## **ABOUT US**

A baby's breath is a non-profit organization that is governed by a volunteer board of directors. We have helped hundreds of women since our inception in 2000 with compassionate, non-judgmental, and nurturing support that is always offered free of charge by our volunteer staff.

# Housing

Our housing solution offers a structured environment that enables clients to work on issues designed to prevent homelessness and create greater opportunities for independent living.

#### Jeffersonville

2062 W Main Street Jeffersonville, PA 19403

Phone: 610.630.9630

### Collegeville

78 2nd Ave. Collegeville, PA 19426

Phone: 610-489-0083

### Wayne

121 N. Wayne Ave Suite 102 Wayne, PA 19087

Phone: 484-580-6436

### Warminster

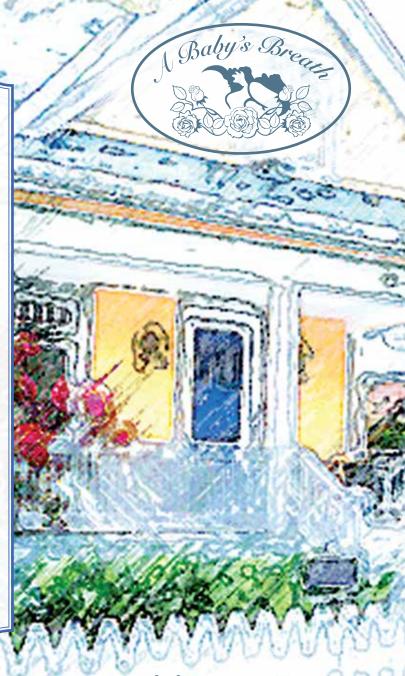
600 Louis Drive, Ste 206 (Lower Level) Warminster, PA 18974

Phone: 267-275-4097

#### Phoenixville

152 Church St Phoenixville, PA 19460

Phone: (610) 608-0203



Housing

# A Baby's Breath Offers

- Free housing for expectant women
- Pre-natal classes with registered nurse
- Mentoring
- Guidance in obtaining housing, education, and child care after birth of baby
- Adoption information and support
- Continued counseling and parenting classes after childbirth

## Goals

- To establish a home for self & child
- To learn healthy eating, cooking, money management, & parenting skills to support independent living
- To complete or continue education
- To develop interviewing and job skills

# Requirements

- Be drug and alcohol free
- Must be 18 years of age
- Agree to participate in all Housing Solutions programs
- Agree to abide by all house rules
- Willingness to work toward goals, such as housing, education, and /or employment
- Contribute toward cost of food
- Save a portion of income
- Have a cell phone
- Make good life choices

# **Application**

Please fill in the information below and bring this form to one of the *A Baby's Breath* locations listed on the back of this brochure. There a volunteer will check if our housing services are an appropriate fit for your needs and help you with completing the application process.

#### **Contact Information**

First Name	Last Name	
Age	Date of Birth	Baby's Due Date
Phone		
e-mail		
Marital Status  Single Married Separated Divorced  Insurance Status  Do you have any health insurance coverage?  Yes No		Employment Status  Are you employed?  Yes No  If yes, name and place or employment
Have you had any pre-natal care?  Yes No  If yes, where		If not employed, state source of income