534 42ND STREET
DES MOINES, IOWA 50312
PHONE 515-279-4661 – FAX 515-633-2157
EMAIL: INFO@RUTHHARBOR.ORG

Please read through the application and answer each question that applies to you. Answer each question completely and honestly leaving nothing blank. If a question does not apply put N/A (Not Applicable) in that space. Since no resident stays at Ruth Harbor against her will it must be the sincere desire of the applicant to receive help and be willing to submit to the guidelines and authority of those at Ruth Harbor. The information given on this application is confidential and will not be shared with anyone without prior written consent and approval by the applicant and her parent or guardian if she is a minor.

RUTH HARBOR ADMISSION APPLICATION

SPECIFY PROGRAM		
Select which program you are interested in enrolling: Maternity New Mom/Mother-Child		
If selecting Maternity, what is your expected due date?		
If selecting New Mom/Mother-Child, when is your child's date of birth?		
APPLICANT INFORMATION (BIRTHMOTHER)		
Today's Date:		SSN:
Full Legal Name:		
Current address:		
City:	State:	Zip Code:
Date of Birth:	Age:	Driver's License Number:
Home Phone:		Mobile Phone:
E-Mail:		Facebook/Twitter/etc. Name:
Race/Ethnicity:	Height:	Weight:
Desired entry date to Ruth Harbor:		
How did you hear about Ruth Harbor?		
Do you want to come to Ruth Harbor: Yes No		If no, who wants you to come to Ruth Harbor?
Are you a US Citizen? Yes No		Does your family speak and understand English: Yes No
Please tell us a little about yourself so we can relate with you better:		
What do like most about yourself?		
What do you like least about yourself?		
How would you like to grow while at Ruth Harbor?		
Are you a: ☐ morning person ☐ night person		Who usually wakes you up in the morning?
Are you a more: ☐ outgoing people person who likes to be with other people ☐ quiet person who likes to stay more to yourself		

RUTH HARBOR ADMISSION APPLICATION

Which of these words describe how you feel about you? (Check all that apply) Angry Anxious Bad Beautiful
Betrayed Bitter Brave Calm Cautious Cheerful Confused Determined Disturbed Dumb
Energetic Good Goofy Happy Hopeless Independent Kind Lazy Loving Mean
Nervous Nice Outgoing Proud Sad Screwed up Shy Sexy Sensitive Smart Selfish
Talkative Terrified Worried Wonderful

EDUCATION INFORMATION

Have you completed high school or a GED? ☐ Yes ☐ No		Current education level:
Name of current/most recent school:		
City:	State:	Last grade of high school completed:

What are your average grades like? ☐ A's & B's ☐ B's & C's ☐ C's & D's ☐ D's & F's ☐ Don't know-don't care

Have you ever been suspended or expelled from school: Yes No	Do you like school: ☐ Yes ☐ No

If you have been suspended/expelled, please explain:

Describe your future educational plans:

Residents who have not received their high school diploma or GED are encouraged to enroll, with House Parent assistance, in the G.E.D. program at the local community college or attend middle or high school.

FAMILY INFORMATION

Current living situation: ☐ Residing with parents/guardians ☐ Living Independently ☐ Other – explain below
If other, explain:

Are your mother and father: *(Please check one)* Married and living together Separated Divorced
Deceased (which parent?): Other:

If your parents are not living together, how long have they been apart?

Has either of your parents remarried? Yes No	If yes, how long have they been remarried?

Describe your relationship with your step-parent:

Father or Father-Figure of Applicant

Name:		E-Mail:
Address (if different from your address):		
City:	State:	Zip Code:
Home Phone:		Mobile Phone:
Education, last grade completed:		
Place of employment:		Years employed there:
Describe your relationship with this person:		

Mother or Mother Figure of Applicant

Name:		E-Mail:
Address (if different from your address):		
City:	State:	Zip Code:
Home Phone:		Mobile Phone:
Education, last grade completed:		
Place of employment:		Years employed there:
Describe your relationship with this person:		

RUTH HARBOR ADMISSION APPLICATION

Are there any other parent-like people in your life (example: Grandparent)? If yes, please describe:

List Siblings and their ages. (include step brothers/sisters) Circle the ones you have a close relationship with.

