Safe Haven Maternity Home- Intake Screen

Providing a safe home with hope for a better future one mother and baby at a time.

541-464-2740

www.safehavenmaternityhome.org

PO Box 1822

Roseburg, OR 97470

Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Current Address/ Living Situation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you Pregnant? [ ] Yes [ ]  No Due Date:\_\_\_\_\_\_\_\_\_\_\_ OB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have other Children? [ ] Yes [ ]  No Ages of children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current custody of Children? [ ] Yes [ ]  No Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Status? [ ] Single [ ] Married [ ]  Divorced [ ]  Living Together

Medical Insurance [ ]  None [ ]  OHP [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid driver’s license? [ ] Yes [ ]  No

If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family History:**

Birth Father:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Relationship : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actively Using [ ] Yes [ ]  No Actively Using [ ] Yes [ ]  No

In Recovery [ ] Yes [ ]  No In Recovery [ ] Yes [ ]  No

Siblings and Current Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:** Highest Grade Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History:** Are you currently employed? [ ] Yes [ ]  No

If Yes, where and how many hours do you work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current or Past Involvement with Community Partners**: (list name of contact person)
DHS-Child Welfare [ ] Current [ ] Past [ ] None Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adapt [ ] Current [ ] Past [ ] None Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parole/Probation [ ] Current [ ] Past [ ] None Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental Health [ ] Current [ ] Past [ ] None Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLCM/SORB [ ] Current [ ] Past [ ] None Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mental Health:** Do you currently or ever experienced:

[ ] Depression [ ]  Anxiety [ ] Suicidal thoughts/ attempts [ ] Other Mental Health Diagnosis

**Drug Use**: Have you ever used Alcohol or other drugs?

Alcohol [ ] Current [ ] Past [ ] None Date of Last Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nicotine [ ] Current [ ] Past [ ] None Date of Last Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marijuana [ ] Current [ ] Past [ ] None Date of Last Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meth [ ] Current [ ] Past [ ] None Date of Last Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Opiates/Prescription pills [ ] Current [ ] Past [ ] None Date of Last Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cocaine [ ] Current [ ] Past [ ] None Date of Last Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heroin/ Methadone [ ] Current [ ] Past [ ] None Date of Last Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inhalants (gas, aerosol)[ ] Current [ ] Past [ ] None Date of Last Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently involved in support groups? [ ]  AA [ ] NA [ ]  Celebrate Recovery

**Legal History:** Have you ever been arrested? Yes [ ]  No [ ]

 List Charges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you have any pending charges? [ ] Yes [ ] No
 Child Abuse charges [ ] Yes [ ] No

 Have you been in jail in the past two years? [ ] Yes [ ] No

By signing below, I am applying to Safe Haven Maternity Home for me or for me and my child. I understand that I will have to go through an interview processes before I am accepted into the program. If you do not have a personal phone number, please provide a contact person we may reach to schedule an interview:
Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date

Office Use: Date Received\_\_\_\_\_\_\_\_\_\_ Received by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date Contacted\_\_\_\_\_\_\_\_\_\_\_\_\_\_