



A Ministry of Family Life Services of Emporia, Inc.

## **APPLICATION PACKET FOR RESIDENTS**

[www.shilohhomeofhope.org](http://www.shilohhomeofhope.org)

P.O. Box 748  
Emporia, KS 66801

620-342-2244  
888-797-3002

[fls.shiloh@hotmail.com](mailto:fls.shiloh@hotmail.com)

*Do not conform any longer to the pattern of this world,  
But be transformed by the renewing of your mind.  
Then you will be able to test and approve what God's will is-  
His good, pleasing and perfect will. Romans 12:2*

# Shiloh Home of Hope for *Women*

## Application Packet Contents

### **Part One:**

Instructions for Application .....	2
Application.....	4
Understanding the 6 month Commitment.....	13
6 Month Commitment Agreement.....	14
House Rules.....	15
Items Furnished by Shiloh.....	19

### **Part Two:**

General Physical Exam.....	21
Immunization Record.....	22
Lab Results.....	23
Pregnancy Exam.....	24
Report of Physical Examination.....	25
Family History.....	28
Insurance Information.....	29

P.O.Box 748 Emporia, KS 66801 ♦ 620.342.2244

## **Shiloh Home of Hope for *Women***

### **APPLICATION PACKET- PART ONE**

Enclosed please find an application for acceptance into Shiloh Home of Hope. Please read all of the information including the rules and the required 30 day and 6 month commitment. If the applicant has a true desire for help in a Christian atmosphere and is willing to submit to those in authority at Shiloh, she can complete the application. Please understand that no one can be sent here against her will or without showing a desire to change.

Please use the following steps to complete your application:

1. **Read all information and review the 30 day and six month commitment.** If you agree, sign the commitment and proceed to step 2.
2. **Complete part one of the application. The entire application must be completed by the applicant in her own handwriting.** Be sure to completely fill out all of the information requested (including a recent picture; a head to toe shot taken in the last three months) on part one of this application packet.
3. **Mail or bring in part one of the application (including the commitment forms).**
4. **Once the applicant has completed all of the above instructions it is her responsibility to call and schedule an in-person or telephone interview.** Interviews last approximately 45 minutes and are scheduled in advance.
5. **Make doctor's appointment to have general physical completed (part two).**
6. **Submit all medical records, psychological reports and educational information.** Please sign and return the enclose release form. You should also make any copies needed in order to use the release form to request your most recent psychological and/or medical reports.
7. **Call to confirm that all information has been received.**
8. The applicant will be contacted to inform her of acceptance or denial of her application. If accepted, the applicant will be given a date of entry into the program. If there is no availability she will be placed on a waiting list.

***See next page for summary.***

**In summary, please follow these steps:**

- 1. Read all information and review 30 day and 6 month commitment**
- 2. Complete Part One of application**
- 3. Include a recent picture**
- 4. Make doctor's appointment to have general physical completed (Part Two)**
- 5. Mail Part One to Shiloh Home of Hope**
- 6. Submit all medical reports and educational information**
- 7. Call to confirm that all information has been received.**

Please understand that your cooperation in following all of the previous steps is the quickest way to enter the program. We understand that you want help quickly; however, we must abide by these guidelines in order to ensure that everyone is treated fairly. Your effort in getting through the application process helps to show us your willingness, commitment, and desire for change. Thank you for your cooperation.

**APPLICATION FOR ACCEPTANCE TO  
Shiloh Home of Hope for *Women***

***This information is confidential. The information in this application will not be held against you or used to judge you in any way. Shiloh is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason Shiloh cannot meet your particular need, we may be able to refer you to someone who can. Please answer all questions honestly so we may know how best to help you. Please do not leave any blanks in your application as this will delay processing. If a question is not applicable to you please put **NONE** or **N/A** next to it.***

Name: \_\_\_\_\_ Date \_\_\_\_\_ Name you go by: \_\_\_\_\_

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone # home ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Referred by: DHS \_\_\_\_\_ Court \_\_\_\_\_ Parents \_\_\_\_\_ Church \_\_\_\_\_ Advertisement \_\_\_\_\_ Other (specify) \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Have you ever applied to Shiloh in the past? \_\_\_\_\_ If YES please give approximate date: \_\_\_\_\_

### **Information About You**

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

City and State of Birthplace: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number (and expiration date): \_\_\_\_\_

Physical Characteristics:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

### **Marital Status**

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Seperated \_\_\_\_\_

### **Children**

Do you have any children? \_\_\_\_\_ How many? \_\_\_\_\_

List Names and ages:

1. \_\_\_\_\_ Age: \_\_\_\_\_
2. \_\_\_\_\_ Age: \_\_\_\_\_
3. \_\_\_\_\_ Age: \_\_\_\_\_

Will any of the children not be staying with you at Shiloh, if so, please indicate? \_\_\_\_\_

What other arrangements, if needed, are being made for your children while you are at Shiloh?

