

House of Hope Application

On behalf of the Green County House of Hope Council and residents, thank you for considering joining us. These are the simple steps of the application process:

- Review resident qualifications to determine whether you meet resident requirements.
- Fill out the initial application.
- Following a phone/face to face interview and screening by the GCHOH to determine if qualifications are met, a meeting will then be arranged at the House of Hope for you to meet the residents. You will be notified by a member of the GCHOH Council if all review members approve of your application and admission. Your move-in date and arrangements will be made by a representative of the GCHOH Council.
- The Personal Lifestyle Plan (PLP) session with A Recovery Coach is scheduled next. The purpose of this session is to learn about your assets and identify recovery goals.

The application process does require that you do some self-reflection just as you have been doing as part of your recovery work. If you are looking for a home environment that is beneficial to your continued recovery we are available to be that resource. We are grateful to be part of your journey.

I found that if I could
just push through
the darkness,

hope was waiting
on the other side.

on the other side.

Green County House of Hope Resident Application

House of Hope provides a nurturing, affirming, peer-support environment for women in recovery from substance use disorders. This also entails being able to pursue academic, personal, and professional goals for the purpose of enhancing their quality of life and becoming productive members of society. House of Hope is open to females 18 and older who have maintained a minimum of 30-days of abstinence from alcohol and drugs (unless prescribed), and are actively pursuing a responsible lifestyle and ongoing recovery.

Date of Application: _____

Applicant Name: _____

Address: _____

Date of Birth: _____ Cell Phone: _____

Home Phone: _____ Gender: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Email Address (If Applicable): _____

EMPLOYMENT

Current Employer: _____

Position: _____ Hourly/Weekly Income: _____

Hours per Week: _____ How long you have worked there? _____

Volunteer Work (If Applicable): _____

Frequency: _____ Daily _____ Weekly _____ Monthly _____ Sporadically

MEDICAL

Please identify any medical conditions and age of onset diagnosis. Staff and residents need to be aware about your condition in order to safely aid you in times of medical crisis or could potentially pose a threat to the health of others. This would include seizure disorders, diabetes, asthma, allergies, HIV/AIDS, Hepatitis, etc. Please also list any physical limitations due to disability that may require special accommodations. The presence of a medical condition or physical disability does not constitute ineligibility for services. We ask this information for support service purposes only.

MEDICATIONS

Please list any medications prescribed to you for medical, mental health, and/or substance use needs, excluding anti-biotic treatments. Listed with each, please indicate the purpose of the medication and whether the drug is a current and/or discontinued prescription along with the prescribing physician’s name.

CRIMINAL JUSTICE INVOLVEMENT

Please list any involvement with the criminal justice system. Identify type and dates of involvement (arrests, incarceration, probation, parole, etc.).

YES	NO	ELIGIBILITY REQUIREMENTS SURVEY
		I am committed to my recovery and ongoing abstinence from alcohol and drugs (other than prescribed).
		I will support my peers in recovery to the best of my ability.
		I have a minimum of 30-days in recovery from alcohol and other drugs (unless prescribed).
		I am at least 18 years of age.
		I will work or volunteer as specified in my Individual Lifestyle Plan.
		I will abide by my contractual agreement with the House of Hope.
		I will treat the house property and my housemates with respect.
		I will take personal responsibility for notifying House representatives of any issues or concerns while I am a resident.
		I will contribute to a cooperative, peer-support house culture.
		I will follow the house rules established between myself and my housemates.
		I will give back to my community through volunteer projects.
		I will work with mentors/Resource Response team who can help me fulfill my personal goals and growth.
		I will consent to random drug/alcohol screens while residing at the House of Hope.

I hereby certify that all the information I have provided in this application is accurate to the best of my knowledge. I also understand that House of Hope will not disclose any of this information to any other party without my written authorization via a specific release/disclosure form. I am aware that additional information may be necessary before final approval is made regarding this application.

Applicant Signature & Date

GREEN COUNTY HOUSE OF HOPE RESIDENT'S RIGHTS

Green County House of Hope applicants will be provided with a copy of the Green County House of Hope rights statements upon admission and will be asked to sign a copy to indicate receipt and understanding of these rights as a resident. A signed copy shall be entered into the resident's permanent record, and a copy will be furnished to the new resident for her personal recordkeeping.

The Green County House of Hope **Resident Bill of Rights** is as follows:

1. Residents have the right to a full explanation regarding program requirements and offerings, fee structure, and discharge policies prior to admittance.
2. Residents have the right to accept or refuse AODA and/or MH services at any time. However, concerns from other residents and/or staff regarding the resident's behavior and failure to participate in AODA/MH treatment will impact their residency at the House of Hope.
3. Residents have the right to live in a humane, alcohol/drug-free environment that provides reasonable protection from harm and appropriate privacy for personal needs.
4. Residents have the right to be free from abuse, neglect, and exploitation.
5. Residents have the right to be treated with dignity and respect.
6. Residents have the right to religious worship as they choose.
7. Residents have the right to design their own PLP with input and guidance from Green County House of Hope council, Coach/Mentor or through the Green County House of Hope resource response team. They may also request modifications to the PLP as necessary.
8. Residents have the right to confidentiality. The Green County House of Hope recognizes the importance of maintaining safety for residents who may be at risk from disclosure of their personal information to external agencies, organizations, etc. Green County House of Hope is required to comply with confidentiality provisions. Although personal information may be disclosed through signed release forms, residents maintain the right to withdraw permission for release of information at any time.
9. Residents have the right to access their personal client records as per established House of Hope policy protocols.
10. Residents have the right to file grievance complaints, including grievances regarding her potential discharge from the program and complaints made against staff or other Residents.

Name of Resident (Please Print)


Resident Signature & Date

RESIDENT SERVICES AGREEMENT

1. Each resident will occupy one private bedroom in the House of Hope at a program fee of \$350.00 per month. Program fee payments, in-full, will be due to the House Council no later than the 1st day of each month and made payable to the House of Hope Foundation. Program fees are subject to change.
2. Food is not included in this agreement.
3. All residents will maintain employment, or attend higher education on a campus, on-line, or trade school.
4. Residents will participate in a peer support model, treat each other with respect, work to maintain harmony within the house, and protect each other's sobriety as well as the sobriety of their house.
5. Residents will actively participate in recovery support groups of their choice, in the frequency specified in her PLP.
6. Residents may remain at House of Hope for up to 24-months if they meet requirements, with exceptions made by the House of Hope Council in response to individual circumstances.
7. Termination of this agreement on the part of either party will require 30-days written notice unless it is a result of emergency proceedings as specified in the discharge policy and procedures. The resident indicates by signing this agreement that she has received a copy of the discharge policies in addition the grievance procedures adopted by the House of Hope.
8. Residents will participate in AODA/MH treatment in the early stages of their recovery. Frequency and type of treatment will be identified in the individual's PLP.
9. Residents will create a cooperative culture within the home. Household chores and other duties will be shared by the residents to maintain effective and sanitary operations at the house.
10. The Residents will ensure that the House of Hope remains safe and habitable, including ensuring that all household repairs are completed within a timely fashion. Residents will not be charged for household repairs with the exception of damage caused by residents or their guests.
11. Residents will notify the Green County House of Hope Council immediately if they drop out of school or becomes unemployed. Depending on circumstances, this may result in discharge from the house.

Applicant Signature & Date

Green County House of Hope Representative & Date



Green County House of Hope
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