

HOUSE OF HOPE SUNNYSLOPE TRANSITIONAL HOUSING FOR SINGLE MOTHERS

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HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

PROGRAM INFORMATION

House of Hope Sunnyslope is a new program offered by House of Refuge Sunnyslope. We provide long-term assistance to single working mothers who make a strong commitment to overcome past problems and focus on developing the appropriate skills to recover from homelessness. Program participants will benefit from a personalized program designed to achieve the ultimate goal of being self-sufficient with no government assistance.

House of Hope Sunnyslope is a faith-based program supported by a dedicated staff and a group of volunteers from local churches. Each family will participate in individualized case management to develop both short-term and long-term goals. The case manager will create a specific plan for each family based on spiritual, financial, emotional and physical needs. Regular meetings will be held to assure the family is performing the expected activities and to monitor goals. The participating families must have a genuine desire to succeed and with the guidance and encouragement of the support staff, we sincerely believe anyone can learn to deal with life's obstacles in a positive and productive manner.

Families can remain in the House of Hope Sunnyslope Program for up to 24 months as long as the rules and regulations are followed and as long as a determined and steady progression to reaching their goals is demonstrated.

Through the Power and Love of Jesus, our **mission** is to offer single mothers and their children clean and safe housing, supportive services, and life skills coaching to enable them to become a self-sufficient, cohesive family unit.

Our **vision** is to provide single mothers the tools and techniques necessary to break the cycle of poverty by surrounding them with a dedicated team who will inspire hope and promote success through mentoring, goal setting, and accountability tracking.

APPLICATION PROCESS

Our application process is quite detailed but the information we gather will provide insight and help us design a program for your ultimate success. **Please answer honestly**—discovery of inaccurate or omitted information could disqualify your family from acceptance into the program or be a cause of removal from the program.

Please answer **all** questions on this application to the best of your ability. Do not leave anything blank. If a question does not apply to you, please enter **N/A**. If you qualify for an interview, you may be asked to elaborate on answers you provide in this application.

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

DOCUMENTS

You must provide **all** documents that apply to you and your family during your interview. All documents will be copied and returned to you. All information will be verified so please be certain to include everything.

REQUIRED FOR MOTHER

- MARRIAGE LICENSE
- DIVORCE DECREE
- EDUCATION DIPLOMAS OR TRANSCRIPTS
- WORK LICENSES (REAL ESTATE, TEACHER, NURSE)
- EMPLOYMENT VERIFICATION (PAY STUB, TIME SHEET)
- AZ STATE ID OR AZ DRIVER'S LICENSE
- TRW CREDIT REPORT
- MOST RECENT IRS W2 FORM AND TAX RETURN
- PROOF OF AUTO INSURANCE
- DES LETTER OF ELIGIBILITY
- QWEST CARD (FOOD STAMPS, CASH ASSISTANCE)
- TERMS OF PROBATION / PROBATION DISCHARGE
- CPS INITIAL REPORT AND CURRENT CASE PLAN
- CHARACTER REFERENCE LETTERS

REQUIRED FOR EACH FAMILY MEMBER

- BIRTH CERTIFICATES OR US PASSPORTS
- SOCIAL SECURITY CARDS
- MEDICAL/INSURANCE CARDS
- IMMUNIZATION RECORDS
- CURRENT PICTURES
- INDIVIDUAL EDUCATION PLAN RECORDS (IEP)
- SCHOOL ATTENDANCE RECORDS

I acknowledge that I am providing all documents that apply to me and my family and I am not withholding any information.

Initials: _____ Date: _____

FOR INTERNAL USE ONLY

DATE GIVEN TO FAMILY: _____ INITIALS: _____ COMMENTS: _____

DATE REFERRED: _____ INITIALS: _____ COMMENTS: _____

DATE INTERVIEWED: _____ INITIALS: _____ COMMENTS: _____

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

REFERRAL INFORMATION

How did you hear about House of Hope Sunnyslope? _____

Referred to House of Hope Sunnyslope by: _____

What do you know about the House of Hope Sunnyslope program? _____

Please provide three (3) local personal references (not related to you) that House of Hope Sunnyslope has your permission to contact.

