



Fatherheart Maternity Home

P.O. Box 131466 - Tyler, Tx 75713-1466
903.882.0182 - 903.882.0183 fax



Name _____ Referred by _____

Address _____

City _____ State _____ Zip _____

Current City Living _____ County _____ State _____ Zip _____

Phone: Home _____ Cell: _____ Other: _____

Email address _____ Driver's License _____ Valid _____ Car _____

Date of Birth _____ Age _____ SS# _____ Citizenship _____

Marital Status Single _____ Married _____ Engaged _____ Divorced _____ Separated _____ Other _____

Do you attend church Regularly _____ Occasionally _____ Christmas & Easter _____ Never _____

Religious Affiliation: _____ Do you have a home church? _____

Pastor's Name: _____

Section 1

First Day of Last Period _____ Estimated Due Date _____

Have you been pregnant before? _____ Miscarriage _____ Abortion _____ Deceased _____

Have you had prenatal care? _____ County _____ State _____

Information on the Father of this baby

Name _____ Are you still in a relationship? _____

Is he Is a threat to you? _____ Does he have any open court cases or in jail? _____

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



Do you have dependent children? _____ If so, what are the ages & where are they staying (names & custody)

Do you have an open CPS case, explain: _____

Do you have any other court cases unrelated to CPS? (Open or Closed) _____

Section 2

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 # _____



Clients Parents Information

Are your mother and father (check appropriate)? Married _____ Divorced _____ Separated _____ Never been married _____ Deceased (which parent?) _____

If parents not living together, how long have they been apart? _____

Have either of your parents: Remarried _____ Living with someone of opposite sex _____ Other _____

If so:

Step-Mother’s name _____ Step-Father’s Name _____

Do you live at home with your parents (step-parents)? _____

If not, who do you live with? _____

How long has it been since you lived at home? _____

Please list your brothers & sisters (step-siblings if they are currently living with you)

Name _____ M/F _____ Age _____

Managing Conservator or Guardian

Name _____ Address _____

City _____ State _____ Zip code _____ Phone _____

How long reside _____

Section 3

At Living Alternatives, we are committed to your education. We realize how very important education is. 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 and work toward your GED while at the maternity home.

Where are you currently in your education?

- _____ Currently attending (not graduated from high school)
- _____ Graduated from high school
- _____ Dropped out & Worked
- _____ Current enrolled in college/vocational
- _____ Completed GED
- _____ Other



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: _____

Section 4 If a minor, please have parent or guardian assist if possible

Primary Care Doctor _____ Phone # _____

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

Are you currently on WIC? /County _____ Any other government assistance? _____

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

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

Are you currently on any medications?

Medication	How long?	Condition

Do you have any allergies? Explain _____

Do you have any of the following?

Mental Health Issues:	Yes	No	Asthma	Yes	No
Diabetes	Yes	No	Allergies	Yes	No
Developmental Disability	Yes	No	Physical Disability	Yes	No
HIV/AIDS	Yes	No	Victim of Domestic Violence	Yes	No
Victim of sexual abuse	Yes	No	Victim of Physical Abuse	Yes	No
Chronically Mentally Ill	Yes	No	Special Needs	Yes	No
Unspecified Disability	Yes	No	Communicable Illness	Yes	No
Tuberculosis	Yes	No	Lupus	Yes	No
Attention Deficit Disorder	Yes	No	Other	Yes	No

If you answered yes, please comment or explain:

Have you ever had counseling? Please state where and when: _____



Do you have any problem 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? _____

Have you used:

Alcohol Yes No First Time _____ Last Time _____

Marijuana Yes No First Time _____ Last Time _____

Cocaine/Crack Yes No First Time _____ Last Time _____

Heroin Yes No First Time _____ Last Time _____

Meth Yes No First Time _____ Last Time _____

Prescription Drugs Yes No First Time _____ Last Time _____

Pain Killers Yes No First Time _____ Last Time _____

Other Yes No First Time _____ Last Time _____

Do you smoke? Yes No First Time _____ Last Time _____

Additional Comments: _____

Do you acknowledge that we will run a background check before you are accepted into Fatherheart Maternity Home?

Yes ____ No ____ Signature _____ Date _____

Do you understand and agree to a random drug test while residing at Fatherheart Maternity Home? Yes ____ No ____

Signature _____ Date _____



Section 5 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 too 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 you feel about structure and authority while living in group living? _____

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

How did you find out about Fatherheart 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

