



FLORENCE CRITTENTON HOME & SERVICES  
901 NORTH HARRIS  
HELENA, MT 59601  
(406) 442-6950  
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**RESIDENTIAL MATERNITY PROGRAMS  
APPLICATION AND AGREEMENT FOR ADMISSION**

Checklist for admission to FCHS. The following items must be received prior to admission:

Birth certificate (copy)	_____	School Records	_____
Social Security Card (copy)	_____	Placement Agreement	_____
Medicaid Card/ Insurance Information	_____	Immunization Record	_____
Social History (if available)	_____	Medical Records	_____
Clinical/Psychological Evaluation (if available)	_____	Court Documents (if applicable)	_____

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**FLORENCE CRITTENTON HOME AND SERVICES  
APPLICATION AND AGREEMENT FOR ADMISSION**

The following information is required to determine appropriateness of placement, facilitate admission, and provide appropriate services. Please provide accurate information since our ability to adequately meet your needs is dependent on the information we receive. This information is privileged and confidential, and will be released only if necessary for continuity of care, and as required by law.

Date \_\_\_\_\_

**I. IDENTIFYING INFORMATION**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_

Race (optional) \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone Number \_\_\_\_\_

Are you currently homeless? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently in a potentially unsafe living situation? Yes \_\_\_\_\_ No \_\_\_\_\_

Legal guardian / Relationship \_\_\_\_\_

**II. REFERRAL INFORMATION**

Were you referred to FCHS: \_\_\_\_\_?

If yes, who referred you:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ County: \_\_\_\_\_

Why were you referred? \_\_\_\_\_

How do you feel about coming to FCHS?

\_\_\_\_\_  
\_\_\_\_\_

What are your goals for your stay in the program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your plans after discharging from FCHS? \_\_\_\_\_

\_\_\_\_\_

### III. SOCIAL HISTORY

Please list family members and significant others:

Name	Relationship	Age	Name	Relationship	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What is the nature of the relationship with your:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Siblings: \_\_\_\_\_

Peers: \_\_\_\_\_

Significant Others: \_\_\_\_\_

How do you think the following people would describe their relationship with you:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Siblings: \_\_\_\_\_

Peers: \_\_\_\_\_

Significant Others: \_\_\_\_\_

If not raised by your biological parents, who raised you? \_\_\_\_\_

Give a brief description of your home atmosphere: \_\_\_\_\_

\_\_\_\_\_

Please use your own words to describe yourself as seen by:

Your parents/care givers: \_\_\_\_\_

Your closest friend: \_\_\_\_\_

Someone you are in conflict with: \_\_\_\_\_

Yourself: \_\_\_\_\_

Please describe your current attitude toward life: \_\_\_\_\_

\_\_\_\_\_

Please list three things you like about yourself and three things you dislike about yourself:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your plans/goals?

In 1 year: \_\_\_\_\_

In 5 years: \_\_\_\_\_

In 10 years: \_\_\_\_\_

**If pregnant:**

What is your estimated due date? \_\_\_\_\_

Was this a planned pregnancy? \_\_\_\_\_ How do you feel about being pregnant? \_\_\_\_\_

\_\_\_\_\_

What have people who care about you said about your pregnancy? \_\_\_\_\_

\_\_\_\_\_

What is your current plan for the baby? (parenting or adoption) \_\_\_\_\_

**If parenting:**

How many children do you have? \_\_\_\_\_

How old is your child/children? \_\_\_\_\_

Male/Female? \_\_\_\_\_

What is/are your child's/children's name(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the hardest part about being a mother? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you enjoy most about being a mother? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Father of the baby (if known):**

Name \_\_\_\_\_ Age \_\_\_\_\_

First

Middle

Last

Race (optional) \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone Number \_\_\_\_\_

Has the father of your child/children been involved? \_\_\_\_\_

Does he know about the pregnancy/child? \_\_\_\_\_

If not, when are you planning to tell him? \_\_\_\_\_

If the father does know about the pregnancy, what was his reaction? \_\_\_\_\_

\_\_\_\_\_

What does he want for:

The baby: \_\_\_\_\_

You: \_\_\_\_\_

Himself: \_\_\_\_\_

How long have you been involved with the father of your baby? \_\_\_\_\_

How would you describe your relationship with him? \_\_\_\_\_

\_\_\_\_\_

How do you think he would describe his relationship with you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### IV. EDUCATIONAL HISTORY

(Please note that all clients who have not received a diploma or GED are required to pursue their education.)

