



Lean On Us Unity House of Faith Out-Bound Application

(Miss.), (Ms.), (Mrs.) Full Name _____ Date _____

(Instructions please circle where indicated "Yes" or "No")

Single **YES or NO** Legally Married **YES or NO** Divorced **YES or NO**
If Married How Long? _____

Phone (H) _____ Phone (C) _____

Age _____ D.O.B _____

Current Address _____

City _____ State _____ Zip _____

What is your ethnicity?

Asian African American Caucasian Hispanic Other: _____

Primary Language: _____ Other Language _____

Are you a U.S. Citizen or legal resident of the U.S.? **YES or NO**

If no, what country are you a legal citizen of? _____

Children's names and ages

How old were you when your oldest child was born? _____

Are you pregnant now? **YES or NO** Due date? _____

Are you currently receiving TANF? **YES or NO** If so what County _____

Are you currently receiving food stamps? **YES or NO** Monthly amount \$ _____

Are you currently receiving CCAP (Child Care Assistance Program)? **YES or NO**

Caseworker's Name _____ Contact Number _____

Are you receiving child support? **YES or NO** Amount \$ _____

Do you have any other source of income? **YES or NO**

Are you on Medicaid or Medicare? **YES or NO**

Medicaid or Medicare number _____

Case worker Name _____ Case worker number _____

Are your child/children on Medicaid or Medicare? **YES or NO**

Case worker Name _____ Case worker number _____

Do you have any other insurance? **YES or NO**

Name of Provider _____ Insurance ID number _____



Child Information

Full name of **first** child _____ D.O.B _____

Do you currently have full custody of this child? **YES or NO**

Full name of Father _____ Age _____ phone _____

What is the Father ethnicity?

Asian African American Caucasian Hispanic Other: _____

Does father pay child support? **YES or NO** Court ordered? **YES or NO** Amount\$ _____

Does this child have any physical disabilities? **YES or NO**

If yes Explain _____

Has your child been diagnosed with any type of learning disability? **YES or NO**

If Yes Explain _____

Does child have any emotional or behavioral problems? **YES or NO**

If Yes Explain _____

Does the child have any known allergies? **YES or NO**

If Yes Explain _____

Is child currently being treated by a Doctor or Psychologist? **YES or NO**

Doctor or Psychologist Name _____ phone _____

List child's sibling's names and ages other than Mothers natural born

Full name of **Second** child _____ Birth Date _____

Do you currently have full custody of this child? **YES or NO**

Full name of Father _____ Age _____ phone _____

What is the Father ethnicity?

Asian African American Caucasian Hispanic Other: _____

Does father pay child support? **YES or NO** Court ordered? **YES or NO** Amount\$ _____

Does this child have any physical disabilities? **YES or NO**

If yes Explain _____

Has your child been diagnosed with any type of learning disability? **YES or NO**

If Yes Explain _____

Does child have any emotional or behavioral problems? **YES or NO**

If Yes Explain _____

Does the child have any known allergies? **YES or NO**

If Yes Explain _____

Is child currently being treated by a Doctor or Psychologist? **YES or NO**

Doctor or Psychologist Name _____ phone _____

List child's sibling's names and ages other than Mothers natural born



Family History

Your Mother's Name _____

Do you have contact with your Mother? **YES** or **NO**

How is your relationship with Mom? **(Good)** **(Bad)** **(Can be better)** **(There is No relationship)**

Mom Address _____

City _____ State _____ Zip _____

(H) Phone _____ (W) Phone _____ (C) Phone _____

Your Father's Name _____

Do you have contact with your Father? **YES** or **NO**

How is your relationship with Father? **(Good)** **(Bad)** **(Can be better)** **(There is No relationship)**

Father Address _____

City _____ State _____ Zip _____

(H) Phone _____ (W) Phone _____ (C) Phone _____

Legal Guardian Name _____

Relationship to you _____

Address _____

City _____ State _____ Zip _____

(H) Phone _____ (W) Phone _____ (C) Phone _____

How is your relationship with your Legal guardian? **(Good)** **(Bad)** **(Can be better)**

