MBCH Children and Family Ministries

APPLICATION FOR ADULT PLACEMENT

(Confidential)

Date: _____ Referral Source: _____

GENERAL INFORMATION

Please provide the following information

Full Name: _____

Birth Place: _____

Date of Birth: _____ Age: _____ Race: _____

Relationship Status: ❍ Single ❍ Married ❍ Divorced ❍ Widowed

Please provide the following information for the person with whom you are currently living, or last residence:

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

PREGNANCY INFORMATION:

Current Doctor/Clinic: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Estimated Due Date: _____ Date Prenatal Care Began: _____

Hospital Delivering At: _____

Any Complications With Pregnancy? ❍ Yes ❍ No

If Yes, Explain: _____

Name of Baby's Father: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Is the father currently involved? ❍ Yes ❍ No

Will the father be involved after the birth? ❍ Yes ❍ No

How has he reacted to your pregnancy? _____

Has he offered to help you? ❍ Yes ❍ No If Yes, how? _____

Number of Previous Pregnancies: _____ Number of Previous Live Births: _____

Any labor and delivery complications for previous births? ❍ Yes ❍ No

If Yes, list _____

CURRENT CHILD(REN) NEEDING PLACEMENT WITH MOTHER:

1. Child's Name: _____ DCN: _____

   Date of Birth: _____ Age: _____

   Race: _____ Father's Name: _____

   Medical Concerns: _____

   Is the father of this child currently involved? ❍ Yes ❍ No

   Has he offered to help you? ❍ Yes ❍ No

   If Yes, How? _____

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CURRENT CHILD(REN) NEEDING PLACEMENT WITH MOTHER (CONT.):

2. Child's Name: _____ DCN: _____
Date of Birth: _____ Age: _____
Race: _____ Father's Name: _____
Medical Concerns: _____
Is the father of this child currently involved? ❍ Yes ❍ No
Has he offered to help you? ❍ Yes ❍ No
If Yes, How? _____

RELIGIOUS INFORMATION:

Current Church: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Pastor: _____
Do you attend church regularly? ❍ Yes ❍ No

SCHOOL HISTORY:

Last Grade Completed: _____ Name of Last School Attended: _____
Date of Last Attendance: _____ Graduated: ❍ Yes ❍ No
Current School Attending: _____
Anticipated Graduation Date: _____
Degree Working Towards: _____
Obtained GED? ❍ Yes ❍ No Date of GED: _____

MEDICAL/HEALTH INFORMATION:

List any health problems, handicaps, or allergies, accidents, or complications with previous surgeries or procedures:

Do you have or have you had any of the following:

	Yes	No	Past	Present
Cardiovascular Disease (*hypertension, blood clots, Migraine, varicose veins*)	❍	❍	☐	☐
Hematologic (*anemia, sickle cell, Rh*)	❍	❍	☐	☐
Metabolic (*diabetes, thyroid disease, gallbladder, hepatitis*)	❍	❍	☐	☐
Genitourinary (*STD's, vaginal infections*)	❍	❍	☐	☐
Cancer (*breast, skin, specific organ, lymph node*)	❍	❍	☐	☐
Neurologic (*depression, epilepsy, nervousness*)	❍	❍	☐	☐
Respiratory (*T.B., asthma, other chronic respiratory disease*)	❍	❍	☐	☐
Diabetes (Type I, Type II, gestational)	❍	❍	☐	☐

If Yes, specify condition and describe

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	Yes	No
Have you stayed in a place where you think you have been exposed to bed bugs, lice, or scabies in the past three months?	❍	❍
If yes, which, and how long ago did you stay there? _____		
Has anyone in your family been bitten by bed bugs, or do they have bites or blisters that you are concerned about?	❍	❍
If yes, please explain _____		

MEDICAL/HEALTH INFORMATION (CONT.):

	Name of Medications currently being taken	Dosage		Name of Medications taken in the past	Dosage
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		