Are you currently enrolled in/attending school? \_\_\_\_\_

If yes, please list school & grade: \_\_\_\_\_

If no, what is the highest grade you attended: \_\_\_\_\_

List your strengths and challenges in school: \_\_\_\_\_  
\_\_\_\_\_

Have you experienced any difficulties in school in relation to studies, teachers, peers, etc.?  
\_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you receive any special programs through school (e.g., resource room, speech therapy, etc.)? \_\_\_\_\_ If yes, list: \_\_\_\_\_

Are you involved in any extracurricular activities (sports, clubs, music groups, etc.)?  
\_\_\_\_\_

If yes, please list them:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## V. EMPLOYMENT HISTORY

Are you currently employed? \_\_\_\_\_

If so, where? \_\_\_\_\_ For how long? \_\_\_\_\_

Any other jobs held/length of employment: \_\_\_\_\_  
\_\_\_\_\_

## VI. GENERAL HEALTH HISTORY

Current (or most recent) Physician: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date of most recent contact with a physician: \_\_\_\_\_

Reason: \_\_\_\_\_ Result: \_\_\_\_\_

Are you currently receiving treatment for any medical problems: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Please list any medications you have taken in the past six months and/or are currently taking:

Medication	DosageStart/End Date	Reason for	Doctor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any serious illnesses, accidents, and/or surgeries you have had: \_\_\_\_\_

Please list any diagnosed/suspected health condition(s), including special or chronic conditions (e.g., diabetes, TB) for:

Yourself: \_\_\_\_\_

Family members: \_\_\_\_\_

Have you seen a doctor regularly for this pregnancy? \_\_\_\_\_ If yes, when did you first see your doctor? \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How has your health been during this pregnancy? \_\_\_\_\_

Your diet? \_\_\_\_\_



Any illnesses during your pregnancy? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Have you taken drugs (prescribed, over-the-counter, and/or illegal) during your pregnancy?

If yes, please list them, including alcohol and cigarettes, when last taken and frequency:

Have you experienced any of the following: nausea, bleeding, swelling, high blood pressure, convulsions, excessive weight gain, fainting, dizzy spells, or any symptoms with your pregnancy? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Is there a family history of difficult pregnancy (e.g., miscarriage, premature birth)? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

How old was your mother when you were born? \_\_\_\_\_ Your father? \_\_\_\_\_

## VII. MENTAL HEALTH HISTORY

Current (or most recent) therapist: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of most recent therapy appointment: \_\_\_\_\_

Current (or most recent) case manager: \_\_\_\_\_

Case Management Agency: \_\_\_\_\_ City: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date of most recent clinical/psychological assessment:

\_\_\_\_\_

Clinical/psychological assessment completed by:

\_\_\_\_\_

Please list current mental health diagnoses (if applicable/known):

Axis I:

Primary: (code) \_\_\_\_\_ (narrative) \_\_\_\_\_

(code) \_\_\_\_\_ (narrative) \_\_\_\_\_

(code) \_\_\_\_\_ (narrative) \_\_\_\_\_

Axis II: (code) \_\_\_\_\_ (narrative) \_\_\_\_\_

(code) \_\_\_\_\_ (narrative) \_\_\_\_\_

Axis III : \_\_\_\_\_

Axis IV : \_\_\_\_\_

Axis V: current GAF \_\_\_\_\_ highest GAF past year \_\_\_\_\_

Have you received any other mental health services such as case management, inpatient or residential treatment, or group home for either evaluation or treatment? If yes, please list provider(s), date(s), and outcome(s):

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### VIII. AGENCY INVOLVEMENT

Have you been involved with Child Protection Services? \_\_\_\_\_

If yes, please list date(s), reason(s), and outcome(s): \_\_\_\_\_

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Have you been involved with the Dept. of Corrections (Youth Court/Probation)? \_\_\_\_\_ If yes, please list age(s), offense(s), and outcomes(s):

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### IX. SUBSTANCE ABUSE

List any past drug usage (alcohol, tobacco, marijuana, amphetamines, barbiturates, etc.);

When last taken; frequency (e.g., experimental, occasional, frequently, daily): \_\_\_\_\_

\_\_\_\_\_

List any present drug usage; last taken; frequency: \_\_\_\_\_

\_\_\_\_\_

Have you had any substance abuse/chemical dependency counseling or treatment? \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## X. ADDITIONAL INFORMATION

Please share any additional information that you would like the staff at FCHS to know about you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any hobbies, interests, volunteer experience, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate if you would like to attend church services while residing at Florence Crittenton.

\_\_\_\_\_ No \_\_\_\_\_ Yes Denomination \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_