

What is your relationship with your family? _____

Is your family aware of your pregnancy? Yes No Are they supportive of your plans? Yes No Please explain: _____

Have you ever lived with any person other than your biological parents/step-parents? Yes No
If yes, on a separate sheet of paper, please state with whom you lived, for how long, and the reasons why you lived there.

SPIRITUAL INFORMATION:

Do you currently attend church? Yes No Your faith/denomination: _____

Name of church you attend: _____

Do you consider yourself to be a Christian? Yes No To you, what does it mean to be a Christian? _____

EDUCATION INFORMATION:

Completed High School/GED? Yes No Current Educational Level: _____

Name of School: _____ Phone Number: () _____

Address: _____

Name of Guidance Counselor: _____

Have you ever been expelled or suspended from school? Yes No If yes, please explain: _____

Special achievements accomplished in School: _____

If resident has not received her diploma or GED, the resident must participate in the following options for her education. Please check the option the resident would like to do. *Note: These services are only offered during September through May. If you have questions please discuss with the caseworker.*

Independent Study Courses through current school if available

Highlands Ministries Education Lab

MEDICAL INFORMATION: *Please bring or send before arrival ALL previous medical records.***

Are you currently receiving prenatal care? Yes No Physician's Name: _____

Phone: () _____ Last appointment: _____

Address: _____

Please list any medical problems: _____

Please list all medications you are currently taking: _____

Are you allergic to any medication? Yes No If yes, please explain: _____

Date of last: Physical Exam: _____ Dental Exam: _____ Eye Exam: _____

******Please have regular dental and eye exams taken care of before coming to Highlands. Highlands does not schedule regular check-ups.*

Have you been on any medication in the last 6 months? Yes No If yes, explain: _____

Have you used "street drugs" in the last 6 months? Yes No If yes, explain: _____

I accept Highlands services and agree to meet Highlands' expectations.

Applicant's Signature

Date

By signing below, I verify that all information provided in the application is correct.

Applicant's Signature,

Date

***Please enclose a recent photo of yourself, and if possible, a photo of the father of the child.**

*** Highlands is committed to the privacy of all applicants and residents. Information provided will not be given to any source outside of Highlands without the consent of applicant or resident. All information is kept confidential. ***

Highlands/Assemblies of God Family Services Agency is an affiliate of The General Council of the Assemblies of God and Heartbeat International, the international Christian association of life-affirming education and pregnancy service providers.

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