

# FOUNDATION *House* Ministries

P.O. Box 6056 ~ Cleveland, TN 37320-6056  
(423) 400-2753 ~ Suzanne@foundationhouseministries.org  
www.FoundationHouseMinistries.org

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_

Referred by: \_\_\_\_\_

Marital status:  Married  Divorced  Single  Live together  Widow

Baby's due date: \_\_\_\_\_

Have you ever been pregnant before?  Yes  No If yes, when? \_\_\_\_\_

What was the outcome of the pregnancy?

Birth Current age of child/children: \_\_\_\_\_  
 Abort  
 Miscarriage  
 Adopt

Have you considered placing your baby for adoption?  Yes  No  Undecided

## **MEDICAL HISTORY**

Answer the following questions in as much detail possible.

Give your estimated date of delivery: \_\_\_\_\_ Last doctor's visit date: \_\_\_\_\_

Doctor's name & address: \_\_\_\_\_

Are you on a special diet?  Yes  No If so, what kind? \_\_\_\_\_

Do you have any food allergies?  Yes  No If so, please list: \_\_\_\_\_

Have you ever had any type of eating disorder?  Yes  No If yes, please explain: \_\_\_\_\_

---

Are you taking any medications?  Yes  No If so, please list: \_\_\_\_\_

---

Have you ever used any of the drugs listed below?

PCP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date last used: _____
Heroin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date last used: _____
Marijuana	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date last used: _____
Barbiturates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date last used: _____
Cocaine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date last used: _____
Amphetamines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date last used: _____
Hallucinogens	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date last used: _____

Others not listed: \_\_\_\_\_

Are you allergic to any drugs?  Yes  No If yes, please list them: \_\_\_\_\_

---

At this time, do you have any other medical issues? If so, please list them. \_\_\_\_\_

---

Have you ever had surgery?  Yes  No If so, describe: \_\_\_\_\_

---

Please check all that apply to you.

Hepatitis  HIV Aids  Sexually transmitted diseases  Other (explain below)

---

Do you have any symptoms related to these issues that a host family might need to be aware of?

Yes  No If yes, please explain: \_\_\_\_\_

Have you ever smoked?  Yes  No If yes, date last smoked: \_\_\_\_\_

If so, how often and how much? \_\_\_\_\_

Have you ever consumed alcohol?  Yes  No

Have you consumed alcohol since your pregnancy?  Yes  No

If so, how often and how much? \_\_\_\_\_

Have you ever experienced any physical, emotional or sexual abuse or neglect?  Yes  No

If so, by whom? \_\_\_\_\_ How old were you when abuse began? \_\_\_\_\_

Did you receive counseling for the abuse?  Yes  No

**EDUCATION INFORMATION**

Please check which one applies:  High school graduate  College graduate  G.E.D.

What is the highest grade you have finished? \_\_\_\_\_

Name and address of the most recent school you have attended: \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL INFORMATION**

Please list any bills you will have to pay while in this program. For example: cell phone, car payment, insurance, personal debt, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you plan to pay these bills while in the program? \_\_\_\_\_

\_\_\_\_\_

Will a family member help?  Yes  No

Can you suspend service until you are ready to pay again?  Yes  No

Do you have health insurance?  Yes  No

Name of insurance: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Insured's name: \_\_\_\_\_

\*If you do not have health insurance, Foundation House will assist you in applying for TennCare benefits.

Please explain your overall current financial situation and include any government benefits or help you may receive.

---

---

---

---

Who will support you after the baby is born? \_\_\_\_\_

---

**CHRISTIAN LIFE**

Are you a Christian?  Yes  No

Are you currently involved in a church?  Yes  No

If so, give the name and address of the church and the pastor's name.

---

---

**HOBBIES AND INTERESTS**

Please list any hobbies or interests you may have. For example: Do you play any instruments? Are you an animal lover? Do you have favorite activities, or do you have a favorite color? Tell us about yourself.

---

---

---

---

---

**CURRENT RELATIONSHIP WITH BABY'S FATHER**

Does he want to be involved?  Yes  No

Is he pressuring you to:  Abort  Adopt  Parent

Father's name: \_\_\_\_\_  
  First  Middle  Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Is he currently employed?  Yes  No

Will he be financially supportive?  Yes  No

Does the father take drugs?  Yes  No If yes, name type and kind: \_\_\_\_\_  
\_\_\_\_\_

Is he affiliated with any church?  Yes  No If so, where? \_\_\_\_\_

Marital status:  Married  Divorced  Single  Widower

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone number: \_\_\_\_\_



**INFORMATION ON GUARDIAN/PARENTS**  
**(If you are under age 18)**

*\*Note: One or both parents' consent is required before acceptance to Foundation House.*

Mother's name: \_\_\_\_\_  
  First  Middle  Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Is she currently employed?  Yes  No

Is she affiliated with any church?  Yes  No If so, where? \_\_\_\_\_

Marital status:  Married  Divorced  Single  Widower

Father's name: \_\_\_\_\_  
  First  Middle  Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Is he currently employed?  Yes  No

Is he affiliated with any church?  Yes  No If so, where? \_\_\_\_\_

Marital status:  Married  Divorced  Single  Widower