Room At The Inn of the Triad, Inc.

Due Date______________

Application for Admission

Name____

First Middle Last Maiden

Current or Previous Address____

____

Telephone:__________________________ SS#______________________________

Date of Birth:______________________________ Age:_______________________

Driver's License: Yes _______ No _______ State/Number ______________________

(registration, inspection and insurance complete and current? Yes_____ No _____)

Last school attended: ____

Tel.# __________________________ When:_______________

Grade completed:_______________________________

Employed: Yes______ No________ If yes, by whom:__________________________

Monthly salary:____

Telephone #:________________________ Supervisor:________________________

<u>If minor</u>, parent's place of employment:____________________________________

Parent's monthly salary:____

Telephone # at work:______________________ Cell#:_______________________

<u>Emergency Contact Information</u>

Name____

Address____

Home phone #:____________ Work #:_____________ Cell #:_________________

Relationship to resident:____

Medical Information

Weeks/Months (Circle one) Pregnant:____

Expected Due Date: ____

Medical Care for this pregnancy? Yes _________________ No __________________

Name of Medical Practitioner:____

Telephone #: ____

Do you currently have Medicaid? Yes__________________ No __________________

Do you currently have WIC? Yes ____________________ No ___________________

Do you currently participate in the Baby Love Program? Yes ________ No _______

Previous Pregnancies: Yes __________ No ____________ How many? ____________

 # Births: ______________________________

 # Miscarriages: ________________________

 # Abortions: ___________________________

Ever hospitalized: Yes ______ No ________ When: ____________________________

Purpose of hospitalization: ____

____

____

Current medications and reasons for taking medications:_______________________

____

____

Current medical condition: ____

____

____

Allergies: Yes_______ No _________ List:____________________________________

____

____

Are you currently or have you in the past received mental health services?

Yes_________ No________ If yes, explain where and when:_____________________

____

____

Have you ever been hospitalized for mental health or psychiatric reasons?

Yes__________No________If yes, explain where and when: ____________________

____

____

Have you ever attempted suicide? Yes ______________ No __________________

If yes, explain:____

____

<u>Current Use Of</u>:

Alcohol: Yes: ___________ Last use:______________How much used: ___________

No: ____________Last use was when: ______________________________

Tobacco: Yes: ___________Last use: _____________How much used: ___________

No: ___________Last use was when: ______________________________

Drugs: Yes _____________ Last use: _____________ How much used: ___________

No: _____________ Last use was when: ______________________________

List of drugs used:____

Current or past legal involvement? Yes____No______If yes, explain what and when

____

I hereby give permission to Room At The Inn of the Triad, Inc. to contact any of my medical providers, whether it be for medical, mental health, or psychiatric information so that they will be able to made the best decisions concerning my care.

________________________________	________________________
Potential Resident	**Date**

Current Pregnancy Information

Alleged Father's Name:____

Address: ____

Telephone #: ____

Age:___________________________ **Race:** _________________________________

Aware of Pregnancy? Yes _______ **No** ________ **If no, why not?** ________________

____

Relationship with alleged father: ____

____

His occupation: ____

His monthly income: ____

Previous children: Yes _______ **No** _________ **How Many:** _____________________

(If yes, provide information on each child, and guardian of each child on separate piece of paper and attach.)

Miscellaneous Information

Religion___________________________ **Active:** ___________________________

Ever married: Yes __________ **No** _____________ **(If yes, list details on a separate sheet of paper and attach)**

Racial Classification: ____

Current checking account: Yes_____ **No** _______ **Where:** _____________________

Current savings account: Yes______ No ______ Where: _______________________

Credit cards: Yes ______ No _______ How many? __________ List: _____________

____

Do you have any debts: Yes______ No _______ Explain: _______________________

____

<u>Family History</u>

Mother's name and address ____

____Phone #: ________________

Relationship with mother currently: ____

Father's name and address____

____Phone #: ________________

Relationship with father currently: ____

Names and ages of siblings:____

____

Interests: ____

____

Name two of your best qualities: ____

____

Name two things you would like to change about yourself: ______________________

____

What do you want to accomplish in the next 12 months: ________________________

____

Where have you attempted to live/move into other than a maternity home? _______

____

____

What reasons do you have for not being able to continue to live where you are? ____

____

Resident's Certification:

I have read this admission form and attachments and it is complete and true to the best of my knowledge. I understand that false or incomplete information can result in my immediate dismissal from all Room At The Inn of the Triad, Inc.'s programs.

______________________________________ ________________________
(Resident's Signature) (Date)

Legal Guardian's Signature: ____________________________ Date: _____________

Notary of _________________________________County

Subscribed and sworn to before me on this the ___________ day of __________________, 200___.
By: ____
My commission expires ____

Seal