



**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.

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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:

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

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:

\_\_\_\_\_

<p><b>SUBSTANCE ABUSE HISTORY</b></p>
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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.

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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. 3106

**Mailing Address:** 4243 Lincolnshire Drive Mt. Vernon, IL 62864

**Email:** amanda.neibel@bchfs.com

**Fax:** 618-242-2568