# Intake Application

## Date:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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? |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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? | | | | | |  | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |  | | |  | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 # | | | | | | | | | | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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? | | | | | | | | | |  | | | | | | | | | | | |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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? | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | |  | | | |  | | | |  | | | |

|  |
| --- |
| 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. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | | | |
| Name: |  | Date: |  |
| Signature: |  | | |

## *Office Use Only:*

|  |  |
| --- | --- |
| Date of Admission: |  |