	Name	Phone	Relationship
1			
2			
3			

I grant permission to House of Hope Sunnyslope to contact the above listed personal references.

Initials: _____ Date: _____

INTERVIEW NOTES

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

PROGRAM REQUIREMENTS

House of Hope Sunnyslope is a drug free and alcohol free program. Any and all participants are subject to drug testing as a condition of program entry and random drug testing for ongoing program participation.

I voluntarily give informed consent for all required drug testing for my children and myself.

Initials: _____ Date: _____

If you are a victim of a previous incident of domestic violence (physical, emotional, verbal) and are accepted into the House of Hope Sunnyslope program, any contact or attempted contact with the named abuser will be cause for immediate termination from the program.

I understand I must provide a photograph of the abuser and all documents regarding police reports and restraining orders to the House of Hope Sunnyslope Staff.

Initials: _____ Date: _____

House of Hope Sunnyslope does not accept anyone with a conviction or plea bargain of a violent crime, sex offence or arson.

I understand acceptance in the House of Hope Sunnyslope Program is conditional and dependent upon outcome of criminal background check.

Initials: _____ Date: _____

I give permission to the House of Hope Sunnyslope staff to verify all information supplied in this application.

Initials: _____ Date: _____

House of Hope Sunnyslope will use a team of volunteers to help families develop and grow in our program. Each volunteer is required to sign a confidentiality agreement.

I give my permission to the House of Hope Sunnyslope to share all application information with program volunteers who may be assisting my family.

Initials: _____ Date: _____

I understand that supplying any misleading or inaccurate information, failing to respond to any question, purposely omitting information, or failing to include all required documentation could disqualify my family from entering the House of Hope Sunnyslope Program.

Initials: _____ Date: _____

Each participating family is required to participate in Case Management and will be required to sign Release of Information Forms for all pertinent information such as medical, psychological, educational, credit, employment, and all other information as determined by the Case Manager.

I understand that upon being accepted into the House of Hope Sunnyslope program I must be willing to sign the above Release of Information forms for the required on-going Case Management.

Initials: _____ Date: _____

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

HEAD OF HOUSEHOLD

FULL LEGAL NAME: _____

LIST ALL OTHER NAMES YOU HAVE GONE BY: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ AGE: _____

CURRENT ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

IF CURRENTLY LIVING IN A SHELTER, PLEASE PROVIDE THE FOLLOWING:

SHELTER NAME: _____ DIRECTOR'S NAME: _____

DIRECTOR'S PHONE: _____

WHEN DID YOU ENTER INTO YOUR CURRENT LIVING SITUATION? _____

WHEN ARE YOU SCHEDULED TO LEAVE? _____

CURRENT MONTHLY RENT: \$ _____ DATE MOVED TO ARIZONA: _____

HOW LONG DID YOU RESIDE AT YOUR LAST PERMANENT ADDRESS?: _____

ZIP CODE OF LAST PERMANENT ADDRESS: _____

If you are currently residing in a shelter, you must be willing to sign a release of information with the shelter. Also, you must remain in the shelter throughout the interview and approval process. If you choose to leave, you may no longer be eligible for the House of Hope Sunnyslope program.

I have read and understand this requirement.

Initials: _____ Date: _____

MARITAL STATUS

LEGALLY MARRIED SEPARATED DIVORCED WIDOWED

SINGLE NEVER MARRIED OTHER _____

SPOUSE/EX-SPOUSE NAME: _____ DATE MARRIED: _____

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

TRANSPORTATION INFORMATION

DRIVER'S LICENSE # _____ OR STATE ID # _____

MAKE/MODEL: _____ YEAR _____ LICENSE PLATE _____

AMOUNT OWED: \$ _____ INSURANCE COMPANY: _____ EXPIRES: _____

IF YOU DO NOT HAVE AN AUTOMOBILE, WHAT IS YOUR NORMAL FORM OF TRANSPORTATION?

BUS TAXI FRIEND/FAMILY OTHER _____

I understand that if I own a car, I must have the financial means to pay for insurance and state registration to legally drive it. I agree not to operate the car if I do not have the car legally registered and insured.

