



## A Place of Refuge Ministries of South Wisconsin, Inc.

P.O. Box 241524, Milwaukee, Wisconsin 53224

APOR Office: 414-760-2483

Fax: 414-760-3598

<http://www.aplaceofrefuge.org/>

### PRE-ADMISSION AGREEMENT

Any woman wishing to reside at **Refuge House** needs to understand both what she needs to do as a resident and what she can expect from **Refuge House**. Keeping that in mind, please read this document to be sure that you can agree to and live by what is stated here.

A resident living at **Refuge House** has the opportunity to develop a loving relationship with the living Christ. Opportunities to grow in the Christian faith include attending church with the other residents and the House Manager on Sunday mornings and participating in weekly Bible classes at Refuge House. Women of all faiths, races and national origins are respected and welcomed. Living in a faith-based home offers all women a safe, positive uplifting environment that supports a developing sense of spirituality and connection with God. The message that God loves you and has a purpose and a plan for your life is lovingly shared.

#### ***While living at Refuge House I agree to:***

Treat others with respect, kindness, and equality. I agree to respect other women's confidentiality and to own their past decisions as well as their privilege to learn from them.

Respect the property of Refuge House and the property of the other residents of Refuge House. This includes the personal space of others and their physical being.

Give to the House Manager \$100 from my first W2 check as a security deposit which will be returned to me when it is time to transition to independent living. The return of the full \$100 is contingent upon my leaving my room clean upon inspection and complete with all room contents provided to me while residing at Refuge House.

When leaving the Refuge House it is my responsibility to provide the Refuge House Manager with my forwarding address so that my security deposit or a portion thereof can be sent to me.

Handle disagreements positively, respectfully, and with forgiveness. The House Manager is able to help residents learn conflict resolution skills.

Respect others by choosing positive language as my form of personal expression. In a Christ centered home, foul language is not good modeling for children, nor is it good character development for strong women developing their parenting skills.

Attend weekly goal sessions.

*"For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me."* (Matthew 25:35-36 (ESV))

Attend **Refuge House Programs** which have been arranged to help me grow to reach my full potential. These programs may include:

- parenting skills
- financial/budgeting classes
- Bible class
- birthing classes
- nutritional education

To follow the house guidelines outlined in this application to the best of my ability. These guidelines are the same for all residents. No preferential treatment is modeled.

**If the information you have just read is something you can agree to and live by, we welcome you to complete the actual Application for Residency, which begins on page 3.**

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### INSTRUCTIONS TO THE APPLICANT

### FOR COMPLETION OF THE APPLICATION

### FOR RESIDENCY IN REFUGE HOUSE

After reading the **PRE-ADMISSION AGREEMENT**, if you feel you can agree to and live by what is stated, we welcome you to complete the actual application.

This application needs to be completed in full by all women applying for residency at Refuge House for the duration of their pregnancy and for up to 6-9 months after the birth of her child. Some of the applicant's portions of this document need to be faxed or sent to the House Manager of Refuge House. The fax # is **414-760-3598** and the address is: **Refuge House, P.O. Box 241524, Milwaukee, WI 53224.**

**No admission interview will be scheduled until the Intake Committee has received the items specified below, along with the physician reports that he/she is asked to forward to Refuge House.** Questions regarding the intake process can be directed to Nancy Francis at 262-844-4682.

The actual application, which begins on Page 4, includes two major parts: one for the applicant and the other for the physician. To gather all of the necessary information as quickly as possible, so that your admission interview can take place as soon as possible, you need to do the following:

- 1) Print all pages of the application – 18 pages.
- 2) Make an appointment to see your physician and see him/her as soon as possible.
- 3) **Take pages 14, 15, 16, 17 and 18 with you to your doctor's appointment** and give them to your physician. This includes:
  - a. **INSTRUCTIONS TO THE PHYSICIAN.** Advises the physician about the paperwork you are giving to him/her.
  - b. **Part A: PHYSICIAN EXAMINATION REPORT.** Fill in your name, birth date and complete address before your doctor's appointment.
  - c. **Part B: PHYSICIAN PREGNANCY STATEMENT.** You will need to sign this document at your doctor's appointment.
  - d. **Part C: PHYSICIAN MEDICAL RELEASE.** You will need to sign this document at your doctor's appointment.

*"For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me." (Matthew 25:35-36 (ESV))*

- e. **Part D: RELEASE OF MEDICAL INFORMATION**. You will need to sign this document in the presence of the physician and/or his/her representative.

The physician will complete the paperwork listed above and fax it to Refuge House. No admission interview can be scheduled until the Intake Committee has this paperwork in hand.

