

Hope House

Admission Intake Application

This information is confidential. Please answer honestly so we may know best how to help you.

Name _____
Last First Middle Maiden

Current Address _____
Street City State Zip

Current Phone Number _____

Date of Birth _____ Age _____

City/State of Birthplace _____

Social Security # _____ Driver's License# _____

Person living with & relationship to them _____

Parent/Guardian _____

Referred by _____
Name Phone Number

MARITAL STATUS

Single _____ Married _____ Divorced _____ Separated _____

PREGNANCY

Are you pregnant? _____ Approximate due date _____

Documentation of pregnancy _____ Currently under medical care _____

Doctor's Name /Address/Phone _____

Any Problems with your current pregnancy _____

Number of times pregnant _____ How many births _____

How many abortions _____ How many miscarriages _____

Explain any past complications with pregnancy, labor, & delivery

If you have children, who has custody of them _____

Future plans for the baby: Adoption _____ Parenting yourself _____

Unsure _____ Other _____

Information of birth father: Name _____

Address _____ Phone _____

Is he aware of pregnancy? _____

Briefly explain the situation with the birth
father _____

FINANCIAL

Do you have outstanding debts? _____ How are you paying them? _____

Medical Insurance? _____ Carrier _____

Policy # _____

Need to apply for Medicaid? _____

(Hope House provides food & shelter, but we are not responsible for other expenses such as medical care & prescriptions.)

PARENTAL INFORMATION

Your Mother & Father are: Married _____ Remarried _____

Separated _____ Divorced _____

Mother's name _____

Address _____

Phone number _____ Work name & number _____

Father's name _____

Address _____

Phone number _____ Work name & number _____

FAMILY HISTORY

How do you feel about your mother? _____

How do feel about your father? _____

List your sister(s) and brother(s) _____

Name	Age	Address	Phone
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Name	Age	Address	Phone
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Name	Age	Address	Phone
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Name	Age	Address	Phone
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How do you feel about your sister(s) and brother(s)? _____

How do you feel about your boyfriend/husband? _____

Were your parents/husband/boyfriend abusive? _____ If yes, explain

EDUCATIONAL

Name of last school attended _____

Last grade completed _____ Average grades _____

When graduated? _____

What are your favorite subjects in school? _____

Age dropped out of school _____ Why dropped out _____

What have you been doing since you dropped out of school? _____

Do you have a G.E.D.? _____

Explain any special learning needs or problems _____

Have you had any college or career training _____ Explain _____

COMMUNITY

School organizations, clubs, and extra-curricular activities you have belonged

to _____

Occupations/jobs you have done _____

MEDICAL

Are you having dental problems? _____ Do you have dental insurance? _

Insurance Company _____ Policy Number _____

Are you having vision problems? _____

Do you wear glasses or contacts _____

Menstrual cycle: Date of last period _____

Current medications (list & why taking) _____

Allergies to medications (specify type & outcome) _____

Allergies to other products (List type, i.e. food, detergents, plants, animals, soaps, etc..) and outcomes

Explain any illness or chronic health conditions _____

Please indicate if you have had or are having any of the following:

	<i>Yes</i>	<i>No</i>	<i>Unsure</i>				
Chicken Pox	Y	N	U	Measles	Y	N	U
Mumps	Y	N	U	Rubella	Y	N	U
Tuberculosis	Y	N	U	HIV + Test	Y	N	U
Hepatitis	Y	N	U	Blood			

Rashes	Y	N	U	Transfusions	Y	N	U
Eye infection	Y	N	U	Depression	Y	N	U
Convulsions	Y	N	U	Ear problems	Y	N	U
				Epilepsy	Y	N	U

Are you on a special diet? _____ Explain _____

List all past surgeries (include dates) _____

Have you ever used illegal drugs? _____ Are you currently using them? _____

When was the last time you took them? _____

Do you use alcohol? _____ How much do you drink a day? _____

Have you ever been treated for a drug or alcohol addiction? _____

If yes, when & where did you complete treatment? _____

Do you smoke? _____ How many cigarettes a day? _____

Have you been or currently taking medication for ADHD, depression, or other mental health issues? _____. If yes, please list the medications, the reason for taking them, and when it was last used. _____

COUNSELING

Have you ever been to counseling? _____ When/Where _____

Purpose: _____

Have you ever received psychiatric care or been in a mental institution?

_____When _____Purpose _____

Have you ever been in a program? _____ When/Where _____

Religious? _____ Non-religious? _____

Have you ever tried to commit suicide? _____

When/Why _____

Discuss treatment received, if any _____

Have you ever been a victim of rape or incest? _____

Have you ever been involved in prostitution? _____

LEGAL BACKGROUND

Have you ever been arrested? _____ How many times? _____

List dates and charges _____

Have you ever been on probation or parole? _____

How long? _____ Time remaining _____

How often do you report? _____

Probation/Parole officer _____

Address _____ Phone _____

SPIRITUAL

Have you been involved in any of these practices, if yes, please explain:

Astroprojection _____

Satanic worship _____

Divination _____

Seances _____

Fortune Telling _____

Spell Casting _____

Horoscopes _____

Tarot Cards _____

Levitation _____

Voodoo _____

Ouiji Boards _____

Witchcraft _____

Palm Reading _____

Yoga _____

Have you been involved in these groups/religions, if yes, please explain

Christian Science _____

Mormonism _____

Eastern Religions _____

Scientology _____

Jehovah's Witness _____

Transcendental meditation _____

Brotherhood _____

New Age Movement _____

Name of church attended during youth _____

Are you a Christian? _____ When (date) _____ Your age _____

How often do you read the Bible? _____

How often do you pray? _____

What is your present relationship with God? _____

Do you feel you need God? _____ Explain _____

In general, how do you feel about yourself?

Why do you seek admission to the Hope House? _____

What would you like to happen while you are here? _____

What are your plans for yourself after the baby is born? _____