



## OUR MISSION

To support and strengthen residential maternity and transitional homes for women and children through the sharing of ideas, information, and resources.

### INFORMATION FOR MEMBERSHIP:

Date of Application: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization:

\_\_\_\_\_ (street)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

Organization's Phone Number: \_\_\_\_\_

Name and email address of all staff members at your organization who would like to receive WCMHA meeting invitations, newsletters and information on upcoming trainings:

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

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

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

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

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

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



## Application Page 2

**To be included in our Directory of Maternity Homes and Pregnancy Help Clinics please provide the following information:**

Are you a Faith-Based Organization?  Yes  No

Maximum number home can accommodate: \_\_\_\_\_

Accepts minors:  Yes  No

Accepts pregnant women w/young children:  Yes  No

Accepts pregnant women w/drug/alcohol dependencies:  Yes  No

Application process: Phone & Personal Interviews:  Yes  No

Questionnaire:  Yes  No

Personal References:  Yes  No

Fees:  Yes  No \$ \_\_\_\_\_

Are Fees ever waived?  Yes  No

Medical requirements for admission:

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How long can a resident stay after baby is born? \_\_\_\_\_