# Intake Application

## Date:

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| Background Information |
| Name |  | Race |  |
| Street Address |  | Sex |  |
| City ST ZIP Code |  |
| How long at this address? |  |
| Phone |  | Age |  |
| Birth Date |  | Birth Place |  |
| Social Security # |  | Due Date |  |
| E-Mail Address |  |
| How did you learn of our program? |  |

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| Care Giver History |
| Who raised you?  | Biological Father |  | Biological Mother |  | Grandparents |  |
| Adoptive Mother |  | Adoptive Father |  | Other |  |
| Father’s Name |  | Highest grade completed |  |
| Address |  |
| City |  | State |  | Zip |  |
| Phone  |  | Occupation |  |
| Mother’s Name |  | Highest grade completed |  |
| Address |  |
| City |  | State |  | Zip |  |
| Phone |  | Occupation |  |
| Are your parents: | Married/living together |  | Divorced |  | Never married |  |
| Married/not living together |  | Deceased |  | Which parent? |  |
| Are either of your parents remarried? If so, Stepfather/mother’s name |  |
| Three words to describe your mother |  |
| Three words to describe your father |  |
| How many siblings? (including step and half, list names & ages) |  |
| Which siblings are you closest to?Which one(s) will you be keeping in contact with? |  |

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| Custody/Guardianship Information (If under 18 or applicable) |
| Whose legal custody are you in at this time? | Family |  | DCF/Foster care |  |
| Other: |  | Name of Custodian & Relationship |  |
| Address: |  |
| How long? |  | Phone: |  | Work/cell: |  |
| Placing Agency |  | Case Worker |  |
| Phone |  |  |

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| Pregnancy Information  |
| Is this your first pregnancy? | Yes |  | No |  | If no, what was outcome? |
| Live birth |  | Miscarriage |  | Pregnancy terminated |  |
| If you have another child, where is that child living? |  |
| Have you received prenatal care? |  | Date of last doctor’s appointment |  |
| **Physician Information** |
| Address |
| Phone |  |
| Any significant pregnancy problems or medical history? |  | If yes, please explain below |
|  |
| Are you currently taking any medications? | Yes |  | No |  | Prenatal vitamins |  |
| Other |  |
| Do you have medical insurance? | Yes |  | No |  | If yes, with whom? |  |
| Medicaid # |  | Other insurance # |  |

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| Education Information  |
| Have you graduated from high school?  | Yes |  | No  |  | What year? |  |
| If no, are you presently in school? |  | Where? |  |
| What grade? |  | Guidance Counselor Name |  |
| If you graduated high school: college or career training  |  |
| Occupation since graduation |  |
| If you have dropped out of school: | Yes |  | No |  | Age |  |
| Reason |  |
| Do you have your GED? |  | What have you been doing since? |  |
| List any work experience:  |
| History of truancy/suspension, why? |  |
| History of physical fights/ use of weapons, why? |  |

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| Community/Church Involvement |
| School organizations, clubs, extra curricular activities |  |
|  | Religion |  |
| Are you attending church? | Yes |  | No |  | Name: |

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| Personal Information  |
| Have you used drugs/alcohol?  | Yes |  | No |  | Last used: |  |
| Type |  | Frequency |  |
| Have you ever been in an addictions program? | Yes |  | No |  |
| If yes, list agency: |  |
| Have you ever been hospitalized for an emotional condition? | Yes |  | No |  |
| If yes, list hospital |  |
| Have you ever received any medication for an emotional condition? | Yes |  | No |  |
| If yes, what/when?  |  |
| Have you ever been arrested or been involved in juvenile court?  | Yes |  | No |  |
| If yes, when and why? |  |
| Please list below all social workers, probation officers, psychologists/psychiatrists below:  |
| Name | Organization | Phone # | Age | Length of Involvement  |
| 1. |
| 2. |
| 3. |

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|  Information on Father of the Baby |
| Name |  | Age  |  | Phone #: |  |
| Where does he live? |  | With whom? |  |
| Education |  | Is he aware of pregnancy? | Yes |  | No |  |
| What are his feelings toward the pregnancy? |  |
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| His place of employment |  |
| His Police record |  |
| His drug/alcohol involvement |  |
| Where you met? |  | Is it an ongoing relationship? |  |
| How do his parents feel about the pregnancy? |  |
| Three words to describe the birth father |  |  |  |

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| Essay |
| Tell us why you feel that His Caring Place would be the appropriate place for you to live during this time in your life. |
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| Signature |
| Name:  |  | Date:  |  |
| Signature:  |  |

## *Office Use Only:*

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| Date of Admission: |  |