

MARTHA AND MARY HOUSE

A California non-profit Religious Corporation

An Orthodox Christian Maternity Home

P.O. BOX 1680,

ESCONDIDO, CA 92033

(760) 741-7050

“Loving and serving God in our neighbor”

APPLICATION FOR HOUSING

Please note that Martha and Mary House will hold all information in strict confidence! The purpose of these questions is to help us better understand and help you focus on your goals for the remainder of your pregnancy and for life after the birth of your baby. We believe that God created you in His image and loves you; you are a unique and precious individual. He also created your child in your womb, another unique and precious individual loved by God. You will soon give birth to this child, and are responsible both for yourself and for him or her. Our goal is to help you discover your God-given personal resources and how to develop them, with His help. When you know who you are, you will know what to do and what choices to make for yourself and the child God has entrusted to you. Answering these questions as honestly as you can, will help both you and us know more about yourself. God Bless you!

Date: _____

PERSONAL INFORMATION:

Name: _____ Date of birth: _____

Age: _____ SSN: _____ I.D./Driver's license #: _____

Last Address you lived at (and/or Name of the Shelter):

Contact: _____ Phone: _____ Cell #: _____

Nearest Relative: _____ Relationship: _____

Relative's Address: _____

Nearest Relative's Contact Phone, Day: _____ Evening: _____

Personal Reference: _____ Relationship: _____

Address: _____ Contact Phone: _____

Married: _____ Single: _____ Divorced: _____ Widowed: _____

Date of Marriage: _____ Date of Divorce/widowed: _____

Race: _____ Religion: _____

Highest Grade completed: High School _____ College _____ Other _____

Source of Support:

Full Time Work _____; Part Time _____; Public Assistance _____

Family _____; Husband/Boyfriend _____;

Adoptive Family _____; Other _____

Father of Baby:

First Name _____ Last: _____ Nick name: _____

How long have you known him?

Do you currently have a contact with the baby's father? _____

If Yes, Is he visiting you during your stay at Martha and Mary House?

(All visits must be cleared with Martha and Mary House, 24 hours advance.)

His Address: _____

Contact Phone # (Day) _____ (Evening) _____

Race: _____ Religion: _____ School: _____

His Source of Support:

Full Time Work _____; Part Time _____;

Public Assistance _____; Family _____;

Other (Specify) _____

HEALTH HISTORY:

Are you allergic to any medications? _____

If yes, please list:

Are you allergic to any foods? _____

If yes, please list:

Are you currently receiving treatment for any condition unrelated to your pregnancy?

_____ If yes, please specify: _____

Are you currently taking medication? Yes _____ No _____

If yes, What medication and how often: _____

Amount of Alcohol used during the pregnancy: _____ / Amount of Tobacco: _____

Have you used illegal drugs? _____ What Drugs? _____

Have you had a drug test? _____ Failed? _____ Passed? _____

Are you willing to take one now? _____

Have you ever received treatment for addiction to Food: _____; Alcohol _____; Tobacco _____;

Drugs _____; Other (please specify) _____

If yes to any, are you working your program of recovery? _____

Attending 12 step meetings? _____

Do you have a sponsor /counselor? _____

Are you in good physical and mental health to the best of your knowledge? _____

If not, please specify: _____

PREGNANCY INFORMATION:

Have you seen a physician to confirm your pregnancy? _____ If so, please provide:

Doctor's / Clinic Name: _____

Doctor's Address

Phone # _____ FAX # _____

Are you taking pre-natal vitamins? _____ Other health choices? _____
What are they? _____

Your health insurance info.: _____

Relationship with Father of Child: _____

Have you had counseling together with the baby's father? _____

Do you want to start / continue the counseling with him? _____

Is this your first pregnancy? Yes? _____ No? _____

If no, how many Live Births? _____ Miscarriages? _____ Abortions? _____

If you have living Children, where are they now? _____

YOUR HOME AND COMMUNITY:

Type of home: Single Family Residence ____; Apartment ____; Duplex ____; Condo ____

