



827 S. State Rd.7
North Lauderdale, FL, 33068
954-429-9222 – (FAX) 954-917-8932
www.hiscaringplace.org

Dear Prospective Resident:

“Come to me, all you who are weary and burdened, and I will give you rest.”

Matthew 11:28-30

Thank you for your inquiry into His Caring Place as a possible place for you or someone you know, to stay during your/their pregnancy.

We have intake interview appointments available by calling (954) 429-9222 for an appointment. Intake forms can be found on our web site: www.hiscaringplace.org or can be picked up the day of your appointment.

Furthering education will be required, high school, GED, vocational, college, etc. We do not charge for our services, but you will be required to start paying rent at 12 weeks post partum if you are accepted into our aftercare program. Please be advised that the \$200 + doctors fee for circumcision (if you have a boy) is not covered by Medicaid.

We look forward to hearing from you.

Sincerely,

Linda Lukasik
Director His Caring Place

05/30/08



Basic Information

His Caring Place a Christian home for unwed mothers is dedicated to serve Minor Child (ages 12 though 21 years) who have made the difficult decision to give birth to their babies. We provide a home plus the necessary guidance each girl needs during this difficult period in her life, whether she decides to keep her baby or release for adoption. Through the love and support of His Caring Place, she will experience a loving Christian atmosphere, and discover the love of Jesus, as she gains a sense of direction for her life.

In operation is a residential maternity and aftercare home. Most of our girls have a very difficult past. Child neglect, sexual and/or emotional abuse are very common scenarios. They find themselves pregnant with little or no support from family, and they have little hope for the future. That's when His Caring Place becomes an accepted invitation into their lives. The women and their babies enter an atmosphere of love, acceptance and support.

We provide Biblical counseling (individual, family and group settings), case management, and medical transportation. We also have a strong educational component and all residents must attend school or enroll in a GED program. Provided on or off-site are classes in maternity care, adoption, chastity, abstinence, HIV/AIDS, smoking cessation, parenting skills, social skills, health/preventive health, marriage and family, birth classes, child development and CPR/First Aid.

The primary goal is to assure the care, welfare and safety of the young expecting mothers. Also, we work toward reunification with family or re-integration into the community. However, the most important function of His Caring Place is the presentation of the Gospel message. Although government funding is available, we have chosen not to accept it because the stipulation of the funds does not agree with our Biblical principles. Therefore, we accomplish our goals through support from individual contributors, area churches, foundation grants, and a wonderful group of volunteers.

We receive approximately 16 clients into our home each year. They are admitted into the home where they are provided: shelter, counseling, and education. We also minister to her father, mother, birth father and other members of her family. The baby, the adoptive parents (if the baby is released for adoption) is also served. Therefore each client represents as few as two or as many as seven.

The goal in brief, is to help the girls in our care to develop a future of hope and success. Our track record over the past 20 years proves beyond any doubt, that we're doing the job. If you know of someone who is in need of "His" Caring Place, please call for an intake interview appointment.

“gently lead those that are with young.”

Isaiah 40:11



Today's Date: _____

Parties Present: _____

I. BACKGROUND INFORMATION

• Full Name _____

Address _____

City _____ Zip _____

Phone # (____) _____ How long at this address _____

Age _____ Birth Date _____

Birth Place _____ Due Date _____

Social Security _____ Medicaid # _____

• Is this your first pregnancy? Yes ___ No ___ **If no**, what was the outcome of the previous pregnancy? Live Birth ___ Miscarriage ___ Pregnancy terminated ___

If you have another child, where is he/she currently living? _____

• How did you learn of our program? _____

II. CARE GIVER HISTORY

• Who raised you? Biological Father ___ Biological mother ___ Adoptive Father ___
Adoptive Mother ___ Grandparents ___ Other ___

• Father's Name _____

Address _____ City _____ Zip _____

Phone: Home (____) _____ Work (____) _____

Occupation _____

Highest grade completed _____

• Mother's Name _____

Address _____ City _____ Zip _____

Phone: Home (____) _____ Work (____) _____

Occupation _____

Highest grade completed _____

• Are your parents: married/living together ___ married/not living together ___
divorced ___ deceased (which parent? _____) never married ___

