

Madonna House of Northern Kentucky, Inc.
P. O Box 175965 ♦ 25 Orphanage Road ♦ Fort Mitchell, KY 41017-5965
Telephone and Fax: 859-344-1191
Email: admin@madonnahousenky.org
www.madonnahousenky.org

APPLICATION FOR RESIDENCY

PERSONAL INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Other names you've gone by:		
List 3 Previous Addresses & how long you lived there:		
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Annual income:
Please list your past 3 Employers, City/State & How Long you were there:		
1.		
2.		
3.		
EMERGENCY CONTACT		
Name & Relationship:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
THREE REFERENCES (EXAMPLE: EMPLOYER OR TEACHER) <u>NO RELATIVES</u>		
1. Name: _____ Relationship & how long?		
Address & Phone: _____		
Employer: _____		
2. Name: _____ Relationship & how long?		
Address & Phone: _____		

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EMPLOYER	
Employer:	
3. Name:	Relationship & how long?
Address & Phone:	
Employer:	
EDUCATION	
Schools Attended:	
1. Name of School & City/State:	
Grade & Last Year Attended:	
2. Name of School & City/State:	
Grade & Last Year Attended:	
Special Skills: (Ex. Typing, Computer, etc)	
Career/Educational Goals:	
HEALTH	
Do you smoke?	History of Drug or Alcohol Abuse?
If yes, Explain:	
Personal or Family History of Mental Illness?	
Any other health issues that require special care?	
CHILDREN (LIST ALL CHILDREN YOU DO AND DO NOT HAVE CUSTODY OF)	
If Pregnant list due date, sex & name of child if known:	
Name & Birthdate:	Name & Birthdate:
Name & Birthdate:	Name & Birthdate:
POLICE RECORD, ARRESTS, LEGAL CHARGES	
Please list and explain ALL police records, arrests, charges, current warrants, and city/state and date occurred (even if dismissed): (Use back of page if needed.)	
SIGNATURES	
I authorize that the verification of the information provided on this form is, to my knowledge, factual and correct. If 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:

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AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form. Your written authorization is necessary for completion of the application process:

I, _____, hereby authorize Madonna House of Northern KY, Inc. to investigate my background and qualifications for the purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Madonna House will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for the position will not be processed further.

Signature of Applicant

Date

Please PRINT the information below:

Applicant Name & Current Address or last permanent address

Previous Address

Social Security Number/Driver's License Number/Date of Birth

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Authorization to Disclose or Obtain Information

I, _____, hereby authorize Madonna House of Northern KY, Inc., to obtain/release information concerning me and/or my children, _____, to/from the members of the Pregnancy Care Network for the purpose of case conferencing in order to coordinate services.

The time period for this disclosure and/or use of information extends from the date below until my application is finalized or until the last day of my residency, should I be accepted into the program.

- In signing this document, I acknowledge that the disclosure or use of the above information is confidential and is intended to be shared only with those parties named.
- I recognize that this information may be subject to inadvertent or uncontrollable reuse or disclosure through no intent or fault of the parties named.
- I understand that I have a right to refuse to sign this document and that such refusal will not cause me to be denied services.
- I understand that I may revoke this authorization any time prior to the dates indicated above by notifying my service provider.
- I understand that I have a right to inspect a copy of the written information to be used or disclosed.

Printed Name: _____

Signature: _____ Date: _____

Service Provider's Signature: _____

Pregnancy Care Network Members:

CareNet
Catholic Charities
Citizens Coalition for Life
Every Child Succeeds/Young Families/Brighton Center/St. Elizabeth Medical Center
Health Point Family Care
Madonna House of NKY
Mercy Maternity Home
New Hope Center
SEMCOB/GYN Services
Welcome House

*Madonna House of Northern Kentucky is a 501(c)3 Charity
All Donations Are Tax Deductible*

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**Authorization to Allow Madonna House Staff to Obtain Information from
Social Networks**

I, _____, authorize Madonna House Staff to access my social networks, including Facebook, *during the interview*, in order to further determine my eligibility for the program. I will cooperate with this process by providing my identity (staff will not require passwords) on the networks and making it public for the interviewers or by accessing the network myself while they are present.

Signature: _____ Date: _____