

Kindred Spirit
Application for Residency

Application Date: _____

Demographic and Relationship Information

Your Name _____ Date of Birth _____

Soc Security # _____

Current Address _____

City / State / ZIP _____ Whose home is this? _____

Birthplace City/State _____

Age _____ Have you ever been married? _____

Driver License number & state _____

Home Phone _____ Mobile Phone _____

Cell Phone Company _____

E-mail _____

How did you find out about us? _____

Why do you need a place to live? _____

Your Family

If under age, who has legal custody? _____

Address _____

Relationship to applicant _____

Mother's Full Name _____

Address (if different) _____

Did you ever live with her? _____ Are you in a relationship with her now? _____

E-mail _____ Mobile Phone _____

City/State/ZIP _____ Home Phone _____

Place of Employment _____

Work Address _____

Marital Status _____

Soc Sec # _____ Occupation _____

Father's Full Name _____

Address (if different) _____

Did you ever live with him? _____ Are you in a relationship with him now? _____

E-mail _____ Mobile Phone _____

City/State/ZIP _____ Home Phone _____

Place of Employment _____

Work Address _____

Marital Status _____

Soc Sec # _____ Occupation _____

What problems have occurred in your family? (please circle)

Alcohol or drug abuse Domestic Violence Incarceration Parental Death Homelessness
Mental Illness Divorce Absent Parent

More about You

Have you ever worked? If so, where? _____

Employer (if any) _____ Phone _____

Employer Location _____

Job title/Duty _____ Supervisor _____

Have you ever lived in a group home? If yes, please explain. _____

Have you ever been arrested? If yes, please explain. _____

Have you ever been involved with Juvenile Court or DFCS? _____

Do you receive money from the government (Social Security, TANF, or other) _____

Are you receiving unemployment, Food Stamps, WIC or any other income _____

Churches Attended _____

Church Membership _____

Denomination _____

Attend regularly? Yes No

Date last attended _____

Pastor/ Clergy (name) _____

Please list your body piercing and tattoos _____

Relationships

Father of the Baby's (FOB) Name _____ Age _____

How did you meet? _____

FOB current relationship with applicant: Seriously involved On again, off again Just friends
None, but on good terms None, on bad terms Unknown

Address & phone _____

Does he work? If so, where? _____

Did he graduate from high school? _____

How does his family feel about the pregnancy? _____

FOB's preferred plan for baby, if involved: Parenting Adoption, Abortion, Unsure _____

If the FOB currently or has he ever been in jail? _____

Social History

Are you currently (circle one) (a) single (b) married (c) divorced (d) separated

Do you have dependent children? If so, where are they living?

Do you still reside at home with your parents or stepparents? _____

If not, whom do you live with? _____

Name all the people that live at your address _____

How long has it been since you lived at home? _____

Are your natural father and mother (check appropriate):
_____ Married _____ Married, not living together
_____ separated _____ Divorced _____ Deceased (which parent)

Stepfather's name _____

Stepmother's name _____

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

Educational History

Where are you currently in your education (grade)? _____ Middle school, junior high, or high school

Are you currently a student? _____ Graduated from high school? _____ completed GED? _____

Dropped out (date)? _____

What school did you last attend? _____ When? _____

If still a student, how long have you been attending this school? _____

Were you ever expelled from school? If yes, why? _____

What school or community organizations have you been involved?

What are your plans after high school? _____

Medical Information

Primary care Doctor _____ Phone _____

Have you seen a doctor since you became pregnant? If so, who? _____

Is this your first pregnancy? _____ If no, please explain (any prior miscarriage, birth, or abortion). _____

Have you had any medical problems (other than morning sickness, etc) during your pregnancy?

Have you had any medical problems unrelated to the pregnancy, recently? If so what?

Hospitalizations: Please list the purpose, facility, and date.

Surgeries:

Past medications _____

Current medications _____

Have you been diagnosed with a chronic illness? If so, what illness?

Have you ever experienced any behavioral or psychological problems, seen a therapist, or taken medication for psychological illness? If so, please explain.

Have you ever been the victim of domestic violence? _____

Have you taken any anger management classes? _____

Are you currently on any medications? Please list the medication and dose. How long have you been on this medication? _____

Do you have any allergies? If so, please list

Do you have any dental problems or need treatment? If so what problems are you currently having?

When was the last time you saw the dentist? _____ Name of Provider _____

Do you wear braces? _____ Do you wear glasses or contacts? _____

Are you having problems with your vision? _____ If so, what? _____

Do you have Health Insurance or Medicaid? _____ ID # _____

When did you apply for Medicaid? _____ Where? _____

What are your plans after you leave Kindred Spirit?

If we have to decide between you and another applicant, what qualities do you possess that would make you a better candidate?

As a Christian ministry, we do not tolerate bullying, cursing, and disrespect in our home. What steps can you take to avoid problems with these expectations?

Signature _____ Date _____

If under 18, parent's signature _____ Date _____