

**NEW BEGINNINGS  
APPLICATION FOR ADMISSION**

This information is confidential. Please answer all questions honestly so we may know how to best help you. Please do not leave any blanks in your application, as this will delay processing.  
Incorrect information given may result in future dismissal from program.

**GENERAL INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_  
(First) (Last) (Middle)

Present address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code) (County)

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Address (if different from above): \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code) (County)

Referred to New Beginnings by/How did you hear about New Beginnings: \_\_\_\_\_

**INFORMATION ABOUT YOU**

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number And Expiration Date: \_\_\_\_\_

Physical Characteristics:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Identifying marks or body features: \_\_\_\_\_

I am currently: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ In a committed relationship

Any history of running away? If yes, please explain: \_\_\_\_\_

Are you currently involved in a violent relationship with a boyfriend, family member, other?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**PREGNANCY**

Approximate Due Date: \_\_\_\_\_ Has a doctor confirmed your pregnancy? \_\_\_\_\_

Have you been attending prenatal visits? \_\_\_\_\_ Date of last dr. visit \_\_\_\_\_

Plans for Child: Parenting \_\_\_\_\_ Placement \_\_\_\_\_ Undecided \_\_\_\_\_

Complications due to pregnancies, past and present: \_\_\_\_\_

Are you currently receiving WIC: \_\_\_\_\_

**FATHER OF BABY**

Is the birth father aware of your pregnancy? \_\_\_\_\_

Father of the baby: Name \_\_\_\_\_

Address: \_\_\_\_\_

What involvement do you anticipate the birth father having with you during your pregnancy?

\_\_\_\_\_  
Birthdate/Age \_\_\_\_\_ Occupation/school \_\_\_\_\_

Mental Illness \_\_\_\_\_ Chemically dependant \_\_\_\_\_ Ever been arrested? \_\_\_\_\_

**RELATIVES**

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Siblings (include ages) \_\_\_\_\_

**EMERGENCY CONTACTS/NO CONTACT LIST:**

\_\_\_\_\_  
Name/Relationship to you Phone Number

\_\_\_\_\_  
Name/Relationship to you Phone Number

\_\_\_\_\_  
Name/Relationship to you Phone Number

\_\_\_\_\_  
Name/Relationship to you Phone Number

No Contact List (People who you do not wish to have any contact with):

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

**CHILDREN**

Previous pregnancies (number): Births \_\_\_\_\_ Miscarriages \_\_\_\_\_ Abortions \_\_\_\_\_

Do you have any children: \_\_\_\_\_ How many? \_\_\_\_\_ List Names and Ages:

1. \_\_\_\_\_ Age: \_\_\_\_\_ 2. \_\_\_\_\_ Age: \_\_\_\_\_

Who has custody of your children? \_\_\_\_\_

**EDUCATION**

Schools Attended in the Last Two Years:

1) Name: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Did you graduate: \_\_\_\_\_ If not, last grade completed: \_\_\_\_\_

Have you ever been in any special education classes? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Have you been on an IEP? \_\_\_\_\_ If yes, when: \_\_\_\_\_

**WORK EXPERIENCE (Occupation, employer, dates of employment)**

\_\_\_\_\_  
(Present)

\_\_\_\_\_  
(Past)

\_\_\_\_\_  
(Past)

Other work information: \_\_\_\_\_

**MEDICAL COVERAGE**

Do you have current insurance coverage for: Dental \_\_\_\_\_ Vision \_\_\_\_\_ Medical \_\_\_\_\_

Current Clinic/Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Next Appt: \_\_\_\_\_

Insurance name, number \_\_\_\_\_

Medical assistance, county, number \_\_\_\_\_

**ESSENTIAL CONTACTS** (Name, Address, Phone Number)

Guardian (if different from parent and resident is under 18) \_\_\_\_\_

Guardian Ad Litem \_\_\_\_\_

Social Worker \_\_\_\_\_

Counselor/Therapist \_\_\_\_\_

Public Health Nurse \_\_\_\_\_

Financial Worker \_\_\_\_\_

Billing Contact \_\_\_\_\_

Lawyer \_\_\_\_\_

Probation Officer \_\_\_\_\_

Legal Representative \_\_\_\_\_

Advocate \_\_\_\_\_

**HEALTH HISTORY**

Please check the box(es) below if you have experienced or been treated for any of the following. Include date of diagnosis for any checked boxes.

