



# Angels' Cove

Pregnancy-Adoption-Foster Care

## Application for Adult

Date: \_\_\_\_\_

Name of individual completing application: \_\_\_\_\_

<b>IDENTIFYING INFORMATION</b>
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Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birthplace: \_\_\_\_\_  
(City/State/County/Hospital)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Birthmarks or Identifying Characteristics: \_\_\_\_\_  
(Include location and description of any tattoos)

Present Address: \_\_\_\_\_  
(Street/City/State/County)

Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street/City/State/County)

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Is there currently a custody dispute involving your child? YES/NO

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all outside agencies involved with the child (i.e. court, probation, DCF, etc.)

\_\_\_\_\_  
\_\_\_\_\_

How did you find out about Angels Cove (who told you)?

\_\_\_\_\_  
\_\_\_\_\_

**NARRATIVE**

**Services Requested (Circle One)**

Residential

In-Home Counseling

Outpatient Counseling

Adoption

Write a brief description of why you are seeking placement at Angels' Cove.

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**EDUCATIONAL INFORMATION**

Graduated High School? \_\_\_\_\_ School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Describe any problems being experienced in school: \_\_\_\_\_

Approximately when did these problems begin? \_\_\_\_\_

**CHURCH ATTENDANCE**

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**HEALTH INFORMATION**

Family Physician: \_\_\_\_\_

OB/GYN: \_\_\_\_\_

List any serious or ongoing health problems:

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List any hospitalizations: (include dates, doctor in attendance and name of hospital, and what you were in for)

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List any medications you are currently taking (include dosage)

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List all childhood diseases that you have experienced:

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List all allergies: \_\_\_\_\_

Due Date: \_\_\_\_\_ Last Appointment: \_\_\_\_\_

Have you taken any drugs since pregnancy? YES/NO

If yes, please explain: \_\_\_\_\_

Is the baby's father involved? YES/NO

Please explain: \_\_\_\_\_

Does the baby's father know you are pregnant? YES/NO

If not, do you plan to tell him? YES/NO

**Biological Father of Baby**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Does the baby's father assist you financially? YES/NO

Is the baby's father in agreement with plans for your child? YES/NO

Does the baby's father want you to parent or place your baby for adoption?

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**SOCIAL SERVICE HISTORY**

Have you ever been involved in counseling? YES/NO

If yes, please list:

<b>Agency</b>	<b>Purpose</b>	<b>Dates in Counseling</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the family ever been involved in family counseling? YES/NO

If yes, please list:

<b>Agency</b>	<b>Purpose</b>	<b>Dates in Counseling</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is seeking of services from Angles' Cove related to the situation (s) that prompted any of the counseling listed above?  
YES/NO

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Has the family ever been investigated or involved with the Department of Children and Family Services (DCFS)? YES/NO

If yes, please explain (include dates, reason for, and outcome of investigation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been placed in a hospital or psychiatric unit for treatment or evaluation? YES/NO

If yes, please list:

<b>Hospital</b>	<b>Reason for Hospitalization</b>	<b>Dates</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were you on any medications while in the hospital? YES/NO

If yes, please list: \_\_\_\_\_

Have you applied for or received B.C.H. services in the past? YES/NO

If yes, please list: \_\_\_\_\_

How long do you anticipate staying in placement? \_\_\_\_\_

What is your attitude toward placement? \_\_\_\_\_

Have you ever been placed out of the home before? YES/NO

If yes, please explain:

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Describe your personality:

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Who are you especially close to? \_\_\_\_\_

List any significant events that have occurred in your life:

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<b>SUBSTANCE ABUSE HISTORY</b>
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How often do you use alcohol? (circle one)

1X Per Week / 2X Per Week / Almost Every Day / Every Day / Never / Not Sure

Have you ever been known to use or experiment with illegal drugs? \_\_\_\_\_ If yes, what drugs?

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How often do you use the above listed drug(s)?