Mobile Home ____; Other (Please Explain) _____

Community: Inner City ____ Suburb ____ Small town ____ Rural/farm ____

Parents still living? ____ Married? ____ Separated? ____ Divorced? ____ Widowed? ____

If separated, or divorced, widowed how old were you when it happened? _____

Who do/did you live with & How long? _____

Any siblings? ____ How many Brothers? ____ Sisters? ____

Half/Step Brothers? ____ Sisters? ____

GETTING TO KNOW YOURSELF:

Do you have a counselor at the present time? _____ Haven you ever had one? _____

If you have or had a Counselor, how did you feel about him or her:

- A. Resentful, bad experience. _____
- B. Good Experience, but I didn't really gain anything. _____
- C. Good experience and I would like to have one again. _____

Other members of my family who have or have had Counselors are:

- A. Mother _____ C. Sister _____
- B. Father _____ D. Brother _____

Name two things you are good at:

- 1. _____
- 2. _____

Name two things you really like to do:

- 1. _____
- 2. _____

Give two words that describe you:

- 1. _____ 2. _____

Give two words that describe how you think your friends see you:

- 1. _____ 2. _____

About myself, I am feeling.....

- A. Great _____ C. Blah _____ E. Lost, Confused _____
- B. Ashamed _____ D. Satisfied _____

When I get a compliment, I...

- A. Don't believe it _____ D. Accept it with no problem _____
- B. Wonder what is coming next _____ E. Believe in myself more _____
- C. Am deeply touched _____ F. Feel awkward and embarrassed. _____

I am best at:

I need to improve most in: _____

Mark those qualities which apply to you....

- | | |
|--------------------------------------|-----------------------------|
| A. Intelligent ____ | I. Stable ____ |
| B. Honest ____ | J. Fun ____ |
| C. Stick-Ability (Perseverance) ____ | K. Self-Confident ____ |
| D. Creative ____ | L. Patient ____ |
| E. Unemotional ____ | M. Good Sense of Humor ____ |
| F. Religious ____ | N. Understanding ____ |
| G. Warm ____ | O. Kind ____ |
| H. Pretty ____ | P. Enthusiastic ____ |

Around people I don't know, I am usually ...

- | | |
|-------------------------|---------------------------|
| A. Miss Super Cool ____ | F. Life-of-the-Party ____ |
| B. Confident ____ | G. Outgoing ____ |
| C. Nervous ____ | H. Goofy ____ |
| D. Clumsy ____ | I. A Little Uptight ____ |
| E. Quiet ____ | |

In times of trouble I tend to rely on...

- | | |
|----------------------------|------------------|
| A. One Special Friend ____ | E. Myself ____ |
| B. God ____ | F. Parents ____ |
| C. Priest/Pastor ____ | G. Nobody ____ |
| D. Friends ____ | H. Teachers ____ |

You want to break up with the person you have been going with for two years. What do you do?

- | | |
|------------------------------------|--|
| A. Write a letter. ____ | D. Call him on the phone ____ |
| B. Speak to him face to face. ____ | E. Wait for him to ask what's wrong ____ |
| C. Put off doing anything ____ | F. Start an argument to have a reason to break up ____ |

When there are heated discussions I...

- | | | |
|--------------|--------------------|------------------------|
| A. Hide ____ | C. Jump in ____ | E. Sit and freeze ____ |
| B. Cry ____ | D. Make peace ____ | F. Get physical ____ |

In a disagreement I will ...

- | | |
|-------------------------------------|---|
| A. Stay and argue ____ | C. Leave ____ |
| B. Agree with the other person ____ | D. Stay and try to come to an understanding. ____ |

In making decisions I tend to.... (You may mark more than one)

- | | |
|------------------------------------|-------------------------------------|
| A. Follow the crowd ____ | E. Listen to my friends ____ |
| B. Rely on my own judgment ____ | F. Listen to God ____ |
| C. Listen to my parents ____ | G. Stick to my own convictions ____ |
| D. Listen to my priest/pastor ____ | H. Waiver back and forth ____ |

I deal with unpleasant tasks at work or school by...