Is your family supportive of you and your plans? ☐ Yes ☐ No
Briefly explain:

Have you ever lived with anyone other than your family? ☐ Yes ☐ No
If yes, briefly explain:

RELATIONSHIPS

Do you feel like the following people listen to what you have to say? ***Mother:*** ☐ Yes ☐ No ***Father:*** ☐ Yes ☐ No
Your Siblings: ☐ Yes ☐ No ***Your Grandparents:*** ☐ Yes ☐ No ***Your Friends:*** ☐ Yes ☐ No
The father of the baby: ☐ Yes ☐ No ***School or professional counselors:*** ☐ Yes ☐ No

How do you feel about people in authority over you?

Describe your relationship with your friends:

Describe your relationship with your boyfriend if he is not the father of the baby:

Are you now or have you ever been involved in a family or dating relationship that was violent (physically, sexually, or emotionally)?
☐ Yes ☐ No If yes, please explain:

Did you receive any counseling for this? ☐ Yes ☐ No If yes, how many counseling sessions did you have?

EMPLOYMENT INFORMATION

Are you currently employed? ☐ Yes ☐ No	Current Employer:

Have you ever been fired from a job? ☐ Yes ☐ No If yes, please explain:

Describe your work ethic:

What kind of work do you enjoy?

How do you feel about volunteer work?

Previous Employment (Please list previous employers & length of employment at each)

Employer name:	How long did you work there?
Employer name:	How long did you work there?
Employer name:	How long did you work there?

LEGAL

What will we learn about you on a criminal background check?

Are you involved with any court proceedings at this time? Yes No
If yes, explain:

Have you ever had any involvement with DHS during your upbringing? Yes No

RUTH HARBOR ADMISSION APPLICATION

Have you ever been or are you currently on probation? Yes No
If yes, please explain:

SPIRITUAL

Did you attend a church while growing up? Yes No

Your faith/denomination as a child?	How often do you attend church now?

Name of the church you attend if you attend one now:

Are you willing to attend church with the House Parents while at Ruth Harbor? ☐ Yes ☐ No

How important are spiritual matters to you?

Do you have a Bible? ☐ Yes ☐ No	Do you consider yourself to be a Christian? ☐ Yes ☐ No

To you, what does it mean to be a Christian?

MEDICAL INFORMATION

Physician's Name:

Clinic Address:	City:
Date of last visit to doctor or clinic:	Date of last physical exam:

List any known medical problems:

List all medications you are currently taking:

List any allergies to medications:

Have you been on any medication in the last 6 months? ☐ Yes ☐ No
If yes, please list them:

Have you used any of the substances listed below in the last 6 months? *(Check all that apply)*

Alcohol: ☐ Yes ☐ No ***Marijuana***: ☐ Yes ☐ No ***Street Drugs:*** ☐ Yes ☐ No

Prescription Drugs: ☐ Yes ☐ No ***Meth:*** ☐ Yes ☐ No ☐ ***Other*** (specify):

If yes, when was the last time you used any of the substances checked above?

Are you willing to quit smoking while at Ruth Harbor if you are currently a smoker? ☐ Yes ☐ No

Please check any of the following you have ever been diagnosed with and/or treated for:

☐ *ADD/ADHD*	☐ *Anger Management*	☐ *Bi-Polar Disorder*
☐ *Borderline Personality Disorder*	☐ *Depression*	☐ *Dissociative Disorder*
☐ *Drug Dependency*	☐ *Eating Disorder*	☐ *Schizophrenia*
☐ *Self-Mutilation*	☐ *Sexual Abuse*	☐ *Suicide Attempt*

Describe the type of treatment and outcome of treatment received for any diagnosis checked above:

List all hospitalizations in the past five (5) years:

RUTH HARBOR ADMISSION APPLICATION

List and describe any special physical needs (dietary needs, etc.):

Medical History - ***Check each illness or problem you have experienced from the list below:***

☐ Allergies	☐ Asthma	☐ Bronchitis
☐ Eye Infections	☐ Liver Disease	☐ Hernia
☐ Thyroid Disease	☐ Diverticulosis	☐ Measles
☐ Childhood Hyperactivity	☐ Hives or Rashes	☐ Mumps
☐ German Measles	☐ Hemorrhoids	☐ Overdose
☐ Rheumatic Fever	☐ Scarlet Fever	☐ Polio
☐ HIV Positive	☐ Chicken Pox	☐ Pneumonia
☐ Mononucleosis	☐ Hypertension	☐ Hepatitis
☐ Heart Disease	☐ Kidney Disease	☐ Epilepsy
☐ Diabetes	☐ Blood Transfusions	☐ Sexually Transmitted Diseases (STD)
☐ Phlebitis	☐ Depression	☐ Other (specify):

Do you have any other special medical problems or other situations that we should be aware of (diabetes, etc.)? ☐ Yes ☐ No
If yes, please explain:

MATERNITY HEALTH
[For Maternity Applicants: If applying for the New Mom/Mother-Child Program, skip to FINANCIAL INFORMATION]

Is your family aware of your pregnancy? ☐ Yes ☐ No
If yes, which family members are aware?