- Are either of your parents remarried? YES ___ NO ___
If so: Stepfather/mother's name _____
 - Three words to describe your mother _____, _____, _____
 - Three words to describe your father _____, _____, _____
 - Siblings (including step and half with ages) _____
-

III. CUSTODY/GUARDIANSHIP INFORMATION (If under 18 or applicable)

- Whose legal custody are you in at this time?
Family member ___ DCF/Foster care ___ other ___
- Name of custodian & relationship _____
Address _____
For how long? _____
Phone: Work (____) _____ Home (____) _____
- Placing Agency (if applicable) _____
Caseworker _____ Phone (____) _____

IV. EDUCATION INFORMATION

- Have you graduated from high school? YES ___ NO ___
If yes, what year did you graduate? _____
If no, are you presently in school? YES ___ NO ___
If yes, what grade are you in? _____ School: _____
Guidance Counselor or Principal's Name: _____
- If you graduated high school:
College or career training _____
Occupation since graduation _____
- If you have dropped out of school:
Age when you left _____
Reason for dropping out _____
Have you received your GED? YES ___ NO ___
What have you been doing since? _____
Work experience _____
- History of truancy/suspension reasons _____
- Physical fights/use of weapons _____

V. COMMUNITY INVOLVEMENT

School organizations, clubs, and extracurricular activities you have belonged:

VI. CHURCH INVOLVEMENT

Are you attending any church? Yes _____ No _____ Name _____

VII. PREGNANCY INFORMATION

- Have you received any prenatal care? YES ____ NO ____
- Date of last doctor's/clinic appointment _____
- Physician/clinic name or care provider _____
Address _____
Phone _____
- Any significant pregnancy problems? _____
- Any other significant medical history? _____
- Are you currently taking any medication? YES ____ NO ____
____ Prenatal vitamins _____ Other: _____
- Do you have any medical insurance? YES ____ NO ____
If yes, with whom? _____
- Are you...? (Please check where appropriate)
____ On Medicaid
____ Planning to apply for Medicaid
____ Other, explain _____

VIII. PERSONAL INFORMATION

- Have you used drugs/alcohol? YES ____ NO ____
If yes, when last used _____
Type _____ Frequency _____
- Have you ever been in an addictions program? YES ____ NO ____
If yes, please list counselor and agency information below.
- Have you ever been hospitalized for an emotional condition? YES ____ NO ____
If yes, please list counselor and agency information below.
- Have you ever received any medication for an emotional condition? YES ____ NO ____
If yes, What/When _____
If yes, please list psychiatrist name below.

- Have you ever been arrested or been involved in juvenile court? YES ____ NO ____
If yes, When/Why _____

If yes, please list your probation officers name below.

- Please list any Social Workers, Probation Officers or Psychologists/Psychiatrists that you have been in contact with in recent years. Please sign enclosed release.

Name	Organization	Phone #	Length of Involvement	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IX. BIRTH FATHER INFORMATION

- Birth father's Name _____ Age _____
- Where he lives and with whom _____
- Phone Number (home) _____ (work) _____
- His education _____
- Is he aware of pregnancy? YES ____ NO ____
- What are his feelings toward pregnancy? _____
- Birth fathers place of employment _____
- His Police Record _____
- His Drug/Alcohol involvement _____
- Where you met _____
- Is it an ongoing relationship? _____
- How does his parents feel about pregnancy? _____
- Three words to describe birth father _____, _____, _____



Admissions Agreement (for minors)

_____, hereinafter “Responsible Party” does hereby agree that
(Parent or Legal Guardian),

_____, hereinafter “Minor Child” for whom they have custody
(Minor)

shall be placed with His Caring Place, 1717 N Riverside Dr., Pompano Beach, FL 33062, who shall stand in loco parentis to provide care, maintenance and guidance while this agreement remains in effect. However, legal custody of the Minor Child shall remain with the undersigned parent or legal guardian placing the Minor Child. This agreement shall be in effect until birth of baby or until it is terminated as stipulated in this agreement.