- A. Doing them anyway and learning to live with it ____
- B. Trying to avoid them ____
- C. Getting angry ____
- D. Giving up ____
- E. Trying to change them ____

When I feel sad, I most often.... (You may mark more than one)

- A. Sleep ____
- B. Go to my parents ____
- C. Keep busy ____
- D. Sit in a room alone ____
- E. Sit in a room alone ____
- F. Talk to a friend ____
- G. Talk to God ____

When I get into trouble, I am most likely to...

- A. Lie my way out of it ____
- B. Confess and face up to the consequences ____
- C. Run away ____

When I think about my future I am....

(Put a check closest to the word that describes you now)

Scared _____
Excited _____

Right now I feel that I am living up to...

- A. All that I care to know about God's will for my life. ____
- B. Less than what I know of God's will for my life ____
- C. Just what's possible, I can't do more ____
- D. What I want to do. I don't think God (if there is a God) cares what I do ____
- E. All that I know is God's will for my life. ____

I have never liked _____

I am trying to overcome my fear of _____

My favorite part of my school day is or was...

- A. Physical Education ____
- B. History ____
- C. Science ____
- D. Lunch ____ (Athletics, Music, clubs, etc.) ____
- E. English ____
- F. Art ____
- G. Math ____
- H. Coming Home ____
- I. Extra curricular Activities;
- J. Other _____

When I'm with my own friends I tell them.... (Please put a check closest to the word that describes you now.)

Nothing _____ Anything

During a campus or street demonstration I would likely be found....

- A. In the middle of it _____
- B. Gaping at it from across the street _____
- C. In the library/at home minding my own business _____

The subject I would be most reluctant to discuss is _____

Write down three concerns that have been on your mind, for example; getting better grades, making a decision about the baby, finding God's will for my life...

1 _____

2 _____

3 _____

I wish my parents.... (You may mark more than one)

- A. Showed their love more _____
- B. Would get off my back _____
- C. Would leave me alone _____
- D. Would listen to me _____
- E. Would talk with me more _____
- F. Had a better relationship with me _____
- G. They're great the way they are _____

When I think about my parents I feel...

- A. Good _____
- B. Satisfied _____
- C. Hurt _____
- D. Bitter _____
- E. Angry _____
- F. Lucky _____

The most important person to me in my family is _____

If someone does something irritating to me I will...

- A. Yell _____
- B. Talk about them to others _____
- C. Go to them and discuss it _____
- D. Forget about it _____
- E. Wait and do nothing _____
- F. Take revenge _____

If I have a decision to make about (buying a dress, car, choosing a course, school, getting a job, etc) I would ...

- A. Do the first thing that pops into my head ____
- B. Wait a while and then go with my feeling ____
- C. Consider all the choices, research pros and cons, and make a logical decision ____
- D. Talk it over with a parent or respected person before making a decision ____
- E. Let someone else decide. ____

Please describe the atmosphere of your home (for example: casual, formal, comfortable, warm, busy, quiet, etc.) _____

What activities do you enjoy doing as a family? _____

Are you active outside your home? ____ If so, please describe your activities (Sports, hobbies, volunteer work, meetings, etc.) _____

Do you help with household chores? ____ If so, please describe: _____

Are you currently employed? ____ If so, where, and what do you do? _____

Would you like to work during the remainder of your pregnancy? ____ If so, what sort of work would you like to do? _____

Describe what you hope your life will be like in the Martha and Mary House for the remainder of your stay there:(Use other side of this page if necessary)

GROWING OPPORTUNITIES

What would you like to learn or gain from your stay at the Martha and Mary House? Be as specific as possible. _____

What skills would you like to learn (For example: typing, computer, cooking, sewing, etc.)

What talent would you like to enhance? (For example: music, writing, poetry, sculpting, carpentry, others?)

What spiritual or emotional needs would you like to address. (For example: Growing in your relationship with God, yourself and others.) If you have suffered pregnancy loss in the past - you will have opportunity to work through grief and reconciliation post abortion or post miscarriage, in our 12 step Abortion Survivors Anonymous meetings at Martha and Mary House. (Use other side of this page if necessary)

What classes in school do you enjoy or feel confident in? _____

With which ones do you need some help?

