

# **BRIGHTHOPE** Pregnancy Support Centers

## **INTRODUCTION TO DOOR OF HOPE:**

Bright Hope Pregnancy Support Centers temporary housing program, Door of Hope, provides support to pregnant and/or single mothers ages 18 and up. Residents are able to reside in our studio or 1-bedroom efficiency apartments up 1 year after the birth of her baby. While participating in Door of Hope, residents are able to access an array of services through Bright Hope Pregnancy Support Centers that will aid in self-sufficiency, healthy decision-making and life skills. Residents will also be assigned a client advocate who can help them with goal-setting and connecting them to community resources.

## **MISSION STATEMENT FOR THE DOOR OF HOPE:**

Bright Hope Pregnancy Support Centers Door of Hope is a structured residential program that equips single mothers with life skills, parenting skills, and interpersonal skills, based on Christian biblical principles for the purpose of pursuing a Godly, positive self-sufficient lifestyle for herself and her baby

### **Door of Hope Eligibility Requirements:**

- Single women ages 18 and up
- Verified Pregnancy
- Homeless or near homeless (explored all other options for housing)
- Able to volunteer once a week at Bright Hope Pregnancy Support Centers
- Able to pay \$25 weekly for utilities (\$10 added for the use of air conditioner in the summer)
- Able to pay a \$105 (nonrefundable) deposit and 1<sup>st</sup> months utilities by move-in date.
- Able to follow DOH guidelines
- Able to work and/or attend school while participating in the program
- Able to participate in weekly classes: Parenting, Educational Enrichment, Employment, Bible Study, Healthy Relationships, Devotions, Life Skills
- Able to attend weekly case management/mentoring appointments
- Able to attend Bi-weekly House meetings
- One year of recovery from drugs and/or alcohol

### **Admission procedures include:**

1. Complete application submitted to the main office. (only completed applications will be reviewed)
2. Provide Identification at interview:
  - a. Proof current photo identification
  - b. Proof of pregnancy
  - c. Birth Certificates
3. If eligible, interview scheduled with Door of Hope Team

### **Disclaimer:**

- We anticipate women accepted into this program will stay between 6-12 months.
- In addition to our maternity homes, we provide referrals to other agencies and we administer free pregnancy tests to community clients.

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## Door of Hope Application

### Demographics:

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
D.O.B: \_\_/\_\_/\_\_ Age: \_\_\_ Race/Ethnicity: \_\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County? \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_ Best time to call? \_\_\_\_\_  
May we leave a message? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Marital Status: \_\_ Single \_\_ Married \_\_ Divorced \_\_ Separated \_\_ Widowed  
What is your current housing status? \_\_\_\_\_

### Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Does this child live with you? \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Does this child live with you? \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Does this child live with you? \_\_\_\_\_  
Are you currently pregnant? Yes No Due Date: \_\_\_\_\_ Father's Name: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Education

High School Name: \_\_\_\_\_ Location: \_\_\_\_\_ Did you complete? \_\_\_\_\_  
Training School Name: \_\_\_\_\_ Location: \_\_\_\_\_ Did you complete? \_\_\_\_\_  
College: \_\_\_\_\_ Location: \_\_\_\_\_ # of credits completed? \_\_\_\_\_  
List any other schooling or certifications received: \_\_\_\_\_

### Employment:

Are you currently employed? \_\_\_ If yes, Place of employment: \_\_\_\_\_ wage? \_\_\_\_\_  
Title/ Job responsibilities: \_\_\_\_\_  
Your schedule/hours: \_\_\_\_\_  
If not currently employed, are you job searching? Yes No

### Finances:

What is the source of this income?  
Job \$ \_\_\_\_\_ a month Family \$ \_\_\_\_\_ a month Child Support \$ \_\_\_\_\_ a month  
Alimony \$ \_\_\_\_\_ a month SSI/SSD \$ \_\_\_\_\_ a month Food Stamps \$ \_\_\_\_\_ a month  
Cash Assistance \$ \_\_\_\_\_ a month Unemployment \$ \_\_\_\_\_ a month Other (Explain) \$ \_\_\_\_\_ a month  
Monthly total income \$ \_\_\_\_\_

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## Door of Hope Application

What are your monthly expenses?

Cellphone \$ \_\_\_\_\_ a month      Cost and Fines \$ \_\_\_\_\_ a month      Groceries \$ \_\_\_\_\_ a month

Clothing \$ \_\_\_\_\_ a month      Transportation \$ \_\_\_\_\_ a month      Laundry \$ \_\_\_\_\_ a month

Medical \$ \_\_\_\_\_ a month      Savings \$ \_\_\_\_\_ a month      Other (Explain) \$ \_\_\_\_\_ a month

Monthly total expenses \$ \_\_\_\_\_

Are you receiving help from WIC?    Yes    No      Have you applied for WIC?    Yes    No

### Spiritual Life:

Please choose one that describes you:

Christian     Protestant     Catholic     Jehovah Witness

Muslim     Buddhist     Jewish     Mormon     Other (please explain) \_\_\_\_\_

Are you currently attending and participating in your church?    Yes    No

What is the name of the church? \_\_\_\_\_

Who is your Pastor/Priest/Spiritual Leader? Name/Title: \_\_\_\_\_

May we contact them?    Yes    No

Phone number: (\_\_\_\_) \_\_\_\_\_

### Medical Information

Have you ever been hospitalized?    Yes    No

If yes, please fill out the following chart

Dates	Hospital	Reasons

List any medical problems (asthma, allergies, injuries ect.) \_\_\_\_\_

Have you ever been diagnosed with an emotional/mental problem? (ADD, ADHD, Bipolar, Depression, Anxiety Disorder, Post Traumatic Disorder, ect.)?    Yes    No

If yes, please explain: \_\_\_\_\_

List of current medications: \_\_\_\_\_

Are you receiving pre-natal care?    Yes    No

Name of Medical Insurance: \_\_\_\_\_ Policy Number: (\_\_\_\_) \_\_\_\_\_

Health Care Provider Name : \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

OB/GYN: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of your Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

What is your Blood Type: \_\_\_\_\_

If you do not have Medical Insurance or Public Assistance, how do you plan to pay for your medical expenses?

Please explain: \_\_\_\_\_

# **BRIGHTHOPE** Pregnancy Support Centers

## **Door of Hope Application**

### **Drug/Alcohol History**

Do you smoke?      Yes    No

Have you sought treatment facility drugs or alcohol? No    Yes

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### **Criminal Background:**

Have you ever been or are you presently involved in the criminal justice system? Yes    No. IF yes, please answer the following:

Charge/Conviction	Date	Sentence	County
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### **References:**

Please include 3 references (1 friend and 2 professional references):

Name/Title	Relationship	Phone Number	Address
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **Short Answer Questions:**

1. What makes you a candidate for Door of Hope?
2. Where do you see yourself in 1 year?
3. Who and/or what is your support system? How do they help you?
4. What would be the 2 goals you would like to accomplish in Door of Hope?

*The information provided above is true to the best of my knowledge. I understand this application will be reviewed and doesn't mean I have been accepted into the Door of Hope Program.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: Application Received date: \_\_\_\_\_ Interviewed Date: \_\_\_\_\_ Applicant meets requirements Yes or No