This is the application for Redeeming Life Maternity Home. Please answer all questions accurately and thoroughly. Once you have submitted your application, our intake team will review the information provided and contact you with the status of your application. Do not skip any questions or leave any questions unanswered. If a question does not apply to you, please type, "N/A." **Please email completed application to info@rlom.org**

**Section 1: General Information**

***All applicants will answer the questions below.***

Today’s Date: Click or tap to enter a date.

Email Address: Click or tap here to enter text.

First, Middle, Last Name: Click or tap here to enter text.

Where did you stay last night? Choose an item.

Current Mailing Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Date of Birth Click or tap here to enter text.

How did you hear about us? Choose an item.

**Section 2: Your Pregnancy**

Has your pregnancy been confirmed by a doctor? Choose an item.

What is your due date? Click or tap here to enter text.

Tell us about your prior pregnancies and deliveries. Please check ALL that apply.

[ ]  This is my first pregnancy.

[ ]  This is NOT my first pregnancy.

[ ]  I have had multiple births (twins, triplets, etc.)

[ ]  I have experienced a miscarriage.

[ ]  I have experienced a still birth.

[ ]  I have had an abortion.

If this is a high risk pregnancy or you have complications, please explain here. Otherwise write “N/A.” Click or tap here to enter text.

What are the plans you have for your baby? Choose an item. Click or tap here to enter text.

On a scale of 1 to 10, with 1 = “NOT PREPARED AT ALL” and 10 = “DEFINITELY PREPARED,” how prepared do you feel for motherhood? Click or tap here to enter text.

How many times have you visited your doctor during your pregnancy? Click or tap here to enter text.

**Section 3: The Birth Father**

What is the birth father’s full name? Click or tap here to enter text.

Are you currently in a relationship with him? Choose an item.

Do you have any SAFETY concerns regarding the birth father? If yes, please explain. If not, write “N/A.” Click or tap here to enter text.

**Section 4: Marriage, Family & Legal Questions**

***All applicants will answer the questions below.***

What is your marital status? Choose an item.

Have you ever been arrested Please answer truthfully. Neither answer will disqualify you from residency. Choose an item.

Are you currently under supervision for parole or probation? Please answer truthfully. Neither answer will disqualify you from residency. Choose an item.

If you have been arrested, explain the charges. If you are currently under supervision, which government entity is overseeing your probation or parole? If this doesn’t apply to you, write “N/A.” Click or tap here to enter text.

Do you have living children? Choose an item.

**Section 5: Your children**

***If you have living children, please answer the questions below.***

Do you have sole legal custody of your children? Choose an item.

List the names, genders and ages of your living children.

 Click or tap here to enter text.

Is there anything else you would like to share about your children?

 Click or tap here to enter text.

**Section 6: Family Support & Spiritual Life**

***All applicants will answer the questions below.***

Please describe your relationship with your family (parents, siblings, and extended family.)

 Click or tap here to enter text.

Please tell us what you think about God, Jesus and religion.

 Click or tap here to enter text.

**Section 7: Medical History**

***All applicants will answer the questions below.***

What conditions have you personally experienced or been diagnosed with by a medical professional? Please check all that apply.

[ ]  Diabetes [ ]  Depression/Anxiety [ ]  Ectopic Pregnancy

[ ]  High Blood Pressure [ ]  e OCD [ ]  Physical Disability

[ ]  HIV/Aids [ ]  Eating Disorder [ ]  Sexual Abuse

[ ]  Cancer [ ]  ADHD [ ]  Suicide Attempt

[ ]  Heart Disease [ ]  Learning Disorder [ ]  Other

[ ]  Tuberculosis [ ]  Conduct Disorder [ ]  Bipolar Disorder

[ ]  Epilepsy/Seizures [ ]  Drug/Alcohol Addiction

[ ]  Diabetes [ ]  None of the Above

List any medications you are currently taking including dosage, frequency, and prescribing doctor.

 Click or tap here to enter text.

Have you ever been hospitalized for a physical or mental problem? If so, please provide admission date, length of stay, hospital and reason.

 Click or tap here to enter text.

**Section 8: Employment**

***All applicants will answer the questions below.***

What is your employment status? Please check ALL that apply.

[ ]  I am employed full-time. [ ]  I am employed part-time.

[ ]  I don’t have a job and I am currently looking for work.

[ ]  I am unable to work because I am on disability.

[ ]  I can’t find a job because I’m close to my due date.

[ ]  I do not want to work.

[ ]  I am currently collecting unemployment.

If you are working, who are you employed by?

 Click or tap here to enter text.

