Room At The Inn of the Triad, Inc. **Due Date_____**

Application for Admission

Name_____

First Middle Last Maiden

Current or Previous Address_____

_____

Telephone:_____ SS#_____

Date of Birth:_____ Age:_____

Driver's License: Yes _____ No _____ State/Number _____

(registration, inspection and insurance complete and current? Yes_____ No _____)

Last school attended: _____

Tel.# of School _____ When:_____

Grade completed:_____

Employed: Yes_____ No_____ If yes, by whom:_____

Monthly salary:_____

Telephone #:_____ Supervisor:_____

<u>Emergency Contact Information</u>

Name_____

Address_____

Home phone #:_____ Work #:_____ Cell #:_____

Relationship to resident:_____

Medical Information

Weeks/Months Pregnant: _____ Expected Due Date: _____

Medical Care for this pregnancy? Yes _____ No _____

Name of Medical Practitioner:_____

Telephone #: _____

Do you currently have Medicaid? Yes_____ No _____

Do you currently have WIC? Yes _____ No _____

Do you currently participate in the Baby Love Program? Yes _____ No _____

Previous Pregnancies: Yes _____ No _____ How many? _____

 # Births: _____

 # Miscarriages: _____

 # Abortions: _____

Ever hospitalized: Yes _____ No _____ When: _____

Purpose of hospitalization: _____

_____

_____

Current medications and reasons for taking medications:_____

_____

_____

Current medical condition: _____

_____

_____

Allergies: Yes_____ No _____ List:_____

_____

_____

Are you currently or have you in the past received mental health services?

Yes_____ No_____ If yes, explain where and when:_____

_____

_____

Have you ever been hospitalized for mental health or psychiatric reasons?

Yes_____No_____If yes, explain where and when: _____

_____

_____

Have you ever attempted suicide? Yes _____ No _____

If yes, explain:_____

_____

<u>Current Use Of</u>:

Alcohol: Yes: _____ Last use:_____How much used: _____

No: _____Last use was when: _____

Tobacco: Yes: _____Last use: _____How much used: _____

No: _____Last use was when: _____

Drugs: Yes _____ Last use: _____ How much used: _____

No: _____ Last use was when: _____

List of drugs used:_____

Current or past legal involvement? Yes____No_____If yes, explain what and when

_____

I hereby give permission to Room At The Inn of the Triad, Inc. to contact any of my medical providers, whether it be for medical, mental health, or psychiatric information so that they will be able to made the best decisions concerning my care.

_____ _____

Potential Resident **Date**

<u>Current Pregnancy Information</u>

Alleged Father's Name:_____

Address: _____

Telephone #: _____

Age:_____ **Race:** _____

Aware of Pregnancy? Yes _____ **No** _____ **If no, why not?** _____

_____

Relationship with alleged father: _____

_____

His occupation: _____

His monthly income: _____

Previous children: Yes _____ **No** _____ **How Many:** _____

(If yes, provide information on each child, and guardian of each child on separate piece of paper and attach.)

<u>Miscellaneous Information</u>

Religion_____ **Active:** _____

Ever married: Yes _____ **No** _____ **(If yes, list details on a separate sheet of paper and attach)**

Racial Classification: _____

Current checking account: Yes_____ **No** _____ **Where:** _____

Current savings account: Yes_____ No _____ Where: _____

Credit cards: Yes _____ No _____ How many? _____ List: _____

_____

Do you have any debts: Yes_____ No _____ Explain: _____

_____

<u>Family History</u>

Mother's name and address _____

_____Phone #: _____

Relationship with mother currently: _____

Father's name and address_____

_____Phone #: _____

Relationship with father currently: _____

Names and ages of siblings:_____

_____

Interests: _____

_____

Name two of your best qualities: _____

_____

Name two things you would like to change about yourself: _____

_____

_____

What do you want to accomplish in the next 12 months: _____

_____

Where have you attempted to live/move into other than a maternity home? _____

_____

_____

What reasons do you have for not being able to continue to live where you are? ____

_____

Resident's Certification:

I have read this admission form and attachments and it is complete and true to the best of my knowledge. I understand that false or incomplete information can result in my immediate dismissal from all Room At The Inn of the Triad, Inc.'s programs.

_____ _____

(Resident's Signature) (Date)

Signature of Witness: _____Date: _____

Print Name of Witness: _____