---

Who has custody of your children? \_\_\_\_\_

Please explain how much and what type of contact the children's birth father(s) has with your child(ren) \_\_\_\_\_

---

---

Are you on any type of government or financial assistance? \_\_\_\_\_

Will your coming to Shiloh have any affect on this assistance? \_\_\_\_\_

### **Educational**

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

Dates of Attendance: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If not, last grade completed? \_\_\_\_\_

Have you ever been in any special education classes? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Do you plan on obtaining a GED or home schooling while at Shiloh (yes or no)? \_\_\_\_\_

Which? \_\_\_\_\_

**Pregnancy**

Are you pregnant? \_\_\_\_\_ Approximate Due Date: \_\_\_\_\_

Has a doctor confirmed your pregnancy? \_\_\_\_\_

Is the birth father aware of your pregnancy? \_\_\_\_\_

What involvement do you anticipate the birth father having with you and your baby during and after your pregnancy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you considering parenting \_\_\_\_\_ placing \_\_\_\_\_ undecided \_\_\_\_\_ your child? *(Please indicate choice)*

***Shiloh Home of Hope firmly believes in allowing you to make the choice between adoption and parenting. We believe that while you are here God will give you direction for your life and that of your unborn child.***

**Medical**

Do you have any allergies? \_\_\_\_\_ List: \_\_\_\_\_

List any and all medications that you take:

Medication	Dosage	Reason	For How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***If you have been prescribed medications, please do not stop them on your own, but continue to take them as prescribed by your physician (s). Shiloh Home of Hope will need a statement from the doctor (s) who prescribed your medication fully explaining the need for this (these) prescription (s).***

Are you on a special diet? \_\_\_\_\_ Explain: \_\_\_\_\_

If yes, was this diet prescribed by a Doctor? \_\_\_\_\_ Dr's name and phone #: \_\_\_\_\_

Do you eat meat? \_\_\_\_\_

Do you have, or have you ever had, a problem with food or eating? \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

Have you been diagnosed with an eating disorder, or treated by a physician? \_\_\_\_\_

Dr's name and phone #: \_\_\_\_\_

List any physical limitations that you may have as indicated by a physician: \_\_\_\_\_

---

Reason: \_\_\_\_\_

List all past surgeries, or medical hospitalizations (include dates): \_\_\_\_\_

---

**Financial**

Do you have any outstanding debts? \_\_\_\_\_ Explain \_\_\_\_\_

---

What arrangements will you make for their payment while you are at the home? \_\_\_\_\_

---

Would the finances for your personal needs while at Shiloh Home of Hope be sponsored by a church, ministry, family or individual? \_\_\_\_\_ If so, whom? \_\_\_\_\_

***Medical and Insurance- see pages 25-26 of application.***

***Shiloh Home of Hope provides food and shelter, but we are not responsible for medical expenses or prescriptions. It is the responsibility of our residents to cover these expenses. Arrangements should be made prior to residency. If none is available to you please inform Shiloh staff during your interview.***



**Legal Background**

Have you ever been arrested? \_\_\_\_\_ How many times? \_\_\_\_\_ Dates, charges: \_\_\_\_\_

Do you have pending court dates? \_\_\_\_\_ Explain: \_\_\_\_\_

Are you currently incarcerated? \_\_\_\_\_ How long? \_\_\_\_\_ Length of Time Remaining: \_\_\_\_\_

Name of Attorney or Legal Representative: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Have you ever been on probation or parole? \_\_\_\_\_ Are you now? \_\_\_\_\_

How long? \_\_\_\_\_ Length of Time Remaining: \_\_\_\_\_

How often do/should you report? \_\_\_\_\_ In person or through mail? \_\_\_\_\_

Name of probation or parole officer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #:( ) \_\_\_\_\_

**Substance Abuse**

Have you ever experimented with the following substances? (Circle)