Both parties involved agree to the following terms of placement:

THE HOME’S RESPONSIBILITIES

1. The Home shall provide care, maintenance, protection and guidance for the Minor Child according to her best interest, as determined by the direct care staff and program director.
2. The Home shall cooperate with the placing party in seeing that the Minor Child receives routine medical care and treatment and shall act immediately in medical emergencies, notifying the placing party as soon as possible in emergency situations and obtaining permission for planned special medical care and expenses.
3. The Home shall confer with the placing party concerning the Minor Child’s development, activities and problems while the Minor Child is in the care of the Home.
4. The Home shall discharge the Minor Child at the time agreed upon or give the placing party two (2) weeks notice if the Home believes that is in the best interest of the Minor Child or the Home for the Minor Child to be discharged prior to the agreed upon time.
5. All pregnant residents shall be under the care of a licensed physician for the duration of their pregnancies or until they leave the Home.

6. Each Minor Child shall attend childbirth education classes.
7. A support person shall accompany each Minor Child to the hospital and remain with her until after the birth of the child.
8. All infants born to the Minor Child while she is a resident of the Home and until time for the infant's discharge from the hospital shall be under the care of a pediatrician.
9. Each Minor Child will have a Counselor assigned to her immediately upon admission.
10. Counseling will be available to the alleged father of the unborn child and to the Minor Child's parents.
11. Each Minor Child will receive counseling to assist her in arriving at a suitable plan for herself and her child.
12. Each Minor Child will be expected to participate in group discussion and counseling.
13. The Home shall provide leisure time activities for the benefit of all. Some of these activities many include family outings, all types of board games, puzzles, as well as crafts and handiwork.

THE PARENT OR LEGAL GUARDIAN RESPONSIBILITIES

1. The parent or legal guardian will give the Home permission herewith to authorize necessary medical care and consent to such emergency medical and surgical treatment and/or hospitalization where the parent or legal guardian cannot be contacted prior to such emergency medical or surgical treatment.
2. The parent or legal guardian will bear the expenses of medical care, including prescriptions should the Minor Child not qualify for or have Medicaid or other insurance in effect.
3. The parent or legal guardian will give two (2) weeks written notice prior to permanent removal of the Minor Child from the Home except when the Home agrees to a shorter notification.
4. The parent or legal guardian agency will visit the Minor Child at least quarterly.
5. The parent or legal guardian will agree to accept the responsibility of keeping the Home informed of any change of address, employment, marital status, or any major change in health, as applicable.

VISITS

1. Plans for visits with or by the parents/guardians, relatives, or friends shall be according to the Visitation Policies (see Family Guidelines).

2. As responsible parents or guardians, we (I) will abide by the Home's rules and procedures in the matter of visiting our (my) daughter and we (I) will cooperate directly with the staff in planning for our (my) daughter's needs.

FINANCIAL ARRANGEMENTS

We (I) hereby understand and acknowledge that housing and care are provided to my daughter at no charge as part of a charitable ministry. However, I may contribute voluntarily to this ministry, and I agree to pay \$ _____ per month as a voluntary contribution.

I/WE AGREE THAT THE HOME IS NOT RESPONSIBLE FOR THE ACTIONS OF, INJURIES TO, OR DEBTS OF SAID DAUGHTER. WE DO HEREBY RELEASE THEM FOR ANY AND ALL LIABILITY, INCLUDING LIABILITY FOR NEGLIGENCE.

SIGNATURES

Parent/Guardian

Minor Child

Staff/Witness



GENERAL

1. All residents must be following and completing their individual goal plan created by the resident and counselor in order to remain in the program.
2. Residents are required to follow the daily schedule and participate in all required classes and activities.
3. Residents shall be in their rooms by 9:00 pm with lights out by 10:00 pm. Any resident not in her room on time will go to her room one hour earlier the following night. Residents must be showered/dressed, have eaten breakfast and completed chores by 9:00 am.
4. It is the responsibility of the resident to take care of her belongings. His Caring Place is not responsible for lost or stolen property. No borrowing is allowed.
5. Residents are required to dress modestly (no spandex, spaghetti straps, tight pants, short skirts/shorts, or high heels).
6. No body piercing– only two earrings per ear are permitted. Residents will not be allowed to enter the program until all items are removed (tongue, belly, nose earrings, etc.).
7. Residents are not permitted to enter another resident's room without staff permission.
8. No secular music is allowed in the home. Radios are not to be on from 9:00 pm – 9:00 am. Staff will screen all CD's tapes, books and magazines. If not approved, items will be removed.
9. Television/VCR may be used with staff permission. MTV, VH1, talk shows, soap operas, BET, horror, sex, violence, witchcraft, etc. are not permitted.
10. Family devotions and prayer will be held on a daily basis, participation is mandatory.
11. Residents are required to attend church services on Wednesdays and Sundays.
12. Rooms are subject to random room searches and residents may be asked to take a drug test at any time.

