

**MERCY HOUSE
RESIDENT APPLICATION FORM**

{ PERSONAL INFORMATION }

Name: _____ Date: _____

Date of Birth: _____ Age: _____

Address: _____

Email: _____

Phone #: (Cell) _____ (Alternative) _____

Marital status (please circle):

Single Engaged Married Separated Divorced Widowed

Ethnicity (please circle):

Black Caucasian Native American Hispanic Asian Bi-racial Other: _____

Due Date: _____ Gender of baby (if known): Male / Female

Is this your first pregnancy? Yes / No If not, how many prior pregnancies have you had, and what were the results?

Miscarriage Abortion Birth & Parented Birth & Placed for Adoption

Do you have any other children? Yes / No

If so, Mercy House is unable to provide housing for them at this time. Please give their names, ages, and the names and relationships of the people they live with (or will live with):

Child #1	Child #2	Child #3
Name: _____	Name: _____	Name: _____
Age: _____	Age: _____	Age: _____
Birth date: _____	Birth date: _____	Birth date: _____
Father's Name: _____	Father's Name: _____	Father's Name: _____
Who do they live with? _____	Who do they live with? _____	Who do they live with? _____
_____	_____	_____

Who do you currently live with?

Name: _____ May we contact? Yes / No

Relationship: _____ Phone Number: _____

Is your current situation at risk due to domestic violence? Yes / No If so, please explain your situation _____

Where do you plan to live after your baby is born? _____

Have you ever received counseling and/or any psychiatric services? Yes / No If so, please explain the reason why you received counseling and/or psychiatric services as well as when and where. Also list any time spent at a psychiatric hospital:

Have you ever been diagnosed with any mental health disorders? Yes/No If so, please explain what the diagnosis was, when you were diagnosed and all medications prescribed. Are you are still being treated? If so, please explain and list medications prescribed. If you are no longer being treated please explain why:

Do you now or have you had suicidal thoughts?

Please explain: _____

Have you ever attempted suicide? If so, please explain: _____

Are you currently taking any medications regularly, prescription or over the counter?

Yes / No If so, please give name and dosage, as well as reason you are taking:

Do you have a counselor or caseworker (social worker, rehab worker, pregnancy center worker, etc)? Yes / No

Name: _____ **May we contact? Yes / No**

Agency: _____ **Phone Number:** _____

Do you currently have any outstanding warrants, traffic tickets, traffic fines? Yes / No

If so, please explain and list the charges as well as the amounts owed:

Do you currently have any outstanding personal debt or monthly bills?

Yes / No

If so, please explain and list the amounts owed:

Have you ever been convicted of a misdemeanor or felony? Yes / No If so, please list the charge and please explain the circumstances:

Have you ever spent time in jail or prison? Yes/No If so, please explain the offense/charges and circumstances leading up to the offense, as well as the amount of time spent in jail or prison and the location:

Have you ever used illegal drugs or have an addiction to drugs and/or abused alcohol? Yes/ No If so, please list the types of drugs and please give approximate length of time used and when you last used:

Have you ever been treated for drug or alcohol abuse? Yes/No If yes, Please explain and give approximate dates: _____

{ ABOUT THE FATHER OF YOUR BABY }

Name of Birthfather: _____ **Age:** _____

Address: _____

Phone #: (Cell) _____ **(Home)** _____

Is the birthfather employed? Yes / No If yes, please list employer and job title: _____

Does he know about the pregnancy? Yes /No

How would you describe his feelings about the pregnancy?

- | | | |
|----------------------|-------------------|-----------------------------|
| Supportive | Helpful | Angry |
| Doesn't Care | Wants an abortion | Happy |
| Wants to be involved | Excited | Doesn't want to be involved |

Please describe your current relationship with the father of your baby:

{ EDUCATION INFORMATION }

Please indicate your current level of education:

___ Did not complete High School (8 9 10 11 12)

___ Got GED

___ Graduated High School

___ Attended College

___ Graduated College

Are you currently attending school? Yes / No Name of school: _____

If you have obtained a GED, please bring proof of your GED to the interview.

Have you applied for or currently receiving any of the following:
WIC, Medicaid, TANF, Lone Star Card, SSI

{ HEALTH INFORMATION }

Have you seen a doctor since finding out you are pregnant? Yes / No

When was your last doctor's appointment? _____

Doctor's Name: _____ **Phone #:** _____

Are you taking prenatal vitamins? Yes / No

Please list any medical conditions you have: _____

{ EMPLOYMENT HISTORY }

I have employment history? Yes / No Please list your employment history, beginning with your most recent job.

Place of Employment: _____

Job Title: _____

Dates Employed: _____

Place of Employment: _____

Job Title: _____

Dates Employed: _____

Place of Employment: _____

Job Title: _____

Dates Employed: _____

If you are currently working, please describe your current work situation and schedule:

Do you have a valid Texas driver's license? Yes / No **If not, do you have a state issued ID?**
Yes/No

Do you currently have access to a vehicle?

Yes, I borrow from
friends/family

Yes, I lease a car
Yes, I own a car

No, I don't have a vehicle

{ FAMILY HISTORY }

Mother's Name: _____ Phone #: _____

Father's Name: _____ Phone #: _____

Are your parents (check appropriate box):

_____ Married _____ Never Married
_____ Separated _____ Divorced
_____ Deceased (which parent and when) _____

Do your parents know you are pregnant? Yes / No

If yes, what do you think their feelings are about the pregnancy?

Supportive	Won't talk about it	Angry
Don't Care	Want an abortion	Happy
Want to be involved	Disappointed	Sad
Helpful	Excited	Indifferent

Please list your brothers and sisters (and step-siblings):

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

At Mercy House, we encourage a continued relationship with your family. However, we do ask that you commit to a 30 day trial period in which you fully commit to the Mercy House program and do not have visits.

{ FAITH BACKGROUND }

Mercy House is a Christian ministry. We do not require that you are a Christian to receive our services, but you will be asked to participate in twice weekly church services, nightly devotional time, and weekly bible study. Our focus is not just on your physical and emotional health, but also on your spiritual health.

What faith do you believe in? (circle one)

Christian (protestant) Jewish Buddhist Islam Mormon Catholic Other: _____

How often do you attend church?

_____ Regularly _____ Occasionally _____ Christmas & Easter _____ Never

What church do you attend? _____

Please tell us about your relationship with God and what you believe:

{ EMERGENCY CONTACTS }

Name: _____

Relationship: _____ Phone Number: _____

Name: _____

Relationship: _____ Phone Number: _____

PLEASE EXPLAIN WHY YOU ARE APPLYING TO MERCY HOUSE:

WHAT DO YOU HOPE TO GAIN FROM YOUR TIME WITH MERCY HOUSE?

I understand that Mercy House provides clients with complete prenatal, labor, delivery, and postpartum care from pro-life midwives, unless the midwife determines a Doctor is necessary.

I attest that the above information is true and accurate to the best of my knowledge.

Signature of Applicant

Date



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