Are you currently receiving prenatal care? Yes No	Have you been pregnant before? Yes No
How long have you been sexually active?	
Was it your choice to become sexually active? Yes No – If no, describe what happened:	
Have you ever been treated for STDs? Yes No If yes, when?	Facility name were you treated:
What types of birth control have you used?	

FINANCIAL INFORMATION

If you are insured or covered under an individual or family policy, please complete the following:

Insurance Company:		
Address:		
City:		Policy Number:
State:	Zip Code:	Full name of person on policy:
Phone:		Policy holder's SS#:

Please check all that apply: I have Title IXX (Medicaid) now I am planning to apply for Title IXX (Medicaid)
☐ I need information about Title IXX (Medicaid) ☐ I do not want to apply or do not qualify for Title IXX (Medicaid)
☐ I do not have any insurance or medical coverage ☐ Other (please explain):

If you do not have insurance, you may be eligible for Title IXX (Medicaid) or other state government coverage. Please bring the following when you arrive for check in at Ruth Harbor. We have a copier so you can bring the original documents if you want.
-Social Security Card
-Copy of Birth Certificate

RUTH HARBOR ADMISSION APPLICATION

If you do not have insurance and are unable to qualify for Title IXX (Medicaid) how will you plan to pay for the medical expenses you will be incurring while at Ruth Harbor?

Are you on WIC? Yes No	Are you currently on FIP? Yes No

FATHER OF THE BABY INFORMATION

Is the father of the baby aware of your desire to come to Ruth Harbor? ☐ Yes ☐ No

Does the father of the baby support your coming to Ruth Harbor? ☐ Yes ☐ No

Name:

City:	State:
Home Phone:	Mobile Phone:

Birthdate:	Age:	Race/Ethnicity:

How long have you known the father of the baby?

Describe your current relationship with the father of the baby:

What involvement do you anticipate the father of the baby having with you while you are at Ruth Harbor?

Describe your parents' relationship with the father of the baby:

Does he have a job? Yes No	Last grade in school he completed:
Do you have a boyfriend who is not the father of the baby? Yes No	If yes, what is his name?

SUPPORT SYSTEM

Who do you consider to be a positive support person in your life? List all names of those who will support you during this time. How will they support you?

What is the reason you cannot stay with your family?

What are your fears or concerns about coming to Ruth Harbor?

What do you hope to accomplish or learn while at Ruth Harbor?

How do you believe you will do with the structure Ruth Harbor provides?

Please tell us of any previous issues that could relate to or impact your living in a group environment:

CHILD'S INFORMATION

[Complete if applying for the Mother-Child Program; If applying for Maternity Program, skip ahead to SIGNATURES on last page]

RUTH HARBOR ADMISSION APPLICATION

Full Legal Name:	
Date of Birth:	Age:
SSN:	

CHILD'S MEDICAL INFORMATION [Complete if applying for the Mother-Child Program; If applying for Maternity Program, skip ahead to SIGNATURES on last page]	
Pediatrician Name:	Pediatrician Phone Number:
Pediatrician Address:	
Date last seen by Doctor or clinic:	
Is your child currently taking any medications? Yes No If yes, list all the medications your child is currently taking:	
Does your child currently have any known medical conditions? Yes No If yes, please list all of your child's known medical conditions and/or allergies:	
Insurance Coverage: Title IXX; Policy Number:______________________________ Family/Other; Policy Company:______________________________ Policy Number: ______________________________	

Address:		
City:	State:	Zip Code:

CHILD'S LEGAL [Complete if applying for the Mother/Child Program]
Who currently has legal custody of the child? (please list all names if custody is shared)
Has DHS ever been involved with the child? Yes No
What was the reason for DHS involvement?
Is the file with DHS currently open or closed?

SIGNATURES **[ALL APPLICANTS ARE REQUIRED TO SIGN]**	
By signing below, I verify that all information is correct and accurate on this application.	
Signature of applicant:	Date:
Signature of parent or guardian (if under 18):	Date: