lovli life
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Client Profile

1705 Conowingo Road
Bel Air, Maryland 21014

Help us get to know you a little bit so we can start the conversation to see if Cherished Host Homes is the right fit for you and your baby! If you can answer as honestly as possible, it will help us help you. We DON'T assume to know what you want and need. We DO want to understand the best way to support you and your transition into motherhood.

Name: Previous last names, if applicable:

Date of Birth: Phone Number:

Email Address:

Current Address:

Due Date : Do you know what you are having? ☐ Boy ☐ Girl ☐ Not Sure

Do you speak any other language besides English? ☐ Yes ☐ No Language:

Race: Ethnic Background:

Do you have Health Insurance? ☐ Yes ☐ No Provider:

Do you have a current Driver's License? ☐ Yes ☐ No Driver's License number:

Do you have a car? ☐ Yes ☐ No Do you have Car Insurance? ☐ Yes ☐ No

What services are you currently receiving? (Please check all that apply)
☐ TANF ☐ WIC ☐ SNAP ☐ Medicaid ☐ Disability ☐ Child Support

How long have you lived in Maryland?

In the last 5 years, what other cities have you lived in?

How do you feel about being pregnant?

What excites you the most about becoming a mother?

What are the biggest challenges you are facing?

Who has helped you the most during this pregnancy?

What are you hoping to experience while living in a Host Home?

Pregnancy History Information

Is this your first pregnancy? ☐ Yes ☐ No

If no, how many times have you been pregnant (not including this pregnancy)?

Were you planning to become pregnant? ☐ Yes ☐ No

Have you ever: Had a miscarriage? ☐ Yes ☐ No

Had an abortion? ☐ Yes ☐ No

Had a stillbirth? ☐ Yes ☐ No

Had a baby born prematurely (before 37 weeks)? ☐ Yes ☐ No

If yes, how many weeks early?

Had a baby with low birth weight? (under 5lbs) ☐ Yes ☐ No

If yes, how many lbs at birth?

Do you have other children? ☐ Yes ☐ No

If yes, what are their names and birthdates?

If no, what date did you lose custody?

Do you have custody of them? ☐ Yes ☐ No

Do you have a Prenatal Care Provider? ☐ Yes ☐ No

If yes, name of Provider:

Name of Office/Practice:

Address of Office:

Date of last appointment you attended:

Date of next appointment:

Have you been diagnosed with any of the following complications with this pregnancy? (check all that apply)

☐ Asthma ☐ Gestational diabetes ☐ HIV+ ☐ Poor weight gain or weight loss ☐ Preeclampsia
☐ Seizure Disorder ☐ Urine Infection ☐ Vaginal Bleeding ☐ Other

Relationship Information

What is your relationship with the father of your baby?

☐ Acquaintance ☐ Boyfriend ☐ Fiancé ☐ Friend ☐ Husband ☐ Other: _____

His Name: _____ Age: _____

Do you have any plans or hopes for a future with him? ☐ Yes ☐ No ☐ Not Sure

Is he your current partner? ☐ Yes ☐ No

If yes, how long have you been together? _____

Do you feel safe in your current relationship? ☐ Yes ☐ No

Does he know you are pregnant? ☐ Yes ☐ No

If yes, how did he respond? _____

_____

If no, how do you think he would respond? _____

_____

Does he have other children? ☐ Yes ☐ No ☐ Not Sure

Is he employed? ☐ Yes ☐ No ☐ Not Sure

Are you currently married? ☐ Yes ☐ No

If yes, date married: _____

If yes, spouse's name: _____ Date of Birth: _____ Gender: _____

Have you previously been married? ☐ Yes ☐ No

If yes, date separated: _____ Date divorced: _____

Education Information

What is your highest level of education completed?

☐ 8th grade ☐ Some High School ☐ Graduated High School/GED
☐ Some College ☐ Associate's Degree ☐ Bachelor's Degree ☐ Other: _____

Name of your High School: _____

Name of the college/technical school/other schooling: _____

Would you like to continue your education? ☐ Yes ☐ No

Employment Information

Are you currently employed? ☐ Yes ☐ No

If yes, where? _____ City: _____

How long have you worked there? _____

How many hours/shifts a week? _____

Would you like to continue working here once your baby is born? ☐ Yes ☐ No

If no, why not? _____

Current Income Level (per year):

☐ Below $5,000 ☐ $5,000-10,000 ☐ $11,000-14,000 ☐ $15,000-18,000
☐ $19,000-$25,000 ☐ $26,000+

If you are not employed, what kind of job would you like to get? _____

Would you like help with job training/and job search? ☐ Yes ☐ No

Medical History Information

Are you currently taking any medications regularly? ☐ Yes ☐ No

Check all that apply: ☐ Prescribed by your doctor ☐ Over the counter
☐ Herbal or alternative ☐ Other: _____

Do you have any chronic diseases? ☐ Yes ☐ No

If yes, please describe: _____

Are you currently being treated for any life-threatening conditions? ☐ Yes ☐ No

If yes, please describe: _____

Have you been to the ER/ED in the past 12 months? ☐ Yes ☐ No

If yes, number of visits: _____

Have you ever been hospitalized? ☐ Yes ☐ No

If yes, please describe: _____

Do you have any major life-threatening allergies? ☐ Yes ☐ No

If yes, please describe: _____

Do you have any allergies that may need consideration in a Host Home (ie: pets or food)? ☐ Yes ☐ No

If yes, please describe: _____

Do you have a Primary Care Doctor that you have seen in the last 12 months? ☐ Yes ☐ No

Name of Doctor/Office:

If no, where do you get your care?