In the meantime, even before you see your doctor, you should **immediately** begin to fill out your portion of the application which needs to be completed and either faxed to **414-760-3598** or mailed to **Refuge House, P.O. Box 241524, Milwaukee, WI 53224**. Your application will be dated when it is received at Refuge House and will be given priority status while waiting for the arrival of your medicals from your physician.

The three documents which need be completed as soon as possible and returned to Refuge House by fax or mail are the following:

- 1) **APPLICATION FOR RESIDENCY – GENERAL INFORMATION** – pages 5, 6 and 7.
- 2) **APPLICANT MEDICAL QUESTIONNAIRE** – pages 8, 9, 10 and 11.
- 3) **REFUGE HOUSE SUMMARY AGREEMENT** – page 13. Read this document thoroughly and add your initials to each item, indicating your agreement and understanding of each statement. At your admission interview you will need to sign this document.

In addition, please read the **ADOPTION POLICY** on page 12.

Additional documents will be given to you at your admission interview. These documents will include the **REFUGE HOUSE RULES** and **RESIDENT CONFIDENTIAL INFORMATION AGREEMENT**, along with a review of the **REFUGE HOUSE SUMMARY AGREEMENT**.

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**OTHER CHILDREN**

Do you have other children? YES \_\_\_\_ NO \_\_\_\_ If "YES", please answer the following questions:

1. I have \_\_\_\_\_ children, ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
2. Do your children live with you? YES \_\_\_\_ NO \_\_\_\_
3. Who has formal custody of your children? \_\_\_\_\_
4. Are you working towards reunification with your children? \_\_\_\_\_

**EDUCATION**

Are you presently in high school or college? YES \_\_\_\_ NO \_\_\_\_ If the answer is YES, please answer the following:

Name of school: \_\_\_\_\_

What is the last grade of school you have completed? \_\_\_\_\_

Do you have a high school diploma or GED? YES \_\_\_\_ NO \_\_\_\_

Have you earned college, university or technical school credits? YES \_\_\_\_ NO \_\_\_\_ If "YES":

What college, university or technical schools do you now or did you attend? \_\_\_\_\_

What is/was your area of study? \_\_\_\_\_

What is/was your goal? \_\_\_\_\_

**WORK EXPERIENCE**

Are you currently employed? YES \_\_\_\_ NO \_\_\_\_

Please list your last three (3) employers, beginning with your latest employer.

Employer/company: \_\_\_\_\_ Telephone: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
 Position held: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_

Employer/company: \_\_\_\_\_ Telephone: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
 Position held: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_  
 Reason left: \_\_\_\_\_

Employer/company: \_\_\_\_\_ Telephone: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
 Position held: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_  
 Reason left: \_\_\_\_\_

*"For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me."* (Matthew 25:35-36 (ESV))

**CHURCH**

Do you attend church services? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please answer the following:

Name of church you attend: \_\_\_\_\_ Denomination: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Are you a member of this congregation? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you baptized? YES \_\_\_\_\_ NO \_\_\_\_\_ Are you confirmed? YES \_\_\_\_\_ NO \_\_\_\_\_

**MEDICAL INSURANCE**

Do you have medical insurance? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES" please answer the following:

Name of provider: \_\_\_\_\_ Group # \_\_\_\_\_

Policy Number: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**FINANCIAL INFORMATION**

Do you receive W2? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you participating in the WIC program? YES \_\_\_\_\_ NO \_\_\_\_\_

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## APPLICANT MEDICAL QUESTIONNAIRE

This form must be completed by all women wishing to live in Refuge House and submitted to the House Manager prior to the prospective resident's admission interview with the Intake Committee. Admission to Refuge House is based on the ability of the ministry to meet the specific needs of a prospective resident as determined by the Intake Committee.

- PLEASE PRINT CLEARLY -

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Date on which this form is being filled out \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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

Indicate whether or not you have or have had in the past any of the following conditions:

CONDITION	YES	NO	CONDITION	YES	NO	CONDITION	YES	NO
Allergies			Ankles swelling			Blackout spells		
Anemia			Heart disease			Back pain		
Arthritis			Leg cramps			Blood in urine		
Asthma			Trouble sleeping			Urinary tract infections		
Shortness of breath			Sleeping too much			Anxiety		
Dizziness			Cancer			Depression		
High blood pressure			Migraine headaches			Excessive worry		
Low blood pressure			Severe abdominal pain					

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Have you ever been or are you currently being treated for tuberculosis (TB)? YES \_\_\_ NO \_\_\_

If your answer is "YES", please indicate the date you were diagnosed: \_\_\_ / \_\_\_ / \_\_\_

List any **environmental or food allergies**: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

List the **things** to which you are **allergic or sensitive**: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

List the **drugs/medications** to which you are **allergic or sensitive**: 1. \_\_\_\_\_

