

Life Services Maternity Home APPLICATION

Interview Date: _____

Results: _____

Please respond to the following questions prior to your interview. These answers do not determine admission, they do however, help us determine your needs. Thank you.

Full Name of Applicant:

Check one: *Single* *Engaged* *Married* *Separated* *Divorced* *Widowed*

Address:

Phone (include area code):

Facebook Name:

Email Address:

Date of Birth:

Ethnicity:

Do you have Confirmation of Pregnancy?

What is your Expected Due Date?

What is your current living situation, and why do you need housing?

Father of Baby Name:

Age:

Birthdate:

Are you in a relationship with anyone currently?

If so, please explain:

What legal and illegal drugs have you used in the last 2 years (including alcohol)?

Life Services Maternity Home provides shelter, food, resource information and connections, but is not responsible for medical expenses or prescriptions.

It is the responsibility of the resident or the resident's parent to cover these expenses.

If you are unable to cover your medical expenses, please inform Life Services Maternity Home staff during the interview process.

Applicant Signature:

Date: