

Aunt Mary's House
P.O. Box 955, Norwich, NY 13815

Date of Admission: _____

GUEST APPLICATION

PLEASE COMPLETE AND RETURN TO Aunt Mary's House

PERSONAL INFORMATION:

Today's Date _____ Referred By _____

Name _____ Date of Birth _____

Social Security # _____ - _____ - _____ Contact Phone Number () _____

Last Address _____

Street

City

State

Zip

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Are you homeless? _____ Are you at risk of being homeless? _____

Briefly describe your current living situation: _____

How soon do you want to come to Aunt Mary's House? _____

Do you have medical insurance? _____ Insurance provider: _____

Have you applied for Food Stamps? _____ WIC? _____ TANF? _____

Do you have others means of support? _____ Whom/What? _____

DSS Caseworker's Name _____ Phone# _____

CHILD(REN'S) INFORMATION:

Name of Child(ren)

Name	Age	Birthdate	Pediatrician	Immunizations Current

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PREGNANCY INFORMATION:

Has a pregnancy test been done? _____ When?

Have you been seen by a doctor? _____ Doctor's name _____

What is your Due Date? _____ Last Menstrual Cycle? _____

Have you ever been pregnant before? _____ How many times? _____

How many live births have you had? _____

What changes will this pregnancy make in your life? _____

Explain how your family responded to you when you shared with them your situation regarding your pregnancy?

Is the father of your child still involved in your life? _____

What would you change about the relationship you have with your child's father? _____

Is the father of your child still involved in your child's life? _____

How do you feel about the relationship your child(ren) have with their father?

Have you considered adoption? _____ Would you like adoption counseling? _____

EMERGENCY CONTACT INFORMATION:

Name _____ Phone (607) _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone (607) _____

Address _____

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City _____ State _____ Zip _____

Family Members and/or persons significant to the child(ren):

Name	Age	Relationship

EDUCATION INFORMATION:

Are you currently in school? _____ Current or previous school name: _____

Do you plan on getting your Diploma? _____ GED? _____

Do you have your High School Diploma? _____ GED? _____ Completion date? _____

MEDICAL HEALTH HISTORY:

Please _____ list _____ current _____ medications:

Please list allergies to food or medications: _____

Have you ever had any of the Following? If so, please check.:

- | | | |
|---|--|---|
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Kidney/bladder problems | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Sleep Difficulty | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Cancer | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Stomach Pain | <input type="checkbox"/> Loss of Appetite |
| <input type="checkbox"/> Sexually transmitted Disease | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Other (Explain) |

Do you have any other current or past medical problems?

If yes, what? _____

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Have you ever smoked? _____ Are you still smoking? _____

If so, How many cigarettes? _____

Have you ever consumed alcohol or used street drugs? _____ Date of last use: _____

Have you consumed alcohol or used street drugs since you found out you are pregnant? _____

If Yes, what have you used? _____ Date of last use: _____

MENTAL HEALTH:

Have you ever been in counseling? _____ If yes, please complete:

Dates	Name of Counseling Center or Counselor	Reason

Do You have a history of any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Suicide Attempt(s) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> School Problems |
| <input type="checkbox"/> Family Conflicts | <input type="checkbox"/> Self-Harm |
| <input type="checkbox"/> Running Away | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Drug and/or Alcohol Problems | <input type="checkbox"/> Physical, Sexual or Emotional Abuse |

Employment History:

Employer Name: _____ Address: _____

Supervisors Name: _____ Phone/Email: _____

Dates of Employment: Start- _____ End- _____

Employer Name: _____ Address: _____

Supervisors Name: _____ Phone/Email: _____

Dates of Employment: Start- _____ End- _____

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Employer Name: _____ Address: _____

Supervisors Name: _____ Phone/Email: _____

Dates of Employment: Start-_____ End-_____

Residential History: Please provide your last 5 residences/address:

Landlord Name: _____ Landlord Phone/Email: _____

Address of residence: _____

Dates of residence: Start-_____ End: _____

What was reason for leaving: _____

Landlord Name: _____ Landlord Phone/Email: _____

Address of residence: _____

Dates of residence: Start-_____ End: _____

What was reason for leaving: _____

Landlord Name: _____ Landlord Phone/Email: _____

Address of residence: _____

Dates of residence: Start-_____ End: _____

What was reason for leaving: _____

Landlord Name: _____ Landlord Phone/Email: _____

Address of residence: _____

Dates of residence: Start-_____ End: _____

What was reason for leaving: _____

Landlord Name: _____ Landlord Phone/Email: _____

Address of residence: _____

Dates of residence: Start-_____ End: _____

What was reason for leaving: _____

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LEGAL INFORMATION:

Have you had any arrests? _____ Are you on probation/parole? _____ Name of
PO _____ How often do you report? _____ Do you owe
restitution? _____ Mandatory drug testing? _____

If yes to any of the above questions, please
explain: _____

LIST 3 GOALS YOU WOULD LIKE TO ACCOMPLISH WHILE AT AUNT MARY'S HOUSE:

- 1.)
- 2.)
- 3.)

LIST 3 STRENGTHS YOU POSSESS:

- 1.)
- 2.)
- 3.)

LIST 3 OF YOUR WEAKNESSES:

- 1.)
- 2.)
- 3.)

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Do you have anything else you would like us to know? _____

I have filled out this application to the best of my ability.

Signed _____ **Date** _____