

Mary's Mantle

A Catholic Residential Home for Expectant Mothers

P.O. Box 115, Bloomfield Hills, MI 48303 www.marysmantle.net

Phone: 248-376-5338

APPLICATION FOR CARE

Today's Date: _____ How did you learn of Mary's Mantle? _____

BASIC INFORMATION

First Name _____ MI _____ Last Name _____

Current Address/City/Zip _____

Email address _____ Phone# _____ Alternate# _____

Date of Birth _____ Age _____ City/State of birth _____

Due date _____

Other children:

Name _____ DOB _____, Name _____ DOB _____

Where do they currently reside? _____

List any other out of state address you have used in the last 5 years:

SS# _____ Drivers License #/State I.D. _____

Ethnicity: Hispanic/Latino Other (Non-Hispanic/Latino)

Primary Race: White Black Asian Other

Secondary Race

American Indian/Alaskan Native/Black American Indian/Alaskan Native/White

Alaskan Native Black/African American and white Asian and white

Other Multi-racial

Marital Status: Single Married Separated Widowed Divorced

Ongoing relationship

TRANSPORTATION

Means of Transportation: (Check any that apply) Handicapped Transportation Bicycle
 Family/Friends Walks Owns Car Taxi Bus

Do you have a reliable automobile? Yes No

Do you have a current driver's license? Yes No

Do you have automobile insurance? Yes No

Do you have transportation to work, school, or appointments through friends or family?

Yes No

If yes, please name individual(s) who would provide transportation:

If you do not have your own transportation, are you willing to transfer your medical, educational or vocational needs to this area? Yes No

Have you ever been placed in Institutional Living prior to 18 years of age (i.e. foster care, youth home)? Yes No

MEDICAL AND PSYCHOLOGICAL

How does your health compare to people your age? (Check one)

Excellent Very Good Good Fair Poor Don't know

Do you have an OB-GYN? Yes No

If YES, Name, address and phone number _____

Date of last visit _____

Do you have a disability of long duration? Yes No Don't know Refused

Disability Type _____

Receiving Social Security Benefits? Yes No Have you applied for SSI/SSDI? Yes No

Do you have any special medical problems? (asthma, allergies, infectious disease etc.) Yes No

If YES, please explain _____

Do you have any physical limitations? Yes No

If YES, please explain _____

Have you ever been given a mental health diagnosis or struggled with emotional issues? Yes No

If YES, please explain _____

Have you ever attempted suicide? Yes No

If YES, please explain _____

Have you ever received psychological or psychiatric treatment? Yes No

If YES, please explain _____

Are you receiving counseling at this time? Yes No

If YES, Therapist/Psychiatrist's Name, address and phone number:

Are you currently or have you ever taken medication as part of your treatment? Yes No

If YES, what medication(s) and dosage are you taking? Prescribed by whom? Date of last visit?

MEDICAL INSURANCE

Do you have medical insurance? Yes No

Are you currently receiving Medicaid (public assistance)? Yes No

If YES, is it: Straight Medicaid Health Plan Which plan? _____

DOMESTIC VIOLENCE

Are you a domestic violence (DV) survivor? Yes No

If YES, how recent? Past 3 months 3-6 months ago 6-12 months ago Refused

INCOME

Last 30 day income _____ Last 90 day income _____

Please list all sources of income: (job, cash assistance, friends, family, savings...)

Do you receive DHS assistance? Cash Assistance Food Stamps

If applied, but have not yet received, when and at which office did you apply?

EMPLOYMENT

Are you currently employed? Yes No

If YES, how many hours per week? _____ Status: Full Time Part Time Seasonal

Maternity leave

Employer: _____ Occupation: _____

Address _____

Phone _____ How long have you been employed here? _____

What is your current work schedule? _____ Is your schedule flexible? _____

If not employed, are you looking for work? Yes No How long have you been looking? _____

EDUCATION

Highest level of education attained: No schooling completed Nursery school to 4th grade

5th or 6th 7th or 8th grade 9th or 10th grade 11th grade 12th grade

less than high school GED High School Diploma Some college College degree

Graduate degree Some technical Technical School Certification

If you attended an alternative high school, please explain _____

Currently in school or working on any Degree? Yes No

Received vocational training? Yes No

Current School: Name of school/Address _____

Grade level _____ Grade Point Average _____ Did you graduate? Yes No What year? _____

If you are not currently in school: Age when you left school: _____

Reason for leaving school: _____

List learning related disabilities (reading, writing, comprehension, etc):

