** \_\_\_\_\_

MARITAL STATUS: (CIRCLE ONE) Married Single Separated Divorced

1. Why do you feel a need to live in a maternity home during your pregnancy?

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A. Please explain why you would like to come to HANNAH'S HOUSE?

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2. How has your family reacted to your pregnancy?

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A. How have they offered to help you?

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B. What type of contact do you hope to have with your parents during your stay at HANNAH'S HOUSE?

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3. How has the father of your baby reacted to your pregnancy?

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A. Has he offered to help you? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes", How?

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B. What kind of contact do you hope to have with the baby's father during your stay at Hannah's House?

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4. How have your closest friends reacted to your pregnancy?

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A. What have they encouraged you to do about your situation?

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B. Have they offered to help you? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, "how?":

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C. What kind of contact do you hope to have with your friends during your stay at HANNAH'S HOUSE?

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5. Please tell us about yourself:

A. What grade have you completed in school? \_\_\_\_\_

B. What are your hobbies and interests? \_\_\_\_\_

C. Please tell us about your present financial (money) situation?

1. Do you have any income? Yes\_\_\_\_No\_\_\_\_ If so, please describe:

a. What types of assistance do you receive?

DHS Grant: \$\_\_\_\_ Food Stamps: \$\_\_\_\_ SSI: \$\_\_\_\_ WIC \_\_\_\_\_

Case Number: \_\_\_\_\_ Case Worker: \_\_\_\_\_

b. Are you employed? Yes\_\_\_\_No\_\_\_\_ Monthly Pay \$\_\_\_\_\_

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

c. Do you get income from any other sources? Yes\_\_\_\_No\_\_\_\_

If so, please describe: \_\_\_\_\_

2. How has your pregnancy affected your job situation?

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3. Who will support you after your baby is born? \_\_\_\_\_

4. How do you plan to pay your medical expenses for this pregnancy?

\_\_\_\_\_

A. Do you have medical insurance? Yes\_\_\_\_No\_\_\_\_

Name of Insurance: \_\_\_\_\_

5. Do you have any outstanding bills? Yes\_\_\_\_No\_\_\_\_

Please Circle all outstanding bills that apply:

Housing Utilities Phone Car Credit Card Medical Other

6. What other material financial needs do you have? \_\_\_\_\_

\_\_\_\_\_

D. Have you ever had any counseling? Yes\_\_\_\_\_ No\_\_\_\_\_

Please explain the circumstances that led you to counseling:

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Name of Counseling Center: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E. Please explain any legal situation you are currently involved in **or** have been involved in: (for example: Divorce, Arrests, Warrants, Legal Guardian, Probation, Restraining Order, Emancipation, etc.)

1. Charge: \_\_\_\_\_

2. Date of alleged offense: \_\_\_\_\_

3. Results of trial/proceedings: \_\_\_\_\_

4. Probation officer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

5. Particulars of case: \_\_\_\_\_

F. Please tell us about any history of abuse:

(Please circle types of abuse: Verbal, Mental/Emotional, Physical, Sexual)

Please Explain: \_\_\_\_\_

Name of Person: \_\_\_\_\_

Person's relationship to you: \_\_\_\_\_

1. Are you currently in the abusive relationship? Yes\_\_\_\_\_ No\_\_\_\_\_

2. Do you have a restraining order in effect against the offending person?  
Yes\_\_\_\_\_ No\_\_\_\_\_

G. Please tell us about all history of substance abuse (circle drugs of use: Marijuana, Cocaine, Crack, Amphetamines, Barbiturates, Heroin, other Street/Club Drugs, Alcohol, Prescription Medication)

1. Have you completed a drug treatment program? Yes\_\_\_\_\_ No\_\_\_\_\_

Date: \_\_\_\_\_ Name of Program: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

H. Describe your involvement in church as a child, teenager or as a young adult, including your current involvement: \_\_\_\_\_

\_\_\_\_\_

I. If you currently attend church, what is the name of the church?

|                 |       |      |
|-----------------|-------|------|
| Name of Church: |       |      |
| Address:        | City: | Zip: |
| Pastor's Name:  |       |      |

May we call your pastor and talk to him about your situation? Yes\_\_\_ No\_\_\_

If so, what is the phone number? \_\_\_\_\_

6. Please complete the following information about your medical history:

A. Date of last menstrual period: \_\_\_\_\_

B. How did you determine your due date? \_\_\_\_\_

C. Are you currently receiving medical care? Yes\_\_\_\_\_ No\_\_\_\_\_

Please provide the name(s) and phone number(s) of your Doctor(s):

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

D. What type of treatment are you receiving? \_\_\_\_\_

E. Are you taking Pre-Natal vitamins? Yes\_\_\_\_\_ No\_\_\_\_\_

F. What have been your eating habits? \_\_\_\_\_

\_\_\_\_\_

7. What are your plans for the baby and yourself?

Parent \_\_\_ Adoption \_\_\_ Foster Care \_\_\_ Abort \_\_\_ Undecided \_\_\_

Please Explain:

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8. How do you think living at HANNAH'S HOUSE will help you carry out this plan?

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9. How can we best help you during your stay?

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10. Is there anything else you would like to share with us?

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11. Have you read the HOUSE GUIDELINES, and are you willing to follow them during your stay with us? Yes\_\_\_\_\_ No\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date