

# DOOR<sup>of</sup>HOPE Maternity Home

## Pre-Application Form

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The **Door of Hope Maternity Home (DOH)** is a transitional housing program located in Allentown, Pennsylvania, and provides a safe and transformative 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 empower homeless expectant mothers by providing tools to build a life that is self-sufficient, sustainable, and has purpose.

### **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
- ❖ Agrees to drug, criminal background & child abuse check
- ❖ Participates in weekly individual and group enrichment classes and house meetings, and volunteer services
- ❖ Attends progress and goal attainment meetings with Case Manager (Working towards employment or education)
- ❖ 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 & support while preparing for birth, work & school support, individual & group therapy, food & clothing assistance, necessary items for baby and a committed and supportive community

**What DOH is not:** A shelter, recovery house, medical or drug & alcohol treatment provider, behavioral or mental health treatment center, or a long-term, permanent housing program

### **Admission procedures include:**

1. Complete application online, submit paper application to the main office, or email application to [beth.adamo@brighthopecenters.org](mailto: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 ongoing 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 email and/or 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](mailto:beth.adamo@brighthopecenters.org).
5. If accepted into the program you are allowed to bring clothing that can fit into one (1) standard size garbage bag or tote. (A list of other acceptable items will be provided upon program acceptance)

### **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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Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Age \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

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

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

Due Date: \_\_\_\_\_

Marital Status: Single  Married  Domestic Partnership  Divorced  Separated  Widowed

Do you currently have other children in your care? Yes  No

What is your current living situation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently use recreational or "street" drugs? Yes  No

Who and/or what is your support system? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do they help you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send completed Pre-App Form to Beth Adamo (Maternity Home Director) via email at [beth.adamo@brighthopecenters.org](mailto:beth.adamo@brighthopecenters.org) OR mail to P.O. Box 20809 Lehigh Valley, PA 18002

*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: \_\_\_\_\_