



Angels' Cove Residential Maternity Center
Adult Application

Application Date: _____

Due Date: _____

Name of individual completing application: _____

IDENTIFYING INFORMATION

Name: _____

Birth Date: _____

Sex: _____ Race: _____ Social Security Number: _____

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)

Home Phone: _____ Work Phone: _____

Email: _____

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

NARRATIVE

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

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:

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

List any medications you are currently taking (include dosage)

List all childhood diseases that you have experienced:

List all allergies: _____

Due Date: _____ Last Appointment: _____ Have you taken any drugs since pregnancy? _____

If yes, please explain: _____

Is the baby's father involved? _____

Please explain: _____

Does the baby's father know you are pregnant? _____

If not, do you plan to tell him? _____

Does the baby's father assist you financially? _____

Is the baby's father in agreement with plans for your child? _____

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

Biological Father of Baby

Name: _____ Birth Date: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Employer: _____

Occupation: _____ Education: _____

SOCIAL SERVICE HISTORY

Have you ever been involved in counseling? _____ If yes, please list:

Agency	Purpose	Dates in Counseling
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the family ever been involved in family counseling? _____

If yes, please list:

Agency	Purpose	Dates in Counseling
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is seeking services from Angles' Cove related to the situation (s) that prompted any of the counseling listed above? _____

If Yes, please explain: _____

Has your family ever been investigated or involved with the Department of Children and Family Services (DCFS)?

_____ 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? _____ If yes, please list:

Hospital	Reason for Hospitalization	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were you on any medications while in the hospital? _____

If yes, please list: _____

Have you applied for or received services from Baptist Children's Home & Family Services in the past? _____

If yes, please list: _____

What is your attitude toward placement? _____

Have you ever been placed out of the home before? _____

If yes, please explain: _____

List any significant events that have occurred in your life:

SUBSTANCE ABUSE HISTORY

How often do you use alcohol? : _____

(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?

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? _____ If yes, please list substance(s) used:

Have you received any treatment or counseling for substance abuse? _____ If yes, Please List:

Agency	Purpose	Dates in Counseling
_____	_____	_____
_____	_____	_____

LEGAL HISTORY

Do you have a court record? _____

If yes, please explain: _____

Are you being ordered by the courts to come to Angels' Cove? _____

Are you currently involved with the legal authorities and not charged? _____ (Courts, Police, Probation)

If yes, please explain: _____

Have you been involved with the legal authorities in the past and not charged? _____

If yes, please explain: _____

Is there any family or household member(s) who is, or has been involved with the legal authorities? _____

If yes, please explain: _____

Has any family member been associated with a gang? _____

If yes, please explain: _____

FAMILY INFORMATION

Father: Name: _____

Birth date: _____

Race: _____

Phone: _____

Address: _____

Occupation: _____ Education Level: _____ Religious Affiliation: _____

Drug/Alcohol Use? _____ If yes, was treatment sought out? _____

Any history of treatment for emotional or nervous disorder? _____

If yes, please explain: _____

Any known family history of psychological or emotional problems? _____

If yes, please explain: _____

Do you have a current relationship with your dad? _____

Explain: _____

Mother: Name: _____ Birth date: _____

Race: _____ Phone: _____

Address: _____

Occupation: _____ Education Level: _____ Religious Affiliation: _____

Drug/Alcohol Use? _____ If yes, was treatment sought out? _____

Any history of treatment for emotional or nervous disorder? _____

If yes, please explain: _____

Any known family history of psychological or emotional problems? _____

If yes, please explain: _____

Do you have a current relationship with your mother? _____

Explain: _____

Step-Father: Name: _____ Birth date: _____

Race: _____ Phone: _____

Address: _____

Occupation: _____ Education Level: _____ Religious Affiliation: _____

Drug/Alcohol Use? _____ If yes, was treatment sought out? _____

Any history of treatment for emotional or nervous disorder? _____

If yes, please explain: _____

Any known family history of psychological or emotional problems? _____

If yes, please explain: _____

Step-Mother: Name: _____ Birth date: _____

Race: _____ Phone: _____

Address: _____

Occupation: _____ Education Level: _____ Religious Affiliation: _____

Drug/Alcohol Use? _____ If yes, was treatment sought out? _____

Any history of treatment for emotional or nervous disorder? _____

If yes, please explain: _____

Any known family history of psychological or emotional problems? _____

If yes, please explain: _____

If any 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 You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your **biological** parents are: _____

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

Health Insurance

Are you covered by Medical Insurance? _____

Name of Carrier or Provider: _____

Name of Insurance Company: _____

Policy or Group Number: _____ Type of Coverage: _____

Do you have a Public Aid Medical Card? _____ Do you have a WIC Card? _____

Do you have a LINK Card? _____

Tell Us About You

List your hobbies: _____

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

What is your favorite movie? _____ What is your favorite color? _____

What is your favorite type of music? _____

Who is your hero? _____ What is your favorite type of food? _____

Describe the qualities of your best friend: _____

Who are you close to: _____

Describe your personality: _____

What do you hope to learn at Angels' Cove or 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)?

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

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

By signing this application, I attest:

- i. That I have provided correct and accurate information on this application
- ii. That I agree to take an active role in my placement by:
 1. Attending all scheduled case reviews
 2. Abiding by Angels' Cove Guidelines
 3. Actively supporting all aspects of my treatment plan.

Signature of Applicant

Date

Please mail or fax this application as soon as possible, so we may begin the 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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