

Bethlehem House  
RESIDENT APPLICATION

**Be sure to answer all questions.**

**Blank questions will result in a delay of the application.**

**PERSONAL**

**How far along are you in your pregnancy:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current Address:**

**Birth Date:**

**Due Date:**

**Social Security No:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**Department of Public Assistance Caseworker:**

**DPA #:**

**Do you have another caseworker or counselor?**

**Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Address:**

**List any government programs you are on and the amount of assistance you receive on the back of this page.**

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**Current Income:** \_\_\_\_\_ **Source:** \_\_\_\_\_

**Specify:**

**What are your favorite hobbies?**

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**EDUCATION/VOCATION**

**Present or last high school attended:**

**Address:**

**Dates Attended:** \_\_\_\_\_ **Last Grade completed:** \_\_\_\_\_

**If you left school, at what age did you leave?**

**Last Grade completed:**

**Reason for leaving:**

**Have you ever received any schooling other than high school?**

**If so, name of institution:**

**Course of study:**

**Dates attended:**

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**YOUR LIVING SITUATION:**

**List the people currently living in your household:**

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**PARENTS:**

**Father's name:**

**Mother's name:**

**Address:**

**Address:**

**Phone Number:**

**Phone Number:**

**Employer:**

**Employer:**

Are your parents (check appropriate box):

**married and living together**     **separated**     **married and not living together**  
 **divorced**     **deceased (which parent? \_\_\_\_\_)**     **other (specify)**

If your parents are not living together, how long have they been apart?

Have either of your parents:     **remarried?**     **lived with another partner?**

Stepfathers name:

Stepmothers name:

List names and addresses for your brothers and sisters (including step and half):

What are you doing now?

**school?**     **training program?**     **job?**     **other (specify)**

Name of school or employer:

Address:

Course of study or position:

Do you plan to continue your education or receive any more training at the present time?

**yes**     **no**     **don't know**

I plan to study: \_\_\_\_\_

\_\_\_\_\_

What is your educational goal?

What is your vocational goal?

**DO YOU HAVE ANY CHILDREN?**

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YOUR CHILD(REN) (Fill out only if applicable)

Name: \_\_\_\_\_

Birth date:

Social Security No.: \_\_\_\_\_ DPA No.

\_\_\_\_\_

## CHILD CARE

Who will be caring for your child(ren) while you are a resident at WCCH?

Name: Phone:

Address:

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## RELIGIOUS BACKGROUND

From what religious background do you

come? \_\_\_\_\_

Are you currently attending services? Yes No

What is the name of the place you attend services?

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If you are not currently attending services, what religious or denominational preference would you have?

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Why are you interested in moving into our household?

How did you find out about our program?

What things about yourself do you want to change or improve?

Do you realize this will be a structured environment including educational, parenting, and Life skills goals? Yes No

**If you are approved, you will be asked to read our Resident Handbook and abide by the policies set forth in it. If a resident is unable to abide by the policies in the handbook, they may be asked to leave the center.**

**Do you believe this will present a problem to you?**

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### QUESTIONNAIRE

Applicants Name:

Age:

Your Childs names & ages: Current address, where you receive mail

Phone:

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### FAMILY

Please write a paragraph concerning your relationship with your parents:

Please write a paragraph concerning your relationship with your brothers and sisters.

### CHILDS FATHER:

Please give the full name and the age of the father of your baby:

How did he feel about the pregnancy and what are his feelings now?

What is your relationship with him at the present time?

Does he know you are thinking of coming to our home?

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### RELIGIOUS

How active have you been in your religious affiliation, if at all? What are your general feelings about religion and God?

**MEDICAL (Prior to processing this application, we require written proof of pregnancy from a doctor or nurse midwife. )**

**Please list any previous pregnancies and describe what happened. Include the due date and, if you had a miscarriage or abortion, when that occurred:**

**When were you last seen by a health care provider (doctor/nurse-midwife/nurse)?**

**What is your due date?**

**Where do you plan to deliver?**

**Do you have any serious health problems/conditions?**

**Are you able to go up and down stairs unassisted?**

**Have you ever received counseling or therapy? If yes, what was the reason for the counseling/therapy?**

**Please write a paragraph about your tobacco use.**

**If you have used tobacco, why did you decide to try it? If you have quit using tobacco, what made you decide to stop?**

**Please give a list of all the drugs you have used, how often, and when the last time you had them?**

**If you have used drugs, why did you decide to try drugs? If you have quit taking them and why did you decide to stop?**

**Please write a paragraph about your use of alcohol, include how often and the last time?**

**If you have used alcohol, what made you decide to use it?**

**Have you ever been a victim of abuse?**

**Why do you want to come here?**

**What are some things about yourself that you would like to change or improve?**

**What are some goals for yourself and your child?**

**REFERENCES**

**List three people who know you well. You may name one relative. Please include your social worker or school counselor if they have worked with you in the past two years. Give complete mailing addresses.**