



## LIGHT HOUSE FOR TEEN MOTHERS APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Referred by: \_\_\_\_\_

# of Children: \_\_\_\_\_ Estimated due date (if pregnant): \_\_\_\_\_

### Social History/Family Information

#### Parents History

Natural Father's Name \_\_\_\_\_

Address (if different than yours) \_\_\_\_\_

Phone #: \_\_\_\_\_ Occupation \_\_\_\_\_

Natural Mother's Name \_\_\_\_\_

Address (if different than yours) \_\_\_\_\_

Phone #: \_\_\_\_\_ Occupation \_\_\_\_\_

#### Guardian

Person having Custody/ Guardianship of you (if different from your parents):

\_\_\_\_\_

Address \_\_\_\_\_

Relationship of Guardian \_\_\_\_\_ Guardian's Phone #: \_\_\_\_\_

Placing Agency (if applicable) \_\_\_\_\_ Caseworker \_\_\_\_\_