



FATHERHEART MATERNITY HOME
P.O. Box 131466 • TYLER, TX 75713-1466
903.882.0182 EXT 113 • 903.882.0183 FAX

Client Information

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
email address _____
Date of Birth _____ Age _____ SS# _____
First day of last period _____ Estimated Due Date _____

Client's Father's Information

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
email address _____
Employer _____
Work phone # _____

Client's Mother's Information

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
email address _____
Employer _____
Work phone # _____



Information on the Father of this baby

Name _____ Are you still in a relationship? _____

Would he be willing to come to counseling to help you make a plan for after the baby is born? _____

Educational History

At Living Alternatives we are committed to your daughter's education. We realize how very important education is, whether she parents or places for adoption. Therefore, all residents that have not received a diploma or GED are required to go to school or at the discretion of our academic advisor work toward GED while at the maternity home.

Where are you currently in your education?

- _____ currently a student (not graduated from high school)
- _____ currently a student (post high school)
- _____ graduated from high school
- _____ completed GED
- _____ dropped out & worked

Last school attended _____

When did you last attend? _____ Current grade? _____

How long have you been attending this school? _____

If in college, what is your major? _____

What school or community organizations have you been involved? _____

Parents:

Has your daughter ever been tested or identified as having learning disabilities? _____

When? _____ Where? _____

What did the test determine? _____

Does your daughter qualify for any special services in the school system? _____

If yes, please explain _____

Please explain any weaknesses or strengths your daughter may have with regards to her education. If there are any specific ways we can help her be more successful, please explain _____



Medical History

Under Age Applicant: *Please ask your parents to complete this portion of the application.*

Parent/Managing conservator: *Please complete this portion of the application for your daughter.*

Legal Age Applicant: *Please complete the following information.*

Primary Care Doctor _____ Phone # _____

Have you seen a doctor since you became pregnant? _____

Is this your first pregnancy? _____ If no, please explain _____

Have you had any medical problems (other than morning sickness, etc) during your pregnancy, explain? _____

Have you had any medical problems unrelated to the pregnancy, explain? _____

Hospitalizations/Surgeries:

When	Where	Condition
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Have you ever been diagnosed with a chronic illness? Explain? _____

Are you currently on any medications? _____

Medication	How long?	Condition
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Do you have any allergies? Explain _____

Do you have any problems with your teeth? _____ If so what problems are you currently having? _____

When was the last time you saw a dentist? _____

Do you wear braces? _____ Do you wear glasses or contacts? _____

Do you have Health Insurance and/or Medicaid? _____ ID# _____



Decision Information

The main requirement for becoming a resident at Fatherheart is a desire to be part of the program and get all you can from, please answer the following questions to the best of your ability.

We realize that this is much to early to commit to what you plan to do when your child is born, but can you tell us what your initial thoughts are? At this time you are leaning toward.... (circle one)

parenting

adoption

undecided

Please tell us why you are interested in coming to live in a maternity home and how can we help you.

How do your parents (guardians) feel about you coming to the maternity home? _____

How did you find out about the maternity home? _____

I request admission to the Living Alternatives Maternity Home. I have read the guidelines and I agree it is in my best interest for me to become a resident of the maternity home. It is my intention to actively work on the serious issues that face me throughout the next few months.

Signature of Applicant _____ Date _____

Signature of Parents (if under 18) _____ Date _____

Please include a recent photo