**Section 9: Education**

***All applicants will answer the questions below.***

Do you have a High School Diploma or G.E.D.? Choose an item.

What is your highest education level? Choose an item.

**Section 10: Financial Information**

***All applicants will answer the questions below.***

What is your total monthly income from ALL sources (employment, alimony, child support, disability, unemployment, food stamps, etc.)?

 Click or tap here to enter text.

What are you total monthly expenses (car payment, cell phone, medical, food, insurance, gas, etc.)?

 Click or tap here to enter text.

**Section 11: Residency Plan**

***All applicants will answer the questions below.***

If offered an invitation for residency at Redeeming Life, your decision to accept is voluntary. Residents are required to actively engage in our life skills program and abide by the residential house policies.

Why do you think Redeeming Life’s structured program is a good fit for you?

Click or tap here to enter text.

How long do you think you would like to stay at Redeeming Life, or how long are you planning to stay? There is no right or wrong answer here. We want to understand your needs.

Click or tap here to enter text.

What do you hope to accomplish (or learn) from our program in the time you plan to stay?

Click or tap here to enter text.

Read each statement below and consider whether it’s true for you (check “yes” or “no). Then tell is if you want help from Redeeming Life in this area.

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement** | **Yes** | **I want help with this** | **No** |
| I am hungry and do not get enough to eat. |[ ] [ ] [ ]
| I want to eat healthier, and eat less fast food. |[ ] [ ] [ ]
| I want to learn how to cook. |[ ] [ ] [ ]
| I want to learn how to clean/manage a house. |[ ] [ ] [ ]
| I want to feel safe from people who threaten me. |[ ] [ ] [ ]
| I want to figure out what to do with my life. |[ ] [ ] [ ]
| I want reliable transportation. | [ ]  |[ ] [ ]
| I want to learn how to better manage my time. |[ ] [ ] [ ]
| I want to better manage chronic health conditions |[ ] [ ] [ ]
| I want to continue my recovery from substance abuse. |[ ] [ ] [ ]
| I want to make more money to support myself. |[ ] [ ] [ ]
| I want to repair my bad credit. |[ ] [ ] [ ]
| I want to prepare for the delivery of my baby. |[ ] [ ] [ ]
| I want to learn how to care for my baby. |[ ] [ ] [ ]
| I want to learn how to be a good parent. |[ ] [ ] [ ]
| I want to feel closer to God. |[ ] [ ] [ ]
| I want to learn how to pray or pray more regularly. |[ ] [ ] [ ]
| I want a family and spiritual support system. |[ ] [ ] [ ]
| I want to repair a damaged relationship that is important to me. |[ ] [ ] [ ]

As part of this application, we ask that you read about our program through the Guidelines or FAQ’s available on our website at <https://www.rlom.org/get-help>. Please indicate if you have read one of these documents. Choose an item.

Redeeming Life is a faith-based, Christian ministry and requires that all residents participate in church and Bible study. Please check one response per row.

|  |  |  |
| --- | --- | --- |
| **Statement** | **I Agree** | **I Do not Agree** |
| I will attend weekly church services and Bible study on Sundays at Lutheran Church of the Redeemer. |[ ] [ ]
| I will engage in prayer, Bible study, and other spiritual discussions in the maternity home. |[ ] [ ]

**Section 10: Additional Information**

***Please use this space to provide additional information to Redeeming Life that you feel will be helpful for us to know as we review your application.***

Is there anything else we should know as we consider your application?

 Click or tap here to enter text.

**Section 11: Acknowledgement**

I hereby certify that I have read the Guidelines for Redeeming Life’s Maternity Home program and voluntarily submit this application of proof of my interest in becoming a full-time, live-in program resident. (The guidelines .pdf is found on the same page as this application: https://www.rlom.org/maternity-home/guidelines.)

I hereby certify that the information and statements that I provided in this application are true and correct to the best of my knowledge. I understand that false information, false statements, or withheld information may disqualify me for admission to Redeeming Life.

I hereby waive my right of confidentiality of my medical, education, and employment records and other evidence submitted through this application in order that my application may be reviewed and properly processed.

I hereby agree to indemnify and hold harmless Redeeming Life Outreach Ministries against any and all claims, demands, or causes of action of any kind or nature, including losses, costs, expenses, reasonable attorney’s fees, liabilities, damages, orders, judgments, or decrees in connection herewith.

**Please choose one of the following:** Choose an item.

**Please sign your name here:** Click or tap here to enter text.

**Today’s Date:** Click or tap to enter a date.

**Please save this completed and application and email it to info@rlom.org**