Initials: _____ Date: _____

EMERGENCY CONTACT

In case of emergency, I grant permission to House of Hope Sunnyslope to contact the following:

Initials: _____ Date: _____

LAST NAME: _____ FIRST NAME: _____

RELATIONSHIP: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

DEPENDENTS

LIST THE NAMES OF ALL FAMILY MEMBERS WHO LIVE IN YOUR HOME. PLEASE INCLUDE RELATIONSHIPS OF BIOLOGICAL CHILD, STEPCHILD, ADOPTED, GUARDIAN, NIECE, NEPHEW, OTHER.

CHILD'S NAME (FIRST & LAST)	RELATIONSHIP	DATE OF BIRTH	AGE	SSN	GRADE

DO YOU HAVE ANY CHILDREN WHO DO NOT LIVE WITH YOU? YES _____ NO _____

IF YES, PLEASE LIST:

CHILD'S FULL NAME	RELATIONSHIP	AGE	DATE REMOVED	WHO IS CHILD PLACED WITH?	WHEN WILL THEY BE RETURNED?

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

INFORMATION ABOUT YOUR CHILD(REN)

DESCRIBE YOUR HOPES AND FEARS FOR YOUR CHILD(REN): _____

HOW DO YOU THINK THE HOUSE OF HOPE WILL BE ABLE TO HELP YOUR CHILD(REN)? _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT EACH CHILD:

CHILD'S FULL NAME	CURRENT SCHOOL/DAY CARE	ATTEND DAILY?	# SCHOOLS IN LAST 12 MONTHS?	ACTIVE *IEP?	DAYS MISSED IN LAST 12 MONTHS?

*INDIVIDUAL EDUCATION PLAN

LIST REASON(S) YOUR CHILD(REN) TYPICALLY MISS SCHOOL/DAYCARE?

- | | |
|---|---|
| <input type="checkbox"/> LACK OF TRANSPORTATION
<input type="checkbox"/> LACK OF STABLE HOUSING
<input type="checkbox"/> THEY DO NOT LIKE SCHOOL
<input type="checkbox"/> OTHER, PLEASE EXPLAIN: | <input type="checkbox"/> TOO TIRED IN THE MORNING
<input type="checkbox"/> LACK OF SUITABLE CLOTHING
<input type="checkbox"/> ILLNESS |
|---|---|

LIST ALL SCHOOLS YOUR CHILD(REN) ATTENDED IN THE PAST 12 MONTHS:

CHILD'S FULL NAME	SCHOOL NAME	DATES ATTENDED

All House of Hope applicants must be **willing** to put their child(ren) in a local daycare center while they are working, attending treatment, going to school, or any time they cannot be home to provide care.

I agree to enroll my child(ren) in day care as required by the HHS Program.

Initials: _____ Date: _____

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

CRIMINAL BACKGROUND

HAVE YOU EVER BEEN ARRESTED? YES ___ NO ___

IF YES, PLEASE LIST ALL ARRESTS:

DATE	CHARGE	CONVICTED?	TIME SERVED

DO YOU HAVE ANY OUTSTANDING WARRANTS FOR YOUR ARREST? YES ___ NO ___

IF YES, WHAT IS THE CHARGE? _____ DATE: _____

HAVE YOU EVER BEEN ON PROBATION OR PAROLE? YES ___ NO ___

IF YES, PLEASE LIST:

START DATE	CHARGE	TERM	FEES/ FINES	PO NAME	PO PHONE

DO YOU OWE ANY RESTITUTION? YES ___ NO ___

IF YES, OUTSTANDING AMOUNT _____

HOUSING HISTORY

ARE YOU CURRENTLY LIVING IN SUBSIDIZED HOUSING? YES ___ NO ___

IF YES, WHERE? _____

HAVE YOU EVER BEEN HOMELESS BEFORE? YES ___ NO ___

IF YES, HOW MANY TIMES IN THE LAST YEAR HAVE YOU BEEN HOMELESS? _____

PLEASE LIST ALL AGENCIES AND SHELTERS THAT HAVE PROVIDED YOU WITH SERVICES AND/OR ASSISTANCE.

