



# Application for Residency—Part 1

Date Applying \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
First Middle Last

Contact Numbers: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Leave Message \_\_\_\_ Yes \_\_\_\_ No

Marital Status: \_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_ Divorced

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this your permanent Address? \_\_No \_\_Yes Please describe your current living arrangements:

## Previous Housing (Please list the last two places you have lived other than your present address.)

Name	Phone Number	Address	Relationship	Length of stay
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

How did you come to know about us?

Why would you like to come to the Amazing Grace Home? \_\_\_\_\_

## Pregnancy and Parenting Information

What is your current pregnancy due date? \_\_\_\_\_

Are you currently parenting? \_\_\_\_No \_\_\_\_Yes: # of Children \_\_\_\_\_

Do you have children who are not currently in your custody? \_\_\_\_No \_\_\_\_Yes: # of Children \_\_\_\_\_

## Employment & Financial Situation

Currently working? \_\_\_\_No \_\_\_\_Yes: \_\_\_\_ Part-Time \_\_\_\_ Full-Times / Hours a Week \_\_\_\_ Shift Hours \_\_\_\_\_

Job Title & Description \_\_\_\_\_ Start Date \_\_\_\_\_ Hourly Wage \_\_\_\_\_

### Last 2 Previous Employers

Company Name	Job Title	PT or FT	Time Employed	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you receive other income: \_\_ No \_\_ Yes (Please indicate what type and amount)

DWP \_\_\_\_\_ MFIP \_\_\_\_\_ GA \_\_\_\_\_ SNAP \_\_\_\_\_ Social Security \_\_\_\_\_ Child Support \_\_\_\_\_ Unemployment \_\_\_\_\_ Other \_\_\_\_\_

How do you plan to support yourself on maternity leave?

\_\_\_\_\_ How do you plan to support yourself after maternity leave? \_\_\_\_\_

## Medical/Emotional/Spiritual Health

Receiving Medical Care? \_\_\_ No \_\_\_ Yes: *OBGYN Doctor* \_\_\_\_\_ *Clinic* \_\_\_\_\_

Do you have Medical Insurance? \_\_\_ No \_\_\_ Yes: *Name* \_\_\_\_\_ *Policy Number:* \_\_\_\_\_

List Current:	Medication Name	Reason	Medication Name	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have special medical needs or diet? \_\_\_ No \_\_\_ Yes: *Explain* \_\_\_\_\_

Are you currently receiving mental health care? \_\_\_ No \_\_\_ Yes: *Where?* \_\_\_\_\_

Have you received mental health care in the past? \_\_\_ No \_\_\_ Yes: *Where?* \_\_\_\_\_

Are you currently attending a church? \_\_\_ No \_\_\_ Yes: *Where?* \_\_\_\_\_

What are your general feelings about religion and God? \_\_\_\_\_

## Relationships

**Baby's Father:** First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Does he know about the pregnancy? \_\_\_ No \_\_\_ Yes  
*If yes, how has he reacted to your pregnancy?* \_\_\_\_\_

Has he offered to help you? \_\_\_ No \_\_\_ Yes: *How?* \_\_\_\_\_

Describe your present relationship with him. \_\_\_\_\_

How does he feel about you coming to the home? \_\_\_\_\_

What kind of contact do you expect to have with him during your stay at AGH? \_\_\_\_\_

**Boyfriend:** If you are involved with a person, other than the father of the baby, please describe your relationship to him and his feelings about your pregnancy and coming to our home.

## Education

High School: \_\_\_ In School \_\_\_ Dropped Out \_\_\_ Graduated: *Year* \_\_\_\_\_ *School Name* \_\_\_\_\_

In College/Trade School? \_\_\_ No \_\_\_ Yes: *School Name* \_\_\_\_\_ *Time Left* \_\_\_\_\_

## Legal History

Have you ever been involved with the police? \_\_\_ No \_\_\_ Yes: *Reason* \_\_\_\_\_

Please explain any other legal situation you have been or are involved in (*i.e., divorce, domestic abuse issues, probation, child protection involvement, etc.*): \_\_\_\_\_

Are you currently using recreational drugs? \_\_\_ No \_\_\_ Yes: *Which drugs?* \_\_\_\_\_

Have you used recreational drugs in the past? \_\_\_ No \_\_\_ Yes: *Which drugs?* \_\_\_\_\_

Do you drink alcohol? \_\_\_ No \_\_\_ Yes: *How often?* \_\_\_\_\_ *When was the last time?* \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_