

Vida's Ark
Application for Admission

Name _____ Date _____

Nickname/Name you go by _____

Address _____

Telephone # Home () _____ Work () _____

Parent/ Guardian _____

Address _____

Telephone # Home () _____ Work () _____

How did you hear about, or who referred you to *Vida's Ark*?

Information about You

Date of Birth _____ Age _____ Race _____

SSN _____ Driver's License Number _____

Physical Characteristics:

Height _____ Weight _____ Eye Color _____ Hair Color _____

Marital Status

Single _____ Married _____ Divorced _____ Separated _____

Father of the Baby

Baby's Father's Name _____

Address _____

Telephone # Home () _____ Work () _____

Is the birth father aware of your pregnancy or birth? _____

What involvement do you anticipate the birth father or his family to have?

Have you established paternity? Yes _____ No _____

Do you receive Child Support? Yes _____ No _____

Children

Have you been pregnant before? _____

Deliveries _____ Abortions _____ Miscarriages _____

Do you have any children? _____ How Many? _____

List names and ages:

1. _____ Age: _____

2. _____ Age: _____

Who has custody of your children? _____

Education

1. If presently in school: Name of school _____

Grade Level _____ Average Grades _____

2. If you have dropped out of school:

Age when you left _____ Grade last completed _____

Reason for dropping out: _____

Medical Information:

Are you pregnant? _____ Approximate Due Date: _____

Has a doctor confirmed your pregnancy? Yes _____ No _____

We require that you provide positive proof of pregnancy so that we can make a copy for our files.

Have you had any complications with this pregnancy? _____

If yes, explain

Who is your OB/GYN? _____ Phone () _____

Are you taking prescription drugs? Yes _____ No _____

If so, what?

Do you have any current medical problems? Yes _____ No _____

Briefly describe _____

List any physical limitations that you may have as indicated by a physician: _____

Legal Background

Have you ever been arrested? Yes _____ No _____ How many times? _____

Dates

Charges

Do you have any pending court dates? Yes _____ No _____

Explain: _____

Have you ever been on probation or parole? Yes _____ No _____

Are you now? _____ if yes, explain: _____

How long? _____ Length of time remaining? _____

Name of Probation or Parole Officer: _____

Phone Number () _____

Vida's Ark EIN # 74-3226955

Substance Abuse

Have you ever experimented with the following substances? (circle)

Alcohol, Hallucinogenic(Acid, LSD),Morphine, Amphetamines, Crank, Opium, Barbiturates (downers), Crystal Meth, Heroin, Cocaine, Marijuana, Ecstasy, Crack, Methamphetamine, Tobacco,

Inhalants (glue, paint thinner), Other: _____

Drug of choice:

1. _____ Length of use: _____

2. _____ Length of use: _____

Habit cost per day? _____ Longest period clean? _____

Have you ever been in a drug or alcohol treatment program? Yes _____ No _____

If yes, give name and dates attended _____

Do you currently have an alcohol/drug problem now? Yes _____ No _____

In the past year? Yes _____ No _____

Counseling

Have you ever been diagnosed or treated for:

ADHD _____ Schizophrenia _____ Bi-Polar Disorder _____ Depression _____

Have you ever been in counseling? Yes _____ No _____

If yes, give doctors name and date _____

Have you ever received psychiatric care or been admitted into a psychiatric hospital?

Yes _____ No _____

If yes, give hospital name and dates of attendance:

Have you ever had thoughts or attempted commit suicide? Yes _____ No _____

If yes, when? _____

Why? _____

Have you ever self mutilated? Yes _____ No _____ How? _____

Is this a current problem for you? _____

Have you ever been a victim of rape? Yes _____ No _____ Incest? Yes _____ No _____ Age? _____

Have you ever been a victim of;

Sexual abuse Yes _____ No _____ Age _____

Physical Abuse Yes _____ No _____ Age _____

If checked yes, have you ever had counseling?

Financial Information

Do you have any income? Yes _____ No _____

Please check all that apply.

| TANF/Grant _____ Parents _____ Child Support _____

| Foster Care _____ Job _____ Other _____

What is your monthly income? _____

Please show proof, if any.

See attached _____ None _____

Please read the following information carefully before signing this application.

I understand that *Vida's Ark* is a homeless shelter for teen mothers and their children. That to be in residence there I must be enrolled in high school or a program that I can earn a high school diploma.

Boarding costs (rent, utilities)

I have been informed of the boarding costs at *Vida's Ark*, and I agree to pay \$200.00 per month by the fifth of every month. If I am asked to leave or decide to leave prior to the end of the month, there will be no refund of any of the monthly costs. But if housing becomes available we will prorate your rent for the month with possibility of refund.

I have read and understand the house rules and regulations as outlined and agree to follow them to the best of my ability.

Signature of Applicant _____ Date _____

I, _____ agree that in accepting shelter and care from *Vida's Ark*, I will in no way hold them responsible or liable for:

1. Any debts, personal injuries, or complications which may arise as a result of my association with this home.

2. Any complications relating to my pregnancy, labor or delivery or any other aspects of my association with the home.

I understand and agree that *Vida's Ark* shall incur no liability in the event that I fail to stay in the home or leave the home prematurely.

Signature of Applicant _____ Date _____

Director, *Vida's Ark* _____ Date _____

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