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