**H.O.P.E Project Application**

**(660)-202-9032**

**312 E. Franklin Street Clinton, Missouri 64735**

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**www.hope-project.org**

H.O.P.E. Project is a Faith-Based Transitional Recovery Housing, it’s a place of spiritual healing for women who are seeking a change in their lives. Here at H.O.P.E. Project we will assist with personal skills and goals, responsibility, reunification of family, and spiritual guidance. It is our policy to assist individuals regardless of their race, religion, color, national origin, and age.Date Applied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name (Last, First, and MI) DOB SS#

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Current Address Phone Number

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City, State, Zip Code E-mail address

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Emergency Contact Phone Number

Relationship Address

If you are in treatment, incarcerated, or in another program or facility what is your expected release date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Social Security Card? \_\_\_\_\_Yes \_\_\_\_\_No

Do you have a Birth Certificate? \_\_\_\_\_Yes \_\_\_\_\_\_No

What State were you born in? \_\_\_\_\_\_\_\_\_\_

Do you have valid Missouri Driver’s License? \_\_\_\_\_\_Yes \_\_\_\_\_No If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Missouri Issued Identification Card? \_\_\_\_\_Yes \_\_\_\_\_No

If you have the previous items, are they in your possession now? \_\_\_\_\_\_Yes \_\_\_\_\_No

Are you on Disability? \_\_\_\_\_Yes \_\_\_\_No

Are you able to function, to do everyday tasks, work, and/or perform volunteer services independently? \_\_\_\_Yes \_\_\_\_\_No If no please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What brought you to this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently incarcerated? \_\_\_\_Yes \_\_\_\_No If yes where and for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status**

Are you currently? (Circle one) Married Single Divorced Widowed Separated In a relationship/ Significant Other

Name and location of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children**

If you have children list name, ages, and current location. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have custody of your underage children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what arrangements have been made while you are in the H.O.P.E. Project. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If no, who currently has custody of your underage children. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will coming to the H.O.P.E. Project have any effect on the custody status of your children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently pregnant \_\_\_\_\_Yes \_\_\_\_\_No

If yes, provide the due date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, is the Birth father aware of your pregnancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which are you planning? \_\_\_\_\_Parenting \_\_\_\_Placing for adoption \_\_\_\_\_\_Undecided

**Legal Status**

Are you currently incarcerated? \_\_\_\_Yes \_\_\_\_No If yes reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been incarcerated prior to this? \_\_\_\_\_Yes \_\_\_\_\_No If yes, how many times? \_\_\_\_\_\_ Locations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on Probation/ Parole? \_\_\_\_\_Yes \_\_\_\_No If yes is it Supervised or Unsupervised? (Circle One)

Name of Probation/Parole Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Lawyer? \_\_\_\_Yes \_\_\_\_No Private or Court Appointed? (Circle one)

Name of Lawyer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOC # if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all convictions if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any pending charges? \_\_\_\_\_Yes \_\_\_\_ No If yes, please explain charges and County and any upcoming court dates. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any prior convictions for sex offenses, arson, exhibiting violent behavior? \_\_\_\_\_Yes \_\_\_\_No If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any of your convictions or pending charges against children or elderly? \_\_\_\_Yes \_\_\_\_No

**Alcohol and or Drug** **Treatment**

Please explain how your substance abuse affected relationship with family and friends. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What was your drugs of choice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently in a drug or alcohol program? \_\_\_\_Yes \_\_\_\_No If yes, please list the treatment program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What previous treatment programs have you attended and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Which of these programs did you complete? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been in a sober living program? \_\_\_\_Yes \_\_\_\_No

If yes please list them. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were in a treatment/ sober living program, what do you think is different about you and your circumstances now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe your motivation to change your current thinking patterns to maintain sobriety. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Mental Health**

Are you currently receiving mental health services? \_\_\_\_ Yes \_\_\_\_No If yes how long? \_\_\_\_\_\_\_

Service Provider name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received mental health services in the past? \_\_\_\_Yes \_\_\_\_No

