A Place For Us - logo color

##### APPLICATION FOR ACCEPTANCE

*Steps to being accepted to A Place For Us Ministries:*

1. *If you feel you can adhere to the guidelines of our program; you may fill the following application.*
2. *Send the application by mail or email or complete online application.*
3. *Staff will review the application and contact the applicant via phone to make an appointment for the interview.*
4. *After the interview, the staff will make a decision whether the applicant is appropriate for this program at this time.*

*This application is for: Birthmother Program (Minor)*

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information:**

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

Name you go by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(city) (state) (zip)

Phone No. ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_

Baby’s Due Date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (by Ultra sound or LMP)

**Referral:**

Referred by: DSS \_\_\_ Court \_\_\_ Parents\_\_\_ Church \_\_\_ Women’s Center \_\_\_ Other (specify) \_\_\_\_\_

Referral’s Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Identification:**

Do you have a form of legal identification? \_\_\_\_ Yes \_\_\_\_\_ No

If yes, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Having Custody/Guardianship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from parents) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s Phone: Work ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_+

Do you get along with your parents/guardian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person (s) Name that you have been living with if other than your parents:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Children

Do you have any children? \_\_\_\_\_\_ How many? \_\_\_\_\_\_

List names and ages:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What arrangements are being made for your children while you are at A Place for Us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on any type of government or financial assistance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will coming to A Place for Us have any effect on this assistance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

What is your current educational status?

\_\_\_\_\_ Current attending high school

\_\_\_\_\_ Incomplete (High School)

\_\_\_\_\_ GED

\_\_\_\_\_ Further Education: Type of Further Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If you have dropped out of school:

Age when you left \_\_\_\_\_\_\_\_\_\_\_\_\_ Last grade completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for dropping out \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan on pursuing your GED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What have you been doing since you quit school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If you have graduated: What year did you graduate? \_\_\_\_\_\_\_

College or career training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation since graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pregnancy

Approximate Due Date: \_\_\_\_\_\_\_\_\_\_\_\_ Current OBGYN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has a doctor confirmed your pregnancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the birth father aware of your pregnancy? \_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At this point, do you plan to make a parenting plan, an adoption plan, or are you undecided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A Place for Us Ministries firmly believes in allowing you to make the choice between adoption and parenting. We believe that while you are here God will give you direction for your life and that of your unborn child.

Counseling

Have you ever been diagnosed or treated for (please mark yes or no); DID/Dissociative Disorder \_\_\_ ADD \_\_\_

ADHD\_\_\_ Schizophrenia \_\_\_ Bi-Polar Personality Disorder \_\_\_\_\_ Borderline Personality Disorder \_\_\_\_\_\_

Oppositional Defiant Disorder \_\_\_\_\_\_\_\_\_

Have you ever been to counseling? \_\_\_\_\_

Have you ever received or are you currently receiving mental health services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please name the facility or facilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you prescribed medication? \_\_\_\_\_\_\_ If so, list medication and dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received psychiatric care or been in a psychiatric hospital? \_\_\_\_\_\_\_\_

Date of entry Program Name City/State Reason for leaving Date of Discharge

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign release forms with the above facilities/programs/counselors and have your records forwarded to

A Place for Us Ministries.

I hereby authorize *A Place for Us Ministries, Inc*. to perform any and all investigation of my past history including a criminal background and credit report. Further, I hereby affirm all information given herein is true, accurate and complete. I understand that if I have failed to answer these questions truthfully or withheld any information, it can be considered grounds for refusal or dismissal from the program.

I have read the rules of this program and agree to submit to the rules and the staff of A Place for Us Ministries.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date

RELEASE AGREEMENT

Please initial:

\_\_\_\_ I understand that A Place for Us cannot and will not be held responsible for any injury occurring to anyone while in the program.

\_\_\_ I understand and agree that should I leave, or be dismissed, my clothes and personal items must be taken with me upon departure. Anything left over 48 hours (without special arrangements for pick up) will become the property of A Place for Us.

\_\_\_ I understand that A Place for us will not be held responsible for any person’s property left, lost, or stolen from the premises of the house.

\_\_\_ I give permissions for the director (or authorized personnel) to open and, if necessary, read all of my incoming or outgoing mail.

\_\_\_ I understand that my belongings will be searched and checked upon arrival into the program.

\_\_\_ I realize that upon entrance into A Place for Us, I am submitting to the program, its rules, and schedules. I will do my best, with God’s help, to cooperate with the rules and staff of A Place for Us Ministries.

\_\_\_ I agree to release A Place For Us Ministries from any and all liability for any cause of action I may currently have or which may hereafter accrue for any action or inaction of A Place For Us Ministries.

Signature of Resident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# The following information is only applicable for those UNDER

# 18 years of age. Please read the below information carefully.

Dear Parent or Agency of Minor:

Any minor who is accepted into our program from outside the state of South Carolina must complete and get approval from Interstate Compact on the Placement of Children (from this point referred to as ICPC) to enter the state for care. ICPC oversees the placement of minors in out-of-state residential treatment care to help ensure that the child receives the most effective help available.

Completing the Interstate Compact process helps assure a proper placement and oversight for your child’s stay at A Place for Us. The ICPC process IS NOT a relinquishment of custody of your child, nor does it provide temporary custody to A Place for Us or any other agency. The process helps assure both that you authorize placement of your child into our facility, as well as helping ensure our compliance with care requirements.

Upon your child’s acceptance into the ministry, A Place for Us will provide the telephone number to the Interstate Compact Office for your state. This process may not be initiated until the child has been formally accepted into the ministry. Minors may not enter the home until formal approval has been initiated by you with ICPC and granted both by the child’s sending (home) state and by the receiving state (South Carolina). The length of time required for this approval process varies.

Please feel free to contact my office at (864) 229-4243 with any questions you may have about this important process.

Thank you,

Tammie Price

Director

copy