START DATE	AGENCY/SHELTER	TYPE OF ASSISTANCE	END DATE

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HAVE YOU EVER BEEN DISCHARGED FROM A SUBSIDIZED PROGRAM? YES ___ No ___

IF YES, PLEASE EXPLAIN: _____

DO YOU FEEL YOU WERE UNJUSTLY ASKED TO LEAVE? YES ___ No ___

IF YES, PLEASE EXPLAIN: _____

LIST THE CIRCUMSTANCES YOU BELIEVE HAVE LED UP TO YOUR CURRENT HOMELESSNESS? _____

HAVE YOU EVER APPLIED FOR SUBSIDIZED HOUSING? YES ___ No ___

IF YES, WHERE/WHEN: _____

IF NO, WHY HAVE YOU NOT APPLIED: _____

HAVE YOU EVER APPLIED TO THE HOUSE OF HOPE SUNNYSLOPE? YES ___ No ___

IF YES, WHEN: _____

HAVE YOU EVER BEEN EVICTED FROM A RENTAL? YES ___ No ___

IF YES, PLEASE LIST:

DATE	LOCATION OF RENTAL	REASON FOR EVICTION	MANAGER	PHONE

The House of Hope Sunnyslope Program may require you to return to a previous program that provided assistance and sign a Release of Information Form. It is helpful if you obtain all release forms prior to your scheduled interview with the House of Hope Sunnyslope.

I agree to provide Release of Information Forms as required for consideration for acceptance to the House of Hope Sunnyslope program. Initials: _____ Date: _____

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

NEEDS ASSESSMENT

PLEASE PUT A CHECKMARK NEXT TO ALL OF THE ISSUES THAT APPLY TO YOU:

- | | |
|--|---|
| <input type="checkbox"/> LACK OF JOB TRAINING AND/OR EMPLOYMENT SKILLS | <input type="checkbox"/> NEED A BETTER JOB |
| <input type="checkbox"/> HAVING FOOD ON A REGULAR BASIS | <input type="checkbox"/> NEED HELP IN FINDING A JOB |
| <input type="checkbox"/> HAVING PROBLEMS WITH SCHOOL/WORK | <input type="checkbox"/> TRANSPORTATION ISSUES |
| <input type="checkbox"/> HAVING PROBLEMS WITH DRUGS/ALCOHOL | <input type="checkbox"/> CHILD ABUSE/NEGLECT |
| <input type="checkbox"/> HAVING TROUBLE PAYING BILLS | <input type="checkbox"/> NEED A PLACE TO LIVE |
| <input type="checkbox"/> ABUSE OR NEGLECT OF/BY SPOUSE OR PARTNER | <input type="checkbox"/> NEED DAY CARE FOR CHILD |
| <input type="checkbox"/> STRUGGLING WITH CHILDREN'S BEHAVIOR/PARENTING | <input type="checkbox"/> HAVING PROBLEMS AT WORK |
| <input type="checkbox"/> NEED HELP FOR CHILD(REN) WITH SPECIAL EDUCATION NEEDS | <input type="checkbox"/> NEED GED |
| <input type="checkbox"/> STRUGGLING WITH CHILD(REN) ATTENDING SCHOOL | <input type="checkbox"/> NEED MORE CLOTHING |
| <input type="checkbox"/> BEING DISCRIMINATED AGAINST | <input type="checkbox"/> HAVING LEGAL PROBLEMS |
| <input type="checkbox"/> NEED HELP WITH FAMILY PLANNING | <input type="checkbox"/> PROBATION |
| <input type="checkbox"/> HAVING HEALTH OR DENTAL PROBLEMS | <input type="checkbox"/> OUTSTANDING WARRANT |
| <input type="checkbox"/> HAVING AN EMOTIONAL OR MENTAL PROBLEM | <input type="checkbox"/> CHILD SUPPORT |
| <input type="checkbox"/> GETTING ALONG WITH PARTNER | <input type="checkbox"/> ALIMONY |
| <input type="checkbox"/> FORMER PARTNER STALKING BEHAVIOR IS A CONCERN | <input type="checkbox"/> TRAFFIC VIOLATION |
| <input type="checkbox"/> SETTING BOUNDARIES WITH FAMILY | <input type="checkbox"/> CPS INVOLVEMENT |
| <input type="checkbox"/> SETTING BOUNDARIES WITH CHILD(REN) | |
| <input type="checkbox"/> SETTING BOUNDARIES WITH CHILD(REN)'S FATHER | |
| <input type="checkbox"/> TRUANT OR ABSENT FROM SCHOOL;SELF/CHILD(REN) | |
| <input type="checkbox"/> NEED TO IMPROVE IN READING, WRITING, ENGLISH OR BASIC MATH | |
| <input type="checkbox"/> STATUS OF DOMESTIC VIOLENCE (CIRCLE) – CURRENT / PAST / I FEEL IMPENDING DANGER / NO RISK | |
| <input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____ | |

