



***Madonna House of
Northern Kentucky, Inc.***
 25 Orphanage Road | Fort Mitchell, KY 41017
 859.344.1191

APPLICATION FOR RESIDENCY

NAME	BIRTHDATE	AGE	
ADDRESS	CITY	STATE	ZIP
TELEPHONE:	SSN#		
EMPLOYED	COMPANY	HRS PER WEEK	
PARENTS' NAMES AND TELEPHONE #:			

REFERENCES, OTHER THAN RELATIVES:

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

EDUCATION

SCHOOL ATTENDED	CITY/STATE	LEVEL COMPLETED	GPA
ELEM:			
HIGH SCHOOL:			
POST-SECONDAY:			
VOCATIONAL:			

HAVE YOU HAD ANY JOB TRAINING? WHERE?

HAVE YOU ANY SPECIAL SKILLS? (KEYBOARDING, TYPING, ETC.)

PLEASE LIST:

WHAT ARE YOUR CAREER/EDUCATIONAL GOALS?

HEALTH

DO YOU SMOKE?

WILL YOU QUIT?

ARE YOU AWARE OF THE CONSEQUENCES OF SMOKING DURING YOUR PREGNANCY?

DO YOU HAVE A HISTORY OF ALCOHOL OR DRUG ABUSE?

IF YES, EXPLAIN:

DO YOU HAVE ANY MEDICAL PROBLEMS? (ALLERGIES, DIABETES, BLOOD PRESSURE, ETC.)

HAVE YOU OR A FAMILY MEMBER EVER RECEIVED COUNSELING OR HOSPITALIZATION FOR MENTAL ILLNESS?

DO YOU HAVE BI-POLAR DISORDER?

IF YES, ARE YOU ON MEDS?

HAVE YOU EVER BEEN TREATED FOR AN STD?

WHICH DISEASE AND WHEN WAS YOUR TREATMENT?

WHY HAVE YOU CHOSEN TO PARENT? HOW CAN MADONNA HOUSE HELP YOU ATTAIN YOUR GOALS? WHAT ARE YOUR CONCERNS ABOUT PARENTING? (CONTINUE ON BACK, IF NECESSARY.)

DO YOU HAVE A POLICE RECORD?

IF YES, EXPLAIN:

WOULD YOU CONSENT TO A BACKGROUND CHECK BY MADONNA HOUSE?

THE INFORMATION CONTAINED IN THIS APPLICATION IS CONFIDENTIAL.

ALL INFORMATION ON THIS APPLICATION IS, TO MY KNOWLEDGE, FACTUAL AND CORRECT. IF I AM ACCEPTED INTO THE PROGRAM, I AGREE TO ADHERE TO ALL RULES AND REGULATIONS ESTABLISHED BY THE HOUSE AND TO CONTRIBUTE TO THE HOUSEHOLD IN ANY WAY NECESSARY FOR THE SMOOTH FUNCTIONING THEREOF.

SIGNATURE OF APPLICANT

DATE