- |   |                                 |          |
|---|---------------------------------|----------|
| Alcohol                                 | Hallucinogenic (Acid,LSD,etc..) | Morphine |
| Amphetamines (uppers)                   | Crank                           | Opium    |
| Barbiturates (downers)                  | Crystal Meth                    | Heroin   |
| Cocaine                                 | Marijuana                       | Ecstasy  |
| Crack                                   | Meth Amphetamines               | Tobacco  |
| Inhalants (Glue, Paint Thinners, etc..) | Other: _____                    |          |

**Drug of Choice:**

1) \_\_\_\_\_ Length of Use \_\_\_\_\_

2) \_\_\_\_\_ Length of Use \_\_\_\_\_

3) \_\_\_\_\_ Length of Use \_\_\_\_\_

4) \_\_\_\_\_ Length of Use \_\_\_\_\_

Habit cost per day? \_\_\_\_\_ Longest Period Clean? \_\_\_\_\_

\*Have you ever been in an alcohol, drug, or detoxification program before? \_\_\_\_\_ (Please list facilities below)

Was it religious or non-religious? \_\_\_\_\_

<b><u>Date of entry</u></b>	<b><u>Program Name</u></b>	<b><u>City/State</u></b>	<b><u>Reason for Leaving</u></b>	<b><u>Date of Discharge</u></b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Counseling**

Have you ever been diagnosed or treated for (please mark yes or no): DID/Dissociative Disorder \_\_\_ ADD \_\_\_ ADHD \_\_\_ Schizophrenia \_\_\_ Bi-Polar \_\_\_ Borderline Personality Disorder \_\_\_ ?

\*Have you ever been to counseling? \_\_\_\_\_ (Please list facilities/persons below)

\*Have you ever received psychiatric care or been in a psychiatric hospital? \_\_\_\_\_ (Please list facilities....)

<u>Date of entry</u>	<u>Program Name</u>	<u>City/State</u>	<u>Reason for Leaving</u>	<u>Date of Discharge</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please sign forms with the above \*facilities/programs/counselors and have your records forwarded to Shiloh Home of Hope.**

Have you ever been a victim of rape \_\_\_\_\_ or incest \_\_\_\_\_ ? How old were you? \_\_\_\_\_

Have you ever been a victim of sexual abuse \_\_\_\_\_ physical abuse \_\_\_\_\_ or ritual abuse \_\_\_\_\_ ?

Have you ever been involved in prostitution? Yes \_\_\_\_\_ No \_\_\_\_\_ Lesbianism? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever tried to commit suicide? \_\_\_\_\_ When? \_\_\_\_\_

Why? \_\_\_\_\_

---

Have you ever self-mutilated? Yes \_\_\_\_\_ No \_\_\_\_\_ How? \_\_\_\_\_

**Family**

Do you and your parents get along? \_\_\_\_\_

Do you live with them? Yes \_\_\_\_\_ No \_\_\_\_\_

Are they Christians? \_\_\_\_\_ For How Long? \_\_\_\_\_

Denomination and name of church: \_\_\_\_\_

---

**Spiritual**

Have you ever witnessed or been involved in the following occult activities? (Circle)

- |                      |  |                       |
|----------------------|--|-----------------------|
| Astroprojection      | Satanic Worship                              | Rituals               |
| Divination           | Séances                                      | Sacrifices            |
| Fortune Telling      | Spell Casting                                | Spiritism             |
| Horoscopes           | Tarot Cards                                  | Psychic Consultations |
| Levitation           | Voodoo                                       | Chanting              |
| Ouiji Boards         | Witchcraft                                   | Channeling            |
| Palm Reading         | White Magic                                  |                       |
| Witches Coven        | Putting Curses on Others                     |                       |
| Dungeons and Dragons | Programming (color, number, locations, etc.) |                       |

Write a brief explanation of you involvement with each: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been abused in any of these activities?

