



## The Road to Hope House, Inc. Application for Residency

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Current Address: \_\_\_\_\_

Current County Reside In \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Last Use of Alcohol or Drugs: \_\_\_\_\_

Substances you have used: \_\_\_\_\_

Describe your current living situation: \_\_\_\_\_

Are you looking for housing w/child? (circle) Yes or No. If so ages & gender \_\_\_\_\_

Are you currently involved in Alcohol, Drug, or Mental Health Treatment? (circle) Yes or No

If yes, where? \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

Who is your Counselor / Case Manager / Contact? \_\_\_\_\_

Have you ever been a resident of the Road to Hope before? (circle) Yes or No

If Yes, When?

Have you had treatment for Addiction/Alcoholism in the past? (circle) Yes or No

If yes, how many times Inpatient? \_\_\_\_\_ How many times Outpatient? \_\_\_\_\_

Are you currently attending 12 Step Meetings? (circle) Yes or No

If yes, do you have written verification of your attendance at meetings? (circle) Yes or No

Have you had treatment for Mental Illness in the past? (circle) Yes or No

If yes, how many times Inpatient? \_\_\_\_\_ How many times Outpatient? \_\_\_\_\_

Have you ever attempted Suicide? (circle) Yes or No

If Yes, When? \_\_\_\_\_ Please Describe the circumstances \_\_\_\_\_  
\_\_\_\_\_

Are you having any thoughts or harming yourself or others presently? (circle) Yes or No

If yes, please describe \_\_\_\_\_

Are you currently being treated for any Medical Conditions? (circle) Yes or No

If yes, please describe \_\_\_\_\_



Are you currently taking any prescribed medication? (circle) Yes or No

If yes, please indicate what you are prescribed (list everything):

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Do you have any physical challenges that you are aware of that might interfere with employment or your ability to perform basic daily household chores? (circle) Yes or No

If yes, please explain \_\_\_\_\_

Have you been convicted of any of the following violent criminal offenses or an attempt to commit, or conspiracy to commit any of these: Murder, Manslaughter, Rape, Arson, Criminal Pedophilia, Sexual Exploitation of a Minor, Aggravated Assault, Aggravated Riot, Aggravated Robbery, Aggravated Burglary (in the first or second degree), Aggravated Kidnapping, Felony Sexual Contact, Felony Child Abuse? (circle) Yes or No If Yes, please explain: \_\_\_\_\_

Are you a person who is registered on any Sex Offender or Arson Registry or who is required to be registered on a Sex Offender or Arson Registry? (circle) Yes or No

Are you currently employed? (circle) Yes or No

If yes, who is your employer? \_\_\_\_\_

How long have you worked there?

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Are you able to afford Rent? (circle) Yes or No Please explain: \_\_\_\_\_

**Emergency Contacts:**

Contact 1 Contact 2

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below, I am indicating that: I have answered all the above questions truthfully and to the best of my ability. If any of my answers are found to be untrue my application will be revoked, and my residency could be declined / terminated.

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Once my application for residency has been received by the Road to Hope House, Inc. Staff it will be reviewed, and I can anticipate a phone call to review my application with a staff member over the phone within 2 business days of its submission. If I meet the minimum requirements for admission a face-to-face interview with the Men or Women's Program Director or Assistant Director will be scheduled.