



**Mail to:** Olivia's House of Hope  
P.O. Box 105  
212 26th St. South  
Olivia, MN 56277

## Compassionate Christian Housing for Women

### Program Application **CONFIDENTIAL**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit#*

\_\_\_\_\_  
*City State ZIP Code*

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

Approx. Date of release and/or arrival: \_\_\_\_\_

	YES	NO		YES	NO
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently in a treatment facility?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain: _____		
Are you currently in a Correctional facility?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain: _____		

Marital Status/Children: \_\_\_\_\_

### Education

High School or GED? \_\_\_\_\_ Date/Year? \_\_\_\_\_

Did you graduate? ☐ YES NO

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ YES NO Degree: \_\_\_\_\_

### References

*Please list contact info for case worker, personal reference, professional counselor etc.*

Name: \_\_\_\_\_ Relationship/Title: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Relationship/Title: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Relationship/Title: \_\_\_\_\_

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

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

### Previous Treatments

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Treated For: \_\_\_\_\_ Completed? \_\_\_\_\_

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Treated For: \_\_\_\_\_ Completed? \_\_\_\_\_

Others? \_\_\_\_\_

May we contact your previous facilities for a reference? YES NO

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### Criminal Background

Are you currently on probation/parole? \_\_\_\_\_ County? \_\_\_\_\_

Any Court Cases Pending? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Ever Convicted of Violent Crime? \_\_\_\_\_ If yes, explain EACH conviction \_\_\_\_\_

Any Sex Related Crimes? If yes, explain in full: \_\_\_\_\_

Do you have any outstanding warrants? YES NO

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Probation/Parole Officers name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State/Zip \_\_\_\_\_

### Physical Health

Any current medical issues? \_\_\_\_\_

Any Medications? \_\_\_\_\_

Any special needs? \_\_\_\_\_

If yes, explain in detail \_\_\_\_\_

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

### What interests you about Olivia's House of Hope?

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#### Intake & Resident Criteria Policy

Intake Policy – Applicants will be assessed for appropriateness in an intake process that involves three steps: application, phone, and face to face interview. We are not equipped to provide everyone's specific criteria.

Resident Criteria Policy – Olivia's House of Hope residents are carefully screened and chosen to participate in the residential housing program based on their qualifications for potential success. Not every applicant is guaranteed a spot in residency.

### Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_