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in any of the following groups? (Circle)

- |                     |                           |
|---------------------|---------------------------|
| Christian Science   | Mormonism                 |
| Eastern Religions   | Scientology               |
| Jehovah's Witnesses | Transcendental Meditation |
| Brotherhood         | New Age Movement          |

Write a brief explanation of your involvement with each: \_\_\_\_\_

\_\_\_\_\_

Have you ever committed your life to God? \_\_\_\_\_

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

Denominational background: \_\_\_\_\_

Are you a member of any church or religion? \_\_\_\_\_

Which one? \_\_\_\_\_

How often do you attend church? \_\_\_\_\_

Do you read the Bible? \_\_\_\_\_ How often? \_\_\_\_\_

Do you ever pray? \_\_\_\_\_ How often? \_\_\_\_\_

Do you feel that you have a need for God? \_\_\_\_\_ Explain: \_\_\_\_\_

---

What is your present relationship with God? \_\_\_\_\_

---

Have you ever considered rededicating your life to God? \_\_\_\_\_

Are you willing to do it now, if necessary? \_\_\_\_\_

Why would you like to come to Shiloh? \_\_\_\_\_

---

---

What would you like to see happen in your life while at this home? \_\_\_\_\_

---

---

I have read the rules of this program and agree to submit to the rules and the staff of Shiloh Home of Hope for *Women*. I understand that if I have failed to answer these questions truthfully or withheld any information, it can be considered grounds for refusal to or dismissal from the program.

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

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

## **Your First 30 Days**

The first 30 days of resident's stay in our program is filled with many challenges. This most often includes homesickness, struggles with trust, environmental changes, and a roller coaster of emotions. The first inclination of the resident is the desire to leave prematurely, before the adjustment period is complete. Most of this passes after the first 30 days.

We are requiring a strong commitment on your part to enter this program with a determination in your heart to see it through to the end. Your signature to this 30 day commitment form is your agreement to not compromise your decision to change, and, therefore, agree to give no time or expression to such ideas as, "I'm too homesick," "This is too hard," and/or "I'm not ready for this." We understand that feelings of being homesick and missing your family are valid. However, you must determine now that you will not allow these feelings to drive you from your commitment to what God has for you through Shiloh Home of Hope.

The first 30 days is the first step of many in the healing process. Your signature represents your commitment and desire to do what it takes to achieve freedom and healing. We are committed to you as long as you are committed to us.

I, \_\_\_\_\_, understand that the first 30 days at Shiloh is a critical transition period and requires my dedication to fulfill my determination to change. By my signature, I choose to not allow myself to compromise this decision.

If you do not agree to this commitment, please do not proceed with the application process.

If you do agree, please proceed to the following page.

---

Signature of Applicant

Date

## **Understanding the 6 Month Commitment**

The first 30 days are crucial to the beginning of the program. Your commitment to this initial time will set in motion what you need to complete the program. Once the first 30 days of transition have passed, the next several steps in the healing process will require an average of 6 to 18 months and a strong understanding of your initial commitment. We look at this commitment as if it were a legally binding document signed by you giving us your word that you will not change your mind about staying with us at Shiloh for an average of six months.

It is not acceptable to sign this agreement and then say, "I don't care, I want to go home." We believe God makes a divine appointment for every young woman who comes to Shiloh. This is a place where young women can come who are serious about changing their lifestyle and/or receiving healing for life issues that have damaged them emotionally, spiritually, and physically. We take our commitment to minister to you seriously, and we expect your commitment to be as serious to us that you will focus on working through your issues and allowing the Lord to minister to you while you are here.

Each situation is different. There is no guarantee that your healing process will be complete in 6 to 9 months. The staff at Shiloh are committed to do whatever it takes to complete what God wants to do in your life.

If you feel you cannot give us your solemn word that you will fulfill this commitment of six months, do not sign this agreement. Your life is worth the time, please take it.

God bless you in your decision about the future.

Sincerely,

Carol Alderman  
House Manager  
Shiloh Home of Hope for Women

## **6 Month Commitment Agreement**

I, \_\_\_\_\_, agree to commit to stay at Shiloh Home of Hope for a minimum of 6 months. I understand that this is the minimum amount of time generally needed to work through issues.

Before completion of the program, I will meet with my counselor and the program director to discuss my progress. It will be determined at that time and by their discretion whether I should continue to stay or prepare for graduation.

Please read over everything and sign the six month commitment agreement. This will help you to stick with the program while you are adjusting to your new environment. The staff at Shiloh looks forward to meeting you and working with you.

Sincerely,

Carol Alderman  
House Manager  
Shiloh Home of Hope for Women

---

Signature of Applicant

Date

## **HOUSE RULES**

### **Activities:**

Everyone participates in all activities unless given special permission to be excused by staff member in charge. Residents stay together as a group under supervision of a staff member during activities.

### **Check-In:**

When residents arrive, all of their belongings will be checked in by a staff member and recorded for their protection.

