

**HANNAH'S HOUSE
APPLICATION FOR ADMISSION**

(Revised 12/2009)

Date_____

YOUR APPLICATION WILL BE HELD IN STRICT CONFIDENCE BY THIS MINISTRY

PLEASE PRINT ANSWERS IN INK

NAME_____

BIRTH DATE_____ AGE_____

PHONE_____ SOCIAL SECURITY_____

ADDRESS_____ CITY_____ ZIP_____

LENGTH OF TIME AT THAT RESIDENCE_____

DRIVER'S LICENSE #_____ DUE DATE_____

MARITAL STATUS (CIRCLE ONE) MARRIED SINGLE SEPARATED DIVORCED

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

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

2. How has your family reacted to your pregnancy?

A. How have they offered to help you?

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

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

A. Has he offered to help you? Yes _____ No _____ If YES, how?

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

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

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

B. Have they offered to help you? Yes _____ No _____ If YES, how?

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

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 YES 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 YES, please describe_____

2. How has your pregnancy affected your job situation?

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?

a. Have you ever had any counseling? Yes_____ No_____

Please explain the circumstances that led you to counseling.

Name of Counseling Center _____

Address_____ City_____ Zip_____

b. 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_____ Phone_____
5. Particulars of case_____

c. 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 affect against the offending person?
Yes_____ No_____

d. Please tell us about all history of substance abuse (circle drugs used)

Marijuana, Cocaine, Crack, Amphetamines, Barbiturates, Heroin,
Street/Club Drugs, Alcohol, Prescription Medication

1. Have you completed a drug treatment program? Yes_____ No_____

Date_____ Name of Program_____

Address_____ City_____ Zip_____

e. Describe your involvement in church as a child, teenager or as a young adult,
including your current involvement_____

f. 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 YES, 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:_____

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

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

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

11. Have you read the HANNAH'S HOUSE GUIDELINES and are you willing to follow them during your stay with us? Yes_____ No_____

Print Name

Signature

Date