(There is No relationship)

List your brothers and sisters (indicate if this is a step/half brother or sister)

Name _____ Age _____

Address _____

City _____ ST _____ Zip _____

Name _____ Age _____

Address _____

City _____ ST _____ Zip _____

Name _____ Age _____

Address _____

City _____ ST _____ Zip _____

Name _____ Age _____

Address _____

City _____ ST _____ Zip _____

Name _____ Age _____

Address _____



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Educational Background

City _____ ST _____ Zip _____

Do you have a G.E.D. or High School diploma? **YES** or **NO**

Name of graduating School or Educational institution _____

Are you currently enrolled in high school? **YES** or **NO**

If yes, where? _____ Current Grade _____

If no, last school enrolled in? _____ Last Grade completed _____

Are you currently attending College/Vocational training **YES** or **NO**

If yes, where _____

What year are you in? _____

Work History

Are you currently working? **YES** or **NO** If yes, Where _____

Hourly Wage _____

How many hours per week? _____

Religion

Are You Actively practicing a religion? **YES** or **NO**

What is your religious preference? _____

Do you attend your place of worship regularly? **YES** or **NO**

If Yes, where _____

How Often _____

Domestic Violence History

Have you ever experience any form of domestic violence? **YES** or **NO**

If yes Explain _____

Legal History

Have you ever been charged or convicted of any misdemeanor or felony? **YES** or **NO**

If Yes Explain _____



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Housing History

Are you on Probation? **YES** or **NO**

If Yes Probation office Name _____ Phone _____

Who do you presently live with? _____

In the last year, what were your usual living arrangements? Check all that apply.

_____ With family _____ With friends _____ Group home _____ Alone _____ In a shelter

_____ No stable home _____ Boyfriend _____ other

Please explain if more than one is checked

Practical Supports

What means of transportation do you use? _____

Do you have a driver's license? **YES** or **NO** State I.D.? **YES** or **NO** What State? _____

Do you have your birth certificate? **YES** or **NO**

Do you have your child/children birth certificates? **YES** or **NO**

Do you have a Social Security card? **YES** or **NO**

Do you have a Social Security card for your child/ children? **YES** or **NO**

Is your child/children in Daycare? **Yes** or **No**

If Yes, Where _____

Medical History

Date of Last Physical examination? _____

Where were you treated? _____

Are you on Birth Control? **YES** or **NO** If so, what type? _____

When are you schedule for your next visit? _____

Do you have any known allergies? **YES** or **NO**

If yes, explain? _____

Do you have any physical disabilities? **YES** or **NO**

If Yes Explain? _____

Are you currently under a Doctor's care? **YES** or **NO**



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Mental Health History

If Yes, Explain? _____
Doctor's name _____ phone _____

Do you or anyone in your family suffer from the following?

Mental illness	YES or NO	Self	Mom	Dad
Anxiety disorder	YES or NO	Self	Mom	Dad
Depression	YES or NO	Self	Mom	Dad
Memory loss	YES or NO	Self	Mom	Dad
Behavior Problems	YES or NO	Self	Mom	Dad
Violent behavior	YES or NO	Self	Mom	Dad
Suicide thoughts	YES or NO	Self	Mom	Dad
Homicidal thoughts	YES or NO	Self	Mom	Dad
Bipolar disorder	YES or NO	Self	Mom	Dad
ADHD (Attention Deficit Hyperactivity Disorder)	YES or NO	Self	Mom	Dad
ADD (Attention Deficit Disorder)	YES or NO	Self	Mom	Dad



Lean On Us Unity Essay Questions

"To be filled out only in office"

Please tell us why you wish to be a part of Lean On Us Unity House of Faith.

What are your goals? Where would you like to see yourself in two years?

What are your needs to make your goals a reality?

I hereby certify that to the best of my knowledge the information I have given in this application is complete and accurate.



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Signature

Date