### **Check-Out:**

When leaving the program, residents will be checked out by a staff member on duty to insure that they have all their belongings.

### **Church:**

Weekly church attendance is required.

Effort will be made to allow residents to attend the denomination (mainstream Christian denominations) of their choice. This depends on the availability of people from the different churches to take on the responsibility of transportation and other arrangements necessary.

Unless other arrangements are made, residents will attend church as a group.

Residents are to be on time, appropriately dressed, and take their Bible.

Residents are to attend to all restroom needs for themselves and their children before any meeting begins.

Residents must sit together as a group.

Residents will be attentive and participate in church services.

Residents are to stay in the church building until the staff member in charge is ready to leave.

Residents stay together during church or special services.

Mothers are responsible for attending to the needs of their children during church, while teaching and ensuring proper church etiquette.

Children will participate in age appropriate activities (nursery, Sunday School, children's church, etc.).

### **Discipline**

Discipline will be given for disobedience and wrong attitudes. Extra household duties, restriction from privileges, essays, and even dismissal will be used.



### **Dismissal:**

You may be subject to dismissal from the program for the following behavior:

- using drugs, alcohol, or cigarettes or for having them in your possession
- leaving the property without permission
- being continually uncooperative
- **not showing a sincere desire for help**

*Girls must be willing to change and have a sincere desire for help.*

### **Dress Code:**

Clothing must be clean and modest at all times.

Bathing suits must be modest.

Some type of clothing (in addition to underclothing) must be worn at all times, including to and from the bathroom.

Neatness and cleanliness are expected.

Girls are to shower every day at assigned times.

### **Household Duties:**

Girls are assigned and responsible for household duties that are supervised by the staff in charge. The same person who does a job incorrectly must correct it.

When a special need arises, every girl's cooperation in doing extra duties will be required.

### **Mail:**

Questionable mail will be opened and read by staff.

Inappropriate correspondence will be denied. Residents will be informed if they receive mail that was deemed inappropriate.

Residents may be asked not to correspond with individuals who have proven to be a negative influence, or are connected to past problems.

### **Marriage Relationships:**

In isolated cases, a married girl will be allowed to enter the program. We will allow the Spirit of God to direct us in each situation, according to what is needed.

### **Relationships:**

Girls are not allowed to develop romances or date during their stay in the program.

There will be no pairing off with a member outside of the group. Girls are always asked to stay in the group.

Time in the home should be devoted to working through problems and developing a personal relationship with Jesus.

Relationships with childrens' fathers and husbands of residents will be evaluated on a case-by-case basis.

**Smoking:**

Smoking is never permitted at Shiloh.

**Telephone Calls:**

Calls may be placed and/or received on Sunday from 2:00 p.m. until 6:00 p.m. Calls are limited to fifteen minutes per call.

Staff members will answer the telephones and monitor the calls. Residents may not be allowed to talk to individuals who have proven to be a negative influence, or are connected to past problems.

**Transformational Life Coaching (TLC):**

Each client will have private, individual coaching sessions scheduled once a week. Clients are to notify the staff on duty if they need immediate help or counsel.

**Visitation:**

All visitors and visits must be approved and arranged with the house manager one week ahead of time. Generally, visits will be scheduled on Sunday afternoons from 2:00-6:00. Visits will take place in designated areas of the home and will be monitored.

Residents may be allowed to leave for visits outside the home after they have been at Shiloh for two months. These visits will be evaluated on a case by case basis, with the determining factors being the readiness of the resident to be away from Shiloh and the influence the people she is visiting on her. These visits will need to be approved by the House Manager or Director of Services. These visits might be for a Sunday afternoon or a weekend. It is important that the people the resident is visiting are positive influences on her and will help her to make good choices while away from Shiloh. The people the resident is leaving with are responsible for picking her (and her children) up and returning them at whatever time is agreed to. These types of visits are limited to one per month at the most.

## Shiloh Home of Hope for *Women*

You will be furnished with the following items to use:

blankets	bath towels	Bible
pillows	wash clothes	plastic basket for toiletries
sheets	laundry basket	alarm clock

An iron is provided for use in the home.

### **Items to bring:**

#### **Clothes:**

Bring clothes and coats for yourself and your children. Please remember that we have limited closet space. Because of limited space, please bring only the clothing you know you will be needing; the excess will need to be returned. Please review the Dress Code section of House Rules. Please let us know if you have any questions about packing.

