

JESUS CARES MINISTRIES
INTERVIEW SHEET
TODAY'S DATE _____

NAME _____ PHONE _____ AGE _____
first middle last

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____ RACE _____

BIRTHDAY DATE _____ MARITAL STATUS _____ SOC SECURITY # _____

DO YOU HAVE ANY HEALTH PROBLEMS? _____

WHAT IS YOUR DUE DATE? _____ WHERE DO YOU PLAN TO DELIVER? _____

HAVE YOU EVER RECEIVED COUNSELING OR THERAPY _____. WHAT WAS THE REASON FOR THE
COUNSELLING? _____

DO YOU SMOKE CIGARETTES? _____ DO YOU DRINK (ALCOHOL)? _____ DO YOU USE ANY DRUGS? _____

HAVE YOU EVER BEEN A VICTIM OF ABUSE? _____

ARE YOU NOW IN SCHOOL? _____ DO YOU HAVE A JOB? _____

ARE YOU RECEIVING GOVERNMENT ASSISTANCE? LIST PROGRAMS AND AMOUNT OF ASSISTANCE AND
CURRENT STATUS. (ON BACK)

DO YOU CURRENTLY HAVE ANY MONEY? HOW MUCH AND WHERE IS IT? _____

DO YOU HAVE ANY ASSETS (FURNITURE TV RADIO ETC.)? _____

HAVE YOU EVER BEEN ARRESTED? _____ WHEN? _____

ARE YOU WILLING TO WORK OR BE INVOLVED IN A APPROVED SCHOOLING PROGRAM WHILE AT JESUS CARES
MINISTRIES? _____

ARE YOU WILLING TO GO TO CHURCH AND BE INVOLVED WITH ALL ASPECTS OF THIS PROGRAM? _____

WHAT ARE YOUR GOALS (OR WHAT WOULD YOU LIKE TO DO) WHILE STAYING AT JESUS CARES MINISTRIES?

signature _____ date _____

**EXPRESS ASSUMPTION OF RISK AND
RELEASE FROM LIABILITY**

I release and discharge JESUS CARES MINISTRIES INCORPORATED (an Arizona Non-profit Corporation) and any and all directors, officers, volunteers and employees of Jesus Cares Ministries and any home where I will reside (collectively referred to as "released parties"), from any and all claims, damages, and causes of action that may arise during or after my pregnancy, and/or during the time that I reside in or at the shelter or volunteer home. Specifically, but without limitation, I release the released parties from any and all liability for their negligence, malpractice, intentional wrongdoing, recklessness, or gross negligence. I expressly assume the risk that the released parties may act negligently, recklessly, or with wrongful intent and gross negligence. This express assumption of risk and release is binding on me, and also on my heirs and legal representatives.

I have read this document, and its terms have been explained to me.

Name _____ Date _____

STATE OF ARIZONA)
County of Maricopa) ss:
)

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__.

My Commission Expires:

_____ Notary Public

**JESUS CARES MINISTRIES INC.
MEDICAL INFORMATION**

Client's name _____ Date _____

Doctors Name _____

Address _____ City _____ Phone _____

Is client pregnant? ____ Yes ____ No **Due Date** _____

Is client in good health? ____ Yes ____ No

If no what special care is required _____

Can client work? ____ Yes ____ No

If not why not and when can she return to work? _____

Does client have any communicable diseases? ____ Yes ____ No

Does client have lice? ____ Yes ____ No

Does a client have any STD'S including HIV? ____ Yes ____ No

If yes what cautions must be taken? _____

DOCTORS SIGNATURE (Must Be Signed by a Doctor)

Date

Jesus Cares Ministries Women's Program

ADMISSION POLICY AND REQUIREMENTS

- { Able to work or be in school full-time.
- { Willing participation in daily household chores.
- { No alcohol. No drugs. No smoking.
- { Mandatory budgeting program: Complete budget work sheet for independent living, due prior to due date.
- { Maternity program is provided free of charge if client is saving and using her money wisely.
- { All monies will be held by the house director. House director will act as a bank.
- { \$50 deposit required before entrance into program.
- { Must be seen by a physician and have some form of medical coverage. For state medical program eligibility..... (call 417-4000 for more information).
- { Note from a physician stating your condition of health (JCM Medical Form).
- { Mandatory participation in evening classes designed for personal growth and church attendance.
- { No TV. or secular music on premises. Selected video movies available two evenings weekly.
- { Minors must have permission from parent with custody prior to entrance into program. Legal documents available from directors must be signed and notarized (liability release and limited power of attorney).
- { Name and address of ministry confidential-personal requests for telephone and visiting privileges for friends and relatives can be submitted after two weeks in program.
- { Ministry phone available for limited use by clients, deposit must be made before making toll calls.
- { Directors must know whereabouts of clients at all times overnight passes to parents only.
- { Must adhere to ministry regulations on dating.
- { This is a complete program designed to minister to all the needs of the individual client. The program is volunteer and the client must be willing and agreeable to all of the above regulations. It is important that each participant have a desire for achievement and personal growth.

Needed to enter program:

- v Medical Insurance and medical information Form
- v Picture ID (State ID Card, Drivers Lic., School ID)
- v Liability Release
- v Birth Certificate
- v School Transcripts