PLEASE LIST ALL FURNISHINGS AND HOUSEHOLD ITEMS YOU PLAN TO BRING TO THE HOUSE OF HOPE SUNNYSLOPE CAMPUS IF ACCEPTED INTO THE PROGRAM. (PLEASE BE SPECIFIC)

I DO NOT HAVE ANY FURNISHINGS OR HOUSEHOLD ITEMS, I WILL NEED EVERYTHING.

PLEASE PROVIDE INFORMATION ABOUT ANY ITEMS YOU PAY FOR REGULARLY (CELL PHONE, CAR LOAN, CHARGE CARDS, CIGARETTES, MANICURED NAILS, PO BOX, STORAGE SHED, ETC). PLEASE INCLUDE AMOUNT PAID PER MONTH, WHETHER YOU HAVE A CONTRACT OR LEASE AGREEMENT, WHEN LEASE OR COMMITMENT IS COMPLETE, AND HOW MUCH YOU OWE. _____

The House of Hope Sunnyslope Program requires that you live within your means.

I am willing to release these items if necessary, recognizing that this is a short term sacrifice serving my long-term goal of financial stability. Initials: _____ Date: _____

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

PERSONAL INFORMATION

WHAT ARE YOUR IMMEDIATE GOALS? _____

WHERE DO YOU SEE YOURSELF IN 1 YEAR? _____

HOW WILL THESE GOALS BE ACHIEVED? _____

WHAT DO YOU BELIEVE IS THE CAUSE OF YOUR HOMELESSNESS? _____

WHERE WERE YOU BORN? _____ RAISED? _____

WHO RAISED YOU? _____

HOW MANY CHILDREN ARE IN YOUR FAMILY? _____ WHICH NUMBER CHILD ARE YOU? _____

WERE YOUR PARENT(S): ___OVERPROTECTIVE? ___PERMISSIVE? ___YOUR FRIEND? ___INVOLVED?
___UNINVOLVED? ___ABUSIVE? ___ABSENT?

DO YOU HAVE AN ONGOING RELATIONSHIP AND REGULAR COMMUNICATION WITH YOUR FAMILY?
Yes ___ No ___

DO YOU FEEL THAT THEY WOULD BE SUPPORTIVE OF YOU ENTERING THE HOUSE OF HOPE SUNNYSLOPE PROGRAM? Yes ___ No ___

PLEASE INDICATE IF YOU HAVE THE FOLLOWING FAMILY MEMBERS:

PUT A PLUS (+) SIGN IF THE RELATIONSHIP IS HEALTHY AND A MINUS (-) SIGN IF IT IS UNHEALTHY AND (N/A) IF IT DOES NOT APPLY.

___ MOTHER ___ MOTHER-IN-LAW ___ SISTER(S) HOW MANY? ___

___ STEPMOTHER ___ FATHER-IN-LAW ___ BROTHER(S) HOW MANY? ___

___ FATHER ___ GRANDPARENTS (MATERNAL)

___ STEPFATHER ___ GRANDPARENTS (PATERNAL)

EXPLAIN HOW THESE RELATIONSHIPS AFFECT YOUR EVERYDAY LIFE?

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DO YOU FEEL YOU HAVE A STRONG FAMILY/FRIEND NETWORK OF SUPPORT? Yes ____ No ____

PLEASE EXPLAIN: _____

LIST ALL FAMILY MEMBERS CURRENTLY ACTIVE IN YOUR LIFE AND THE LIVES OF YOUR CHILD(REN):

NAME	RELATIONSHIP	ADDRESS	PHONE

LIST ALL FAMILY MEMBERS CURRENTLY **NOT** ACTIVE IN YOUR LIFE AND THE LIVES OF YOUR CHILD (REN):

NAME	RELATIONSHIP	ADDRESS	PHONE

LIST INDIVIDUALS YOU CONSIDER TO BE YOUR FRIENDS:

NAME	ADDRESS	PHONE	HOW LONG?