#### **Prescription Medications:**

If you or your children are on any prescription strength medications please bring a 30 day supply with you upon entry into the program. This does not apply for prescriptions which are short term or temporary such as antibiotics, but rather those taken on a continual basis. Over the counter medications will be provided and available for you on an as needed basis. *All medications should be packed together in one or two large zip lock bags to be handed over to staff immediately upon arrival so that our medical staff may process them for you quickly.*

#### **Money and Identification:**

Any cash, checks, credit cards, and bank cards will be held in an account for the duration of your stay at Shiloh and available for you when needed to be used with staff supervision. Please ensure that you have a current photo ID and a Social Security card regardless of age. *Please have all of these items together in an envelope or zip lock bag separate from your medications. These will need to be handed over to our staff immediately upon arrival in order to ensure they are processed quickly into our system. **Please place these items in a zip lock bag separate from your medications.***

#### **Additional items you will need to bring:**

- Personal items such as shampoo, deodorant, feminine hygiene items, make-up, etc. (you need not bring 6 months worth). We have many of these things on hand, but if you want to make sure you have a particular type/brand you will want to bring your own.
- Hair dryer, curling iron, electric or battery operated razor, etc..
- Notebook, journal, pens and pencils

#### **Optional Items:**

- A cassette walkman and/or a CD walkman (without radios).
- Christian music tapes and/or CDs- limit (10) in total. Only Christian music is allowed. This does not mean we believe that all mainstream music is wrong. We are simply attempting to create a spiritual atmosphere that is conducive with your purpose for coming to Shiloh.
- Christian books. Only Christian books are allowed. You may bring up to (5) books, including any translations of the Bible you may choose to bring.

- Children's items: we have ample supply of baby items and toys for young children, please limit what you bring to things that are important to your children, space is limited. What doesn't fit will not be allowed. Please discuss what to bring for each of your children with us.
- Cell phones – you are permitted to bring a cell phone but you will only be allowed to use it on Sundays in accordance with normal telephone rules (see above). If having a cell phone becomes a problem it will be disallowed.

**Please do not bring:**

- vehicle
- Burned CDs or MP3s
- MP3 players, Ipods, etc
- Any product containing alcohol (mouthwash, skin products, perfume, teeth whitening liquid, etc)

**Keep in mind that we have very limited space,** so please plan accordingly.. **If you are unsure about bringing an item, please call with questions.**

# Medical Form

## Shiloh Home of Hope

Name \_\_\_\_\_

### General Exam

#### General Appearance:

Height \_\_\_\_\_ Weight \_\_\_\_\_

#### Vital Signs:

Blood Pressure \_\_\_\_\_ Temp. \_\_\_\_\_

Pulse \_\_\_\_\_ Resp. \_\_\_\_\_

**Vision:** Without Glasses R-20 \_\_\_\_\_ L-20 \_\_\_\_\_

With Glasses R-20 \_\_\_\_\_ L-20 \_\_\_\_\_

	Normal	Abnormal (Explain)
<b>Eyes</b>		
<b>Ears</b>		
<b>Nose</b>		
<b>Throat</b>		
<b>Teeth</b>		
<b>Cardiovascular</b>		
<b>Neurological</b>		
<b>Extremities</b>		

Any sign of contagious disease?

---

---

---

Physician's signature: \_\_\_\_\_

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

# Shiloh Home of Hope

Name \_\_\_\_\_

## IMMUNIZATION RECORD

Please provide a copy of your immunization card, if possible.

(Enter Dates)

	<b>NONE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>UNKNOWN</b>
1. Inactivated Polio						
2. Diphtheria, Pertussis, Tetanus						
3. MMR or separate immuns. of : Red Measles, Rubella, Mumps						
4. Tetanus						

The following additional immunizations are required of applicants between the ages of 13 and 16:

	<b>NONE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>UNKNOWN</b>
1. Hepatitis B						
2. MMR or separate immuns. of: Red Measles, Rubella, Mumps: Second dose						
3. Tetanus (if applicable)						

# Shiloh Home of Hope

Name: \_\_\_\_\_

## REQUIRED LAB WORK

1. Tuberculin Test

a. Date Test Given: \_\_\_\_\_ b. Date checked: \_\_\_\_\_

Results of Test \_\_\_\_\_

2. STD Testing: **All testing is required. We also require copies of lab work.**

Results:

