North Place Maternity Home
Application For Residence

Name: _____ Date: _____

Address: _____

_____

Phone: _____ Date of Birth: _____ Age: _____

Race: Please check all that apply

___ Caucasian / White

___ Black / African American

___ Asian

___ Hispanic

___ Other

What is your highest level of education: _____

Are you employed and if so where: _____

How many hours a week do you work: _____

Do you have proof of pregnancy: yes _____ no _____

Are you receiving Prenatal Care: yes _____ no _____

Physician: _____ Phone: _____

Address of Physician: _____

Are you receiving Medicaid: _____

Emergency Contact: _____ Phone: _____

Mother's Name: _____

Mother's Phone Number:_____

Mother's Address: _____

Father's Name: _____

Father's Phone Number: _____

Father's Address: _____

Father Of Unborn Baby: _____ Age: _____

Address: _____

Phone: _____

Do you intend to marry the father of the baby? _____

Is the father of the baby planning to co-parent? _____

Do you have any interest in making an adoption plan? _____

Please list any other important support contacts: _____

_____

Please list all previous pregnancies and the outcome of each:

_____

_____

_____

_____

_____

_____

Have you ever been a victim of physical abuse: _____

Have you ever been a victim of sexual abuse: _____

Have you ever been convicted of a crime? Please describe if answering yes: _____
_____
_____
_____

Have you ever been diagnosed and treated for an STD? _____

Please list any food or drug allergies:

Please list any medications you are currently taking:

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Are you using illegal drugs? _____

Do you drink alcohol? _____

Do you smoke? _____

In an effort to provide a safe living environment for all residents and staff of North Place we require that our premise be free of all illegal drugs, alcohol, and tobacco. If you are in need of help with substance abuse please let us know so that we can secure appropriate support for you. Please sign and date below showing that you understand and plan to comply with this policy.

Applicant signature and Date: _____

Have you ever been diagnosed with mental illness? _____ yes _____ no

Are you under the care of a psychiatrist? _____ yes _____ no

If yes please provide psychiatrists name and phone number: _____

_____

To the best of my knowledge, the information given above is true and correct. Falsifying information may be grounds for eviction from North Place Maternity Home.

Applicant Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Staff notes below: _____