



The Elizabeth Home

For Expectant Teens and Young Women

A Ministry of Hephzibah Children's Home

“Sheltered in God's Loving Arms”

The Elizabeth Home
6601 Zebulon Rd.
Macon, Georgia 31220
(478)-477-3383

Hephzibah Children's Home is a Christian Residential Child Care Agency. The Elizabeth Home is licensed by the State of Georgia. All services are provided without regard to race, creed, religion, or national origin.

ELIZABETH HOME ADMISSIONS CHECKLIST

The following documents are required before a final decision regarding placement can be made.

- Completed Admissions Application form
- A physical completed by a health care practitioner, including the due date as well as any previous records related to pregnancy (please complete the Report of Physical Exam form)
- Test results for HIV, VDRL/RPR (these must be current within two months), TB, Hepatitis B Antigen Test, and Urine Drug Screen
- Documentation of a dental exam within the past year, with completion of the Resident's Dental Exam form
- Psychological tests and evaluations (if applicable)
- A copy of the birth certificate
- A copy of the Social Security card (or verification that the card's application has been submitted)
- Medicaid and/or insurance card
- Copies of school records, including:
 - School transcripts for the previous and current year
 - A Vision/Hearing/Dental Screening Certificate
 - Copies of scholastic testing
 - Immunization records
 - IEP records, if applicable
- Custody Agreement/Placement Agreement
- A social history and case plan
- Juvenile Court records or Conditions of Probation (if applicable)
- Expense Report Form (not applicable to DFCS/DJJ placements)
- Level Information - Letter from County Director regarding Assessment Level or Plan of Care Approval Form

**THE ELIZABETH HOME
APPLICATION FOR ADMISSION**

Please complete all information requested on this form.

Basic Information

Expectant Mother's Name	Marital Status	Estimated Due Date
Current Address	Telephone Number	
County	Ethnic Background	
Date of Birth	Place of Birth	
Social Security Number	Parent or Guardian	
Medicaid or Insurance Information		
Religious Background		
If the placement is requested by the Department of Family and Children's Services or Department of Juvenile Justice, give Agency name and address.		
State Caseworker's Name and Phone Number		
Please describe how the Elizabeth Home would be beneficial to the expectant mother.		

Paternal Information (Baby's Father)

Father's Name	
Father's Age	Ethnic Background
Are mother and father planning to continue their relationship or stay in touch with each other? If so, to what extent?	
Please provide any additional information regarding the baby's father.	

Family Information (Expectant Mother's Family)

Mother	Father
Name	Name
Age	Age
Address	Address
Phone Number	Phone Number

List Significant Others (including siblings)
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School Information

<p>If currently enrolled in school, please list current grade level and all schools attended in the last three years. (Beginning with the most recent.)</p>
<p>Has expectant mother ever been withdrawn, suspended, or expelled from school? If yes, please explain and give dates.</p>
<p>If currently not enrolled, when did the expectant mother last attend school?</p>

Name of Person Completing Application

Relationship to Applicant

Signature

Date

Obstetrical Information

EDC _____ Gravida _____ Para _____

Status of pregnancy (include any problems at this point or any problems with a previous pregnancy)

List any medications mother is currently taking _____

List any medication the mother has taken regularly for any physical or emotional disorder

Please list any previous surgery/major illnesses/or concerns _____

Summary of Physical

Overall Impression and Recommendations _____

Name of Health Care Provider _____

Address _____

Phone Number _____

Signature of Health Care Provider _____ Date _____