



Program Application

Applicant Information

Date: _____

Referred by: _____

Mother's Name (please print): _____

DOB: _____ Age: _____

What is your current living situation?

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Education Level: _____

Employer: _____ How long? _____

What is your primary source of transportation? _____

Marital Status: _____ Are you pregnant? Yes or No

If yes, how far along are you? _____

Do you have a primary care physician? Yes or No

If yes, please state name of physician: _____

Are you currently taking medication? Yes or No

If yes, please list medications:

Have you been hospitalized in the past 12 months? Yes or No

If yes, please explain:

Do you have a history of substance abuse? If yes, what substances have you used in the past year?

Do you have a history of mental health problems? If yes, please explain including any treatment, medication or Baker Acts.

Do you attend church on a weekly basis? Yes or No

If yes, where: _____

Income Information

In this section, please include all income you or anyone in your household receives.

Please list all sources of income: _____

Total monthly income: _____

Child Information

How many children do you have? _____

Do you have full custody? Yes or No

1. Child's Name: _____ DOB: _____

Age: _____

2. Child's Name: _____ DOB: _____

Age: _____

3. Child's Name: _____ DOB: _____

Age: _____

Are your children enrolled in school/daycare? Yes or No

If yes, please list the school(s)/daycare: _____

Do your children have a primary care physician? Yes or No

If yes, please state name of practice: _____

Are you currently taking any medications? Yes or No

If yes, please list medications: _____

Please explain what situation occurred for you to have become a single mother?

Where is your child/ren's father(s)?

Does your child/children's father(s) have visitation rights? If so, please explain when and where.

Why do you want to participate in the CityHouse Program? What do you hope to gain from living at CityHouse?

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a resident, and false statements, omissions, or other misrepresentations made be me on this application may result in my immediate dismissal. Please be advised that a drug or background screening will be asked and a negative outcome may prevent you from participating in the CityHouse program.

Name (printed): _____

Signature: _____

Date: _____

Our Policy

CityHouse Delray Beach, Inc. is committed to providing equal opportunity in all participant's practices, to all qualified applicants without regard to age, race, color, national origin, sex, handicap or disability or any other category protected by Federal, State or local law. The Civil Rights Act of 1964 exempts CityHouse Delray Beach, Inc., a religious organization, against discrimination in its program on the basis of religion because CityHouse Delray Beach, Inc. is a religious organization, it bases its policies, procedures, and philosophy of business on Biblical principles.