Existing relationships can interfere with your recovery from homelessness.

I agree to have no contact with these individuals for a minimum of 45 days as determined by my case manager. Initials: _____ Date: _____

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

HEALTH/MEDICAL INFORMATION

DO FEEL THAT YOUR OVERALL HEALTH IS: EXCELLENT VERY GOOD GOOD FAIR POOR

DO YOU HAVE MEDICAL INSURANCE? YES NO

IF YES, NAME OF PLAN: _____

DATE OF LAST PHYSICAL EXAM: _____ DENTAL: _____

LIST CURRENT MEDICAL OR DENTAL CONDITIONS: _____

HAVE YOU APPLIED FOR DISABILITY? YES NO OUTCOME: _____

DO YOU FEEL YOU ARE ABLE TO WORK/ATTEND SCHOOL FULL TIME? YES NO

ARE YOU CURRENTLY ON BIRTH CONTROL? YES NO

ARE YOU PREGNANT? YES NO

IS THERE A CHANCE YOU COULD BE PREGNANT? YES NO

IF YOU ARE PREGNANT, WHAT IS YOUR DUE DATE? _____

WILL THE FATHER BE IN THE CHILD'S LIFE? YES NO

WHAT ARE YOUR PLANS FOR THE CHILD? RAISE ADOPT UNDECIDED

IS THIS PREGNANCY DIAGNOSED AS HIGH RISK? YES NO

HAVE YOU EVER EXPERIENCED A HIGH RISK PREGNANCY? YES NO

In order to verify the above answers, you may be required to take a pregnancy test.

I am willing to take a pregnancy test if requested by HHS. Initials: _____ Date: _____

I give my word that the size of my family will remain the same throughout my stay at House of Hope Sunnyslope. Initials: _____ Date: _____

I understand that if I enter the House of Hope expecting a child, I will attend all programming that is designed to move my family from homelessness to self-sufficiency during my entire pregnancy. I also understand that I must return to programming/school/work within a specific time period (as determined by my case manager) after delivering my child.

Initials: _____ Date: _____

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

ARE YOU CURRENTLY OR HAVE YOU EVER BEEN A PATIENT OF A MENTAL HEALTH PROVIDER?
 YES ____ No ____

IF YES, DIAGNOSIS _____

PROVIDER'S NAME _____ DATE: _____

ARE YOU NOW OR HAVE YOU EVER BEEN IN MENTAL HEALTH COUNSELING? YES ____ No ____

IF YES, REASON: _____

DATE: _____ WHERE: _____

PROVIDER AND/OR COUNSELOR'S NAME: _____

DO YOU FEEL YOU NEED TO CONTINUE? YES ____ No ____

WOULD YOU BE WILLING TO RECEIVE COUNSELING OR PARTICIPATE IN A SUPPORT GROUP IF RECOMMENDED? YES ____ No ____ N/A ____

IF NO, WHY? _____

PLEASE LIST ALL PRESCRIBED MEDICATION YOU ARE CURRENTLY TAKING:

MEDICATION	DOSE	CONDITION	DOCTOR	HOW LONG?

HOW WOULD YOU DESCRIBE YOUR PRESENT EMOTIONAL AND MENTAL STATE? _____

DO YOU HAVE ANY CONCERNING PHYSICAL SYMPTOMS? _____

To protect confidentiality under HIPPA, you must sign a Release of Information at any place you received medical or mental health services in order for us to have access to that information for your ongoing Case Management.

I am willing to sign a HIPPA disclaimer at each of my medical and mental health providers.

Initials: _____ Date: _____

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

MEDICAL INFORMATION FOR CHILD(REN)

ARE YOUR CHILD(REN)'S IMMUNIZATIONS UP-TO-DATE? YES ____ NO ____

DO YOU HAVE RECORDS OF THEIR IMMUNIZATIONS? YES ____ NO ____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD.

CHILD NAME	MEDICATION	CONDITION	DOCTOR	INSURANCE?

