



Rachel's Home

P.O. Box 31 Plymouth Indiana 46563

(574) 935 – 3953

info@rachelshome.org

Client's Application

First Middle Last

Date: _____

Name: _____ Age: _____

Social Security Number: _____ - _____ - _____ Birthday: _____ Phone: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Marital Status: [Single] [Married] [Divorced] [Separated] Your other children's names and ages:

Husband Name: _____ Boyfriend Name: _____

Phone: _____ Cell: _____ Phone: _____ Cell: _____

Your Fathers Name: _____ Phone: _____

Full Address: _____ Cell: _____

Your Mothers Name: _____ Phone: _____

Full Address: _____ Cell: _____

Number of Siblings: _____ How did you hear about Rachel's Home? _____

Expected Date of Delivery: _____ Medically Confirmed? [Yes] [No]

Confirmed by Whom: _____ Phone: _____

Is this a planned pregnancy? [Yes] [No] If so why: _____

Are there any complications: _____

Previous Pregnancies: _____ Live Births: _____ Abortions: _____ Miscarriages: _____

Doctor: _____ Phone: _____

Address: _____

Hospital for Delivery: _____ Phone: _____

Address: _____

For Office Use Only. Applicants do not write below this warning on this page

Interview Date: _____ Admittance Date: _____

Support Person: _____ Delivery Date: _____

Adoptions: _____ Parenting: _____

Are you taking prenatal vitamins? [Yes] [No] If so, please list them: _____

Reason for housing: _____

Additional services required? [Counseling] [Planning] [Child Care] [Financial] [Other]

What are your plans concerning this child after your pregnancy? [Parenting] [Adoption] [Unsure]

Please Describe: _____

List any other housing facility/group home and/or counseling services you have been involved in:

Name	Address	Phone
When	Why	
Name	Address	Phone
When	Why	

Religion and/or Church _____

Biological Information

Height: _____ Normal Weight: _____ Eye Color: _____ Hair Color: _____

Ethnicity: _____ Were you adopted? [Yes] [No] If Yes, at what age: _____

Dysfunctional Behavior

Are you addicted to any substances? [Yes] [No] Substances: _____

Number of suicide attempts: _____ Date of last attempt: _____

Have you ever stolen? [Yes] [No] Have you ever assaulted a person? [Yes] [No]

Have you ever been incarcerated? [Yes] [No] If Yes, Dates: _____

Incarcerated where: _____

For what reason: _____

Have you ever been on parole? [Yes] [No] Parole Officer: _____

Dates of parole: _____ Where: _____

Educational Information

Are you presently in school? [Yes] [No] Grade: _____ Last grade completed? _____

Name of school last attended: _____

Future educational goals: _____

Employment Information

Most recent employer: _____ Phone: _____

Title: _____ [Full Time] [Part Time] [Salary] [Seasonal]

Length of employment: _____ Are you presently employed? [Yes] [No]

If Not, Termination Date: _____ Reason for leaving: _____

Financial Information

Main source of income while at Rachel's Home? _____

Do you (or your parents) have medical insurance? [Yes] [No]

Insurer: _____ Phone: _____

Does the father of the baby plan on support you financially? [Yes] [No]

If Yes, How: _____

Are you signed up for W.I.C.? [Yes] [No] Food Stamps? [Yes] [No]

Other services you use? _____

Are you in debt? [Yes] [No] Do you have a payment plan? [Yes] [No]

Would you like help with your financial planning? [Yes] [No]

Medical Information

General Health? [Good] [Poor] Describe: _____

Childhood Diseases? _____

Allergys and/or Food Restrictions: _____

Major Illnesses, operations, accidents and their dates: _____

Are you taking any prescription and/or over the counter drugs? [Yes] [No]

Drug: _____ Reason: _____

Do you smoke? [Yes] [No] Average amount smoked a day? _____

Do you now or have you ever used:

Alcoholic beverages? [Yes] [No] How long? _____ How Often? _____

Last time used? _____

Illegal drugs? [Yes] [No] List drugs used: _____

How long? _____ How Often? _____

Last time used? _____

Do you know where to get help and support to overcome substance abuse? [Yes] [No]

Biological Father's Information

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Marital Status: [Single] [Married] [Divorced] [Separated] His other children's names and ages:

Does he want to be involved with this child? [Yes] [No] If Yes, In what way? _____

Do you want him involved with this child? [Yes] [No] If Yes, In what way? _____

If Not, Why? _____

Does he pay support? [Yes] [No] Would he accept counseling or mentoring? [Yes] [No]

Has he ever been in trouble with the law? [Yes] [No] Reason: _____

Description: _____

I certify that all information provided in this application is true, and complete to the best of my abilities. I understand that any false information or omission may disqualify me from further consideration for residency and may result in my dismissal if discovered at a later date.

Signature: _____ Date: _____

Witness: _____ Date: _____