Have you have received a mental health diagnosis? \_\_\_\_Yes \_\_\_\_No If yes please provide the diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently taking medications for any mental health diagnosis? \_\_\_ Yes \_\_\_No If yes please provide medication name, dosage, and how long have you been taken them\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been committed by the courts or voluntarily admitted yourself to a mental health facility? \_\_\_\_Yes \_\_\_\_\_No If yes, provide the name of facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medical Information**

Do you have insurance? \_\_\_\_Yes \_\_\_\_No If yes Private, Medicaid, Or Medicare. (Circle One)

Name of insurance provider. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any ongoing medical issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently diagnosed with HIV, Hepatitis C, or STD’s? \_\_\_\_Yes \_\_\_\_No If yes, provide the current diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking prescription medications? \_\_\_\_Yes \_\_\_\_No If yes, what medications are you taking and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Religion/Spirituality**

What are your spiritual beliefs that describe you?

\_\_\_\_\_Atheist \_\_\_\_\_Agnostic \_\_\_\_\_Believer in Jesus Christ

If you are not a believer in Jesus Christ, are you willing and open minded to the possibility of learning more about Christ? \_\_\_\_Yes \_\_\_\_No If yes, who has been the most influential person in your spiritual development? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you incorporate your beliefs in your daily life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you believe God will forgive you for all you have done wrong? \_\_\_\_\_Yes \_\_\_\_\_No

Have you been able to forgive yourself? \_\_\_\_\_Yes \_\_\_\_\_No

Please describe your answers for the previous 2 questions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you could ask God one question, what would it be? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education/Employment**

Are you currently employed? \_\_\_\_\_Yes \_\_\_\_\_No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not when is the last time you worked? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consider yourself employable? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check highest level of education completed:

\_\_\_\_Less than high school diploma \_\_\_\_ Bachelor’s Degree

\_\_\_\_High School diploma/GED \_\_\_\_Some college

**More About You Life/Goals**

What do you hope to get out of this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain at least one commitment to a life changing event that you have made recently.

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What are your strengths/good qualities? (Please check all that apply)

\_\_\_\_\_ Hardworking \_\_\_\_\_Honest \_\_\_\_\_Sense of Humor \_\_\_\_\_Strong Values

\_\_\_\_\_Intelligent \_\_\_\_\_Caring \_\_\_\_\_Resourceful \_\_\_\_\_Motivated \_\_\_\_\_Creative

\_\_\_\_\_Forgiving \_\_\_\_\_Dependable \_\_\_\_\_Spiritual \_\_\_\_\_Teachable \_\_\_\_\_Persistent

What are your needs/concerns? (Please check all that apply)

\_\_\_\_\_Substance Abuse \_\_\_\_\_Employment \_\_\_\_\_Guilt/Shame \_\_\_\_\_Mental Health

\_\_\_\_\_Legal Problems \_\_\_\_\_Suicide Attempts/Thoughts \_\_\_\_\_Spiritual Problems

\_\_\_\_\_Homelessness \_\_\_\_\_Anger \_\_\_\_\_Family Problems \_\_\_\_\_Medical Problems

\_\_\_\_\_Poor Decision Making \_\_\_\_\_Abuse Issues \_\_\_\_\_Poor Impulse Control

How do you typically deal with the needs and concerns identified above? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What 10 short-term goals would you like to accomplish in the next 6 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list some mid-term goals you have for your life beyond 6 months to 2 years. \_\_\_\_\_\_\_\_\_\_

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Do you feel confident that you will be able to achieve these goals? \_\_\_\_Yes \_\_\_\_No Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Thank you for your interest in the H.O.P.E. Project

Founder and Director,

Amanda Roe

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medications Prescriptions and Over the Counter**

Please provide a complete list of all medications you are taking.

