



**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: \_\_\_\_\_



