



Application for Enrollment

General Information

First Name: _____ Middle: _____ Last: _____

Other names used: _____

Have you ever had a legal name change? Y N What was your original name? _____

Date of Birth: _____ Age: _____ Social Security Number: _____-_____-_____

Phone Number: (____) _____ Alternate Phone: (____) _____ Email: _____

Emergency Contact _____ Address/Phone: _____

Current or most recent address:

_____ Apt. _____ City: _____ State/Zip: _____

Previous Address 1

_____ Apt. _____ City: _____ State/Zip: _____

Previous Address 2

_____ Apt. _____ City: _____ State/Zip: _____

Are you currently homeless? Y N For how long? _____

Have you been homeless before? Y N When was the first time you were homeless? _____

Where? _____ Circumstances: _____

(Use back of this form if necessary)

State Issued Identification or Driver License Number: _____ State of Issue: _____

Are legally able to drive? Y N Do you own a vehicle? Y N

Make: _____ Model: _____ Year: _____ Tag Number: _____ Is your vehicle insured? Y N

Do you have proof of insurance? Y N Are you a citizen of the United States? Y N If not, immigration

status/green card number: _____ Are you legally able to work in the U.S.? Y N

Marital Status: Single Engaged Married Separated Divorced Widowed

- How long have you been so? _____
- Number of **previous** marriages for you? _____ For your current spouse? _____
- Name of Spouse: _____ Spouse's age: _____
- Spouse's Occupation: _____ A brief description of your spouse (e.g. angry, controlling, outgoing, supportive, etc.): **(Use back of form if necessary)** _____
- Number of children: _____ Are you obligated to pay child support? Y N How much? _____
Do you currently have custody of your children? Y N Are your children in State custody? Y N
- What has the Court decided about your children for now? _____
- What is YOUR goal for your children? What is your plan? _____

Please list your children, including step, adopted and foster children **(use back of sheet if necessary)**:

Name	M/F	Age	Relationship to you	Living with whom?

Hope Landing Recovery Program

Disability

Do you have any physical disability or injury that keeps you from working? Y N (If so please explain)

Do you currently receive a check for disability? Y N

Employment History/Current Employment

Are you currently employed? Y N

If so, Company Name: _____ Title: _____

Duties: _____

Dates of Employment: Start Date: _____ End Date: _____

Supervisor's Name: _____ Phone: _____

Previous Employment:

Company Name: _____ Title: _____

Duties: _____

Dates of Employment: Start Date: _____ End Date: _____

Supervisor's Name: _____ Phone: _____

Education

Highest grade completed: Some High School High School College Technical College

Diploma? Y N Where: _____ When: _____

Do you have a copy of your transcript? Y N Can you read & write? Y N Some

Military

Are you a military veteran? Y N Branch: _____ Dates of Service: _____

Type of discharge: _____ Highest rank achieved: _____ Rank at discharge: _____

MOS: _____ Combat: _____

Do you suffer from **service related disability** (i.e. PTSD etc.)? Y N Please describe: _____

Medical/Mental Health

Are you currently pregnant? Y N If so: Weeks _____ Due Date: _____

OB/GYN: _____ Contact info: _____

MEDICAL/MENTAL HEALTH DOCTOR CONTACT INFORMATION: _____

Have you been **diagnosed or treated** for mental illness/disorder? Y N

Depression? Y N **Bi-polar?** Y N **ADD?** Y N **ADHD?** Y N **Other?** _____

Have you been **involuntarily** hospitalized? Y N When? _____

Facility Name: _____ City: _____ State: _____

Doctor or counselor name: _____ Diagnosis: _____

Do you have any **FAMILY HISTORY** of mental illness? Y N

Depression? Y N **Bi-polar?** Y N **ADD?** Y N **ADHD?** Y N **Other?** _____

(use back of page if you need more space. please Note which question the answer goes with.)

Medical/Mental Health Continued:

Please list any Medical problems: _____

HIV? Y N Hepatitis? Y N Known STD's? Y N Please explain: _____

Prescription Drugs and condition for which they are prescribed:

1. _____
2. _____
3. _____
4. _____

Suicidal thoughts or tendencies: _____

Attempted suicide? Y N When: _____

Circumstances: _____

Why is Hope Landing to be an option for you? _____

What do you hope the outcome to be? _____

Chemical Dependencies

Abuses Alcohol? Y N Recovering Alcoholic? Y N

Abuses Drugs? Y N Recovering Drug Addict? Y N

Drugs used: _____

Drug of choice? _____

Date(s) of last drug and/or alcohol use: _____

Intravenous drug use? Y N

Date of first drug/alcohol use (how old were you?): _____

Have you ever been in alcohol/drug treatment facility or sober living house? Y N

When: _____ Where: _____

****Have you successfully COMPLETED a recovery program? Y N****

When: _____ Where: _____

PREVIOUS Offenses, Arrests, & Charges

Have you **EVER** been arrested? Y N When: _____ Where: _____

Charge: _____ Disposition: _____

Do you have any warrants for your arrest? Y N

Where, what charge(s): _____

Do you have any pending charges? _____

Convictions: _____

Hope Landing Recovery Program

Do you have a history of violent behavior or tendencies? Y N Domestic violence? Y N

Have you ever been in prison? Y N Where? _____

How long? _____ Probation? Y N Parole? Y N

Probation/parole officer name and #: _____

Length of probation/parole–beginning date(s) & expected discharge date: _____

Who is your Judge? _____

Income

Source of Income	Amount	Frequency/Other Info
Public Assistance:		
Child Support		
SSI/SSD		
Wages		
Other		
TOTAL		

Do you have a bank account? Y N Where? _____ Is anyone else on that account? Y N

If so, please list names on that account? _____

Referred By

Court Advocate Family/Friend Judge/Court Personnel Medical Ministry Other Shelter

Social Service Police Dept. Prosecutor/Attorney Other

Behavior Checklist

Strange or Unusual Withdrawn or expressionless Excessive Crying/Sadness Agitated or Confused

Distracted Disoriented or Confused Other Behavior

What is your spiritual background? _____

Have you ever attended a church anywhere? Y N Where? _____

Are you willing to learn more about Him? Y N

I, _____ understand and acknowledge that I am entering a **faith-based recovery** program. I promise that these questions and statements are true and accurate and that I have answered them to the best of my ability.

Signature: _____ Date: _____

Requirements for acceptance:

- **Completed and signed Application**
- **Interview**
- **Deposit paid**
- **Urine test**

Program Fee Schedule Agreement

DUE ON FIRST DAY OF STARTING PROGRAM:

Deposit (non-refundable) = **\$125.00**

The program is minimum of 9 to 12 months in length. It is a 3- phase program. The monthly fee of **\$375.00** must be paid for each phase before advancing to the next. Financial counseling will be made available to assist you in finding resources for payment (excluding the deposit).

Signature: _____

House Mom/House Manager: _____ Date: _____

NOTE: Please DO NOT take this to the Hope Landing House

PLEASE CALL FOR AN APPOINTMENT:

Pam McDonald 417 349-5489

Kristin Williams 417 761-0735

PO Box 337

Hartville MO 65667

If you mail it back, we will call you to make an appointment for an interview

The timeframe for acceptance into Hope Landing can be 3-5 days in length. The enrollment form must be filled out and returned. It is then reviewed and if accepted an interview is scheduled with the enrollee.