- Psychological disorders: (circle those that apply): depression, anxiety, bi-polar, thought disorders, hallucinations, personality disorders \_\_\_\_\_
- Suicidal thoughts \_\_\_\_\_ Do you feel suicidal now? \_\_\_\_\_
- Attempted suicide \_\_\_\_\_ When? \_\_\_\_\_
- Hospitalization (major surgery, overdose, etc.) \_\_\_\_\_
- Eating disorder \_\_\_\_\_
- Allergies/Asthma \_\_\_\_\_
- ADD/ADHD \_\_\_\_\_
- Other current medical issues (Please list) \_\_\_\_\_
- Do you use tobacco? \_\_\_\_\_
- Alcohol abuse \_\_\_\_\_ Alcohol treatment \_\_\_\_\_
- Drug abuse: \_\_\_\_\_ Drug treatment: \_\_\_\_\_ Drug of choice: \_\_\_\_\_
- Do you have a history of abuse: Sexual \_\_\_\_\_ Physical \_\_\_\_\_ Emotional \_\_\_\_\_

Current medications: \_\_\_\_\_

Have you ever been involved in a family or dating relationship that was violent (physically, sexually, or emotionally)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Medical/Surgical History: \_\_\_\_\_

Re-occurring injuries requiring medical treatment: \_\_\_\_\_

**LEGAL HISTORY**

Have you ever been arrested? \_\_\_\_\_ How many times? \_\_\_\_\_ Have you ever been incarcerated? \_\_\_\_\_

Please list date of arrest, charges, reason, outcome:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Have you ever been arrested or convicted for any of the following (check all that apply):

- Arson
  - Assault
  - Sexual Offense
  - Violent Crime
  - Domestic Violence
- 

**LEGAL HISTORY (continued)**

Do you have any pending court dates? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Are you on probation or parole? \_\_\_\_\_ Time period remaining: \_\_\_\_\_

How often do you report? \_\_\_\_\_ In person or through mail? \_\_\_\_\_

Have you ever been on probation or parole? \_\_\_\_\_ Please explain: \_\_\_\_\_

Name of probation or parole officer: \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have any court fines to pay off? \_\_\_\_\_ If yes, what is your payment plan? \_\_\_\_\_

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**RESIDENCY INFORMATION**

Who has the legal authority to place you into this program? \_\_\_\_\_

Who will be financially responsible for your fees while at New Beginnings? \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Do you have an advocate or assigned guardian ad litem: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Circumstances leading to admission: \_\_\_\_\_

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**SUPPORT SYSTEM**

Involved in current pregnancy? Father \_\_\_\_ Mother \_\_\_\_ Other (identify) \_\_\_\_\_

Current Financial Income: MFIP/DWP \_\_\_\_ Employment \_\_\_\_ Child Support \_\_\_\_ Social

Security: \_\_\_\_ Other: \_\_\_\_

Total Monthly Income: \$ \_\_\_\_\_

Other significant support: \_\_\_\_\_

**QUESTIONS**

Why would you like to come to New Beginnings? \_\_\_\_\_

What would you like to see happen in your life during your stay at New Beginnings? \_\_\_\_\_

What is the reason that you cannot stay with a family member? \_\_\_\_\_

\_\_\_\_\_  
*Applicant Signature* *Date*

\_\_\_\_\_  
*Parent/Guardian Signature* *Date*

\_\_\_\_\_  
*Program Coordinator Signature* *Date*

**For Office Use Only**

Date Application Received: \_\_\_\_\_

Accepted: Yes \_\_\_\_ No \_\_\_\_

Admission Date: \_\_\_\_\_

Admission Time: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Program Coordinator, Date

\_\_\_\_\_  
Maternal Infant Coordinator, Date

\_\_\_\_\_  
Executive Director, Date

01/2008