Name of Your Primary Care Physician: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Last Visit: _____

Reason for Last Visit: _____

BEHAVIOR REQUIRING JUSTICE SYSTEM INTERVENTION:

Please explain any legal situation you are currently in OR have been in (*i.e. divorce, arrests, warrants, legal guardian, probations, restraining order, emancipation, etc.*)

Charge #1: _____

Date of Alleged Offense: _____

Results of Trial/Proceedings: _____

Probation Officer's Name: _____ Telephone: _____

Information on the Case: _____

Charge #2 _____

Date of Alleged Offense: _____

Results of Trial/Proceedings: _____

Probation Officer's Name: _____ Telephone: _____

Information on the Case: _____

Charge #3 _____

Date of Alleged Offense: _____

Results of Trial/Proceedings: _____

Probation Officer's Name: _____ Telephone: _____

Information on the Case: _____

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EMOTIONAL/PHYSICAL/SEXUAL TRAMA:

Have you incurred any emotional abuse? ❍ Yes ❍ No

Have you incurred any physical abuse? ❍ Yes ❍ No

If Yes, explain (*by whom, when, treatment received, and any pending court/legal issues*)

Have you ever been the victim of known/suspected sexual molestation? ❍ Yes ❍ No

If Yes, explain (*by whom, when, treatment received, and any pending court/legal issues*)

Have you ever sexually molested anyone? ❍ Yes ❍ No

If Yes, explain (*towards whom, when, treatment received, and any pending court/legal issues*)

DRUG/ALCOHOL HISTORY:

Have you ever used or abused drugs or alcohol? ❍ Yes ❍ No

If Yes, please select drugs used:

- ☐ Alcohol
- ☐ Amphetamines
- ☐ Barbiturates
- ☐ Club Drugs
- ☐ Cocaine
- ☐ Crack
- ☐ Heroin
- ☐ Marijuana
- ☐ Prescription Medications
- ☐ Other

How often would you use? _____

How long have you used? _____

Are you currently using drugs? ❍ Yes ❍ No

If Yes, which ones?

- ☐ Alcohol
- ☐ Amphetamines
- ☐ Barbiturates
- ☐ Club Drugs
- ☐ Cocaine
- ☐ Crack
- ☐ Heroine
- ☐ Marijuana
- ☐ Prescription Medications
- ☐ Other

Have you completed a drug treatment program? ❍ Yes ❍ No ❍ N/A

If Yes, where? _____

Date of Completion: _____

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SOCIAL HISTORY QUESTIONS (*Use additional pages if necessary*)

Describe why you currently need help:

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

How has your family reacted to your pregnancy?

What agencies have you sought help from in the past? List name of agency and type of services they have provided.

What agencies/services are you currently receiving help from? (i.e. WIC, Medicaid, etc.). List name of agency and type of service they are providing.

What are your long-term goals? Where do you see yourself in a year?

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PLACEMENT AND TREATMENT HISTORY:

Please list all placements outside of your home: (include family, relative, adoptive, agencies, hospitals, etc.)

On a scale from one to ten, please rate the helpfulness of the placements (1 is not helpful, 10 is very helpful)

CHRONICALOGICAL PLACEMENT HISTORY PLACEMENT			BEGAN MONTH / YEAR	ENDED MONTH / YEAR	REASON FOR ENDING PLACEMENT	RATING
1.	**Current**					
2.	**Previous**					
3.	**Previous**					
4.	**Previous**					
5.	**Previous**					
6.	**Previous**					

INSURANCE INFORMATION

Do you have medical or dental insurance? ❍ Yes ❍ No

Type of Coverage: _____

Insurance Company Name: _____

Group Number: _____

I verify that all information provided is accurate to the best of my knowledge. I understand that it is my responsibility to provide relevant information as a basis for receiving services and participating in service decisions.

_____ Signature

_____ Date

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