BIRTH FATHER

1. The birth father is not allowed in the delivery room when resident is in labor unless he has met the following criteria:
2. He must visit the birth mom at least bi-weekly while she is at HCP
3. He must attend parenting classes.
4. He must set aside at least 25% of income in savings for support of child after birth.

5. He must have weekly or bi weekly contact with birth mom via phone,(he must call her).
6. He should attend counseling regarding responsibilities of becoming a father.
7. Church attendance is recommended but not mandatory.

MEALTIMES

1. Kitchen hours are as follows: Healthy nutritional habits are required.
Breakfast 7:00 AM – 9:00 AM
Lunch 11:00 AM – 1:00 PM
Afternoon snack 3:00 PM – 3:30 PM
Dinner 5:00 PM – 7:00 PM
Evening snack 8:00 PM – 8:30 PM
2. Each resident will have some responsibility in meal planning and preparation. Dinner will be eaten as a family. Everyone is to be punctual for dinner and must ask to be excused from the table (if for some reason a resident asks to substitute her meal, a sandwich may be prepared – this may only occur once a week).
3. All residents are responsible for preparing their own breakfast and lunch.

HOUSEKEEPING

1. Each resident will participate in the daily and weekly tasks of housekeeping. No young woman will have one job continuously. The chore chart will be revised weekly.
2. No arguing with staff or other young women in the house about duties. Remember to focus on your responsibilities and not those of others.
3. Residents will sleep in pajamas, nightgowns, or large T-shirts, not in their clothes and no in the nude.
4. During third trimester, beds will be made with plastic sheets along with standard bedding.
5. No food or drink is allowed in the carpeted areas or bedrooms (cup of water or ice and popcorn permitted).
6. Neatness and cleanliness are required. You are responsible for your own personal hygiene.

EDUCATION

1. Education consists of general academic, GED course work, and vocational school. Other mandatory programs include childbirth class, adoption vs. parenting counseling, baby care instruction, Bible study, household curriculum, and any assignments from the counseling program.
2. Resident who do not maintain a C average or neglect other His Caring Place assignments shall be required to attend a study hall at a specified time and place. If they continue to fail, social restrictions will result (phone, TV, outings, etc.).

COUNSELING

1. All residents will participate in the Biblical counseling program. Counseling will consist of individual and group sessions including assignments and extended sessions when possible or necessary.
2. Birthfather and/or family counseling are available (at counselor's discretion).

MEDICAL CONSIDERATIONS

1. All medication of any kind, including aspirin, antacids and vitamins will be given to houseparent and distributed as needed.
2. Houseparent must approve all appointments.
3. Residents must go to doctor's appointments and follow medical advice. A birth coach will be provided and will be present at time of birth.

PERSONAL FINANCES

1. All residents shall agree to deposit all money received into an appointed account set up by His Caring Place.
2. Parents and other family members and friends are requested not to give cash gifts to girls while they are residents in the Home. In the event cash is received it shall be in trusted to the Home for deposit in the individuals cash account and shall be returned upon leaving the home.
3. All residents who are employed are required to give 10% tithes, save 50%, give 25% to the ministry and keep 15% for personal use.
4. All resident are encouraged to apply for cash assistance, WIC, Food Stamps and any other funding they maybe entitled. Any and all such funding will be given to the Home as their contribution to the Home for the privilege of living in the home.

VISITATION

1. Parents/Guardian will be allowed to visit the young women with the understanding that they will contact the house parents 48 hours in advance to schedule a visitation.
2. Other relatives/friends will be allowed to visit with the approval of His Caring Place staff and referring adult parties.
3. Dating is not permitted during a resident's time at His Caring Place.
4. No visits away from the home are to be made when the house parents are not present unless prior permission has been given.
5. Home visits will occur after the residents have been at His Caring Place for a period of four weeks and these visits may occur only once a month with approval of His Caring Place staff. Also, once visiting arrangements have been made, THEY MAY NOT BE CHANGED during a visit except for extreme circumstances.
6. No pregnant resident will be allowed to go on an overnight visit after 34 weeks of pregnancy.
7. After 34 weeks of pregnancy, no resident will be allowed to be away from the home without a staff member, mentor, or birth coach, for more than three hours.