Do you have a Dentist that you've seen in the last 6 months? ☐ Yes ☐ No

Name of Dentist/Office:

Do you smoke or use tobacco products? ☐ Yes ☐ No If yes, how often?

Have you consumed alcohol since becoming pregnant? ☐ Yes ☐ No

Have you ever used illegal drugs? ☐ Yes ☐ No

*Are you currently using illegal drugs? ☐ Yes ☐ No

If yes, what drug/s:

*Have you ever received treatment for Substance Abuse Disorder? ☐ Yes ☐ No

If yes, please check all types of treatments received:

☐ Inpatient ☐ Outpatient ☐ Support Groups ☐ Medication-assisted ☐ Counseling

If yes, are you currently in recovery? ☐ Yes ☐ No

*if you checked yes to either question, further documentation/letter from a medical provider will be required.

Legal History

Do you have any legal issues that need to resolved? ☐ Yes ☐ No

If yes, please describe:

Have you ever: Been arrested by any law enforcement officer? ☐ Yes ☐ No

Been charged with any offense, even if dismissed? ☐ Yes ☐ No

Been convicted of any offense? ☐ Yes ☐ No

Been charged with or convicted of an offense against a youth/minor? ☐ Yes ☐ No

Abused, neglected, or molested any child? ☐ Yes ☐ No

If you checked yes to any of the above, please explain the circumstances and dates:

Mental Health Information

Have you experienced a personal crisis in the past year? (check all that apply)

☐ Death of a loved one ☐ Major physical illness ☐ Major mental health illness
☐ Major accident ☐ Jail/prison ☐ Loss of income
☐ Financial difficulties ☐ Loss of relationship ☐ Substance use
☐ Other:

Have you ever been diagnosed with a mental health disorder? ☐ Yes ☐ No

If yes, please describe: _____

_____

If yes, do you take any medications or receive services for this condition? ☐ Yes ☐ No

Has anyone in your family been diagnosed with a mental health disorder? ☐ Yes ☐ No

If yes, have they taken any medications or received services for this condition? ☐ Yes ☐ No

Are you concerned that any of these mental health disorders are going to affect you or your baby?
Yes ☐ No ☐

If yes, please describe: _____

Has anyone ever physically harmed you? ☐ Yes ☐ No

Has anyone ever forced you to have unwanted sexual contact? ☐ Yes ☐ No

If yes, is this pregnancy a result of rape? ☐ Yes ☐ No

Has anyone ever been mentally/emotionally/verbally abusive to you? ☐ Yes ☐ No

If yes, is this in the ☐ Past ☐ Present

Have you ever thought about or tried harming yourself? ☐ Yes ☐ No

Have you ever thought about or tried harming someone else? ☐ Yes ☐ No

Have you ever thought about or attempted suicide? ☐ Yes ☐ No

If yes, do you currently have a safety plan? ☐ Yes ☐ No

Have you ever received professional counseling? ☐ Yes ☐ No

Are you sad much of the time? ☐ Yes ☐ No

Do you experience feelings of hopelessness? ☐ Yes ☐ No

Do you experience anxiety that affects your day-to-day life? ☐ Yes ☐ No

Have you experienced mood swings that affect your daily life? ☐ Yes ☐ No

Do you have difficulties completing everyday tasks? ☐ Yes ☐ No

Have you experienced trauma in your life that you have been unable to stop thinking about even though you've tried? ☐ Yes ☐ No

Do you sometimes feel like your brain is playing tricks on you? ☐ Yes ☐ No

Are you seeing or hearing things that don't seem real or quite right? ☐ Yes ☐ No

Religious Beliefs Information

Please describe your spiritual beliefs:

Which religion do you identify with?

Do your spiritual beliefs influence your decisions? ☐ Yes ☐ No

If yes, describe how:

Do you attend a place of worship? ☐ Yes ☐ No

If yes, where?

References (List two personal references who have known you for at least 1 year who we can call)

Name: Phone Number: Relationship:

Name: Phone Number: Relationship:

STATEMENT OF UNDERSTANDING

- I understand that this is a profile only and that additional documents will be required. This will include identification card, mother and child's birth certificate, Disclosure of Financial Need Statement, insurance card, Agreement to Submission for Drug Testing Form, Host Home Agreement Statement, references, and other information requested by Cherished Host Homes and may include background checks or documentation from medical provider.

- I understand this application does not represent a final commitment by either party. Any placement of a mother and child in a Host Home will be by mutual agreement.

- I certify that the information contained in this application is accurate and complete to the best of my knowledge.

- If there is any significant change affecting health, marital status, residence, family composition, employment, or criminal charges, I will notify Cherished Host Homes, within 24 hours or the next working day.

- I certify that I have been given access to or a copy of the rules and/or policies applicable to the program to which I am applying (Host Home-Mother Agreement).

Please Initial Each Permission:

☐ I give permission to Cherished Host Homes to contact any personal references I provide to them for information applicable to the Client Profile.

☐ I give permission to Cherished Host Homes to share information from my Profile that is necessary to my care with the Host Home in which I'm placed.

☐ I have read, understood, and agree to the above and hereby authorize Cherished Host Homes to render services for my care.

Client's Printed Name: _____

Client's Signature: _____ Date: _____