



Assessment for Potential Residents

Name: _____

Date of Birth: _____

Contact Info: _____

1. What is your due date? _____ Do you have proof of pregnancy? (a written statement of pregnancy including the date you are expected to deliver) Yes or No?
2. Do you have an ID, Social Security Card, or Birth Certificate to be able to identify yourself? Yes or No?
3. Are you currently employed? Yes or No? If no, how are you supporting yourself? _____

4. Angelhouse requires its clients to be in school, working, or volunteering. Would you have a problem going to look for work daily? Yes or No?
5. Are you taking any type of medications? Yes or No? If so what medication(s) and dosage. _____
Please explain the reason for medication(s)

6. Do you have a history with substance abuse or mental health? Yes or No? If yes, are you currently receiving treatment? Yes or No? Who is providing the treatment?

7. Do you receive SSI? Yes or No? If so do you have a bank account and a payee?

8. Do you have a criminal history? Yes or No? If so, what are the charges?

_____ Are there any pending charges in state?

_____.

9. What is your plan for housing after delivery of your baby?

10. Do you or will you have a support system in place to help with your newborn child?