Syphilis \_\_\_\_\_

Gonorrhea \_\_\_\_\_

Chlamydia \_\_\_\_\_

Hepatitis \_\_\_\_\_

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

HIV \_\_\_\_\_

3. Other Testing:

Blood type: \_\_\_\_\_

Hgb/Hct: \_\_\_\_\_

Pap Results: \_\_\_\_\_

**Physician's signature:** \_\_\_\_\_

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

# Shiloh Home of Hope

Name: \_\_\_\_\_

Please complete the following form **ONLY IF YOU ARE PREGNANT**

Gynecological exam: Date of LMP \_\_\_\_\_

Results of Pelvic Exam: Cervix \_\_\_\_\_

Uterus \_\_\_\_\_

Vagina \_\_\_\_\_

Breast: Shape and appearance of breast and nipples

---

Pregnancy: Date of LMP \_\_\_\_\_ Weight \_\_\_\_\_

Due Date \_\_\_\_\_

Cervix \_\_\_\_\_

Ultrasound results (if done) \_\_\_\_\_

Physician's impressions, comments and diagnosis of girl's health: \_\_\_\_\_

---

---

Problem List/Plan

---

---

---

---

---

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's telephone number \_\_\_\_\_

Address \_\_\_\_\_





<b>CONDITION</b>	<b>YES</b>	<b>NO</b>
Rheumatic fever		
Heart trouble		
Asthma		
Blood in urine		
Burning on urination		
Frequent kidney infections		
Kidney stones		
Vomiting blood		
Diarrhea		
Constipation		
Arthritis		
Blackout spells		
Convulsions		
Backache		
Fatigue		
Dizziness		
Excessive fatigue		
Are you nervous?		
Are you depressed often?		
Do you worry?		
Do you sleep well?		
Are you excessively sleepy?		
Do you cry easily?		

Condition	Yes	No	Age	Condition	Yes	No	Age
Scarlet Fever				Syphilis			
Measles				Gonorrhea			
Chickenpox				Diphtheria			
Mumps				Hepatitis			
Whooping Cough				Tuberculosis			
Smallpox				Pneumonia			
Typhoid Fever				Nervous Breakdown			
Cancer				Goiter			
Anemia				TB			

List Allergies \_\_\_\_\_

List drugs to which you are allergic or sensitive to \_\_\_\_\_

Any other past or present illness (es) not listed \_\_\_\_\_

Do you have epilepsy? Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Have you had a blood transfusion? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

List medications you take (bring medicine with you) \_\_\_\_\_

List all surgery you have had with dates \_\_\_\_\_

Do you have special diet requirements? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Your age at the time of your first period \_\_\_\_\_ Days between periods \_\_\_\_\_

Length of period \_\_\_\_\_ Flow: Heavy \_\_\_\_\_ Avg. \_\_\_\_\_ Light \_\_\_\_\_

Any bleeding between periods? \_\_\_\_\_ Number of pregnancies? \_\_\_\_\_

Number of full-term \_\_\_\_\_ Number of Miscarriages \_\_\_\_\_

Weight of largest baby: \_\_\_\_\_ Any complications with any pregnancy? \_\_\_\_\_

# Shiloh Home of Hope for *Women*

## **FAMILY HISTORY** (Whether living or deceased)

Relative/Name	Age	Condition of Health	Age at Death	Cause of Death
Mother:				
Father:				
Sisters:				
Brothers:				
Children:				

# Medical Insurance Information Form

## Section A

1. Name, address and telephone number of family practitioner:

---

2. Do you have current individual insurance coverage? Y/N:

Dental \_\_\_\_\_ Vision \_\_\_\_\_ Medical \_\_\_\_\_

3. If you are a dependent, are you covered by your parent/legal guardian's policy? Y/N: \_\_\_\_\_

**Please call your insurance provider for assistance in answering the following questions. If you do not have insurance, please proceed to Section B of this form.**

4. Name of insurance provider: \_\_\_\_\_ Policy number: \_\_\_\_\_

Group number: \_\_\_\_\_

5. Does your policy provide medical coverage outside of your network for both emergency and non-emergency visits? Y/N \_\_\_\_\_ What % does it cover? \_\_\_\_\_

If not, please specify: \_\_\_\_\_

6. What is your Dr. visit co-pay inside of the network? \_\_\_\_\_

What is your Dr. visit co-pay outside of the network? \_\_\_\_\_

1. \*Do you have prescription drug coverage? Y/N: \_\_\_\_\_

\*If yes to above, are prescriptions covered outside of the policy network? Y/N \_\_\_\_\_ What %? \_\_\_\_\_

\*If you do not have prescription drug coverage, Shiloh Home of Hope will require a \$100.00 deposit to cover any prescription costs that are accrued during your/your daughter's time in the program.

