Aunt Mary's House

P.O. Box 955, Norwich, NY 13815

Date of Admission: _____

HOUSE MEMBER 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

Aunt Mary's House

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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_____

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

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.:

( ) Liver Disease ( ) Kidney/bladder problems ( ) Asthma
( ) Sleep Difficulty ( ) Menstrual Problems ( ) Headaches
( ) Diabetes ( ) Hepatitis ( ) Constipation
( ) Tuberculosis ( ) Epilepsy/Seizures ( ) Dizziness
( ) High Blood Pressure ( ) Cancer ( ) Ulcers
( ) Heart Problems ( ) Stomach Pain ( ) Loss of Appetite
( ) Sexually transmitted Disease ( ) Eating Disorder ( ) 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?

( ) Depression
( ) Anxiety
( ) Family Conflicts
( ) Running Away
( ) Drug and/or Alcohol Problems
( ) Suicide Attempt(s)
( ) School Problems
( ) Self-Harm
( ) Eating Disorder
( ) 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-_____

Aunt Mary's House
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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** _____