



4. Do you have a history of or a current problem with alcohol or illegal drugs? Yes No
5. When was the last time you used alcohol or drugs?
6. Do you have a mental health diagnosis? Yes No If yes, what is your diagnosis and do you take any medications currently or in the past? What medications? _____
- _____
- _____

7. Have you ever been hospitalized for mental health reasons? Yes No When?

8. Have you ever attempted suicide? Yes No When?

What kind of attempt did you make? _____

9. Do you smoke? Yes No If so, how much?

10. Have you been having any medical or physical problems during this pregnancy? Yes No

11. Have you ever stayed in a homeless shelter or group home? Yes No When?

Where? _____

12. Have you ever had any counseling? Yes No

Please explain the circumstances that led you to counseling: _____

Name of Counseling Center: _____

Address: _____

City: Zip: _____

13. Please explain any legal situation you are currently involved in **or** have been involved in: (for example: Divorce, Arrests, Warrants, Legal Guardian, Probation, Restraining Order, Emancipation, etc.)

a. Charge: _____

b. Date of alleged offense: _____

c. Results of trial/proceedings: _____

d. Probation officer: _____ Telephone #: _____

e. Particulars of case: _____



C. FINANCIAL

1. Do you have any income? Yes No If so, please describe:

2. What types of assistance do you receive?

Health & Human Services: \$ _____ Food Stamps: \$ _____ WIC _____ SSI: \$ _____

Case Number: _____ Case Worker: _____

3. Are you employed? Yes No Hourly Wage: \$ _____ Hours per Week: _____

Place of employment: _____

Address: City: Zip: _____

Supervisor: _____ Phone Number: _____

4. Do you get income from any other sources? Yes No If so, please describe:

5. Do you have medical insurance? Yes _____ No _____

Name of Insurance: _____

ID# (If Medicaid): _____

6. Do you have any outstanding bills? Yes _____ No _____

a. Please check all outstanding bills that apply:

Housing Utilities Phone Car Credit Card Medical Other

APPLICANTS CERTIFICATION

I _____ have read and understand the Guidelines of New Generation and I agree to comply fully with the provisions upon being accepted into the Program of New Generation.

Applicant's Signature: _____

Date: _____

If upon assessment it is determined that New Generation is unable to adequately meet individual needs within the parameters of its program, the New Generation staff will explore all available resources for the most appropriate placement of the individual.