

FOR OFFICE USE ONLY:

Date application submitted: _____

Date to start HOPE: _____

Been here before? _____

Client Advocate's name: _____

2nd Corinthians 1:10 "...on him we have set our HOPE that he will continue to deliver us..."

H.O.P.E. Enrollment Form

Name _____ Cell Phone # (____) _____

Home Phone # (____) _____ Other Phone # (____) _____

May we identify ourselves when we try to contact you? Yes No

Mailing Address _____ Apt.# _____

City _____ TX Zip _____

Date of Birth ___/___/___ Age ___ Email : _____

Marital Status: (circle one) Single Married Common-law Separated Divorced Widowed

Baby's Due Date ___/___/___

Baby's Father's name _____ Supportive? Unsupportive?

Are you on Medicaid? Yes / No On WIC? Y / N

Do you have any other children? Yes No

How did you hear about H.O.P.E.? _____

What attracts you to this program? _____

What have you considered for the future of your baby (adoption, single parenting, living with a relative, parenting with the father, etc.)? Please explain:

Do you feel supported during this pregnancy? Yes No Please explain:

I attend church: ___more than once a month ___less than once a month ___not on a regular basis

The church I attend _____

I would describe my relationship with Jesus as _____

Signature: _____ Date: _____

<p>In case of emergency, please contact:</p> <p>Name _____</p> <p>Relationship to you _____</p> <p>Phone () _____</p>
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To Whom It May Concern:

I, _____, give my permission for my picture and/or my baby's picture to be used in any publication or on the internet web page of the Pregnancy Help Center. All photos are understood to be the sole property of the Pregnancy Help Center.

Signature

Date

Witness

Date

We apologize that we are unable to offer childcare during H.O.P.E. classes.