



W.I.N.G.S.

MATERNITY HOME

Waiting... Investing... Nurturing... Growing... Soaring...

Application

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W.I.N.G.S. Maternity Home

Please attach a recent photo.

APPLICATION FOR ACCEPTANCE TO W.I.N.G.S. HOME

This information is confidential. The information in this application will not be held against you or used to judge you in any way. W.I.N.G.S. Maternity Home is dedicated to helping those who need emotional and spiritual healing and restoration in a safe and nurturing environment. If for any reason W.I.N.G.S. Maternity Home cannot meet your particular need, we may be able to refer you to someone who can.

Please answer all questions honestly so we may know the best way to help you. Please do not leave any blanks in your application as this will delay processing. If a question is not applicable to you please put NONE or N/A next to it.

Name: _____ Date _____ Name you go by: _____

Present Address: _____ City _____ Prov _____

Postal Code _____

Cell phone# () _____ Email _____

Telephone#: home () _____

Parent/ Guardian
NAMES: _____

Address _____ City _____ Prov. _____

Postal Code _____

Telephone # home () _____ Work () _____

Cell () _____

Referred by: Parents ___ Court ___ Church ___ Family ___ Past Resident ___ (name) ___

Rose of Durham _____ PHC _____ Other (Specify) _____

Telephone# () _____

Have you ever applied to W.I.N.G.S. Maternity Home in the past? ___ If YES, please give date

W.I.N.G.S. Maternity HOME
Information about You

Date of Birth: _____ Age: _____

City of Birthplace: _____

Social Insurance Number: _____

Driver's License Number (and expiration date): _____

O.H.I.P. Number: _____

Physical Characteristics: Height: _____ Weight: _____ Eye Colour: _____ Hair Colour: _____

Are you on any type of government or financial assistance ie: Ontario Works? _____

Will your coming to W.I.N.G.S. Home have any effect on this assistance? _____

Education:

Name of last school attended?

Did you graduate? _____ If not, last grade completed? _____

Have you ever been in any special education classes? _____ If so please list _____

Have you ever been recognized with a learning disability (ADHD etc) _____

Are you willing to work towards your Graduation while you are here at W.I.N.G.S. Maternity Home? _____

Pregnancy

Is this your 1st Pregnancy? _____ If not please explain _____

Approximate Due Date: _____

Has a doctor confirmed your pregnancy? _____

Name of Family Doctor _____ Telephone # _____

Is the birth father aware of your pregnancy? _____

Which are you considering? Parenting ___ Placing for Adoption ___ Undecided ___
 (Please mark choice with an "x".)

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Baby Daddy: Please write a few sentences about relationship with Baby Daddy and your expectations for this relationship during your pregnancy and after.

Medical:

Do you have any allergies? _____ List: _____

List any and all medications that you take or have taken up until your pregnancy:

Medication	Dosage	Reason	For How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you on a special diet? _____ Explain: _____

If yes, was this diet prescribed by a Doctor? _____

Do you have, or have you ever had, a problem with food or eating? _____

Explain:

Have you been diagnosed with an eating disorder, or treated by a physician?

Dr.'s name and phone #

List any physical limitations and/or medical conditions (asthma, migraines, thyroid, diabetes, blood pressure, weight issues, heart problems, etc.) that you may have as indicated by a physician:

Reason

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List all past surgeries or medical hospitalizations (include dates):

Financial

Do you have any outstanding debts? _____ Explain _____

What arrangements will you make for their payment while you are here at W.I.N.G.S. Home?

Would the finances for your personal needs (spending money, cell phone, bus money etc) while at W.I.N.G.S. Home be sponsored by Parents, organization, family or individual? _____ If so, whom? _____

Medical Insurance – Do you have Extended Medical Insurance coverage with your Parents plans? _____ If so name of Insurer & policy # _____

W.I.N.G.S. Home provides food and shelter, but we are not responsible for medical expenses or prescriptions. It is the responsibility of parents or guardians of minors, or their sponsoring agency to cover these expenses. Arrangements should be made prior to residency. If none of the above is available to you please inform me during your interview and we will make the necessary arrangements to help you with it.

