



STAFF House Maternity Home

Shepherds That Attend Father's Flock, Zechariah 11: 4-7

PO Box 12661 New Bern, NC 28563 252-633-HELP(4357)

www.staffhouse.org letushelp@staffhouse.org

APPLICATION FOR ADMISSION

Date _____ SS# _____ Race _____ Age _____

Name _____ Date of Birth _____
Last First Middle

Address _____ Phone () _____

City _____ State _____ Zip _____

Referred by _____ Marital Status _____

Estimated Date of Delivery _____

Do you have any children in your care? _____

1. Why do you need to live in a maternity home during your pregnancy? _____

2. How is your family involved in your situation (financially, emotionally, etc.)?

3. To what extent is the father of your baby involved in your situation?

4. What school did you last attend?

Date _____

Name of School _____

Address _____

5. Do you presently have a job? If so, where? What job experience do you have?

6. How do you support yourself financially? _____

Who will be responsible for your medical expenses? _____

Who will be responsible for your room and board? _____

7. Have you ever been convicted of a crime other than a traffic violation? _____

8. Who should we contact in case of an emergency?

Name _____ Relationship _____

Address _____ Telephone _____

City _____ State _____ Zip _____

If the above is not your mother or father, give parents' names and addresses below.

Mother _____ Father _____

Address _____ Address _____

Phone _____ Phone _____

9. Are you currently receiving medical care? List the names, address, and phone numbers of your physicians, and the type of treatment.

NAME	ADDRESS	PHONE	TREATMENT
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The information given in this application for admission is true to the best of my knowledge.

Signed _____

Date _____