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| **Monarch House for Pregnant & Parenting Women** | **Application** |
| **Hampshire County Pathways, Inc.**  **134 W. Sioux Ln.**  **Romney WV, 26757** | |  | | --- | | **Office: 304-359-2659** | | **Fax: 304-359-2306** | |  | |

A butterfly on a window

Description automatically generated with low confidence

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| **Referral Agency:** | **Date:** |
| **Referral Agent:** | **Contact Number:** |

**APPLICANT**

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| --- | --- | --- | --- | --- |
| **First:** | **Middle:** | | | **Last:** |
| **Marital Status:** | **D.O.B.** | | | **Age:** |
| **Social Security #:** | | | **Telephone #: ( ) \_\_\_\_\_ - \_\_\_\_\_** | |
| **Residence prior to program entry:** | | | **County:** | |
| **Emergency Contact**  **Name: Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_** | | |  | |
| **Do you have West Virginia Medicaid? (circle) Yes No** | | | | |
| **Have you ever been a Resident at the Lighthouse before? Yes No** | | | | |
| **Are you Currently using any drugs? (Alcohol, cocaine, heroin, marijuana, opiates, benzodiazepines, antihistamines, or any narcotics)** | | | | |
| **How many detoxes have you been in? Outpatient Residential** | | | | |
| **Are you pregnant or is there any chance you are pregnant?**  **Yes No** | | **If yes, explain:** | | |
|  | | | | |
| **Prior Treatment attempts (Both inpatient and outpatient)**   |  |  |  |  | | --- | --- | --- | --- | | **Date:** | **Location:** | **How long:** | **Reason for leaving:** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | |

**Psychiatric History**

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| **Most recent?** | **Under influence? Yes No** |
| **Any current ideation? Yes No** | |
| **If yes, any current plans? Yes No** | |
| **Have you ever been diagnosed with mental health or psychological conditions?**  **Yes No** | **If yes, explain:** |
| **Any history of self-abuse or self-mutilation?** **Yes No** | **If yes, explain:** |
| **Most recent?** | **Under influence? Yes No** |
| **Do you have a history of violence towards others?**  **Yes No** | **If yes, explain:** |
| **Please list all medications you are currently taking:** | |

**Legal History**

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| --- | --- | --- | --- |
| **Do you have any pending cases?**  **Yes No** | **Where/When?:** | | **For What?:** |
| **Lawyer Name:** | **Phone #:** | | |
| **Probation?**  **Yes No**  **Name:**  **Phone #:**  **Where?:** | | **Parole?**  **Yes No**  **Name:**  **Phone #:**  **Where?:** | |
| **Do you have an open CPS case?**  **Yes No** | | **If so, who is your case worker?**  **Name:**  **Phone #:** | |
| 1. **Name of Provider (if you have one):**   **Phone #:** | | | |

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| **Information on Children in Custody of Applicant** |
| 1. **What are the age(s) and gender of child(ren)?** |
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| 1. **Primary Care Provider for Child(ren)?** |
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| 1. **Medications and medical/mental health diagnosis of child(ren)?** |
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| 1. **Any known behavioral problems with the child(ren)? i.e. are they prone to biting, tantrums, night terrors?** |
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| 1. **Are there other siblings that will NOT be residing with applicant during stay at Hampshire Monarch House? If so, age(s)/gender(s)?** |
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| 1. **What is the custody situation? i.e. does the father or other family members have visitation with the child(ren)?** |
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| 1. **Are there any protective orders/no contact orders in place for mother or child(ren)? If so, please list details (attach separate form if necessary)** |
|  |
| 1. **Do you have child neglect/endangerment charges, or sex offender charges that would prevent you from interacting or being in the presence of children?** |
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| **Any additional information you would like to provide about your situation or child(ren)?** |
| **­** |