



A Mother's Hope Application

Name _____ DOB _____

Potential Resident Contact Number _____ Preferred: (Call/Text)

Initial Criteria: Check if yes

- Due date/approx. # of months pregnant? _____
- Homeless or at-risk of homelessness?
- Willing to follow the rules and structure of the home
- Willing to participate in A Mother's Hope Program including individual counseling and productivity requirement?
- Committed to living drug, alcohol, and tobacco-free? If she smokes, is she willing to try to quit?
- Income is at or below 150% of the Federal Poverty Guidelines

Additional Questions:

Any other children in custody? **(yes/no)**

How long since drug/alcohol use? _____

Currently on Methadone, Subutex, or Suboxone? (yes/no) _____

Currently fleeing domestic violence? (yes/no) _____

Reports severe mental illness (SMI)? (yes/no) _____

Taking psychotropic medications? (yes/no) _____

Warrant? For? (yes/no) _____

Any other notes on situation: _____

*******Please explain to the potential resident that AMH will need a proof of pregnancy and some form of ID. Be sure to let her know we will need to hear from her at least every 24 hours during the intake process. If not, she will lose her spot.**

AMH STAFF: _____ DATE: _____

OUTCOME: RESIDENT/DID NOT MEET CRITERIA/REFERRED(_____)