

The Road to Hope House, Inc.

Application for Residency



Name: _____ Date: _____

Current Address: _____

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 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 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) :

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, 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 Registry or who is required to be registered on a Sex Offender 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? _____

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.

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.