PHONE

1. Residents will be allowed to accept or make calls while house parent or counselor is present. Calls will be a maximum of 20 minutes each. Residents will take turns making calls. Residents must use phone cards for long distance calls. Each resident must ask permission before using the phone.
2. Doctors, school, and other business calls may be made with special permission.
3. Collect phone calls may not be accepted unless His Caring Place staff gives permission.
4. Residents may not call young men, but may receive calls from young men.
5. **No cell phones or beepers are permitted in the house.**
6. House parents and counselor must approve phone list for each resident.
7. Misuse of any of the phone rules will result in lost phone privileges.

GRIEVANCES

1. Physical violence is unacceptable. His Caring Place resolves conflict through communication and respect.
2. His Caring Place recognizes that there may be personal conflicts between residents. These issues will be handled as follows:
 - a. First, calmly and respectfully discuss the situation with the resident. If you are unable to resolve the issue then go to the staff for assistance with the situation.
 - b. If you feel you are unable to approach your housemate, then go directly to the staff for assistance.
- 3 Conflict with staff will be resolved by going directly to that particular staff member. No gossiping or disrespectful talk is allowed.

His Caring Place shall consider for placement any unwed mother who meets the admission criteria, and wants to be in the home. She must be willing to live as a member of the family, accepting the staff of the home as the authorities in the home. No one shall be allowed to place a young woman in the home without her consent.

These policies have been explained to me and I agree to abide by them.

Signature of Young Woman Date

Signature of responsible party Date
(if young woman is a minor)

Staff Witness Date



CONSENT FOR MEDICAL, DENTAL, AND SURGICAL TREATMENT

The undersigned, hereinafter "Birth Mother", together with their parent or legal guardian, if applicable hereby:

1. Consent to the performance of medical and dental treatment as deemed advisable and/or necessary in the judgment of those physicians consulted by His Caring Place, Inc.
2. Consent to the performance of any obstetrical procedure as deemed necessary by His Caring Place, Inc's obstetrician or whomever he/she may designate to assist him/her.

OR

Consent to the performance of any obstetrical procedure as deemed necessary by _____ or whomever he/she may designate to assist him/her.

3. Consent to the performance of medical procedures and/or operations in addition to, or different from, those presently expected, whether or not arising from presently unforeseen conditions, which the above mentioned physicians may consider advisable or necessary in the course of the medical procedures.

The Birth Mother, together with their parent or legal guardian release and hold harmless His Caring Place, Inc. from any and all liability which may be incurred during the Birth Mother's stay at His Caring Place, Inc.

