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| **Monarch House for Pregnant & Parenting Women** | **Application** |
| **Hampshire County Pathways, Inc.****134 W. Sioux Ln.** **Romney WV, 26757** |

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| **Office: 304-359-2659** |
| **Fax: 304-359-2306** |
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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:** |
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| **Prior Treatment attempts (Both inpatient and outpatient)**

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| **Date:** | **Location:** | **How long:** | **Reason for leaving:** |
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**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)**
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| 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)?** |
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