



Christian Homes & Family Services

MATERNITY PRE-APPLICATION

PLEASE INCLUDE A RECENT PHOTO OF THE APPLICANT and mail to P.O. Box270, Abilene, Texas 79604 or fax to 325-677-0332.

Name:

First Name

Middle Name

Last Name

Maiden Name

Date of Birth:

Soc. Sec.#:

Address:

Street Number & Name

City

State

Zip

Email Address:

Phone Number Where You Can Be Reached:

Cell phone (include area code):

Are you enrolled in a Native American tribe? YES NO

If YES, please give the tribe and your registration number:

Due Date (if known):

Number of Months Pregnant:

Date of Last Menstrual Period:

Number of Living Children:

Ages:

Have you had any miscarriages: YES NO

If yes, how many? Dates:

Race:

Religion:

Marital Status: SINGLE (NEVER MARRIED) MARRIED COMMON-LAW
DIVORCED SEPARATED WIDOWED

Give your educational level:

List any handicapping conditions you have:

List any over-the-counter medication and/or street drugs you have taken:

1. Prior to the pregnancy:
2. During the pregnancy:

Check which best describes your general health: EXCELLENT GOOD FAIR POOR

Are you seeing a Doctor? YES NO If yes, give his name, address, and telephone number:

First Name Last Name Street Address City St Zip Code (A. C.) Phone No.

List any inherited medical conditions or birth defects that "run" in your family:

Have you or any family members ever received psychological or psychiatric care? YES NO
If yes, give name(s), date(s) and circumstances of the treatment.

List any health insurance benefits, Medicaid, CHAMPUS, or other benefits which you receive that may assist with the cost of your medical care.

Does your family know you are pregnant? YES NO

Does your family know you are planning adoption? YES NO

If yes, how do they feel about your baby being adopted?

Are any of your family members opposed to adoption? YES NO
If yes, give their name(s) and relationship(s) to you:

What do you see as your greatest need at this time?

*****BIRTH FATHER INFORMATION*****

Please answer these questions regarding the birth father if you can.

Name: First Name Last Name F QD<"....."Ci g<"

Telephone No.:

Address: Street Name & Number City St Zip Code

In what state did the conception occur?

Circle which best describes his general health: EXCELLENT GOOD FAIR POOR

Race:

Marital Status: SINGLE MARRIED COMMON-LAW
DIVORCED SEPARATED WIDOWED

List any handicapping conditions which he has:

Has he or his family members ever received psychological or psychiatric care? YES NO
If yes, please give name(s), date(s), and circumstances:

List any street drugs he may have taken even if only once or twice:

Does he know you are pregnant? YES NO
Does he know you are planning adoption? YES NO

Does his family know you are planning adoption? YES NO
If yes, how do they feel about your baby being adopted?

Are any of his family members opposed to adoption? YES NO
If yes, please give their name(s) and relationship(s) to him?

I hereby state the information contained in this form is true and correct to the best of my knowledge. I understand this information will be reviewed by the Christian Homes staff and then a decision will be made about whether or not I will be accepted into the Christian Homes Maternity Program. I further understand I will be contacted and advised whether or not my pre-application has been accepted or denied.

*

Signature of Applicant

Date: _____

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Signature of Parent or Legal Guardian
(if Applicant is a Minor)

Date: _____

* You may print this form and sign it by hand and fax the form back to Christian Homes at 325-677-0332. Or, you may sign this form electronically and email the form back to us % arobbins@christianhomes.com If you sign this form electronically, you agree that your electronic signature is as binding as your handwritten signature.

** If you are a minor who plans to live in the maternity apartments in Abilene, your parents MUST sign this form unless you have spoken to a caseworker who has made an exception to this rule. If you plan to remain in your home community Christian Homes prefers that you notify your parents of your plan but their signature is not required.