



Application for Admission

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

Name _____ Date _____
Last First Middle

Name you go by or prefer: _____

Current Address _____
Street City State Zip

Current Phone Number _____

Date of Birth _____ Age _____ Social Security # _____

Referred to Lifeline by _____

Marital Status

Single Married Divorced Separated

Husband's Name _____ Age _____

Address _____ Phone _____

Pregnancy

Approximate due date _____ Has a physician confirmed your pregnancy? _____

Are you currently under a physician's care? _____ If so, what month of pregnancy did your prenatal care begin? _____

Doctor's Name / Address / Phone _____

Any problems with your current pregnancy? _____

Explain past complications with pregnancy, labor, & delivery. _____

Abortions (how many) _____ Miscarriages (how many) _____ Number of times pregnant _____

Names and ages of children

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

Who has custody? _____

Are you currently under court authority, including DCF/DHR, for any reason? -

Please explain: _____

Current plans for baby: Adoption _____ Parenting yourself _____ Unsure _____ Other _____

Information of birth father: First name _____ Aware of pregnancy? _____

Briefly explain situation with birth father _____

Lifeline Village Maternity Home firmly believes in allowing you to make the choice between adoption and parenting. We believe that while you are here God will give you direction for your life and that of your unborn child.

Financial

How much money do you have in cash? _____

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

Are you currently receiving Medicaid _____ WIC _____ Food Stamps _____

Do you receive any of the following incomes or benefits:

Child Support _____ Amount: \$ _____

Social Security: _____ Amount: \$ _____

V.A.Benefits: _____ Amount: \$ _____

Parental Information

Mother's name _____ Phone number _____

Father's name _____ Phone number _____

Your mother and father are: married remarried separated divorced (for how long _____)

deceased (which parent _____) living with _____

Family History

List the names and ages of any sister(s) and brother(s): _____

Have you ever experienced any abuse (check all that apply):

physical emotional sexual rape incest

Educational

Name of last school attended _____ Dates of attendance _____

Last grade completed _____ Average grades _____ When graduated? _____

Age dropped out of school _____ Why did you dropout? _____

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

Do you have your G.E.D.? _____ If no, why not? _____

Explain any special learning needs or problems _____

Have you had any college or career training _____ Explain _____

Medical

Do you have any medical insurance (i.e. vision, dental, medical)? _____

Policy _____ Are you having dental problems? _____

Are you currently having vision problems? _____ Do you wear glasses or contacts? _____

Current medications

Medication	Dosage	Reason	For How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all allergies (i.e. medications, food, detergent, plants, animals, soaps, etc.)

Are you on a special diet? _____

Explain: _____

If yes, was this diet prescribed by a Doctor? _____

Dr's name and phone #: _____

Do you eat meat? _____

Do you have, or have you ever had, a problem with food or eating?

Explain: _____

Explain any illness or chronic health conditions _____

Please indicate if you have had the following:

Chicken Pox	Unsure	Measles	Unsure
Mumps	Unsure	Rubella	Unsure
Tuberculosis	Unsure	HIV	Unsure
Hepatitis	Unsure	Blood transfusions	Unsure
Epilepsy	Unsure	Convulsions	Unsure
Depression	Unsure	Anxiety Attacks	Unsure

(Have you ever been diagnosed or treated for Check all that apply)

DID/Dissociative Disorder ADD ADHD Schizophrenia
Bi-Polar Borderline Personality Disorder

Chemical Dependency History

Have you ever used alcohol/drugs? _____ At what age did you begin using alcohol/drugs? _____

What is your drug/alcohol of choice? _____ When did you last use? _____

How much do you consume at one time? _____

Have you ever been in an alcohol, drug, or detoxification program? _____ Where? _____

_____ Length of stay? _____

Counseling

Have you ever received counseling? _____ When? _____ Where? _____

Purpose? _____ with whom? _____

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

Purpose? _____ Doctor? _____ Where? _____

Have you ever attempted suicide? _____ When: _____ Why: _____

Discuss treatment received, if any _____

Have you ever been involved in prostitution? _____ Homosexuality _____

Legal Background

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

List dates, charges, etc. _____

Do you currently have any warrants or pending charges? _____

County of warrant or pending charges? _____

Do you have any pending court dates? Yes No:

Have you ever been on probation or parole? _____ Are you now? _____

How long? _____ Length of time remaining: _____

How often do you report? _____ In person, or through mail: _____

Name of Probation/Parole officer _____

Address _____ County _____ Phone _____

Spiritual

Have you ever been involved with occult (i.e. witchcraft, tarot cards, etc.) activities? _____

If yes, explain: _____

If any, with which religious group/denomination do you associate yourself with? _____

Describe your present relationship with God? _____

Self

Why do you seek admission to Lifeline Village? In what specific areas do you need assistance from staff at Lifeline Village? _____

What are three personal goals you would like to achieve while living at Lifeline Village?

(1) _____

(2) _____

(3) _____

In several sentences, explain what plans and goals you have for yourself after the baby is born.

I, _____, acknowledge that to the best of my knowledge, I have provided true and accurate information in this application.

Initial _____

I authorize Lifeline Village to verify the validity of this application and any information contained within including conducting a background check.

I further give Lifeline Village staff authorization to communicate with my support network (i.e. family) to determine eligibility for admission.

Initial _____

I also authorize Lifeline Village to speak with my representation, legal or otherwise, to assist with admission.

Initial _____

I understand that any false or misleading information could result in a denial for admission or a dismissal from the program.

Initial _____

I understand that Lifeline Village Staff (i.e. director, counselor, and social worker) will confer with each other about my eligibility for admission.

Initial _____

Signature _____ Date _____

Please send this form to Lifeline upon completion. Thank you!

email: pregnant@lifelinechild.org

fax: 205-607-0503

mail: 100 Missionary Ridge Birmingham, AL 35242

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CLEAR FORM

FOR OFFICE USE ONLY

Date Received _____

Accepted Yes _____

No _____

Comments _____
