



HOUSE OF HOPE

A faith-based, non-profit transitional living facility

www.houseofhopeks.com

To return this application to Avery Belibei at 785-207-7869/Elijah White 785-861-5868
Or email to houseofhopeks@gmail.com or mail to: House of Hope, 4110 NW 62nd St, Topeka, KS 66618

Entrance Application

Personal Information

First, Middle, & Last Name: _____

Alias/Nick Names _____ Email address _____

Current address: _____

Phone number: _____ Date of Birth _____

Driver's License Number _____ Do you own a car? **Y N** Plate # _____

Make/model _____

Do you attend church? **Y N** If so, where _____

Children: Names & Ages _____

Child Support Owed _____ To Whom _____ How much _____

Work History

Current Employer & Job Position _____

Number of years there _____ Highest level of education _____

If not working, how do you plan to pay your rent? _____

Do you have a relationship with your family? **Y N** Add't info _____

List 2 Emergency contacts: Name, relationship, phone number _____

Legal Information (this information will not disqualify you from the program, but failure to disclose it will)

Are you on parole/probation? **Y N** How long? _____ Conviction _____

Name & number of Parole/Probation Officer _____

How often do you report? _____ Do you owe fines? **Y N** How much? _____

Medical Information:

Have you ever:

Been in a drug and alcohol treatment center	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where/when
Suffered from mental illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diagnosis
Tried to commit suicide	Yes <input type="checkbox"/>	No <input type="checkbox"/>	When

How long have you been drug & alcohol free? _____

Are you on any prescription drugs? **Y N** Name of drug: _____

Do you have a primary care physician? **Y N** Name: _____

Do you have health insurance? **Y N** Insurer: _____

Do you have any health issues or disabilities? **Y N** If so, please list them _____

Do you have a social worker? **Y N** Name & number _____

Why do you want to live at House of Hope & be enrolled in the program?

I certify by signing this application that the information is true to the best of my knowledge and false information can result in the dismissal of my application.

Signature _____ **Date** _____

Goals of Interest: Circle yes or no for every row. There is no limit on the number of goals that we can work on during the program.

1. Would you like educational assistance with:

Getting your GED	Yes or No
Going to college/Vo-tech training	Yes or No
Finding a Bible study/Church	Yes or No
Enrolling in a CPR class	Yes or No
Budgeting classes	Yes or No
Opening a bank account	Yes or No
Getting a Driver's license	Yes or No

Describe in more detail your needs:

2. Would you like to work on building relationships with:

Others	Yes or No
God	Yes or No

Describe in more detail your needs:

3. Would you like assistance with health services?

Getting regular Health checkups	Yes or No
Going to a dentist	Yes or No
Getting a medical card	Yes or No
Applying for disability	Yes or No
Mental health services	Yes or No
Other: _____	Yes or No

Describe in more detail your needs:

****We also offer mentoring in cooking/baking, laundry, cleaning, and career goals****