**Medical Medications**

|  |  |  |
| --- | --- | --- |
| Name | Dosage | What it is for |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Mental Health Medications**

|  |  |  |
| --- | --- | --- |
| Name | Dosage | What it is for |
|  |  |  |
|  |  |  |
|  |  |  |

**Over the counter medications**

|  |  |  |
| --- | --- | --- |
| **Name** | **Dosage** | **What it is For** |
|  |  |  |
|  |  |  |
|  |  |  |

**H.O.P.E. project**

**Program Expenses & Responsibilities**

* H.O.P.E. project is a 12-month program.
* The cost per week is $115.00. You are required to pay an entry fee of $230.00 which $115.00 of that will cover your first week of programs fees and $115.00 will cover a deposit.
* Your program fees need to be paid a week in advance.
* If program fees are 3 weeks past due, and you are not making a noticeable effort to pay them you may face removal from the House.
* The deposit will be returned upon successful completion of our program.
* You will be required to give staff a 4-week notice of your discharge date and ALL program fees will have to be paid in full to have a successful completion.
* No program deposit will be given for an unsuccessful discharge.
* If you are removed or choose to leave the program for any reason before a successful completion, you will not be eligible for any program fee refund.
* If you are removed or choose to leave the program, we will not hold personal possessions we will donate all items to a local charity.
* You are responsible for your own food expenses and preparing your meals.
* You are responsible for providing all your own hygiene items and towels/washcloths.

**All Participants Are Required to Adhere to the Following:**

* All Probation/Parole requirements.
* NO Narcotics/Drugs, kratom or Alcohol of any kind (including prescriptions).
* Random UA’s & Breathalyzers (If you refuse, you will be removed from house).
* Actively be working the 12 steps and secure a sponsor.
* Personal items are subject to search at any given time by staff.
* Attend GED program (for those without Diploma).
* Maintain a minimum of 25 hours, but no more than 40 hours of employment per week.
* If you are on disability, you will be required to volunteer 24 hours per week in the community.

**WE RESERVE THE RIGHT TO REMOVE ANYONE AT ANYTIME FROM THE PROGRAM AT OUR DISCRETION**

\*\*\*RULES AND REGULATIONS ARE SUBJECT TO CHANGE AT ANY TIME. YOU WILL BE NOTIFIED OF ANY CHANGES\*\*\*

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

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

* Relapse is an immediate removal from the house.
* You are to refrain from engaging in unhealthy relationships outside of the house. (Will explain in detail upon admission to program)
* You must always conduct yourself with integrity. (In and outside of house).
* You are required to dress appropriately, no low-cut tops or short shorts.
* You can be removed from the House for disruptive or aggressive behavior. Laying hands on another person in an aggressive manner will lead to your removal immediately.
* Theft will lead to immediate removal from the House.
* NO smoking in the House, please use designated smoking areas.
* No person active in their addiction is allowed on the property.
* All scheduled events are mandatory.
* Absolutely no fraternizing with anyone in active addiction.
* No members of the opposite sex allowed in the House or Smoking Area.
* No same sex relations within the House.
* Point System:

1. You will be given 50 points upon admission to the program.
2. You will be informed as to why and when points are taken.
3. You will have the opportunity to earn back lost points.
4. You will be asked to leave program if you lose all 50 points.

* You are required to stay local first 30 days.
* You are required to be actively job searching after entering the program. Your “job” until employment is obtained is job searching and during this time you are not allowed to be in your rooms from 9 am to 5 pm.
* You are required to have prior permission from staff to leave Henry County.
* All program fees must be current to participate in ANY extended house privileges.
* Children may have 2 overnight stays after the first 30 days. It is your responsibility to always supervise your children. (Additional overnight stays allowed at discretion of House Manager)
* After 60 days you will be allowed 2 nights out per month.

1. Request forms must be turned in a minimum of one week prior to departure.
2. All nights out are subject to Staff & Probation/Parole approval.
3. House fees must be paid up to date.
4. Your nights out will need to be with family or friends that are clean & sober.
5. Manipulation of this privilege may result in your removal of the House.
6. If not heard from in 24 hours, you will be considered removed from the House.

* You may have and utilize your own personal vehicle after the first 30 days

1. Driving without a valid driver license, insurance, or driving an illegal vehicle is cause for removal from the House.
2. Driving privileges will be assessed on an individual basis.

* The following are subject to a fine.

1. Leaving out personal items.
2. Not doing assigned weekly chores.
3. Not making your bed.
4. Not keeping your assigned area clean.

* Curfew is 10:00 pm to 6:00 am (unless specified by the House Manager) first 30 days curfew is 5 pm.

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

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