1X Per Week / 2X Per Week / Almost Every Day / Every Day / Never / Not Sure

Have you ever inhaled fumes, such as paint, aerosol spray, glue, etc. for getting high? YES/NO If yes, please list substance(s) used:

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Have you received any treatment or counseling for substance abuse? YES/NO If yes, Please List:

**Agency**

**Purpose**

**Dates in Counseling**

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Religious Affiliation: \_\_\_\_\_

Drug/Alcohol Use? YES/NO If yes, was treatment sought out? YES/NO

Any history of treatment for emotional or nervous disorder? YES/NO

If yes, please explain: \_\_\_\_\_

Any known family history of psychological or emotional problems? YES/NO

If yes, please explain: \_\_\_\_\_

Health: Poor / Fair / Good / Excellent

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Do you have a current relationship with your dad? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Biological Mother:** Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Education Level: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Drug/Alcohol Use? YES/NO If yes, was treatment sought out? YES/NO

Any history of treatment for emotional or nervous disorder? YES/NO

If yes, please explain: \_\_\_\_\_

Any known family history of psychological or emotional problems? YES/NO

If yes, please explain: \_\_\_\_\_

Health: Poor / Fair / Good / Excellent

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Do you currently have a relationship with your mother? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

**Step-Father/Mother:** Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Education Level: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Drug/Alcohol Use? YES/NO If yes, was treatment sought out? YES/NO

Any history of treatment for emotional or nervous disorder? YES/NO

If yes, please explain: \_\_\_\_\_

Any known family history of psychological or emotional problems? YES/NO

If yes, please explain: \_\_\_\_\_

Health: Poor / Fair / Good / Excellent

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

If either parent is deceased, please complete the following:

Parent deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Place of death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

## Biological Children

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Current Living Arrangement:

Lives with whom and for how long?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Current Living Arrangement:

Lives with whom and for how long?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Current Living Arrangement:

Lives with whom and for how long?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all members of household:

Name	Age	Relation to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your **biological** parents are:

- |  |                 |
|--|-----------------|
| 1. Married & Living together             | 4. Separated    |
| 2. Never Married & Living together       | 5. Divorced     |
| 3. Never Married and not living together | 6. Other: _____ |

Your **current** family living situation is:

- |                            |                     |
|----------------------------|---------------------|
| 1. Both biological parents | 6. Adoptive Parents |
| 2. Mom and Step Dad        | 7. Grandparents     |
| 3. Single Mom              | 8. Other Relative   |
| 4. Single Dad              | 9. Other: _____     |
| 5. Dad and Step Mom        |                     |

**HEALTH INSURANCE INFORMATION**

Are you covered by Medical Insurance? YES/NO

Name of Carrier or Provider: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_

Do you have a Public Aid Medical Card? YES/NO

Do you have a WIC Card? YES/NO

Do you have a LINK Card? YES/NO

**FUN QUESTIONS ABOUT YOU**

List your hobbies:

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Describe what a "fun day" would be for you:

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What is your favorite movie of all time? \_\_\_\_\_

What is your favorite color? \_\_\_\_\_

What is your favorite type of music? \_\_\_\_\_

What is your favorite type of food? \_\_\_\_\_

Who is your hero? \_\_\_\_\_

If you were given \$5,000 what would you spend it on?

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Describe the qualities of your best friend:

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Describe your personality:

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**Goals**

What do you hope to learn at Angels' Cove and what are three goals you would like to accomplish?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

How long do you plan to stay at Angels' Cove (leave after birth or three months after birth):

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Where do you desire to go when you leave Angels' Cove?

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The Application for Admission **must** be signed.

By signing this application, I attest:

- That I have provided correct and accurate information on this application
- That I agree to take an active role in my placement by:
  - Attending all scheduled case reviews
  - Cooperating with all recommendations made by Angels' Cove staff
  - Actively supporting all aspects of my treatment plan.

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Signature of Applicant

**Please mail or fax this application as soon as possible, so we may begin to process.**

*"For He orders His angels to protect you wherever you go. They will steady you with their hands to keep you from stumbling against the rocks on the trail."*

-Luke 4: 10 – 11

**Questions regarding Inquiry/Placement:** 618-382-4164 Ext. 2204

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