

Residency Pre-Application Form

HARBOR HOUSE
PO Box 502, Norwalk OH 44857
419-668-2858 • life@harborhouse.org

NOTE: Bold fields are required. \$100 application fee is NOT required with pre-app, but is required to hold a bed until application and intake processing is completed.

Application Date: _____
Referred from: _____
Relationship to Applicant: _____

INTERNAL USE: CID _____ INTAKE _____

NAME of Applicant _____ Age _____
Date of Birth ____ / ____ / ____ *Race/Ethnicity _____ Marital Status _____
Soc Security # _____ - _____ - _____ Driver Lic # _____ Expires _____
Address _____ Home Ph _____
City / State / ZIP _____ Mobile Ph _____
County of Residence _____ Birthplace City/State _____
E-mail _____ IM _____

* For informational purposes only as Harbor House Maternity Home does not discriminate in regards to race, national origin, ethnicity or skin color.

PARENTAL INFORMATION

(Please use to indicate **primary** contact; phone or other **contact info REQUIRED** for at least one parent/guardian of minor applicants)

FATHER'S Name _____ Age _____ DOB ____ / ____ / ____
Address _____ Home (____) ____ - ____
County _____ Mobile (____) ____ - ____
City/State/ZIP _____ Work (____) ____ - ____
E-mail _____
Place of Employment _____ Soc Sec # _____ - _____ - _____
Work Location _____ Occupation _____

MOTHER'S Name _____ Age _____ DOB ____ / ____ / ____
Address (if different) _____ Home (____) ____ - ____
County _____ Mobile (____) ____ - ____
City/State/ZIP _____ Work (____) ____ - ____
E-mail _____
Place of Employment _____ Soc Sec # _____ - _____ - _____
Work Location _____ Occupation _____

Parent's Marital Status _____ **Custody terms (if applicable)** _____

Guardianship info (if applicable) _____

PREGNANCY INFORMATION

Applicant Name _____

Have you taken a pregnancy test for this pregnancy? Yes No

Type: Over-the-counter/EPT Doctor's office Free clinic Unsure

Result: Positive (pregnant) Negative (not pregnant) Unsure

Approximate date pregnancy test was taken _____ First day of last period, if known _____

Symptoms _____

Estimated delivery date, if known ____/____/____ Unsure

Number of prior pregnancies ____ No. of: ____ Live births ____ Miscarriages ____ Abortions ____ Adoptions

Extent of prenatal care (dr. visits, vitamins, etc.) _____

Plans for baby: Parenting Adoption Abortion Unsure

Primary caregiver's (FATHER, if married) preferred plan: Parenting Adoption Abortion Unsure

Secondary caregiver's (MOTHER, if married) preferred plan: Parenting Adoption Abortion Unsure

Prior to the time you became pregnant, what BIRTH CONTROL METHOD have you used most often?

A. None B. Pill C. Diaphragm D. IUD E. Condom

F. Foam/jelly/sponge G. Norplant H. Depo-Provera I. Other _____

____ Birth control in use at time of conception (fill in appropriate letter)

Have you ever contacted us before regarding pregnancy questions, housing or services? Yes No

...This year? Yes No

How did you find out about us? _____

Please give a short explanation of the circumstances that have created a need for housing and/or possible goals to be achieved during the stay here: _____

PERSONAL INFORMATION

Applicant Name _____

School _____ Phone (_____) _____

School location _____

Last Grade Level Completed ____ Approx. GPA ____ School counselor _____

Immediate school plans (i.e. finish year, graduate, GED, etc.) _____

Plans for after high school _____

Employer (if any) _____ Phone (_____) _____

Employer Location _____

Job title/Duty _____ Supervisor _____

*Church (if any) _____ Phone (_____) _____

Church location _____

Regularly attend? Yes No Sporadic Denomination _____

Primary/Sr. Clergy _____ Youth Clergy _____

Current medical conditions requiring treatment: _____

Medications taken: _____

Any additional pertinent info on applicant (use back if more space is needed): _____

* As a private Christian institution, Harbor House may, at times, choose to refuse or defer housing to applicants who do not ascribe to our Statement of Faith, and reserves the right to make a determination of eligibility based on religious affiliation.

FATHER OF BABY (FOB) INFORMATION

FOB Name _____ Age _____

FOB relationship status w/ applicant: Seriously involved On again, off again Just friends None
 None, but on good terms None, but on bad terms Unknown

Relationship plans or other info: _____

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

Other FOB information (use back if more space is needed): _____

