

Arbor House, Inc.
Application for Admission

Personal Information

Name: _____ Date: _____

Age: _____ Date of Birth: _____ Social Security Number: _____

Address: _____

City, State, Zip Code: _____

Home Phone: (_____) _____ Work Phone (_____) _____

Referred by: _____

States, cities and counties (including dates) where you have lived in the past five years: _____

Religious Preference: _____

Ethnicity: (Circle One) African-American Caucasian Asian
Hispanic Other _____

Are you an American Citizen or have legal residency? (Circle one) Yes No

Alien Reg. No. _____

Do you have a car? _____ Make: _____ Model: _____ Year: _____

Children's History

Number of dependent children living with you: _____ age(s) _____

Number of children NOT living with you: _____ age(s) _____

Education History

Circle last grade completed in school: 6 7 8 9 10 11 12

GED? _____(date) Diploma? _____(date) School _____

Medical Information

Date of last physical exam: _____Medical Facility _____

Weeks pregnant (if applicable): _____Baby's Due Date: _____

Are you currently taking any medications? *Yes* *No*

If yes, what medications and for what reasons?

Do you have any allergies? *Yes* *No*

If yes, to what? _____

What happens? (circle) *Nauseated stomach* *Headache*

Hives *Difficulty Breathing*

Other symptoms? _____

Medicaid Number: _____Medipass Number: _____

Private Insurance: *Yes* *No*

Insurance Company: _____Policy No.: _____

Have you used recreational drugs in the past? *Yes* *No*

Circle any that you have used: Alcohol Marijuana Hash Crack LSD

Mushrooms Ecstasy Meth *Other:* _____

Are you currently using any recreational drugs? *Yes* *No*

If yes, circle any that you use now: *Alcohol* *Marijuana* *Hash*
Crack *LSD* *Mushrooms* *Ecstasy*

Other: _____

Have you ever misused prescription medications? *Yes* *No*

If yes, what medication? _____ Date of last use? _____

Have you ever tried to hurt yourself? _____

How? _____

When was the last time you did so? _____

Have you ever felt like you didn't want to live anymore? *Yes* *No*

When was the last time you thought of it? _____

Have you ever been under the care of a mental health professional? _____

Date	Counselor/Facility	Reason
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Social History

Describe your relationship with the baby/child's father: _____

When was the last time you saw the baby's father?

Has the father ever been abusive or violent with you? *Yes* *No*

If yes, describe:

Have you ever been arrested? _____ Why? _____

When? _____ Where? _____

Have you ever been in a shelter: *Yes* *No*

If yes, where and when: _____

Employment

Are you currently employed? *Yes* *No*

Employer's name and address: _____

Position: _____ Days and hours: _____

If no, what keeps you from working?

List your last three jobs (if applicable). Please fill out completely.

Employer	Job Title	Dates	Why you left
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What other Financial Resources do you have? (circle)

AFDC /TANF *SSI/SSDI* *Child Support*

Other:

References

Please provide three references: (friends or co-workers).

1. Name: _____ Phone: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Relationship: _____

3. Name: _____ Phone: _____

Address: _____ Relationship: _____

Please write a brief statement about why you need housing.

I verify that the above information is correct and understand that Arbor House will keep this information confidential. Group information may be compiled and reported for educational and service planning purposes.

Signature: _____ Date: _____

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Thank you for your interest in New Beginnings and Mom's Place, Gainesville's Christian motherhood community. Enclosed please find the *Conditions of Occupancy*, an *Application for Admission*, and for Mom's Place applicants, an outline of the program goals. Please read all of the information carefully. It is important that you understand and agree to abide by our policies before making the decision to come to Arbor House, as your agreement will be made in writing. Please fill in all the blanks on the five-page application form as completely as possible, paying special attention to the brief statement on page five about your need for housing.

It is important that you understand that Arbor House is not a medical facility or an adoption agency. As a motherhood community, we provide housing, adoption education and referral, resident advocacy, and other support services. You will be responsible for obtaining your own medical services and financial assistance, and we will help you get in touch with the agencies that provide these services. If you are applying for short term housing with Arbor House, you must have alternate housing by the time your baby is six weeks old.

Once we have received your completed application, the Arbor House staff will review it. An interview appointment will be scheduled for you to come and see the facilities, ask questions, and meet some of the residents and staff. It will be necessary for you to bring Social Security cards for both you and your child, birth certificates, high school diploma or GED scores, college transcript (if applicable), police background check, photo I.D., any available medical records including your child's immunization record, and a signed statement from your doctor or clinic verifying your pregnancy, if you are applying to the New Beginnings program. You must have these records with you at the time of your interview or the application process will be delayed.

Your monthly contribution to the ministry of Arbor House will be \$100.00.