Legal Background

Have you ever been arrested? _____ How many times? _____ Dates, charges,

Do you have any pending court dates? _____

Explain _____

Name of Attorney or Legal Representative: _____ Phone _____

Have you ever been on probation or parole? (circle one or both) _____

Are you now? _____ How long? _____ Length of time remaining: _____

How often do you report? _____ In person or through the mail? _____

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Name of probation or parole officer: _____

Address: _____ Telephone: _____

Are you currently working with a counselor for any conditions? _____

Name _____ Telephone: _____

Substance Abuse

Have you ever experimented with the following substances? (Circle all that apply)

Alcohol Hallucinogenic (Acid, LSD, etc.) Morphine Amphetamines (uppers) Crank Opium
 Barbiturates (downers) Crystal Meth Heroin Cocaine Marijuana Ecstasy Crack
 Methamphetamines Tobacco Inhalants (Glue, Paint Thinner, etc.) Over the counter
 prescriptions Other: _____

Drug of Choice:

- 1) _____ Length of Use _____
 2) _____ Length of Use _____
 3) _____ Length of Use _____
 4) _____ Length of Use _____

Longest period clean? _____

*Have you been in an alcohol, drug, or detoxification program before? _____ (Please list facilities below.)

*Date of entry	Program Name	City/Prov	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Counseling

Have you ever been diagnosed or treated for any of the following (please write yes or no):

DID/Dissociative Disorder _____ ADD _____ ADHD _____ Schizophrenia _____

Bi-Polar _____ Borderline Personality Disorder _____ Other _____

*Have you ever been to counseling? _____ (Please list facilities/persons below)

*Have you ever received psychiatric care or been in a psychiatric hospital? _____ (Please list facilities)

*Date of entry	Program Name	City/Prov	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been a victim of rape _____ or incest _____? How old were you? _____

Have you ever been the victim of sexual abuse ___ physical abuse ___?

Have you ever been involved in prostitution? Yes _____ No _____

Have you ever tried to commit suicide? _____ When? _____ Why? _____

Have you ever self-mutilated? Yes _____ No _____ How? _____

Family

Do you and your parents get along? _____ Do you currently live with them? _____

Who has custody of you (if under 18)?

Have you ever attended Church _____ How Often _____ Do your parents _____

Denomination and name of church:

Have you ever committed your life to God? _____

Date: _____ Place: _____

Denominational background: _____

Would you be willing to attend Church with us on a Sunday? _____

Why would you like to come to W.I.N.G.S. Maternity Home?

What would you like to see happen in your life while in this home?

I agree to submit to the rules of W.I.N.G.S. Maternity Home. I understand that if I have failed to answer these questions truthfully or withheld any information, it can be considered grounds for refusal or dismissal from the program.

Signature: _____ Date: _____

Witness: _____ Date: _____

APPLICANT AGREES TO THE FOLLOWING RULES

I _____, understand and agree to become a part of the family at the W.I.N.G.S. Maternity Home and abide by all of the rules that are set out below for me.

1. To abide by ALL curfews in the house. 11.00pm weeknights and Midnight on Weekends. Everyone to be in their OWN bedrooms at these times.
2. Work towards school completion if this is applicable or finding work if not in school one or two days a week.
3. Keep bedroom and personal space clean and tidy and thoroughly cleaning bedroom on a weekly basis. Bed to be made **every morning** before leaving room.
4. To be out of bed in the mornings no later than 11.00am.
5. House phone to be limited to 10 minute conversations and no calls from house phone after 11.00pm. (Unless for emergency use only). Advisable to have your own cell phone.
6. Attend, parenting, (counseling if required) and all programs that have been put in place to help you become a great mother.
7. Help out with general household chores, usually a weekly schedule.
8. Absolutely, no alcohol, drugs, smoking or profanity in the home.
9. **House phone number** to remain private not to be given out to anyone, without permission.
10. Sunday morning attendance at church is mandatory, unless you are home on a weekend visit (must attend at minimum 2 Sundays per month).
11. You will meet with our OB/GYN and will be delivering baby in Oshawa General Hospital.
12. We will be hosting a program in the fall once every 2 weeks called "Light up your World" in the home and you will be required to be a part of this program. Program covers self esteem; destiny; identity etc.
13. Absolutely no overnight stays unless with your direct family members and with permission from Marion Cozens.

BABY CARE.

1. Your baby is your responsibility. Never leave your baby unattended.
2. **Absolutely, no babies are allowed to sleep in bed with you.** Not to be left on a bed by itself either.
3. Crib rail must be put up at all times.
4. Bathing and general hygiene for baby is a must and should be done daily.
5. Cleaning up after baby care, putting diapers away, washing bottles etc.
6. You are responsible for all necessities for baby. We will help as much as we can but you must be putting in an effort to supply the needs of your baby.

Signature of Applicant

Date