

Family LIFE Center of West Michigan

P.O. Box 425, Allendale, MI 49401

APPLICATION
(Revised 3/07)

Date: _____

Name: _____ Date of Birth: _____

Current address: _____

Phone #: _____

Social Security #: _____

Referred by: _____

Social History/Family Information

Parents History

Natural Father's Name _____

Address (if different than yours) _____

Phone: Work _____ Home _____

Occupation _____ Highest grade completed _____

Natural Mother's Name _____

Address (if different than yours) _____

Phone: Work _____ Home _____

Mother's Occupation _____ Highest grade completed _____

(Place check where appropriate)

Your natural father and mother are:

Married and living together Married, not living together
 Separated Divorced Deceased (which parent?) _____

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

(Place checkmark where appropriate)

Have either of your parents:

Remarried? Lived with someone of the opposite sex?

If so:

Stepfather's Name _____

Stepmother's Name _____

*Describe your relationship with your parents right now.

*What would you like your relationship with your parents to be?

Siblings (including step and half)

Name	Age	Sex	Address
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Guardian

Person having Custody/ Guardianship of you (if different from your parents): _____

Address _____

Relationship of Guardian _____

Guardian's Phone #: Work _____ Home _____

Placing Agency (if applicable) _____

Caseworker _____ Phone # _____

Person(s) name you have lived with other than your parents:

	Name	Address	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Birth Father

*What is your present relationship to the birthfather of the baby?

*What would you like your relationship with the birth father to be?

*How will the birth father be involved with you? With the baby?

*What support people do you have in your life (family, friends, and boyfriend)?

Are you receiving any of the following services?

___ Social Services ___ Private Counseling ___ Mental Health Services

___ Rehabilitation Counseling of any kind ___ Protective Services/FIA

___ Health Department ___ Employment Services

*Have you ever been diagnosed with or received treatment for any mental health issues? If so, what was the diagnosis and what was the treatment?

SUBSTANCE ABUSE

Please tell us how often and the last time you have smoked? Drank alcohol? Taken drugs?

Have you received any type of professional assistance in this area?

EDUCATION/EMPLOYMENT HISTORY

Please select one of the following:

*If presently in school: Name of school _____

Grade level _____ Average grade point _____

Guidance counselor's or Principal's name _____

*If you have dropped out of school: Age when you left _____

Last grade completed _____ Reason for dropping out _____

What have you been doing since?

*If you have graduated: What year did you graduate? _____

Do you have college or career training? _____ If so, what? _____

Occupation(s) since graduation

RELIGION

What is your religious background and preference?

Do you currently attend a church? If so, which one? _____

How often do you attend church (frequently, occasionally, seldom, never, use to go...)?

Pastor's name _____ Phone _____

COMMUNITY

School organizations, church groups, clubs, extracurricular activities you have belonged to:

FINANCIAL HISTORY

Are you currently receiving ADC? _____ Food stamps? _____ WIC? _____

What is your monthly income? _____

Do you have any savings or checking accounts? If so, at what bank? _____

Do you have any outstanding debts (credit cards, personal loans, car loan, unpaid utilities)? If so, how much? _____

MEDICAL HISTORY

What is your estimated due date? _____

Are you currently seeing a doctor? _____

Have there been any medical problems with your pregnancy? If so, what?

Have you ever been pregnant before? _____

Do you have insurance or Medicaid? If so, what is covered? _____

Are you currently taking any medications? If so, what? _____

Do you have any dietary restrictions? If so, what? _____

Do you have any medical issues not related to pregnancy (diabetes, high blood pressure, etc.)? If so, what?

Have you been tested for STD/HIV in the past 3 months? _____

Have you ever been treated in Prime Care, Emergency, or admitted to a hospital? If so, please explain circumstances.

LEGAL CIRCUMSTANCES

Have you ever been convicted of committing a crime? If so, what were the circumstances and the year(s)?

Are you currently on probation? If so, for what and for how long?

Have you been involved with Protective Services or FIA?