2. Will your insurance policy cover all of the following possible medical needs while at Shiloh? Please check those that are covered:

\*Normal Pregnancy \_\_\_\_\_ \*Complicated Pregnancy \_\_\_\_\_

Emergency Room \_\_\_\_\_ Hospitalization \_\_\_\_\_

Lab Work \_\_\_\_\_

If your policy does not cover each of the four above-mentioned needs, then Shiloh will require an additional medical deposit of \$100.00. \*Please note that coverage for these needs is only required for applicants who are pregnant.

Shiloh will require your insurance, prescription and social security cards upon arrival into the program (No copies please).

## **Section B**

If you currently do not have medical insurance coverage, Shiloh Home of Hope will need a \$200.00 medical deposit to cover any medical expenses and prescription costs. If you are pregnant, our Medical Coordinator will also help you apply for insurance with state Medicaid after your arrival into the program.

**In summary, the below listed requirements must be met upon arrival into the program.**

- If you do not have prescription drug coverage, Shiloh will require a \$100.00 deposit to cover any prescription costs during your time in the program.
- You must have coverage for each of the possible medical needs such as, hospitalization, normal pregnancy, complicated pregnancy and emergency room visits. If you do not, Shiloh will require an additional \$100.00 medical deposit. Please note that complicated pregnancy and normal pregnancy coverage are only required for those applicants who are pregnant.
- If you currently do not have medical insurance coverage, Shiloh will need a \$200.00 medical deposit to cover any medical expenses and prescription costs.\* If you are pregnant, our Medical Coordinator will help you apply for insurance with state Medicaid after your arrival.\*\* If you are not accepted for state insurance then you will be responsible for any and all medical bills.

\*If you are not pregnant and have no means of financial support in providing your medical deposit, please contact the Intake Coordinator at (620) 342-2244

Please read and sign the following:

I, \_\_\_\_\_ (print name), have read the above medical information and am aware of the required deposits. I agree to fully comply with the medical policies of Shiloh Home of Hope and state that the above information is completely accurate. I also understand that the total of all medical expenses acquired while staying at Shiloh that exceed the required medical and prescription deposits are my responsibility to pay in full.

*\*\* (for pregnant applicants and families only)* I understand that I/my daughter will be presented for application for state Medicaid on my/her arrival into the program. Should I/my daughter be declined by this insurance for any reason, I/we agree to assume full financial responsibility for all medical costs incurred during my/her time at Shiloh, both relating to pregnancy and any costs for other medical care, with the understanding that should I/she decide to place my/her baby for adoption, the adoptive couple will assume pregnancy related costs. I agree with Shiloh on the importance of my/my daughter making the right decision with God's guidance for both my/her and my/her baby's future without pressure from others. If for any reason I/we feel the conditions of this policy are unacceptable, I/my daughter will return to my/her home or place of support within 24 hours of notification of decline by the state of residence in the program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature (if applicable)

\_\_\_\_\_  
Date

If you have any questions concerning medical related issues, please call our Director of Medical Services at (620) 342-2244.

SHILOH HOME OF HOPE  
RELEASE OF INFORMATION FORM

**All matters relating to applicant and information are considered confidential and are treated as such by the staff of Shiloh. Information regarding such matters cannot be given without the written consent of the applicant or parent/guardian.**

Name of Applicant: \_\_\_\_\_

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

I, \_\_\_\_\_, do hereby give permission for Shiloh Home of Hope to share information related to my application to the program with:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I also give the following person (s) and/or facility (ies) permission to exchange the following information with Shiloh Home of Hope for the purpose of application to the program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

- \_\_\_\_\_ medical records and information
- \_\_\_\_\_ personal history information
- \_\_\_\_\_ educational information and records
- \_\_\_\_\_ psychological records, psychiatric records, discharge summaries, treatment records and summaries, counseling records

This release will expire on (date) \_\_\_\_\_ unless written notification by the applicant or parent/guardian (if applicable) indicates otherwise.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicable)  
and relationship to applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date