

BRIGHTHOPE Pregnancy Support Centers

Door of Hope Initial Application

The **Door of Hope Transitional Housing Program (DOH)** provides a safe place for women ages 18-21 who are pregnant and homeless or near homelessness. This structured group home setting welcomes expectant mothers at any stage in their pregnancy, where they can stay until their baby is one year old. This person-centered program is designed to embrace each Mom right where they are in life. A team approach allows Moms to work closely with their client advocate, house manager, case worker, trauma-informed counselor, and other maternity home staff and volunteers to address their unique needs and transition to self-sufficient, independent living.

Mission Statement: To guide, support, and empower young women to become exceptional mothers who overcome life challenges, and find value, purpose, self-sufficiency, and sustainability for their lives.

Eligibility Requirements:

- ❖ Single, women ages 18-21, with a verified pregnancy
- ❖ Homeless or near homeless (explored all other options for housing)
- ❖ Does not have other children in their care
- ❖ Highly motivated to make positive changes for themselves and their baby
- ❖ Can afford to save 20% of total income to build a savings account
- ❖ Meets employment/education requirements
- ❖ Agrees to criminal background & child abuse check
- ❖ Participates in mandatory weekly individual and group enrichment classes and house meetings
- ❖ Participates in mandatory volunteer service within the Bright Hope organization or beyond
- ❖ Attends progress and goal attainment meetings with Case Manager
- ❖ Has achieved one year of recovery from drug and/or alcohol addiction -- *DOH is a smoke- & drug-free facility*

DOH moms will receive: Transitional housing, parenting & life skills education, pregnancy education & help while preparing for birth, work & school support, individual & group therapy, food & clothing assistance, necessary items for their new baby, and a committed & supportive community

What DOH is not: A shelter, recovery house, medical or drug & alcohol treatment provider, or a behavioral or mental health treatment center

Admission procedures include:

1. Complete application online, submit paper application to the main office, or email application to beth.adamo@brighthopecenters.org (Only completed applications will be reviewed.)
2. If eligible, you will be contacted to schedule an in-person interview with the DOH Team. (An interview does not guarantee acceptance). If ineligible, you will be referred to another provider.
3. If scheduled for an interview, you must provide the following forms of identification and verification: Valid state photo ID, proof of pregnancy from a physician, and birth certificate. At interview, you must also sign waivers for background and drug testing. (Refusal to sign waivers will result in ineligibility).
4. If accepted, a move-in date will be scheduled. You will be notified of acceptance or non-acceptance by letter to the mailing address provided on this application. You have one (1) week to return signed acceptance letter to the main office or email to beth.adamo@brighthopecenters.org.

Disclaimer:

It is crucial that all answers are completed with honesty to determine how we can best serve you. We anticipate women accepted into this program will stay between 9-18 months. The first 30 days are a probationary period. In addition to DOH, Bright Hope provides referrals to other agencies and administers free ultrasounds and testing for pregnancy and STI's.

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Demographics

Full Name _____ Today's Date _____

DOB ___/___/___ Age _____ Race: _____ SSN _____ - _____ - _____

Current Street Address _____

City _____ State _____ Zip Code _____ County _____

Phone (____) _____ May we leave a message? Yes No Best time to call: _____

Email: _____ Referred by: _____

Are you currently pregnant? Yes No Due Date: _____ Father's Name: _____

Is he involved? Yes No Is he pressuring you to: Abort Adopt Parent

Are you receiving prenatal care? Yes No From where? _____

Have you considered placing your baby for adoption? Yes No

Marital Status: Single Married Divorced Separated Widowed

Do you currently have children? Yes No

Name _____ Age _____ Does this child live with you? Yes No

Name _____ Age _____ Does this child live with you? Yes No

Name _____ Age _____ Does this child live with you? Yes No

Are you a U.S. Citizen? Yes No Place of citizenship: _____

Living Situation

What is your current housing status? _____

Who do you live with now? _____

Where else have you lived in the past year? _____

Are you fleeing a domestic abuse situation and feel like you are in immediate danger? Yes No

If yes, explain: _____

Education:

Highest grade completed: _____ High school diploma? Yes No GED? Yes No

Training School: _____ Location: _____

College: _____ Location: _____

Employment:

If not currently employed, are you job searching? Yes No Are you currently employed? Yes No

If yes, place of employment: _____ Hourly Wage: _____ or Salary: _____

Title: _____ Responsibilities: _____

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Finances:

What is your total **monthly income**? \$ _____ What are your total **monthly expenses**? \$ _____

How do you plan to pay these bills while in the program? _____

Do you have outstanding fines? Yes No To whom? _____ How much? _____

Drug/Alcohol History:

Do you smoke cigarettes? Yes No Packs per day: _____ Do you drink alcohol? Yes No Drinks per week: _____

Have you used recreational or "street" drugs in the last year? Yes No How often? _____

Which drugs? _____

Have you ever overdosed on drugs or alcohol? Yes No When? _____

Have you received treatment in a facility for drugs or alcohol? Yes No

Dates	Treatment Center/Rehab	Reason(s)

Health Information:

List any medical problems (asthma, allergies, injuries, etc.) _____

Have you ever been diagnosed with an emotional or mental health disorder? (Such as ADHD, Bipolar, Depression, Anxiety, PTSD, etc.) Yes No Mental health diagnoses: _____

Have you had recent thoughts of hurting yourself or anyone else? Yes No Suicide attempts? Yes No

Plans for suicide? Yes No Have you ever been hospitalized for mental health reasons? Yes No

Dates	Hospital	Reason(s)

List of current medications: _____

Have you stopped taking your mental health medications since becoming pregnant? Yes No N/A

Criminal Background: (Background Check will be performed.)

Have you ever been or are you presently involved in the criminal justice system? Yes No

Are you currently on parole or probation? Yes No Until when? _____

Do you have warrants? Yes No Where? _____ Why? _____

Do you have charges or convictions on your record? Yes No If yes, complete the following:

Charges/Convictions	Date	Sentence	County

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Spiritual Life:

Do you identify with a religion? Yes No What religion or belief system? _____

Are you currently attending or participating in a religious establishment? Yes No

Name of religious establishment? _____

References & Supports

Please include three (3) references, one friend and two professional references, (e.g. supervisor, teacher, previous employer, etc.)

Name	Relationship	Phone Number
1.		
2.		
3.		

Who and/or what is your support system? _____

How do they help you? _____

What are some hobbies and interests you have? _____

Program Questions (Use reverse side if you need more space)

1. What makes you a good candidate for DOH? _____

2. Why do you want to be a part of DOH? _____

3. How do you feel about your pregnancy? _____

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4. What are 3 words you can use to describe yourself? _____

5. What does community mean to you & why is it important? _____

6. What motivates you? _____

7. How can DOH help you? _____

What are two goals you would like to accomplish at DOH?

1. _____

2. _____

Other information that will help us understand you & your situation:

The information provided above is true to the best of my knowledge. I understand this application will be reviewed and that submitting an application does not mean I have been accepted into the Door of Hope Program.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

Person Completing Application: _____ Date: _____

Relationship to Applicant: _____

Office Use Only: Application Received Date: _____ Interview Date: _____

Applicant Meets Requirements Yes No