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

If you have epilepsy, on what date were you diagnosed? \_\_\_ / \_\_\_ / \_\_\_

What type of epilepsy do you have? \_\_\_\_\_

What medications do you take for your condition? \_\_\_\_\_

Are your seizures under control? YES \_\_\_ NO \_\_\_

If not, how often do you have seizures? \_\_\_\_\_

Do you have diabetes? YES \_\_\_ NO \_\_\_ Is it gestational diabetes (occurring only when

pregnant) YES \_\_\_ NO \_\_\_

How is your diabetes treated? Medication? YES \_\_\_ NO \_\_\_ Name of Medication:

\_\_\_\_\_

Diet? YES \_\_\_ NO \_\_\_

Do you have challenges maintaining a healthy weight? YES \_\_\_ NO \_\_\_

Have you had trouble with nausea during your pregnancy? YES \_\_\_ NO \_\_\_

Do you have any dietary restrictions? YES \_\_\_ NO \_\_\_

If the answer is "YES", please indicate what they are:

\_\_\_\_\_

\_\_\_\_\_

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How far along is your pregnancy? \_\_\_\_\_ weeks

Estimated date your baby is due to be born: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever been pregnant in the past? YES \_\_\_\_\_ NO \_\_\_\_\_

If your answer is "YES", please answer the following questions.

How many times have you been pregnant? \_\_\_\_\_

How many of these pregnancies were considered to be "high risk"? \_\_\_\_\_

How many miscarriages have you had? \_\_\_\_\_

How many children do you have? \_\_\_\_\_ Ages: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Have you ever experienced an abortion? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you experiencing any depression or regret over a previous abortion decision?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are you interested in a referral for post-abortive help? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever had a sexually transmitted illness? YES \_\_\_\_\_ NO \_\_\_\_\_

If your answer is "YES", please give diagnosis and date of treatment.

Diagnosis \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Diagnosis: \_\_\_\_\_ : Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever been treated for substance abuse or drug dependency? YES \_\_\_\_\_ NO \_\_\_\_\_

From (dates) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever been diagnosed with a personality or behavioral disorder? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", what was the diagnosis? \_\_\_\_\_

Are you now or were you taking medication(s) for your illness? YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer is "YES", please list the medications you are or were taking:

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

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Are you now or have you ever received on-going therapy or counselling for emotional health?

YES \_\_\_\_\_ NO \_\_\_\_\_ Years of treatment: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Have you ever been in residential treatment in a psychiatric hospital? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", Please complete the following:

Reason for hospitalization \_\_\_\_\_

Name of hospital or treatment center \_\_\_\_\_

Most recent dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

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### ADOPTION POLICY

Women who have made a life-affirming decision and have chosen to give the gift of life to the child growing within them can either **choose to parent that child or choose to make an adoption plan**. Both choices are honorable. Women need time to look at their current situation and determine if they are able to parent a child at this time in their lives. Some women love the child they are carrying very much, but know they cannot possibly parent any child at this time. It is a very courageous decision to put the best interest of their child first and make an adoption plan for that child. Adoption is not a second or inferior choice; but rather, a thoroughly well thought out conscious decision. Both decisions are positive reflections of a women's character and are a strong commitment to the life growing within her. Both decisions are deserving of our respect, help and support.

A Place of Refuge Ministry is not a licensed adoption agency, and therefore does not assume the responsibility of connecting children with their forever families through the process of adoption. A Place of Refuge will refer interested birth mothers to agencies which provide respectful birth parent counseling. A variety of adoption options are presented and explored, including input on the selection of an adoptive family of her choosing, scheduled visitation, updated periodic information, or no contact with total anonymity. After the birth the birthmother has the right to vacillate in her decision-making and change her mind any time before the Termination of Parental Rights Hearing. This hearing usually takes place about a month after the birth, depending on the court's availability.

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### REFUGE HOUSE SUMMARY AGREEMENT

I have read the Refuge House application and I agree to the following statements in an effort to move forward with the application process:

\_\_\_\_\_ I will see my physician and have a medical exam and validation of pregnancy. The results of the required testing will be faxed to Refuge House. An interview will be scheduled with me when my medical results are received. My application will be given priority based on the date these papers are received.

\_\_\_\_\_ I agree to abide by the rules and guidelines described in the application

\_\_\_\_\_ I agree to work on becoming financially independent in the future by making payments on my debt.

\_\_\_\_\_ I agree to treat others respectfully while sharing living space at Refuge House and can expect the same courtesy and respect.

\_\_\_\_\_ I understand that all residents, along with the House Manager, worship together on Sunday mornings, attend a Bible class at Refuge House and pray at meal times. I do not have to be of a particular faith to reside at Refuge House. All are welcome.

\_\_\_\_\_ I agree to keep the location of Refuge House confidential.

