

His House of Hope Program Resident Application

Personal Information

Date: _____

First Name: _____ MI: _____ Last Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

SSN: _____ - _____ - _____ (for background check) Are you a US Citizen? _____

Date of Birth: _____ Church attending: _____

Education

High School: _____ City/State: _____

HS Diploma or GED: _____

Other School: _____ City/State: _____

Degree/Certification: _____

References

Pastor: _____ Phone Number: _____

Church Name: _____

Friend: _____ Phone Number: _____

How do you know this person? _____

Coworker: _____ Phone Number: _____

Company where you worked with this person: _____

Work History- Begin with most recent

Employer: _____ City/State: _____

Phone Number: _____ Supervisor: _____

Job Title: _____ Start Date: _____ End Date: _____

Job Description: _____

Reason for Leaving: _____

May we Contact this employer? _____

Employer: _____ City/State: _____

Phone Number: _____ Supervisor: _____

Job Title: _____ Start Date: _____ End Date: _____

Job Description: _____

Reason for Leaving: _____

May we Contact this employer? _____

Employer: _____ City/State: _____

Phone Number: _____ Supervisor: _____

Job Title: _____ Start Date: _____ End Date: _____

Job Description: _____

Reason for Leaving: _____

May we Contact this employer _____

Other

List any past criminal background. Explain what changes you have made in your life since then.

Parole Officer Or Social Worker Name and contact info:

What do you hope to accomplish through this program? (List two or three goals)

Please share something about your faith and relationship with Jesus Christ.

What have you done in the past to address your addiction, homelessness or other issues?

What do you need to do differently this time?

What would you like us to know about your family of origin and your current family relationships?

Do you have skills, abilities or talents you want to develop into a possible career?

Is there anything else you think we should know about you?

Are you willing to consent to a background check before you are accepted to His House of Hope? (You may be disqualified of this application by your background.) Yes No

How did you discover His House of Hope?

Family & Emergency Contact Info

Family Member #1: _____ Relation: _____

Phone Number: _____ Email: _____

Address: _____

Family Member #2: _____ Relation: _____

Phone Number: _____ Email: _____

Address: _____

Emergency Contact: _____ Relation: _____

Phone Number: _____ Email: _____

Address: _____

Additional Release Information

Health Care Provider: _____

Doctor's name:(past 5 years) _____

Other doctor's/specialists' names:(past 5 years) _____

Medications prescribed or have been prescribed:(past 5 years) _____

Counselor and/or psychiatrist's names:(past 5 years) _____

Release: I grant permission to the management of His House of Hope to contact and communicate with all of my doctors, counselors, psychiatrists and other medical and mental health professionals as a precondition to my admittance into HHOH residential program

Applicants Name: _____ Date: _____

Signature: _____

Notice: Failure to disclose medical and/or mental health care information may render HHOH applicants ineligible for this program.

Acknowledgement of Information and Responsibility

I hereby confirm that I have thoroughly read and comprehended the contents of the resident handbook. My alignment with the mission and vision statement, and statement of faith of His House of Hope is not only acknowledged but also affirmed. Additionally, I assure that all the information I have provided is accurate and truthful.

Applicants Name: _____ Date: _____

Signature: _____

Thank you for taking the time to complete this application His House of Hope
Email: info@hohphillips.org