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.

Driver’s License or ID Number: Click or tap here to enter text.

How did you hear about us? Click or tap here to enter text.

Are you currently pregnant? Yes

*If you are currently pregnant, go to Section 2. If you are not currently pregnant, skip Sections 2 and 3 and go to Section 4.*

**Section 2: Your Pregnancy**

***If you are currently pregnant, please complete this section. If not, skip to Section 4.***

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.

Were you planning to get pregnant? Choose an item.

What are the plans you have for your baby?

[ ]  Keep and raise my baby.

[ ]  Seek outside adoption.

[ ]  Other – please explain: Click or tap here to enter text.

Is this a high-risk pregnancy or do you have complications? Please explain here.

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.

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.

Do you know who the baby’s father is? Choose an item.

**Section 3: The Birth Father**

***If you are currently pregnant, please complete this section. If not, skip to Section 4.***

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.

Does he know that you are pregnant? Choose an item.

If accepted into our program, will he know that you are living at Redeeming Life Maternity Home? Choose an item.

Describe your relationship with the birth father.

 Click or tap here to enter text.

Describe any SAFETY concerns you have regarding the birth father.

 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? If so, explain here.

Click or tap here to enter text.

Do you have living children? Choose an item.

*If you are have living children, please go to Section 5. If you do not have other living children, skip Section 5 and go to Section 6.*

**Section 5: Your children**

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

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

 Click or tap here to enter text.

For each child, please describe any ongoing medical, emotional or psychological conditions they are experiencing.

 Click or tap here to enter text.

Do you have sole legal custody of your children? If not, please explain.

 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 [ ]  OCD [ ]  Physical Disability

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

[ ]  Cancer [ ]  ADHD [ ]  Suicide Attempt

[ ]  Heart Disease [ ]  Learning Disorder [ ]  Other

[ ]  Tuberculosis [ ]  Conduct Disorder [ ]  None of the Above

[ ]  Epilepsy/Seizures [ ]  Drug/Alcohol Addiction

[ ]  Diabetes [ ]  Bipolar Disorder

Are you currently under a doctor’s care for any of the conditions you checked above? If so, please provide the doctor’s name, phone and address here.

 Click or tap here to enter text.

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.

Do you have any food, drug or other allergies? If so, please explain.

 Click or tap here to enter text.

**Section 8: Employment**

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

Are you currently employed? If so, please provide the company name, address, supervisor’s name and phone number.

 Click or tap here to enter text.

What is your current working schedule?

 Click or tap here to enter text.

**Section 9: 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 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.