_____	_____	____/____/____
Signature of Birth Mother	Social Security #	Date of Birth

_____	_____
Print name of Birth Mother	Date

_____	_____
Signature of Parent or Legal Guardian, if Minor	Date



PHYSICAL EXAMINATION

Name: _____ Date of Birth: _____

Address: _____ Zip _____

Phone Number () _____

Physician's Name _____

Address _____ Zip _____

Phone Number () _____

DOCTOR'S OFFICE: PLEASE SEND COPIES OF ALL LABORATORY BLOOD WORK AND DOCTOR'S REPORTS. SEE BELOW

DATE OF EXAM.: _____ CONFIRMATION OF PREGNANCY: YES ____ NO ____

DUE DATE: _____ HEIGHT: _____ WEIGHT: _____

BLOOD PRESSURE: _____ URINALYSIS: _____

ON MEDICATION? _____ YES ____ NO. If yes, please list _____

STD TEST RESULTS

*HEPATITIS B Positive ____ Negative ____

*HEPATITIS C Positive ____ Negative ____

*TUBERCULIN Positive ____ Negative ____

*SYPHILIS Positive ____ Negative ____

*CLAMYDIA Positive ____ Negative ____

*CANDIDA Positive ____ Negative ____

*GONORREHEA Positive ____ Negative ____

*CONDYLOMAS/HPV Positive ____ Negative ____

*HERPES Positive ____ Negative ____

*HIV Positive _____ Negative _____

*ALCOHOL & DRUG SCREEN Positive _____ Negative _____

If positive, what substance? _____

***IMMUNIZATION RECORD - Please obtain from family doctor if possible.**

Signature Date

Print Signature Address

***MAIL OR FAX LAB WORK & DOCTOR'S REPORTS TO:**

827 S. State Rd.7

North Lauderdale, FL, 33068

954-429-9222 – (FAX) 954-917-8932

ALL REPORTS MUST BE RECEIVED PRIOR TO SECOND INTERVIEW.



FIRST VISIT FORMS

- () Information Sheet
- () Admissions Agreement (for minors only)
- () Release of Information
- () Release of Identity (Optional)
- () Signed Family Guideline's agreement

SECOND VISIT FORMS

- () Report of Young women's Physical Examination
- () **ALL** other doctor's reports and tests relating to your pregnancy. (This will eliminate the need to redo tests already done. See Report of Young women Exam form for more information.)
- () Social security card - Photo copy, bring original with you
- () Birth certificate - Photo copy, bring original with you

UPON ACCEPTANCE FORMS

- () Signed Consent for Medical, Dental and Surgical Treatment
- () Signed Contract for Placement Agreement
- () Withdrawal from school (wait until you get move in date)
- () School records, copy for His Caring Place (High School Students Only)



PERSONAL ITEMS

SUGGESTED ITEMS TO BRING WITH YOU:

- ◆ Photo Identification
- ◆ Don't bring too many clothes, you will soon outgrow them. His Caring Place has a maternity closet for your use, (limited in amount and style).
- ◆ Birth Certificate
- ◆ WIC
- ◆ Social Security Card
- ◆ Medicaid Card



RELEASE OF IDENTITY

The undersigned, hereinafter "Birth Mother" together with their parent or legal guardian, do by this Release of Identity to His Caring Place, Inc. (HCP), give HCP the right to use the Birth Mother's photogenic likeness and voice recording in its newsletter, and any slide, video or multimedia presentations and other promotional materials for the purposes of disseminating information about its program and organization and for fund raising and other similar purposes.

This Release of Identity freely and voluntarily, without coercion or threat of any kind or nature. This Release of Identity is given in consideration of His Caring Place, Inc. having provided health, welfare and maintenance of the Birth Mother during her pregnancy for which she has paid a small portion or for which she has paid not at all.

Signature - Birth Mother

Date

Printed Name - Birth Mother

Signature - Parent or Legal Guardian

Date



DISCHARGE SUMMARY OUTLINE

_____, age _____, born on _____, was admitted to His Caring Place on _____. She gave birth to a baby _____, named _____, on _____. She was discharged to _____ on _____. The present plan is _____ for the child. _____ has taken over the care and control of the baby.

Write a brief statement about each of the following areas:

Make a statement about her stay at the Home (her relationships, growth, goals attained, not attained).

Make a statement about her family (involvement with parents, other family members, goals attained, not attained)

Make a statement about the alleged father (involvement throughout pregnancy, involvement with baby, goals attained and not attained in relationship to Young women's dating patterns).

Make a statement, on back of form, about general overview of program in relationship to Young women.

- ◆ Spiritual
- ◆ Educational/Career
- ◆ Medical
- ◆ Life Skills
- ◆ Concerns and Areas of Need (prognosis)



CONTRACT AGREEMENT TO MAINTAIN PLACEMENT

If at any time the following occurs:

- Verbal aggression (threatening to kill or injure)
- Physical aggression (push, hit, smack, etc.)
- Excessive cursing
- Stealing
- Run-a-way
- Continuous non-compliance to house rules (bedtime, wake-up, house chores, room inspections, etc.)
- Continuous non-compliance to schedule (church, school hours, doctors appointments, Bible study, in-house classes, etc.)
- Property damage (break windows, furniture, others property, etc.)
- Smoking, Drinking, Drug use

This will warrant immediate removal from Home.

Subject to arrest as applicable.

SIGNATURES

Parent/Guardian

Young women

Director/Staff

05/30/08