



APPLICATION FOR ADMISSION

DATE: _____

FULL NAME: _____ MAIDEN NAME: _____

LAST STREET ADDRESS: _____

LAST CITY, STATE, ZIP: _____

LAST HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

COUNTY: _____ How many times did you move in last year? _____

LAST ADDRESS WAS: own apartment with friends/family shelter/group home jail
 other (explain) _____

LENGTH OF STAY AT LAST ADDRESS: Days _____ Months _____ Years _____

Have you been homeless before? Yes No

PREVIOUS SHELTER? _____

REFERRAL SOURCE? _____

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

U. S. CITIZEN Yes No (Where?) _____ SOCIAL SECURITY#: _____

MARITAL STATUS: Single Married Separated Divorced In a relationship (If yes, who?) _____

DOMESTIC VIOLENCE? Yes No If yes: Mental/Emotional Physical Verbal Sexual
Name of Person: _____

Person's relationship to you: _____

Are you currently in the abusive relationship? Yes No

Do you have a restraining order in effect against the offending person? Yes No

RACE: White African American (Black) American Indian Alaskan Native Asian
 Other Multi-Racial

ETHNICITY: Hispanic Non-Hispanic VETERAN? Yes No

DRIVER'S LICENSE # _____ CAR LICENSE PLATE # _____

STATE? _____ Do have auto insurance? If so where? _____

EDUCATION:	Currently in School or Working on A Degree?	
	Received Vocational Training?	
	Highest Level of Education Attained	



APPLICATION FOR ADMISSION

MY PREGNANCY

Due Date: (if applicable) _____ First Pregnancy? Yes No

FATHER OF THIS PREGNANCY: _____

Current Relationship: _____

Street: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

How has the father of your baby reacted to your pregnancy? Has he offered to help you?

What kind of contact do you hope to have with the baby's father during your stay at New Generation?

My Other Children:

	Full Name	Birthday	Gender	Name/Address of Guardian
Child 1				
Child 2				
Child 3				

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Street: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

FAMILY HISTORY



APPLICATION FOR ADMISSION

Please give us the following information about your parents: (Release signed if applicable)

Mother's Name: _____

Street: _____

City, State Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My mother is Married to my Dad Separated/Divorced Remarried/In another relationship

Father's Name: _____

Street: _____

City, State Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My father is Married to my Mom Separated/Divorced Remarried/In another relationship

YOUR PRESENT FINANCIAL (MONEY) SITUATION:

Do you have any income? Yes No

Source: _____

Do you receive assistance? Yes No

Health & Human Services: Food Stamps Medicaid TANF _____ APTD _____

If so, Case Number: _____ Case Worker: _____

Location: _____

Work Phone: _____ Fax: _____

Do you get income from any other sources?

SSI (\$ _____ /month) WIC Other: _____

ARE YOU EMPLOYED? Yes No If yes: Monthly Pay \$ _____ How long? _____

(If not, why?) _____

Employer _____ Supervisor _____

Street: _____

City, State Zip: _____

Work Phone: _____ Fax: _____



APPLICATION FOR ADMISSION

DO YOU HAVE MEDICAL INSURANCE? Yes No

Name of Insurance: _____

Do you have any outstanding bills? Yes No

Please check all outstanding bills that apply: Housing Utilities Phone Car Credit Card Medical Other

HAVE YOU EVER HAD ANY COUNSELING? Yes Currently No

Please explain the circumstances that led you to counseling:

Name of Counseling Center: _____

Name of Counselor: _____

Street: _____

City, State Zip: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

Are you taking medication? Yes No

ARE CURRENTLY INVOLVED IN OR HAVE BEEN INVOLVED IN ANY LEGAL SITUATION? YES No

(for example: Divorce, Arrests, Warrants, Legal Guardian, Probation, Restraining Order, Emancipation, etc.)

1. Charge: _____

2. Date of alleged offense: _____

3. Results of trial/proceedings: _____

4. Probation officer: _____ Phone #: _____

5. Particulars of case: _____



APPLICATION FOR ADMISSION

DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE? Yes No (check drugs of use:)

- Marijuana Cocaine Crack Amphetamines Barbiturates Heroin
- Other Street/Club Drugs Alcohol Prescription Medication

HAVE YOU COMPLETED A DRUG TREATMENT PROGRAM? Yes No

Date: _____

Name of Program: _____

Director: _____

Street: _____

City, State Zip: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

ARE YOU CURRENTLY RECEIVING MEDICAL CARE? Yes No

Date of last menstrual period: _____ Due Date: _____

Are you taking Pre-Natal vitamins? Yes No

Please provide the name(s) and phone number(s) of your Doctor(s):

Physician's Office: _____

Physician: _____

Street: _____

City, State Zip: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

WHAT ARE YOUR PLANS FOR THE BABY AND YOURSELF?

- Parent Adoption Foster Care Abort Undecided

Please Explain:

Is there anything else you would like to share with us?

APPLICATION FOR ADMISSION

HAVE YOU READ THE HOUSE GUIDELINES, AND ARE YOU WILLING TO FOLLOW THEM DURING YOUR STAY WITH US? Yes No

I UNDERSTAND I NEED A SIGNED RELEASE FOR ALL ITEMS MARKED IN RED. Yes No

1. By my signature below, I acknowledge receipt of a copy of the Guidelines and agree to abide by them as a condition for residence at New Generation, Inc. While I am employed I agree to pay \$110.00/ week for rent, which includes room and board. Should this amount represent more than 30% of my income, I agree to pay 30% of my net weekly pay providing my pay stub as proof. Should I receive TANF, I agree to have \$290 each month paid directly to New Generation.

I understand that it is the policy of New Generation, Inc. that once admitted a reevaluation will be required every thirty (30) days for continued placement at New Generation. Once your newborn reaches 6 weeks a discharge plan will be set up. (A woman can stay up to three months after the birth of her baby or a woman coming in with an infant may stay for 6 months or until the baby is 12 months old whichever comes first. Any change in this policy requires a written request to the Executive Director.)

2. **I will provide a \$60.00 deposit prior to moving in.** This amount will be refunded to me, (or the sponsor who funded me) less any outstanding debts, charges for damages, or unpaid rent within 30 days of my departure from New Generation. If I am not employed (voluntarily due to my agreement with **DHHS**), I agree to eight (8) hours of community service/week as arranged by staff.)

Resident Signature

Date

Authorized Presenting Staff

Date