PLEASE PROVIDE INFORMATION ABOUT ANY CHILD(REN) SUFFERING AN ADDICTION TO DRUGS OR ALCOHOL:

CHILD NAME	TYPE OF		DATE	COUNSELING?
	DRUGS	ALCOHOL		

PLEASE PROVIDE INFORMATION ABOUT ANY ABUSE SUFFERED BY YOUR CHILD(REN):

CHILD NAME	TYPE OF ABUSE			DATE	COUNSELING?
	PHYSICAL	MENTAL	SEXUAL		

ABOUT THE PERPETRATOR:

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STATUS: _____ RELATIONSHIP: _____

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

HISTORY OF ABUSE

ARE YOU NOW OR HAVE YOU EVER BEEN THE VICTIM OF ABUSE? YES ___ NO ___

IF YES, WHAT TYPE OF ABUSE? ___ PHYSICAL ___ SEXUAL ___ EMOTIONAL ___ VERBAL

EXPLAIN: _____

DID YOU TELL ANYONE? YES ___ NO ___

WHO DID YOU TELL? _____

HAVE THE POLICE EVER BEEN CALLED DUE TO DOMESTIC DISPUTES? YES ___ NO ___

IF YES, WITH WHOM? _____

WHAT WAS YOUR RELATIONSHIP WITH THIS PERSON? _____

DO YOU HAVE AN ACTIVE RESTRAINING ORDER AGAINST THIS PERSON? YES ___ NO ___

DO YOU NEED A RESTRAINING ORDER AGAINST THIS PERSON? YES ___ NO ___

WHEN WERE YOU LAST IN A RELATIONSHIP WITH THIS PERSON? _____

NUMBER OF TIMES YOU ATTEMPTED TO LEAVE YOUR ABUSER? _____

HAVE YOU EVER RECEIVED ANY DOMESTIC VIOLENCE COUNSELING? YES ___ NO ___

IF YES, WHERE? _____ WHEN? _____

IS THERE AN UNSAFE LOCATION IN THIS CITY FOR YOU? YES ___ NO ___

IF YES, WHERE? _____ WHEN? _____

If you are a victim of domestic violence (physical, emotional, verbal, psychological, or financial) and are accepted into the House of Hope, any attempt of contact with the named abuser may cause termination from the program.

I agree to have no contact with my abuser while a participant in the House of Hope Sunnyslope program. N/A _____ Initials: _____ Date: _____

HAVE YOU EVER SEXUALLY, EMOTIONALLY, PHYSICALLY OR VERBALLY ABUSED ANYONE?

YES ___ NO ___

IF YES, WHEN: _____ EXPLAIN: _____

WHO DID YOU ABUSE? _____

WHAT WAS YOUR RELATIONSHIP WITH THIS PERSON? _____

HAS A RESTRAINING ORDER BEEN PLACED AGAINST YOU? YES ___ NO ___

IF YES, BY WHOM? _____

HAVE YOU RECEIVED ANY DOMESTIC VIOLENCE COUNSELING AS THE PERPETRATOR?

YES ___ NO ___

IF YES, WHERE? _____ WHEN? _____

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

HISTORY OF ADDICTION

DO YOU SMOKE? YES ___ NO ___

IF YES, HOW MANY CIGARETTES PER DAY? _____

HOW DO YOU AFFORD YOUR CIGARETTES? _____

ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO DRUGS/ALCOHOL? YES ___ NO ___

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:

SUBSTANCES USED	DATE OF FIRST USE	DATE OF LAST USE	DID YOU RECEIVE COUNSELING?