Anything else you hope to do or attain or have dreamt of doing some day? _____

WHAT I LIKE TO DO, WHAT I CAN DO WELL, WHAT I WISH I COULD DO BETTER.

Put an X next to the jobs you have done before:

- | | |
|---|---|
| <input type="checkbox"/> Make a bed from scratch | <input type="checkbox"/> Scrub a kitchen floor |
| <input type="checkbox"/> Run a vacuum cleaner | <input type="checkbox"/> Cut the grass |
| <input type="checkbox"/> Scour a tub or a toilet | <input type="checkbox"/> Wash dishes |
| <input type="checkbox"/> Clean a refrigerator | <input type="checkbox"/> Plan a meal |
| <input type="checkbox"/> Do the laundry | <input type="checkbox"/> Make breakfast |
| <input type="checkbox"/> Sort laundry | <input type="checkbox"/> Bake a cake |
| <input type="checkbox"/> Wash clothes (Machine and hand) | <input type="checkbox"/> Wash a car |
| <input type="checkbox"/> Dry clothes (Dryer and Line dry) | <input type="checkbox"/> Work around farm animals |
| <input type="checkbox"/> Fold and iron clothes | <input type="checkbox"/> Plant and tend a garden |

How would you rate your cooking ability?

- A. I still can't figure out how to turn on the stove. ___
B. I make a mean peanut butter and jelly sandwich ___
C. I feel confident in making a few things as long as I have a recipe. ___
D. Just call me Betty Crocker and point me to the kitchen. ___

Put an X next to the items you have done before:

- Baked a cake from a boxed mix.
- Baked a cake from scratch.
- Made Breakfast.
- Planned a dinner meal
- Done a week's grocery shopping with someone.
- Done a week's grocery shopping alone.
- Used coupons in a store.
- Cooked an entire dinner meal alone.
- Baked cookies
- Baked a pie.

Name your favorite foods:

Cereal: _____

Vegetables/Salads: _____

Meats/Fish: _____

Desserts: _____

Other: _____

What foods do you like for breakfast? _____

What would be your favorite dinner if you could have anything you wanted?

Meat/Fish: _____

Vegetable /Salad: _____

Dessert: _____

What foods don't you like at all? _____

What are your present hobbies? _____

What are your past hobbies, if different from today? _____

Do you....

Participate in sports? Which ones? _____

Sing? _____ Dance? _____ Draw? _____ Paint? _____ Sculpt? _____

Write? _____ Poetry _____ Fiction _____ Drama _____ Non-fiction _____

Play musical instruments? _____ Which ones? _____

What activity do you enjoy more than anything else? _____

What activities do you wish you had more time or money to do? _____

What school subjects do you:

Like very much: _____

Dislike very much: _____

Need help with: _____

What further education do you plan? _____

Has school been:

- A. Easy?____ C. Fairly Easy?____
B. Difficult?____ D. Very difficult?____

In what extra curricular activities have you been involved? _____

Do you enjoy reading?_____ What subjects?_____

Favorite author?_____ Favorite Book?_____

What magazines do you read regularly?_____

If you had the time, what books would you read?_____

As a member of the Martha and Mary House family, will you be willing to:

Help with household chores? _____ Attend all family meals? _____ Participate in
scheduled

family activities?(such as prayers, Church attendance, lessons, outings)_____

Are you able to contribute financially toward your room and board?_____
How?_____

Are you used to having your own room?_____ Do you usually do your own
laundry?_____

Are you used to having a curfew?_____

Will you need to make long distance calls? _____ If so, how will you pay for
them?_____

Will there be people coming to visit you?_____ If so, who?_____

(All visits must be cleared with Martha and Mary House-mother)

Will you need to get to school, doctor or other appointments?_____

What are your questions and concerns? _____

I affirm that to the best of my knowledge and recollection, the above information is complete, true and correct.

Applicant's signature Age Date

Parent's or guardian's signature (If Applicant is Date
under 18 years of age)

Witness' signature Date