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### Lois Lodge Resident Application

#### Demographic Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Mobile Number: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ SS# \_\_\_\_\_  
Email Address: \_\_\_\_\_ Age: \_\_\_\_\_  
Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced\_\_\_ Widowed \_\_\_  
Have you resided in North Carolina for the past 6 months? Yes \_\_\_ No \_\_\_  
(If no, please provide state of resident for the past 6 months) \_\_\_\_\_  
Do you possess a NC Driver License? Yes \_\_\_ No \_\_\_ If yes, NC DL# \_\_\_\_\_

#### Medical Information:

Estimated date of delivery (EDD): \_\_\_\_\_  
Do you have proof of pregnancy? Yes \_\_\_ No \_\_\_  
Are you currently under the care of an OBGYN? Yes \_\_\_ No \_\_\_ (If yes, please answer below)  
Name of Doctor: \_\_\_\_\_ Address: \_\_\_\_\_  
Do you receive WIC: Yes \_\_\_ No \_\_\_  
Medicaid: Yes \_\_\_ No \_\_\_ If yes, please provide Medicaid # \_\_\_\_\_  
Do you smoke? Yes \_\_\_ No \_\_\_ If yes, how much? \_\_\_\_\_ How often? \_\_\_\_\_  
Do you take medication(s)? Yes \_\_\_ No \_\_\_ (If yes, please answer below)  
Name of medication(s) \_\_\_\_\_  
Name of Doctor/facility medication prescribed by: \_\_\_\_\_  
Purpose of medication(s) \_\_\_\_\_  
Length of time on medication(s) \_\_\_\_\_  
Have you ever received treatment/therapy for substance abuse or mental illness? Yes \_\_\_ No \_\_\_  
(If yes, please answer): Where? \_\_\_\_\_ When \_\_\_\_\_  
Length of treatment/therapy? \_\_\_\_\_

Are you currently receiving treatment/therapy? Yes \_\_\_ No \_\_\_

**Background Information:**

Name of last school attended: \_\_\_\_\_ State: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ If yes, please provide year of completion \_\_\_\_\_

Merit received? ( i.e: Diploma, GED) \_\_\_\_\_

Have you ever committed a misdemeanor, felony or pled "no contest"? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of offense \_\_\_\_\_ State of offense \_\_\_ County \_\_\_\_\_

Are there currently any pending charges or litigations against you? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Have you ever lived in a group/transitional housing environment? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Dates: \_\_\_\_\_

**Employment/Income Information:**

Are you currently employed? Yes \_\_\_ No \_\_\_ (If yes, fill out section A) (If no, fill out section B)

**Section A-** Name of employer: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_ Contact number: \_\_\_\_\_

Current position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

**Section B-** Name of previous employer: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Contact number: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Are you currently seeking employment? Yes \_\_\_ No \_\_\_

If yes, please list method(s) of search(es): \_\_\_\_\_

Do you have a current resume? Yes \_\_\_ No \_\_\_

**Cont.**

Are there any obstacles that will prevent you from seeking employment? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Do you receive SSI benefits? Yes \_\_\_ No \_\_\_ (If yes, please answer below)

Do you have a bank account and payee? Yes \_\_\_ No \_\_\_

Do you have a checking account? \_\_\_\_\_ Savings account? \_\_\_\_\_

**Family / Support System**

Whom do you currently live with? Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

How long have you lived with this person? \_\_\_\_\_

In case of an emergency, who should we contact?

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Relationship: \_\_\_\_\_

What is the current relationship with your family?

Safe \_\_\_ Healthy \_\_\_ Stable \_\_\_ Volatile \_\_\_ Abusive \_\_\_ Estranged \_\_\_

What is your plan for housing post-delivery? \_\_\_\_\_

Will the father of the newborn-

Provide emotional support? Yes \_\_\_ No \_\_\_

Provide financial support? Yes \_\_\_ No \_\_\_

Participate during the pregnancy? Yes \_\_\_ No \_\_\_

Do you plan to parent or place the newborn after delivery? \_\_\_\_\_

Do you or will you have a support system to help care for the newborn? Yes \_\_\_ No \_\_\_

If yes, with whom? \_\_\_\_\_

**Document Checklist**

Please make sure to bring all items listed below to the interview.

NC ID/Driver License \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Social Security Card \_\_\_\_\_

Proof of Pregnancy \_\_\_\_\_ WIC/Medicaid Card \_\_\_\_\_ Proof of current medical exam \_\_\_\_\_

Signature: \_\_\_\_\_

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

(Initials will serve as online signature)

**FOR OFFICE USE:**

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

Time Started: \_\_\_\_\_

Time Finished: \_\_\_\_\_

Placement: \_\_\_\_\_

Intake Initials: \_\_\_\_\_