What have you been doing since leaving school? _____

Do you have college or career training? Yes No If YES, please comment _____

Your occupation(s) since graduation _____

LIVING SITUATION

Are you currently or have you recently been homeless? Yes No

Are you chronically homeless? (disability **and** without a permanent home) Yes No

First time homeless 1-2 times in past 4 times in past 3 years long term: 2 years or more

If homeless, Primary/Secondary Reason (choose two)

- Criminal activity Domestic violence Loss of transportation Health/Safety
- Loss of childcare Loss of job Eviction Loss of public assistance Medical
- Mental Health Substance abuse Utility shutoff No affordable housing
- Release from institution Mortgage foreclosure Substandard housing
- Under employed/low income Lack of family support

Where did you stay last night? _____

Zip Code of Last Permanent Address _____ City _____ County _____

Actual or pending eviction/foreclosure Yes No If yes, date of
eviction/foreclosure: _____

Date of present homelessness: _____

Emergency Contact Name #1: _____

Phone: _____ Relationship _____

Address _____ City/State/Zip _____

Last contact date: _____

Emergency Contact Name #2: _____

Phone: _____ Relationship _____

Address _____ City/State/Zip _____

Last contact date: _____

MILITARY HISTORY

Are you a U.S. Military Veteran? Yes No If YES, Branch? _____ Months served? _____

Discharge Type: Honorable General Medical Bad Conduct Other

Military Service Related Disability? Yes No Receiving Veterans Services? Yes No

SUBSTANCE ABUSE

Have you had any help with a substance abuse problem? Yes No

If YES, please explain _____

Do you smoke? Yes No Do you have an AA/NA sponsor? Yes No

What substances have you used in the past? _____

Check items that describe your current drinking/drug usage pattern:

- No Use Only on Holidays Rarely (once a month)
- Occasionally (weekends) Irregularly but excessive Regularly (daily)
- Short Binges (1-2 days) Long Binges (4 or more days) Heavy-steady-daily

When was the last time you used? _____ How much did you use? _____

HISTORY OF SEXUAL ABUSE

At what age? _____ Who was the perpetrator? _____

Did you receive counseling or therapy? Yes No If YES, for how long and with whom?

LEGAL HISTORY

Have you had any police arrests in the past? Yes No If YES, how many? _____

Do you have any legal problems pending? Yes No

What was the nature of these arrests? (include moving violations)

Have you had any court convictions in the past? Yes No If YES, how many? _____

Have any of the arrests or convictions been drug or alcohol related? Yes No

What is your current legal status?

- Clear Parole Probation Other, please explain:

CHURCH

What is your preferred religion/faith?

What is the name of the church you attend?

What organizations in the church have you belonged to?

How do you feel about God, church, and religion in general?

If you have a pastor, please list that name here:

Name _____ Phone _____

CURRENT NEEDS

What are your current goals? (Please Prioritize)

____ Housing: _____

____ Employment: _____

____ Schooling: _____

____ Childbirth: _____

____ Other: _____

If housing, how long do you think you will need a place to stay? _____

Do you have any other options for living arrangements? Please explain

FAMILY OF ORGIN

Include name, age, and current address:

Mother: _____

Father: _____

Siblings: _____

Siblings: _____

Significant Other: _____

Father(s) of children: _____

Other close relatives: _____

List all family members who will be involved with you while you are in this program:

Describe your relationship with your immediate family?

Describe your past relationship with your child's father?

List your supportive Relationships (friend, family, individuals who will help you through this experience)

Name _____ Relationship _____

How is this person supportive? _____

Name _____ Relationship _____

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ADDITIONAL INFORMATION

Are you willing and able to live within a Christian group home environment? Yes No

Are you willing to pursue your immediate and future goals? Yes No

Are you willing to receive guidance & instruction through Mary's Mantle program, volunteers, activities and staff? Yes No

Are you willing to participate in Christian Bible Studies within Mary's Mantle? Yes No

Are you willing to do your share to help maintain peace and order within the home? Yes No

Are you willing and able to be responsible for your own living space, your belongings and over all cleanliness of your dorm room and person? Yes No

By signing this application I certify that all the information contained here is true to the best of my knowledge. I hereby give permission for Mary's Mantle, or their authorized staff, to conduct a background check, and/or speak to the contacts listed on this application.

Applicant's Signature

Date

Applicant's full name- printed

Staff Recommendations:

Name and credentials	Date
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Name and credentials	Date
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