\_\_\_\_\_ I agree to participate in all aspects of the Refuge House program that support my development as an independent adult, an expectant mother and a responsible parent.

\_\_\_\_\_ I fully understand the Refuge House program and wish to be accepted as a resident, should my application be approved.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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*The women we serve are important to us. You have intrinsic value as a precious, blood bought, forgiven, heaven-bound and gifted child of God. We are committed to earning your trust and working together with you to explore the limitless possibilities the "New Beginning" that Refuge House has to offer you.*

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### **INSTRUCTIONS TO THE PHYSICIAN**

### **FOR COMPLETION OF THE DOCUMENTS**

### **GIVEN TO YOU BY YOUR PATIENT**

Your patient, \_\_\_\_\_, has applied for residency in Refuge House, a group home for pregnant women and their pre-born children.

In order for her application to be considered, the following four documents need to be completed by you, her physician.

- **Part A: PHYSICIAN EXAMINATION REPORT**
- **Part B: PREGNANCY STATEMENT**
- **Part C: PHYSICIAN MEDICAL RELEASE** – required to reside in Refuge House
- **Part D: RELEASE OF MEDICAL INFORMATION**

Some of the above is required by law and the other information is necessary to insure that the Refuge House is the best place for your patient to live.

The Intake Committee will not interview the applicant until they receive these four reports from you. Therefore, please fax the completed reports to Refuge House at **414-760-3598** at your earliest convenience. Any questions you have may be addressed to:

Ronne Murray, House Manager, at 414-760-2483

Thank you for assisting your patient find safe housing that is supportive and nurturing of pregnant women and their preborn children.

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## Part A: PHYSICIAN EXAMINATION REPORT

Patient (Applicant): \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

### General Information:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_

Dental Status \_\_\_\_\_ Nutritional Status \_\_\_\_\_

Hearing \_\_\_\_\_ Vision \_\_\_\_\_

Is the patient currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please list medications with dosage:

_____	_____
_____	_____
_____	_____
_____	_____

Do you have any recommendations for future care, additional tests or examinations and/or immunizations? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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### Part B: PHYSICIAN PREGNANCY STATEMENT

I, \_\_\_\_\_, confirm that my patient, \_\_\_\_\_  
(physician – please print) (patient – please print)

\_\_\_\_\_ is pregnant. Her estimated due date is \_\_\_\_\_. She is  
expected to deliver at \_\_\_\_\_ Hospital.

The following tests are required of all women seeking to live at Refuge House.

TB Skin Test: Name of test given: \_\_\_\_\_

Date test given \_\_\_\_/\_\_\_\_/\_\_\_\_ Date test read \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: Positive / Negative

Is a chest x-ray required? Yes / No Date done (if needed) \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Blood Pressure \_\_\_\_\_

Urinalysis \_\_\_\_\_

HIV Screening \_\_\_\_\_ Drug Screen \_\_\_\_\_

STI Testing (including Syphilis, Gonorrhea, Herpes) \_\_\_\_\_

My patient appears to be free of any communicable diseases. Yes \_\_\_\_ No \_\_\_\_

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Part C: PHYSICIAN MEDICAL RELEASE

### REQUIRED BY REFUGE HOUSE

This document is to be completed by the physician and signed by both the physician and the applicant for the following reasons:

- Refuge House is a two story home with all of the resident’s bedrooms and bathrooms located on the second floor.
- The stairs are steeper than in a typical house.
- We are unable to serve meals on the second floor.
- We do not charge a fee for any services. Rent, utilities, food, linens, personal care products, soap, baby supplies and clothing, maternity clothing and transportation are provided without charge. However, residents are required to do their own laundry and share household chores, including cooking and cleaning.
- 

Physician: If you are in agreement, please initial each of the items below, adding additional notes in the area provided:

- \_\_\_\_\_ My patient may climb stairs and dine on the first floor with the other house residents.
- \_\_\_\_\_ My patient may ride in the Refuge House van when requiring transportation.
- \_\_\_\_\_ My patient may perform all housekeeping tasks as agreed upon.
- \_\_\_\_\_ My patient may work at least part-time or 25 hours per week.
- \_\_\_\_\_ My patient may go to school.
- \_\_\_\_\_ My patient may participate in a moderate exercise program.

Physician – Please comment and list all restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician’s Name \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_  
(please print)

Physician’s Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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

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### **Part D: PHYSICIAN RELEASE OF MEDICAL INFORMATION**

I, \_\_\_\_\_, hereby authorize my physician, \_\_\_\_\_  
(patient – please print) (please print)

and/or his representatives to release all test results including HIV, etc. to A Place of Refuge. I understand that I am not required to allow this information to be shared. However, I understand that due to the nature of the group living situation, this information will be helpful in ensuring that my baby and I receive appropriate treatment. This information will be kept confidential.

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

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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