SOBRIETY DATE: _____ N/A ___

DID YOU COMPLETE COUNSELING? YES ___ NO ___ N/A ___

IF SO, WHEN: _____ WHERE: _____

COUNSELOR'S NAME: _____ PHONE: _____

HAVE YOU EVER BEEN DISMISSED FROM A SUBSTANCE ABUSE TREATMENT PROGRAM PRIOR TO COMPLETING IT? YES ___ NO ___ N/A ___

IF YES, WHERE: _____

WHY: _____

HAVE YOU EVER CHOSEN TO LEAVE TREATMENT PRIOR TO COMPLETION? YES ___ NO ___ N/A ___

IF YES, WHERE: _____ DATE: _____

WHY: _____

DO YOU PRESENTLY USE DRUGS OCCASIONALLY? YES ___ NO ___

IF YES, HOW OFTEN? _____ WHAT DO YOU USE? _____

DO YOU CURRENTLY PARTICIPATE IN A 12-STEP PROGRAM? YES ___ NO ___ N/A ___

IF YES, WHERE: _____

HAVE YOU EVER BEEN RELEASED FROM EMPLOYMENT DUE TO DRUGS/ALCOHOL? YES ___ NO ___

IF YES, HOW MANY TIMES? _____

DO YOU HAVE BLACKOUTS OR LAPSES OF MEMORY? YES ___ NO ___

IF YES, EXPLAIN: _____

WHEN ACTIVELY USING, DID YOU DO ANYTHING TO BRING YOU SHAME? YES ___ NO ___ N/A ___

IF YES, PLEASE EXPLAIN: _____

HOUSE OF HOPE SUNNYSLOPE PROGRAM APPLICATION

EMPLOYMENT HISTORY AND REFERENCES

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM AN EMPLOYER? Yes ____ No ____

IF YES, COMPANY NAME: _____ PLEASE EXPLAIN: _____

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT IF YOU WERE UNEMPLOYED FOR MORE THAN 1 MONTH AT A TIME:

PLEASE LIST ALL JOBS YOU'VE APPLIED FOR IN THE PAST 30 DAYS:

DATE	BUSINESS	TYPE OF JOB	INTERVIEWER NAME	PHONE

PLEASE LIST 3 PREVIOUS EMPLOYERS WHO CAN SERVE AS A REFERENCE FOR YOU:

BUSINESS NAME	NAME	JOB TITLE	PHONE

I grant permission to House of Hope Sunnyslope to contact the above listed previous employers.

Initials: _____ Date: _____

ADDITIONAL INPUT

RANK THE FOLLOWING TEN VALUES IN ORDER OF THEIR IMPORTANCE TO YOU:
(1 = MOST IMPORTANT, 10 = LEAST IMPORTANT)

- | | |
|--------------------------------|------------------------------|
| ___ PERSONAL WISDOM | ___ WEALTH |
| ___ FULFILLING RELATIONSHIPS | ___ FAME |
| ___ INDIVIDUAL ACCOMPLISHMENTS | ___ LEGACY |
| ___ HONESTY/INTEGRITY | ___ FAITH IN YOURSELF |
| ___ FAITH IN GOD | ___ HOW YOU APPEAR TO OTHERS |

WHAT IS YOUR CURRENT STRESS LEVEL?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

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THESE ARE THE AREAS OF PERSONAL STRENGTH THAT WILL AID IN MY RECOVERY FROM HOMELESSNESS:

1. _____
2. _____
3. _____

THESE ARE THE AREAS OF PERSONAL WEAKNESS THAT I WILL NEED TO IMPROVE TO REACH MY GOALS:

1. _____
2. _____
3. _____

PLEASE COMPLETE THE FOLLOWING SENTENCE. THE MOST IMPORTANT THING I WANT FROM THE HOUSE OF HOPE IS: _____

APPLICATION COMPLETION

The duration of this program is up to 24 months and is not for everyone. After the first 12 months a family must be re-admitted for the additional year, showing progress and a commitment to learn and grow. Without proper motivation, your family will not succeed in this program. The House of Hope Sunnyslope will provide support, but your success in becoming self-sufficient hinges on your family's motivation and willingness to make short-term sacrifices for your long-term goals. Participation in the House of Hope Sunnyslope program requires a great deal of effort from its participants. Your family will have many responsibilities to fulfill, including establishing realistic goals and applying a livable budget. Remember - participation in the House of Hope Sunnyslope program could be jeopardized if you have deliberately omitted or provided false information on this application.

I confirm that the information provided in this application is accurate and complete to the best of my knowledge.

SIGNATURE: _____ DATE: _____

We will carefully review all the information provided in this application. The next step will be to schedule an interview if we believe you and your family would fit into our program. If you do not meet all the requirements at this time, we will be happy to provide you a list of alternative programs.

Thank you for considering the House of Hope Sunnyslope for the next chapter in your life.